Postnatal Mother's Satisfaction on Post-Delivery Services in the Public Healthcare Facilities of Kannauj District

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CONTENTS

INTRODUCTION

- Around 27 million women reach the stage of delivery every year in India and over 56,000 mothers die during or within 48 hours of delivery.
- The first 48 hours are equally critical for the child, as 50% of neonatal deaths happen in the first 48 hours.
- India witnesses the largest number of maternal and neonatal deaths in any single country, with over 63,000 maternal deaths and over one million neonatal deaths per year during postnatal period.
- Around 49% of maternal death is due to bleeding (38%) and infection (11%) following childbirth, while preterm birth, asphyxia and severe infections contribute to two thirds of all neonatal deaths during the postnatal period.
- The major causes of newborn deaths in India are pre-maturity/preterm (35%); neonatal infections (33%); intra-partum related complications/ birth asphyxia (20%), despite such an importance of postpartum period; this period is generally the most neglected.
- The length of stay is a significant predictor of breastfeeding cessation, poor timing of initiation and duration of breastfeeding, poor umbilical cord care, and less knowledge of measures taken to prevent hypothermia of the newborn.
- The period soon after childbirth poses substantial health risks for both mother and newborn infant, yet the postpartum and postnatal period receives less attention from health care providers than pregnancy and childbirth.

NFHS IV Data source*	Institutional delivery	Postnatal care services
INDIA	78.9%	62.4%
Uttar Pradesh	67.8%	54%
District Kannauj	44.2%	44.8%

UPHMIS data source* 2019-20	Discharged under 48 hrs	Received post partum checkup
District Kannauj	72%	81%

Kannauj district (Demographic Profile)

Area:	2093 Sq. Km.
Population:	13,75,775
Language:	Hindi
Villages:	752
Tehsils:	3
Blocks:	8
Gram Panchayat:	504
Female:	64,15,30
Male:	73,42,45

- Kannauj district was carved out of the erstwhile Farrukhabad district on September 18, 1997.
- The district is situated in Kanpur Division its North borders touches Farrukhabad District, at it's east Hardoi District is situated, Kanpur dehat is at its south east border while western and southern borders touches District Mainpuri and Etawah respectively whole district is divided in to three tehsils and eight development blocks. It is almost rectangular shaped district.

Health Infrastructure and HR Details-

BLOCK	#PHC	#CHC
Gugrapur	2	1
Kannauj	3	1
Talgram	4	2
Chhibramau	3	1
Jalalabad	3	1
Umarda	8	2
Haseran	5	1
Saurikh	2	2
Total	**30**	**11**
100 Bedded MCH WING	**1**	
District hospital, Kannauj	**1**	

Block	MO (MBBS & above)	Staff Nurses	Paramedical Staff(LT, LA, Pharmacists)	Other staff Ward aaya/boy, sweepers, Dental technicians/AYUSH MO)
Gugrapur	6	5	4	1
Kannauj	6	18	21	25
Talgram	16	7	19	21
Chhibramau	8	7	13	15
Jalalabad	9	4	11	8
Umarda	14	10	25	16
Haseran	6	4	13	9
Saurikh	5	7	10	10
Combined District Hospital	27	75	26	174
100 Beded Chhibramau	10	20	6	19
District Kannauj	**107**	**157**	**148**	**298**

RESEARCH QUESTION-

- What is the satisfaction level on post-delivery services among Postnatal Mothers in the public healthcare facilities of Kannauj district?

AIM-

- The aim of the study is to assess the post natal mother's (patients) level of satisfaction towards the post natal services provided by the public healthcare facilities in the Kannauj district.

OBJECTIVES-

- To assess the satisfaction level of post natal mothers (patients)
- To identify the factors associated with satisfaction level
- To provide recommendations for enhancing experience of post natal mothers (patients) so as to decrease the number of referrals arising as a result of maternal & newborn complications and to increase the PNC stay.

Methodology

- **Time duration-** 3rd February to 3rd May,2020
- **Study Area-** 5 CHCs(Chhibhramau, Kannauj,Tirwa, Talgram, Saurikh);
  1 Combined District Hospital (Kannauj)
- **Descriptive Cross Sectional study**
- **Convenient Sampling Technique**
- **163 Responses**
- **Primary data** (Patient Satisfaction Survey forms and no. of referrals post delivery due to complications)
- **Study Population-**The study population are the patients who are shifted in PNC ward post normal delivery.
- **Microsoft Excel is the tool used for data analysis.**

Data collection method-

The Hindi based questionnaire which was designed with the support of Zonal Head was used

Given to patients by staff nurses at the time of discharge

PSS forms then collected during each visit to the facility.

Data was filled on regular basis in the Google forms (English Version)

Collected data was then analyzed and Data of referral cases were also collected simultaneously and interpreted collectively.

A) PRIMARY DATA- QUESTIONNAIRE BASED

Questionnaire Format-

Section 1-

Socio demographic characteristics of postnatal mothers:-

- Age
- Type of family
- Educational status
- Occupational status
- Religion
- Parity

Obstetric characteristics of postnatal mothers:-

- Parity
- Number of Living children

Section 2-

Family planning information (whether pregnancy was preplanned or not)

Section-3
(Rating was given from 1-5):
1-Highly Dissatisfied
2-Dissatisfied
3-Neither satisfied nor dissatisfied
4-Satisfied
5-Highly Satisfied)

1) Maternal satisfaction related to health institution-

A. Provided with all necessary medicines and supplies
B. Cleanliness of health institution
C. Cleanliness and accessibility of toilet
D. Got dietary service promptly
E. Service was free of cost
F. Provided with transportation allowance/incentives

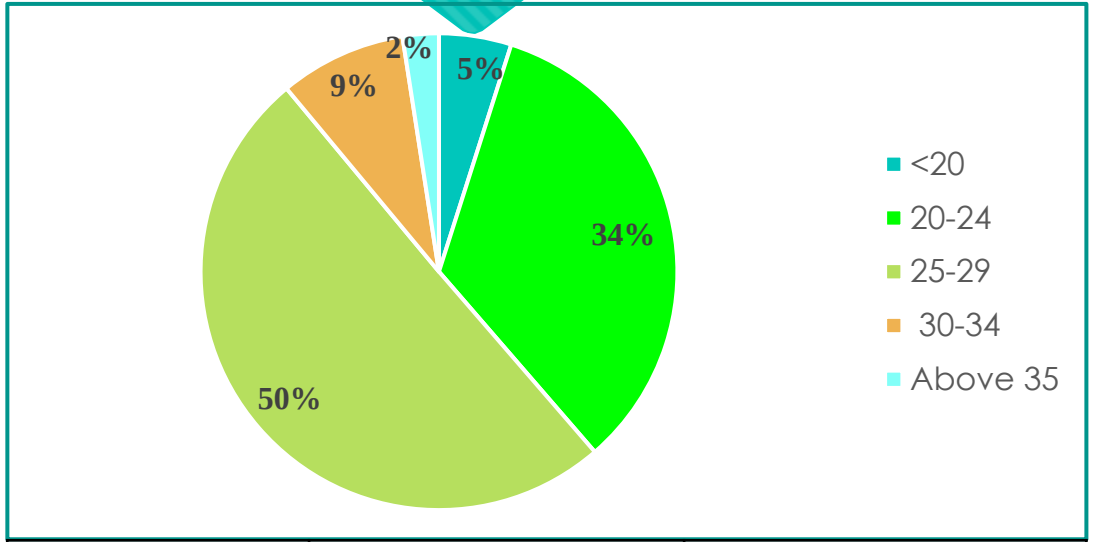
2) Maternal satisfaction on Respectful Maternity care-

A. Privacy was maintained
B. Not allowed to feel lonely
C. Provided with emotional support
D. Treated with dignity and respect
E. Polite and helpful
F. Attentive to needs and approached
G. Explained about the treatment given and procedure
H. Involved in decision-making
I. Decision respected and supported

3) Maternal satisfaction on informative aspects of care-

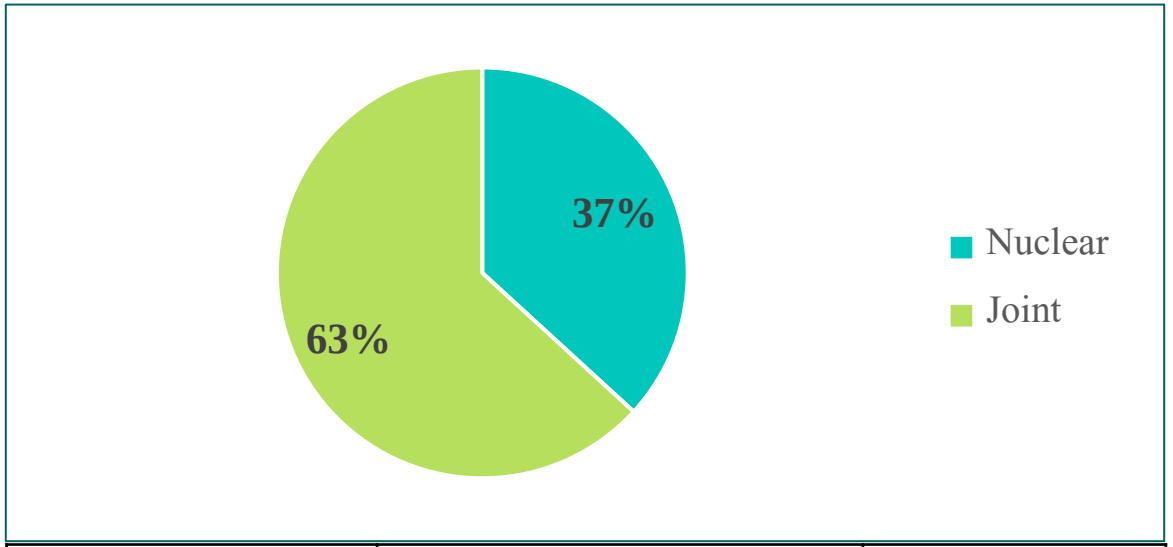
A. Gave as much information as desired
B. Information about the results of examination
C. Information about the benefits of diet
D. Information regarding the state of newborn after examination
E. Information about breast-feeding
F. Information about postnatal follow-up visits
G. Advice about danger signs relating to mother and newborn baby during postnatal period

Results



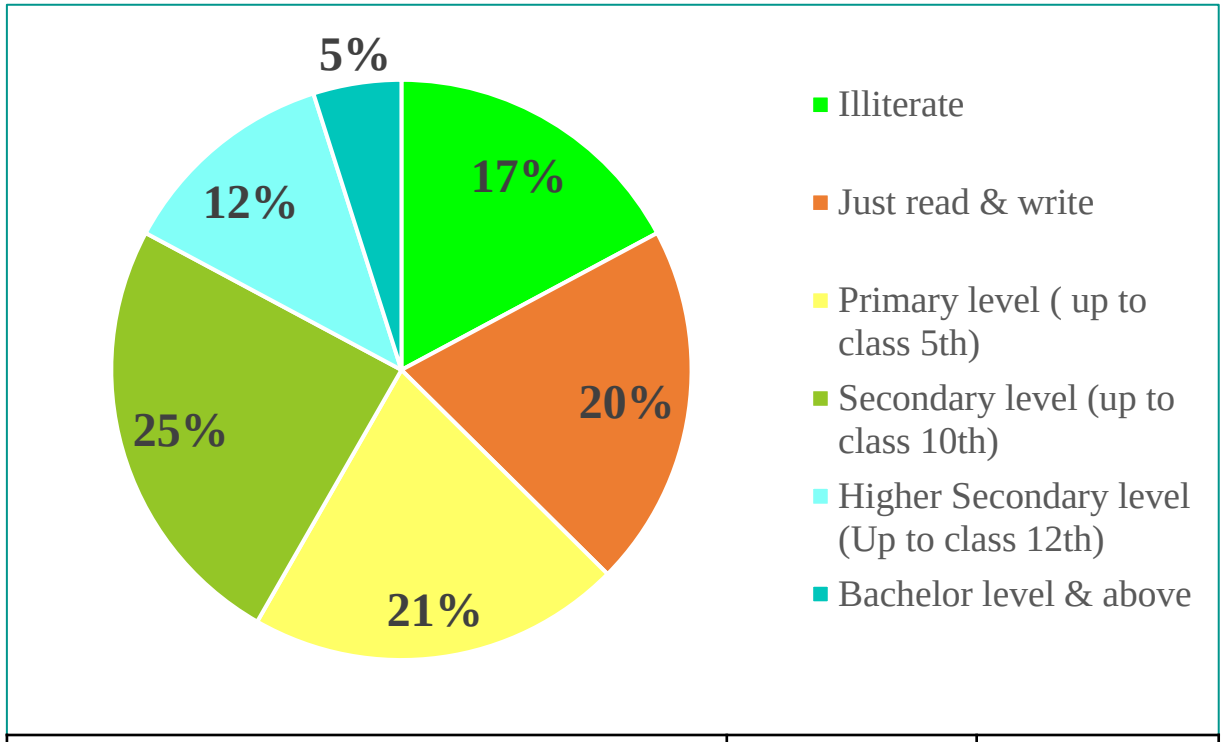
AGE GROUP	FREQUENCY	PERCENTAGE
<20	8	5%
20-24	55	34%
25-29	82	50%
30-34	14	9%
Above 35	4	2%
TOTAL	163	100%

Q1: Pie chart diagram of respondents for age group (in %age)



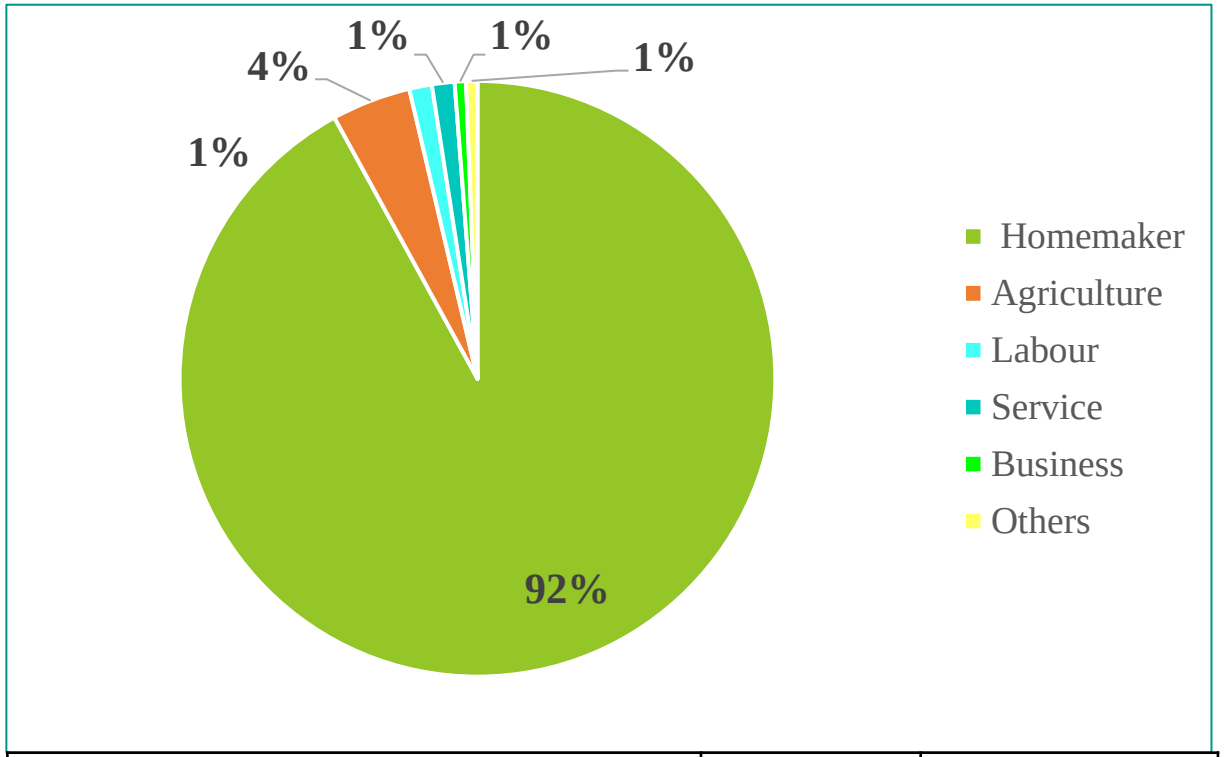
TYPE OF FAMILY	NO. OF RESPONDENTS	PERCENTAGE
Nuclear	60	37%
Joint	103	63%
Total	163	100%

Q2: Pie chart diagram of respondents according to the type of family (in %age)



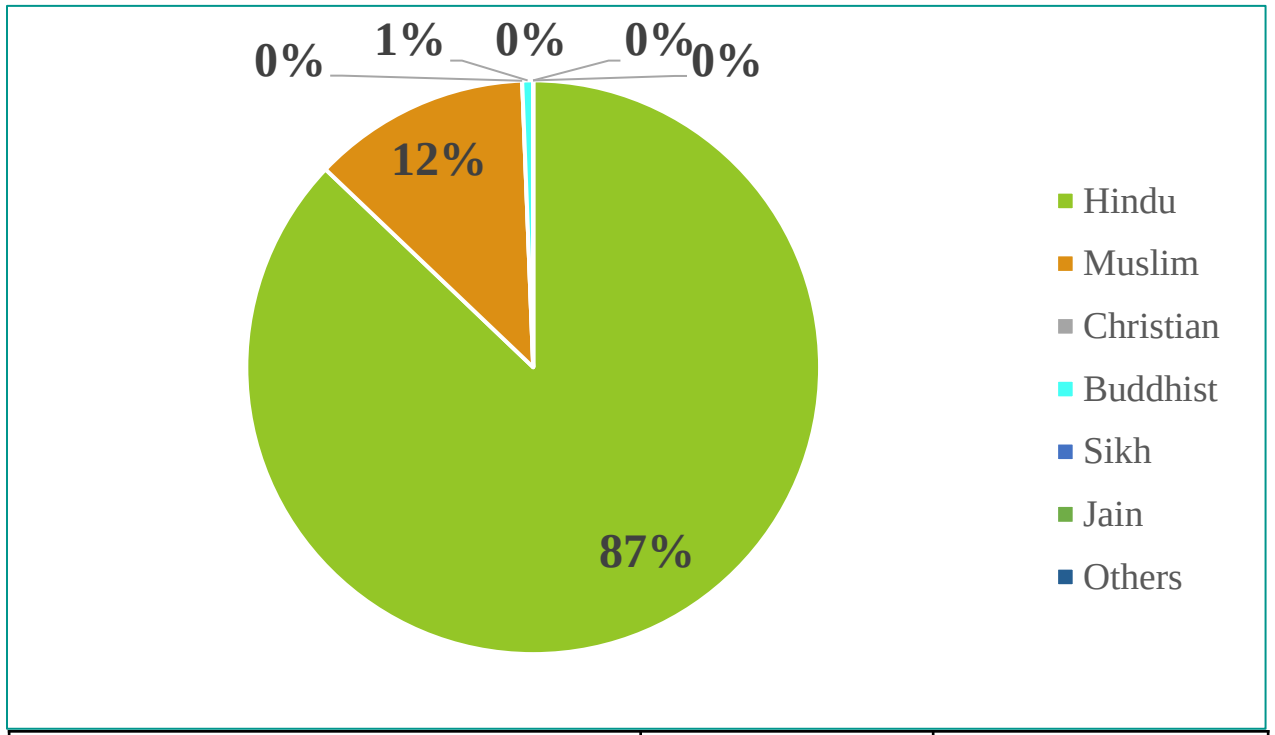
EDUCATION STATUS OF MOTHER	FREQUENCY	PERCENTAGE
Illiterate	28	17
Just read & write	33	20
Primary level (up to class 5th)	34	21
Secondary level (up to class 10th)	40	25
Higher Secondary level (Up to class 12th)	20	12
Bachelor level & above	8	5
Total	163	100

Q3: Pie chart diagram of respondents based on the educational status of the mother (in %age)



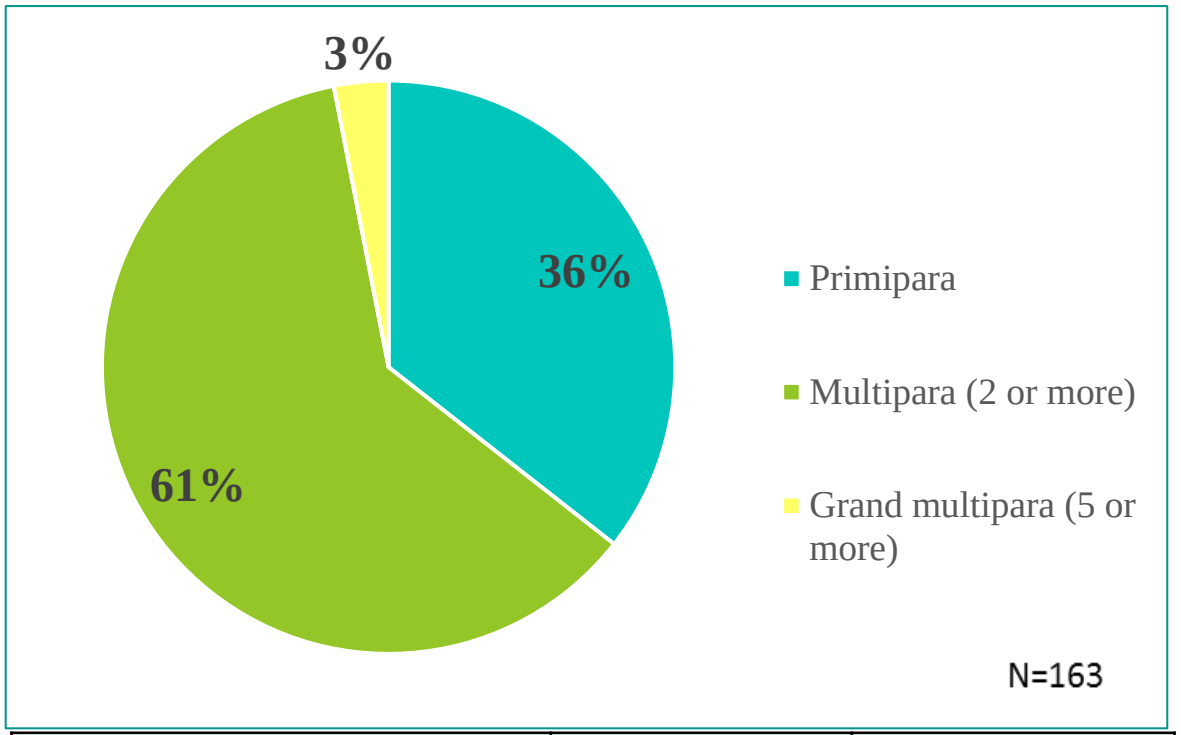
OCCUPATIONAL STATUS OF MOTHER	FREQUENCY	PERCENTAGE
Homemaker	150	92%
Agriculture	7	4%
Labor	2	1%
Service	2	1%
Business	1	1%
Others	1	1%
TOTAL	163	100%

Q4: Pie chart diagram of respondents based on the occupational status of the mother (in %age)



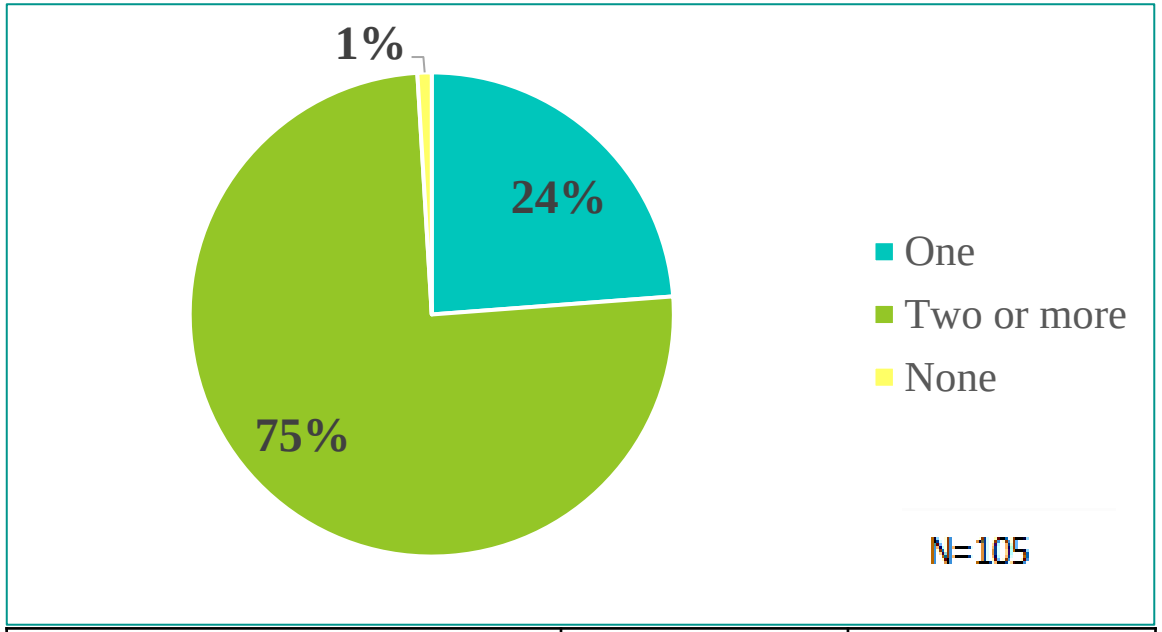
RELIGION	FREQUENCY	PERCENTAGE
Hindu	142	87%
Muslim	20	12%
Christian	0	0%
Buddhist	1	1%
Sikh	0	0%
Jain	0	0%
Others	0	0%
TOTAL	163	100%

Q5: Pie chart diagram of respondents based on the religion (in % age)



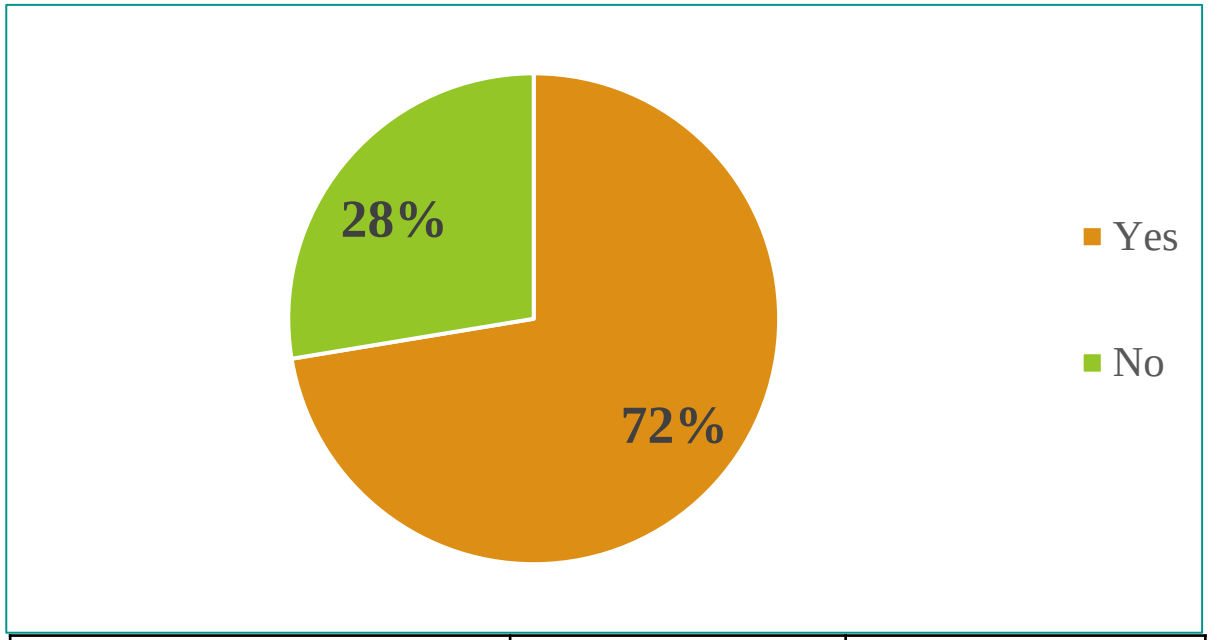
PARITY	FREQUENCY	PERCENTAGE
Primipara	58	36%
Multipara (2 or more)	100	61%
Grand multipara (5 or more)	5	3%
TOTAL	163	100%

Q6: Pie chart diagram of respondents based on the parity (in percentage)



NUMBER OF LIVING CHILDREN	FREQUENCY	PERCENTAGE
One	25	24%
Two or more	79	75%
None	1	1%
Total	105	100%

Q7: Pie chart diagram of respondents based on the number of living children (in percentage)

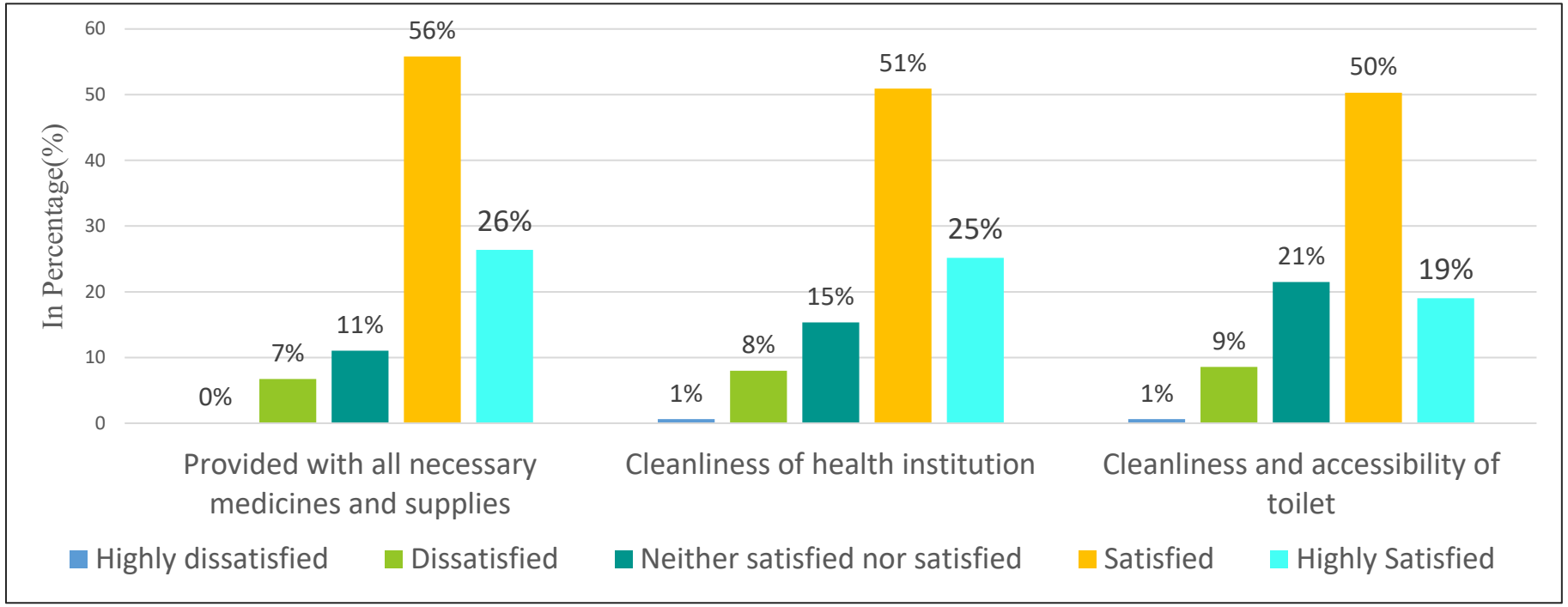


WAS PREGNANCY PREPLANNED	FREQUENCY	PERCENTAGE
Yes	118	72%
No	45	28%
Total	163	100%

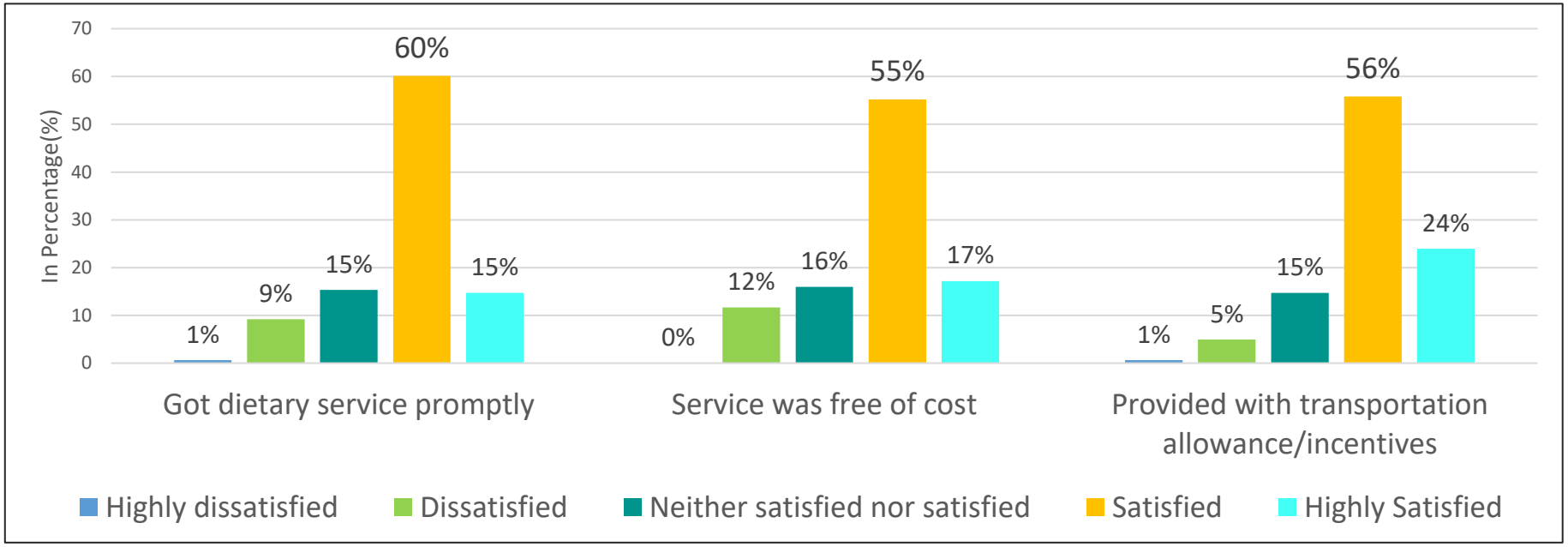
Q8: Pie chart diagram of respondents based on the whether the pregnancy was preplanned (in percentage)

Rating based questions:-

Q9 Maternal satisfaction related to health institution (in number)						
	Highly dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Highly Satisfied	TOTAL
Provided with all necessary medicines and supplies	0	11	18	91	43	163
Cleanliness of health institution	1	13	25	83	41	163
Cleanliness and accessibility of toilet	1	14	35	82	31	163
Got dietary service promptly	1	15	25	98	24	163
Service was free of cost	0	19	26	90	28	163
Provided with transportation allowance/incentives	1	8	24	91	39	163



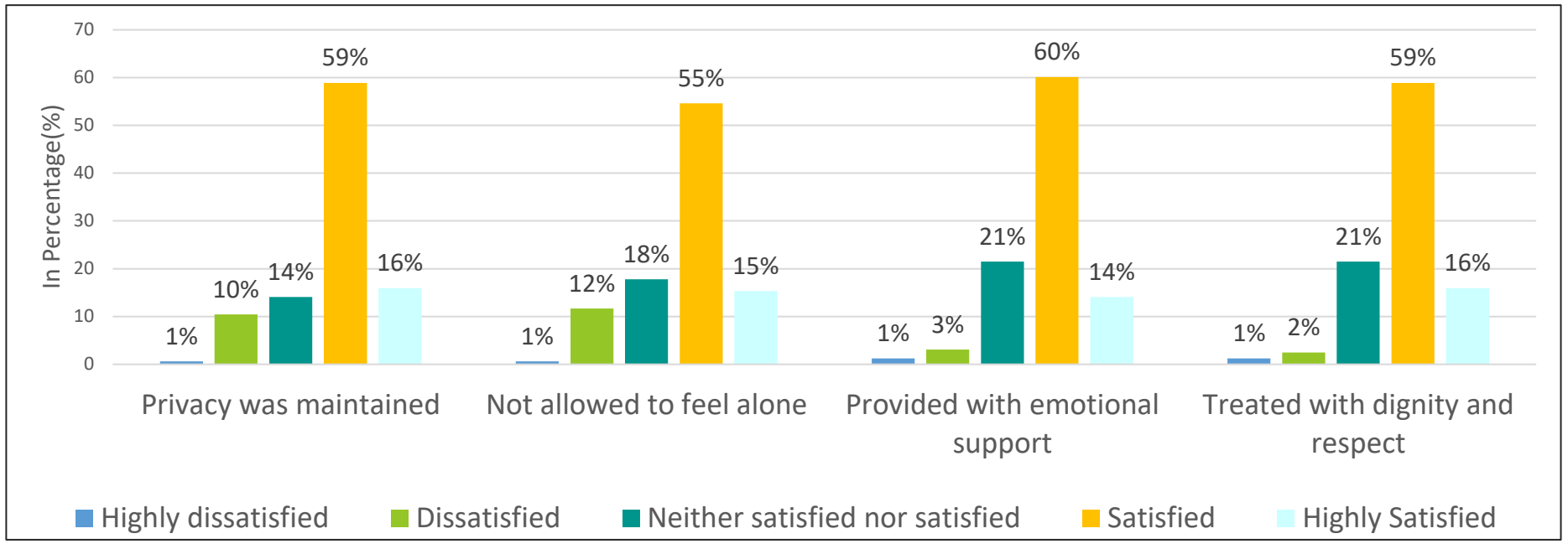
(a) depicts bar graph for the percentage analysis of Q9 part A, B & C based on satisfaction scores.



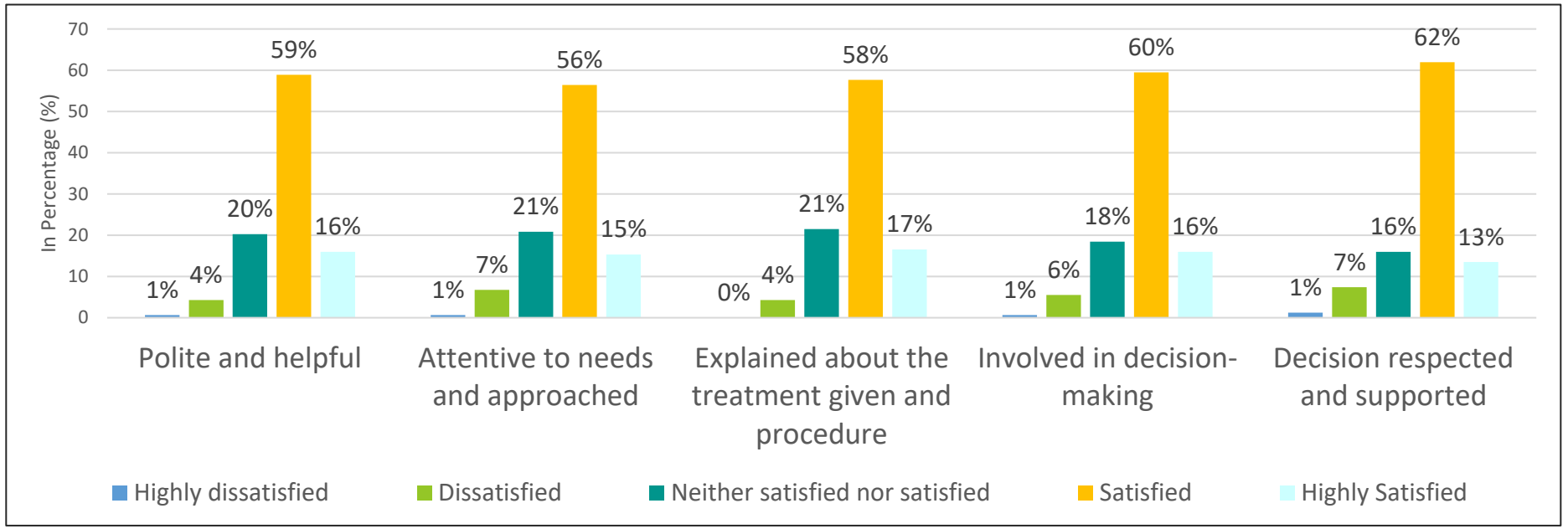
(b) depicts bar graph for the percentage analysis of Q9 part C, D & E based on satisfaction scores.

Q 10 Maternal satisfaction on Respectful Maternity Care (in number)

	Highly dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Highly Satisfied	TOTAL
Privacy was maintained	1	17	23	96	26	163
Not allowed to feel alone	1	19	29	89	25	163
Provided with emotional support	2	5	35	98	23	163
Treated with dignity and respect	2	4	35	96	26	163
Polite and helpful	1	7	33	96	26	163
Attentive to needs and approached	1	11	34	92	25	163
Explained about the treatment given and procedure	0	7	35	94	27	163
Involved in decision-making	1	9	30	97	26	163
Decision respected and supported	2	12	26	101	22	163



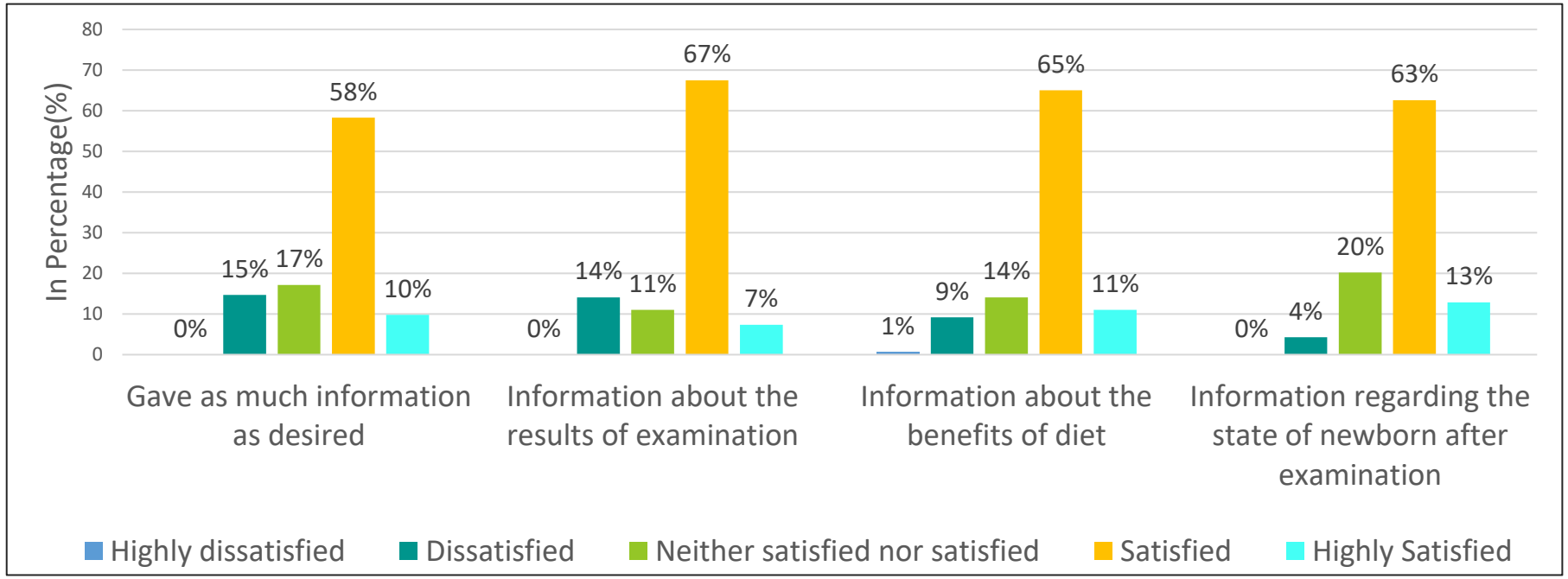
(a) depicts bar graph for the percentage analysis of Q10 part A,B,C & D based on satisfaction scores.



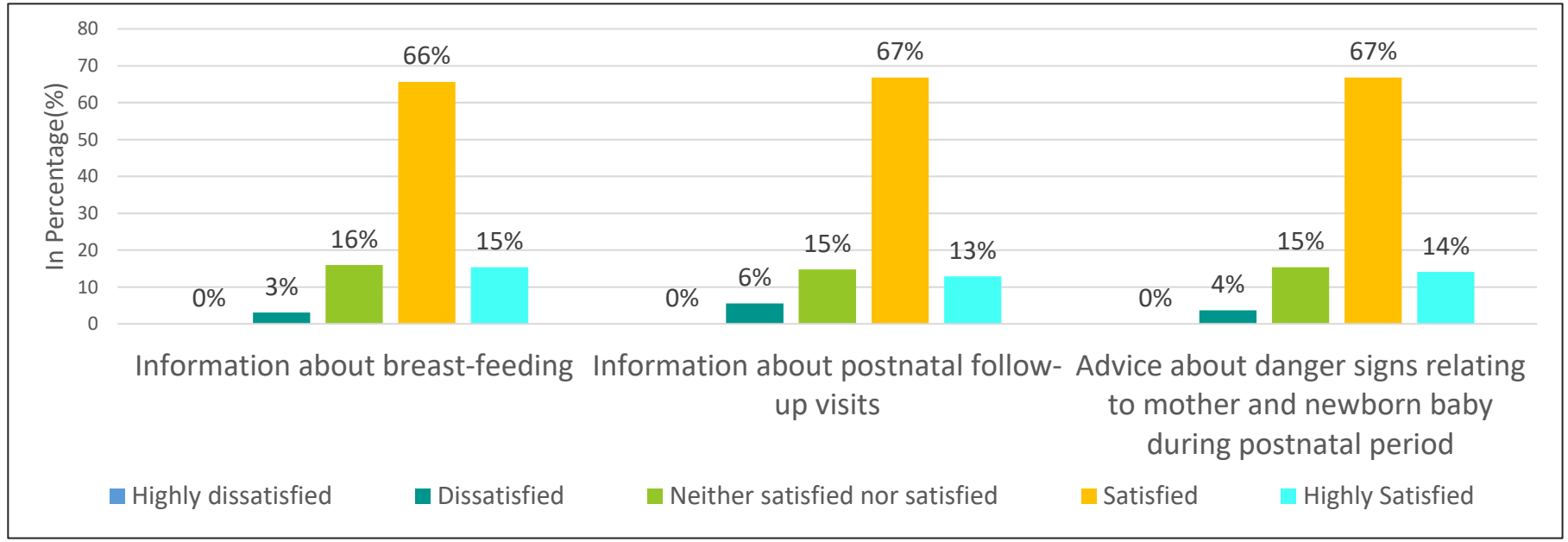
(b) depicts bar graph for the percentage analysis of Q10 part E,F,G,H & I based on satisfaction scores

Q11 Maternal satisfaction on informative aspects of care (in number)

	Highly dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Highly Satisfied	TOTAL
Gave as much information as desired	0	24	28	95	16	163
Information about the results of examination	0	23	18	110	12	163
Information about the benefits of diet	1	15	23	106	18	163
Information regarding the state of newborn after examination	0	7	33	102	21	163
Information about breast-feeding	0	5	26	107	25	163
Information about postnatal follow-up visits	0	9	24	109	21	163
Advice about danger signs relating to mother and newborn baby during postnatal period	0	6	25	109	23	163



(a) depicts bar graph for the percentage analysis of Q11 part A, B, C & D based on satisfaction scores.



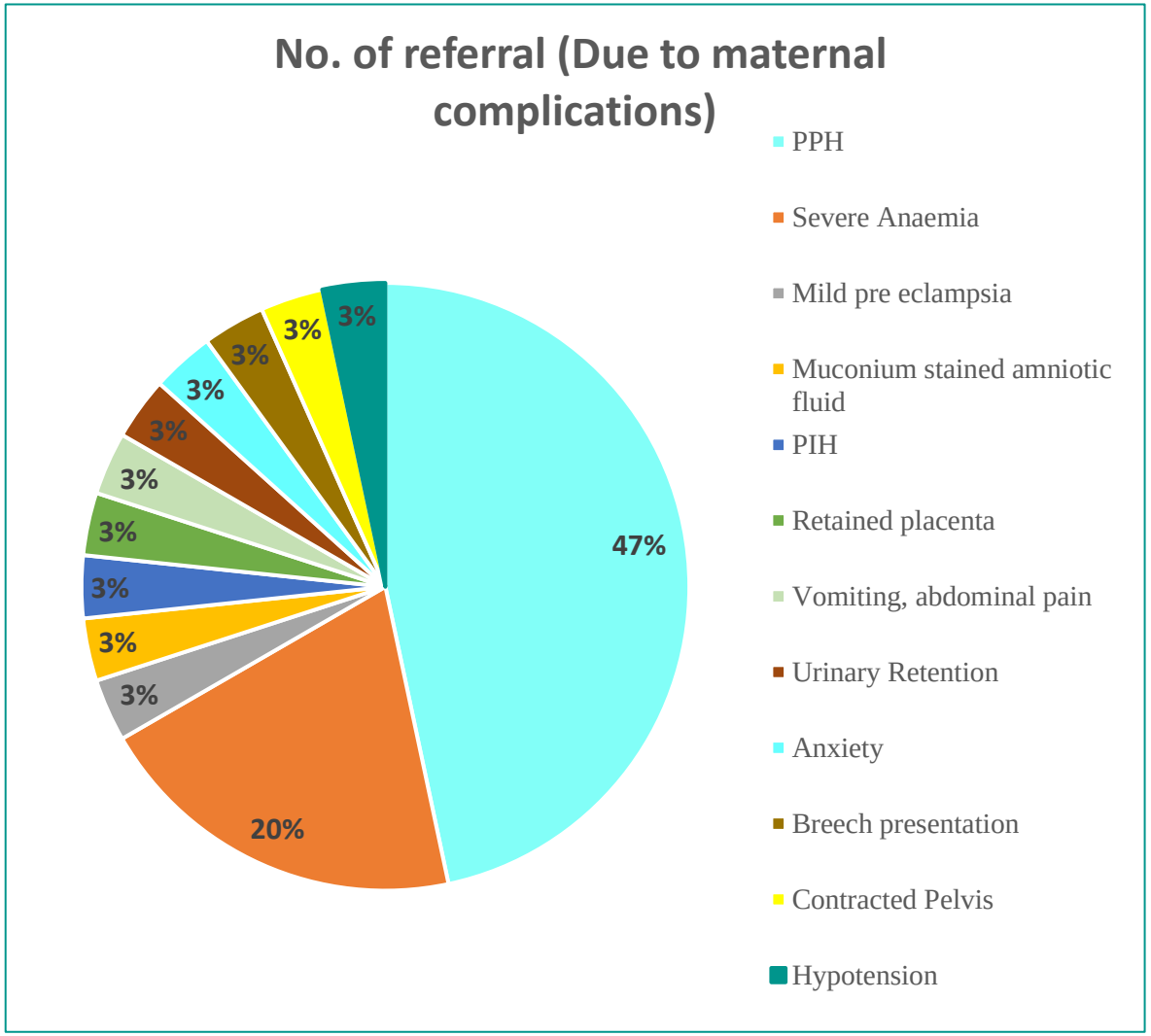
(b) depicts bar graph for the percentage analysis of Q11 part E, F &G based on satisfaction scores.

B) Primary Data

3 months referral data post delivery due to maternal/ newborn related complications

From the 3 month referral data (Feb-April) i.e. the cases which were delivered in the public health facilities of Kannauj District but were referred before 48 hrs. PNC stay at the healthcare facility, it shows-

Maternal complications	No. of referral	
	Frequency	Percentage
PPH	14	47%
Severe Anemia	6	20%
Mild pre eclampsia	1	3%
Meconium stained amniotic fluid	1	3%
PIH	1	3%
Retained placenta	1	3%
Vomiting, abdominal pain	1	3%
Urinary Retention	1	3%
Anxiety	1	3%
Breech presentation	1	3%
Contracted Pelvis	1	3%
Hypotension	1	3%
TOTAL	30	100%



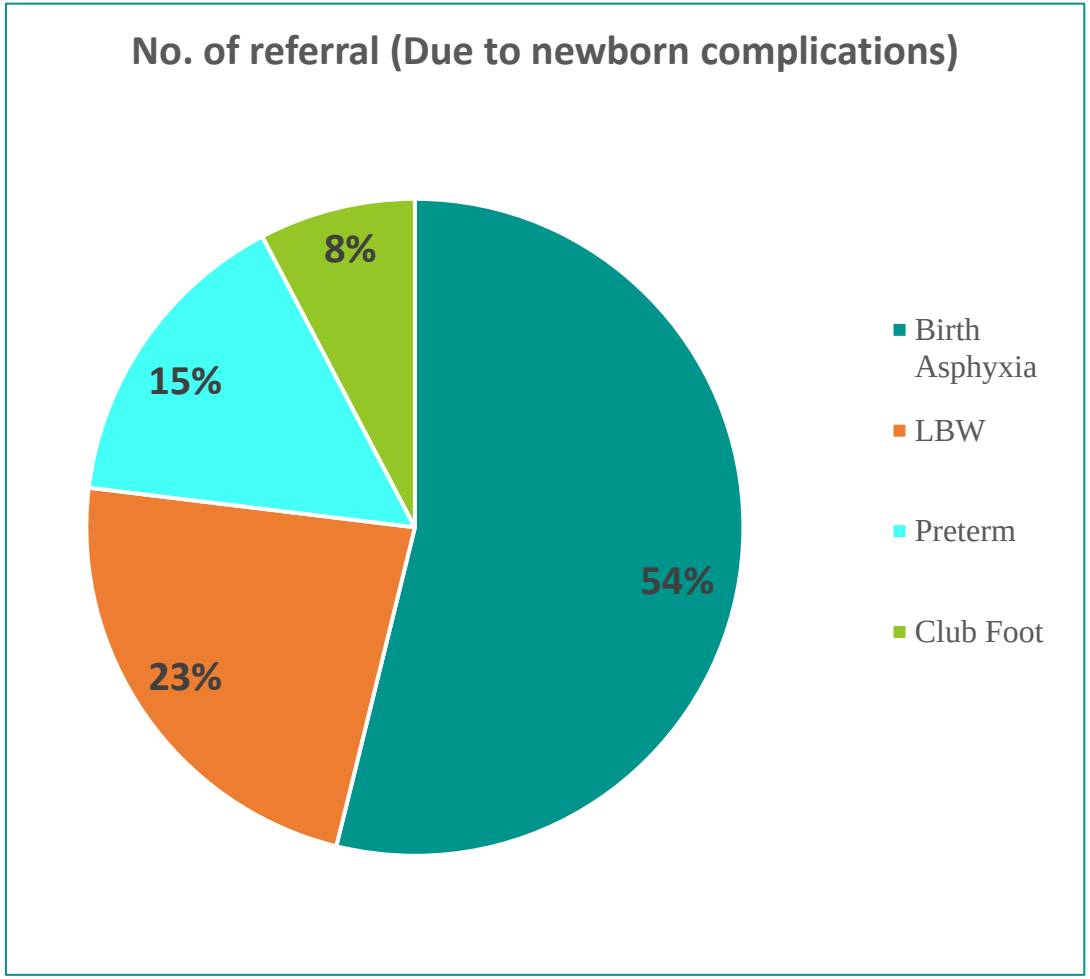
Interpretation-

- With reference to Lancet Global Health 2014, Nearly 73% of all global maternal deaths are due to the direct obstetric causes whereas deaths due to indirect causes accounted for 27·5%. Hemorrhage is the leading direct cause of maternal death worldwide, representing 27·1% of maternal deaths. More than two thirds of reported hemorrhage deaths are classified as postpartum hemorrhage. Maternal mortality due to sepsis is 10·7%. Deaths due to indirect causes suggests that more than 70% of indirect causes are from pre-existing disorders, including ANEMIA, HIV, when exacerbated by pregnancy.

- Therefore, according to three month data of referred cases due to maternal complications i.e. 73% of the total referral cases could have been easily managed if the patient was kept under observation for 48 hours during PNC stay at the facility and if the staff nurses have been trained efficiently to manage such complications and can reduce further maternal deaths and subsequently MMR.

Distribution of referred cases (delivered) on the basis of post-delivery newborn complications-

Newborn complications	No. of referral	
	Frequency	Percentage
Birth Asphyxia	7	54%
LBW	3	23%
Preterm	2	15%
Club Foot	1	8%
TOTAL	13	100



Interpretation-

- With reference to Lancet 2010, 78% of the total neonatal deaths in India are due to LBW & prematurity, neonatal sepsis and birth asphyxia & birth trauma.

- Therefore, according to three month data of referred cases due to newborn complications i.e. 77% of the cases (Birth asphyxia & LBW) could have been easily managed if the patient was kept under observation for 48 hrs during PNC stay at the facility and if the staff nurses have been trained efficiently to manage such complications and can further reduce neonatal deaths and subsequently NMR.

Limitations-

- Due to COVID-19 pandemic and lockdown, there was not enough time to conduct the study so the sample which was collected were of 163 respondents only during the span of 3 months.
- Due to less average length of the stay in the PNC ward, coverage of the study was compromised.
- As the majority of patients were illiterate, the 100 % accuracy of the data gathered was also compromised due to misunderstanding of the patients.

Conclusion

- As 73% of cases were of PPH, severe anemia, retained placenta and urinary retention collectively and 77% of the cases were of Birth asphyxia & LBW, of the total referral cases which were delivered in the facility, these cases could have been easily managed if the patients were kept under observation for 48 hrs during PNC stay at the facility and if the staff nurses have been trained efficiently to manage such complications.
- For keeping the patients in PNC ward for minimum 48 hrs, it is necessary to meet the 100% level of post natal mothers (patients) expectations to keep them motivated for PNC stay, therefore it is needed to work upon areas of improvement for providing PNC services and there is need to keep track on Nurse Mentoring Program to manage such complications.

Suggestions-

S.no	Patient Satisfaction Indicators	Suggestions
1	Provided with all necessary medicines and supplies	• On Regular basis daily counting of medicines should be done by staff nurses and indenting of medicines and supplies needed to be followed up by the pharmacist, or if possible try to purchase necessary items locally. • Maintaining of 25% of buffer stock of all necessary medicines and supplies
2	Cleanliness of health institution	• At least in 3 shift cleaning should be done by Class IV. • Recruitment of more staff. • Training should be provided to Class IV staff according to guidelines and policies. • Timely filling of cleaning checklist by staff nurses or supervisor after the change of shifts should be done.
3	Cleanliness and accessibility of toilet	• Ensuring 24*7 proper water supply in the toilet. • Ensuring availability of toilet cleaning material.

4	Got dietary services promptly	• Ensuring availability of clean and healthy food supply. • Addition of extra value to dietary products like multivitamins, proteins, carbs, rich iron etc. should be there.
5	Service was free of cost	• Strict action must be taken on staff or workers working at facility who are charging extra except govt. fees. • All the services i.e. dietary, treatment, investigation, medicinal should be provided free of cost under JSSK and banners about JSSK Scheme should be displayed in the facilities. • All the services should be available in the facility.
6	Provided with transportation allowance/incentives	• Request from state health government for creating more accessible linkages by providing more transport vehicles for patient. • Proper training should be provided to the ambulance staff for referral care and ambulance services. • IEC Material and wall paintings related to ambulance services (102 and 108) should be there in all the facilities.

7	Privacy was maintained	• Staff needed to be more concerned about privacy and should be conveyed about the importance of RMC. • Curtains or screens should be placed between 2 patient beds. • Distance between 2 patient beds should be adequate according to the protocols (6 feet).
8	Not allowed to feel alone	• Staff should be available in the ratio of 1:3 patients in the PNC ward. • Make sure that every pregnant women is accompanied by at least one attendant. • Training of the staff on RMC should be provided.
9	Provided with emotional support	• Feedback should be taken from the patients on regular basis regarding the services and the behavior of the working staff at facility. • Patient should be supported by healthcare staff during all delivery procedures and during child birth care. • Confidentiality of the patients should be maintained.
10	Treated with dignity and respect	• Verbal abuse/insult of the patients should be strictly prohibited. • Patients should be treated without any discrimination. • Feedback should be taken from the patients on regular basis regarding the services and the behavior of the working staff at facility.

11	Polite and helpful	• Patient should be provided liberty of movement like daily rounds/walking. • Prevention of institutional violence against the mother and the new born. • Hospital staff should be communicated about the techniques of communication so that they can communicate in desirable manner.
12	Attentive to needs and approached	• Avoidance of over usage of drugs. • Provide routine and immediate care to mother and newborn. • Regular mentoring on priority basis work should be done of the staff nurses.
13	Explained about the treatment given and procedure	• Patience should be maintained while providing treatment to the patient and explaining them well about the course of treatment before providing the treatment can raise the number of satisfaction level in patient.
14	Involved in decision-making	• At least one family member should be involved while making decision

15	Decision respected and supported	• Avoidance of giving unnecessary pressure on decision making by doctors and staff nurses. • Show empathy with all patients. • Provide evidence based care.
16	Gave as much information as desired	• All IEC Material regarding pre and post natal care should be placed in the facility. • Real time investigations should be shared with patients and their family members. • Patience need to be maintained in healthcare staff at facility while explaining and dealing with the patient and attendants.
17	Information about the results of examination	• Patience need to be maintained in healthcare staff at facility while explaining and dealing with the patient and attendants.
18	Information about the benefits of diet	• In every shift of the staff, counselling on health education regarding balanced diet should be given while taking round of the wards.

19	Information regarding the state of newborn after examination	• PNC counselling status needed to be provided efficiently and completely. • Timely examine the newborn.
20	Information about breast-feeding	• Benefits about breastfeeding should be communicated to the mothers and their attendants. • PNC counselling status needed to be provided efficiently and completely.
21	Information about postnatal follow-up visits	• During discharge, counselling on health education should be given and provided with date of next follow up visit.
22	Advice about danger signs relating to mother and newborn baby during postnatal period	• In PNC ward, bed to bed rounds must be performed sincerely by doctors and staff nurses so that each and every patient gets well oriented. • Danger signs of mothers and newborns should be explained properly. • Follow up on 3rd day if treated with any major complication.

THANK YOU