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Postnatal Mother Satisfaction Regarding Interpersonal Nursing Care During Labor

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ABSTRACT

Background & Objective: Mothers' satisfaction with nursing care during labor is a crucial element in understanding their satisfaction with interpersonal nursing care services. The present study was conducted with aim to assess postnatal mother satisfaction regarding nursing care during labor.

Materials & Methods: This descriptive cross-sectional study was conducted in Bent Al Huda and Al-Haboubi Teaching Hospitals in the delivery room of obstetric units at Al-Nasiriya city from 1 Oct 2023 to 15 June 2025). The gathered data was evaluated using descriptive and inferential statistical methods. Microsoft Excel (2016) with the Statistical Package for Social Sciences (SPSS) (version 26.0) was applied for data analysis.

Results: Most mothers were in the age range of 20-24 years, 47.9% were primigravida mothers, 25.7% had gravida ≥4, 81.3% had never experienced an abortion, 97.1% had delivered vaginally in previous pregnancies and 81.9% chose to attend private clinics for their prenatal visits. Most mothers had moderate satisfaction regarding interpersonal nursing care during labor.

Conclusion: The overall assessment of mothers' satisfaction with interpersonal nursing care was moderate, with no significant differences observed between satisfaction on interpersonal nursing care and socio-demographics, and significant correlation between mother's satisfaction on interpersonal nursing care and reproductive history. It is recommended that soft skills such as communication, empathy, creating interpersonal relationships with mothers, conduct in emotionally challenging situations, and reducing stress during the intrapartum period, the nurse must create a conducive environment by supporting women.

Keywords: Satisfaction, Nursing care, Labor

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1. Introduction

Childbirth describes the end of a pregnancy when a child is born through the birth canal. It is also referred to as labor, parturition, or delivery. Although labor is a natural physiological, social, and cultural process, difficulties might arise that demand emergency life-saving measures. A woman's delivery experiences and outcomes are heavily influenced by a lack of support (1). A positive delivery experience is beneficial for mother satisfaction and develops rigid family relationships. Positively reported delivery experiences are associated to better levels of competence, mastery, confidence, and self-esteem in mothers (2).

The level of control and support provided during childbirth has a significant impact on maternal satisfaction. The objective of labor support is to actively assist the woman who has given birth, taking care of her emotional needs and wants, improving the quality of care, boosting self-esteem, ensuring a good childbirth experience, and easing transition into motherhood (3).

Women's satisfaction with nursing care during childbirth can be judged based on how effectively the health care practitioner matches the client's intended expectations, goals, and/or preferences. Satisfaction and discontent reflect how customers perceive the benefits and drawbacks of the service. Surveying women's satisfaction with care is necessary to enhance health care services (4).

A negative birth experience may have an influence on the woman's emotional health and desire for another child. Unfavorable birth experiences might leave a lady feeling dissatisfied The interventions used during labor care focused on reducing negative birth experiences including delivering information, communication, pain management, respect, baby care, and updates on the

mother's labor progress; the nurse serves as a source of support for the mother **(5)**. Respectful behavior, privacy, and retaining dignity during childbirth are all important components of providing optimal care and maximizing healthcare resources. Abuses during childbirth are a major contributing reason to women's dissatisfaction with maternal health care. The health-care system must try to preserve the mother's cultural values and beliefs while encouraging effective care **(6)**. The present study was conducted with aim to assess postnatal mother satisfaction regarding nursing care during labor.

2. Materials and Methods

This descriptive cross-sectional study was conducted on 315 postnatal mothers in al Nasiriya City/Iraq from 1 October 2023 to 15 June 2025. A non-probability (purposive) sampling strategy was used in this study. Data were collected from Bent Al Huda Teaching Hospital (n=215) and Al-Haboubi Teaching Hospital (n=100) in Al-Nasiriya city in the delivery room of obstetrics units.

The study tools included

Part I: This section contains socio-demographic data about the women and includes five items (age, level of education, occupation, residency and income).

Part II: This section contains reproductive history, including five items (gravida, parity, abortion, pregnancy and prenatal visit).

Part III: A total of 13 items deal with interpersonal satisfaction of postnatal mother regarding nursing care during labor. Three Likert scale levels (Not satisfied, partially satisfied, satisfied) were used to assess the mothers' satisfaction regarding nursing care.

Data were collected utilizing research equipment from1 Oct 2023 to 15 June 2025, following an official agreement with the Department of Development and Training. A face-to-face interview was performed with the women who participated in the study, providing instructions and answering any queries about the form. Following completion of the critical stages required by the study design, interviewing techniques were used independently for 20-30 minutes every interview.

Ethical Approval

The study was approved by the University of Babylon's College of Nursing Council's ethics committee. Approval was also obtained from Thi-Qar Health Directorate's Training and Development Department to conduct the study at Bent Al Huda and Al-Haboubi Teaching Hospitals. Official approval has been acquired from the Bint Al Huda Teaching Hospital and the Al-Haboubi Teaching Hospital. Informed consent was also obtained from all participants.

The data was analyzed using descriptive and inferential statistical methodologies. Microsoft Excel (2016) and the Statistical Package for Social Sciences (SPSS) (version 26.0) were applied for data analysis. The descriptive and inferential statistics included frequencies, percentages, and percentages.

3. Results

Table 1 depicted the distribution of demographic data for women who agreed to participate in the study, with the highest proportion (39.7%) being between the ages of 20 and 24 years. In terms of education level, 25.7% of mothers graduated from primary schools, 92.4% were unemployed, 74.9% were urban, and 72.7% had barely sufficient income.

Table 2 showed that 42.9% were primigravida and 25.7%had between four or more pregnancies. Regarding parity, nearly half (47.9%) were first-time mothers. Moreover, (81.3%) had never experienced an abortion, (81.9%) chose to attend private clinics for their prenatal visits, 84.1% of pregnancies were planned, (81.9%) chose to attend private clinics for their prenatal visits.

Table 4 shows that the overall assessment of mother's satisfaction with interpersonal aspects of nursing care reveals a primarily moderate level of satisfaction (30.05±6.81).

This Table shows that there are no significant differences in mother satisfaction based on age (P=0.246), level of education (P=0.081), or monthly income (P=0.291).

And there are no significant differences in mother's satisfaction by occupation and residency.

Table 6 shows significant positive correlations between mother satisfaction on interpersonal nursing care with gravida (P=0.001) and parity (P=0.001), showing that better satisfaction is related with higher gravida and parity levels. In contrast, no significant correlations were discovered between mother satisfaction on interpersonal nursing care with abortion history (P=0.740), planned pregnancy (P=0.548) or prenatal visit (P=0.262).

Table 1. Distribution of mothers according to their socio-demographic characteristics

Characteristics		f	%
Age (year) M±SD=24±5	15-19	69	21.9
	20-24	125	39.7
	25-29	60	19
	30-34	46	14.6
	35-40	15	4.8
	Total	315	100
Level of education	Doesn't read and write	51	16
	Read and write	66	21
	Primary school	66	21
	Secondary school	66	21
	Diploma/Bachelor	66	21
	Total	315	100
Occupation	Unemployed	291	92.4
	Employee	24	7.6
	Total	315	100
Residency	Urban	236	74.9
	Rural	79	25.1
	Total	315	100
Perceived monthly income	Sufficient	35	11.1
	Barely sufficient	229	72.7
	Insufficient	51	16.2
	Total	315	100

Table 2. Distribution of mothers according to their reproductive history characteristics

List	Characteristics	f	%
Gravida	1st gravida	135	42.9
	2nd gravida	55	17.5
	3rd gravida	44	14
	≥4 gravida	81	25.7
	Total	315	100
Parity	1st gravida	151	47.9
	2nd gravida	52	16.5
	3rd gravida	50	15.9
	≥4 gravida	62	19.7
	Total	315	100
Abortion	None	256	81.3
	One	45	14.3
	≥Two	14	4.4
	Total	315	100
Planned pregnancy	No	50	15.9
	Yes	265	84.1
	Total	315	100
Prenatal visit	Hospital	9	2.9
	Health Care Center	48	15.2
	Private Clinic	258	81.9
	Total	315	100

Table 3. Assessment of mother satisfaction of interpersonal aspects of nursing care

Interpersonal Aspects of Nursing Care	Scale	f(%)	M	Assess
Following admission to the ward, a warm welcome and a nice bed were provided.	Unsatisfied	14(4.4)	2.44	High
	Partially Satisfied.	148(47)		
	Satisfied	153(48.6)		
The nurses provided information about health care team members and the obstetric unit.	Unsatisfied	35(11.1)	2.19	Moderate
	Partially S.	185(58.7)		
	Satisfied	95(30.2)		
Privacy is maintained.	Unsatisfied	16(5.1)	2.52	High
	Partially S.	118(37.5)		
	Satisfied	181(57.4)		
Maintenance of good IPR along with family members by the nurses.	Unsatisfied	52(16.5)	2.11	Moderate
	Partially S.	175(55.6)		
	Satisfied	88(27.9)		
The emotional support provided by the nursing staff.	Unsatisfied	21(6.7)	2.37	High
	Partially S.	157(49.8)		
	Satisfied	137(43.5)		
Maintaining dignity and respect inside the ward.	Unsatisfied	23(7.3)	2.40	High
	Partially S.	143(45.4)		
	Satisfied	149(47.3)		
Staff polite and helpful.	Unsatisfied	23(7.3)	2.38	High
	Partially S.	149(47.3)		
	Satisfied	143(45.4)		
Staff attentive to needs and approachable.	Unsatisfied	25(7.9)	2.41	High
	Partially S.	137(43.5)		
	Satisfied	153(48.6)		
Nurse explains the treatment and procedure.	Unsatisfied	33(10.5)	2.29	Moderate
	Partially S.	157(49.8)		
	Satisfied	125(39.7)		
Availability of Nurse/Doctor round the clock.	Unsatisfied	34(10.8)	2.28	Moderate
	Partially S.	159(50.5)		
	Satisfied	122(38.7)		
Staff engaged in decision-making, and conclusion was respected and supported.	Unsatisfied	44(14)	2.23	Moderate
	Partially S.	156(49.5)		
	Satisfied	115(36.5)		
Explanation of things needed during hospital stay	Unsatisfied	33(10.5)	2.21	Moderate
	Partially S.	182(57.8)		
	Satisfied	100(13.7)		

Table 4. The overall assessment of mother satisfaction on interpersonal aspects of nursing care

Maternal Satisfaction	f	%	M	SD	Ass.
Low	28	8.9	30.05	6.861	Moderate
Moderate	152	48.2			
High	135	42.9			
Total	315	100			

Table 5. Statistical differences in overall mother satisfaction on interpersonal nursing care and socio-demographic variables

Overall satisfaction Variables	Source of variance	Sum of Squares	df	Mean Square	F	Sig.
Age	Between Groups	2383.766	4	595.942	1.364	.246
	Within Groups	135437.897	310	436.896		
	Total	137821.663	314			
Education	Between Groups	3636.057	4	909.014	2.100	.081
	Within Groups	134185.606	310	432.857		
	Total	137821.663	314			
Income	Between Groups	1086.048	2	543.024	1.239	.291
	Within Groups	136735.616	312	438.255		
	Total	137821.663	314			
Occupation	Unemployed	96.26	20.380	.193	313	.847	N.S
	Employee	97.13	27.474				
Residency	Urban	97.25	21.009	1.349	313	.178	N.S
	Rural	93.58	20.662				

M: Mean, SD: Standard deviation, t: t-test , p: Probability value, N.S: Not significant, S: Significant, H.S: High significant

Table 6. The correlation between mother satisfaction on interpersonal nursing care and reproductive history variables

Variables		Overall Satisfaction				Relationship
		Low	Moderate	High	Total	
Gravida	1st gravida	17	75	43	135	r^s=.185 P-value=.001 Sig=H.S
	2nd gravida	1	28	26	55	
	3rd gravida	5	23	16	44	
	≥4 gravida	3	42	36	81	
	Total	26	168	121	315	
Parity	1st gravida	17	87	47	151	r^s=.200 P-value=.001 Sig=H.S
	2nd gravida	2	21	29	52	
	3rd gravida	5	27	18	50	
	≥4 gravida	2	33	27	62	
	Total	26	168	121	315	
Abortion	None	24	134	98	256	r^s=.019 P-value=.740 Sig=N.S
	One	1	27	17	45	
	≥Two	1	7	6	14	
	Total	26	168	121	315	
Planned pregnancy	No	9	20	21	50	r^*= 034 P-value=.548 Sig=N.S
	Yes	17	148	100	265	
	Total	26	168	121	315	
Prenatal visit	Hospital	0	4	5	9	r^s=.063 P-value=.262 Sig=N.S
	H.C. Center	9	23	16	48	
	Private Clinic	17	141	100	258	
	Total	26	168	121	315	

r^s: Spearman Correlation coefficient, r*: Biserial correlation coefficient, P: Probability, Sig: Significance, N.S: Not Significant, S: Significant, H.S: High Significant

4. Discussion

According to the results of the present study, the sociodemographic data of the participating women revealed that 39.7% of the women were in the age group **(20-24)** years old. The findings of this study are consistent with the research done in Iraq, which found that two-fifths of the women were between the ages of 20 and 25 years **(7)**. These findings provide the impression that most mothers are younger. This is to be expected given that it is the average childbearing age.

Regarding the level of education, the highest percentage of mothers in the present study graduated from primary level. This result is consistent with other study (2018) in Nepal, which demonstrates that the majority of postnatal mothers had education level of primary school **(8)**. May be because these women have not the opportunity to continue their education properly. The present study found that the great majority of women are unemployed. The findings of this study are consistent with those of in Kurdistan, where most participants were housewives **(9)**. Because of the outcome of early adolescent marriage and subsequent pregnancy, the bulk of the study sample was comprised of housewives.

In terms of residency, the current study found that three quarters of mothers live in urban areas. This study's findings contrast with that conducted in Kurdistan, which discovered that more than half of the population lived in urban areas **(9)**.

In terms of income, less than three-quarters of mothers in the present study reported their income as "barely sufficient," and less than one-quarter as "insufficient." The findings of the current study are inconsistent with the study performed in Nepal, which discovered that most women live in homes with barely enough money to cover the average household income **(10)**.

In terms of gravidity, the findings of the present study showed that less than half of mothers were primigravida, while one quarter had experienced four or more pregnancies. The result of this study is consistent with the research done in Iran who found that less than half of mothers was primigravid **(11)**. The result of this study is inconsistent with the study in Kurdistan who found most participants were multigravida **(9)**. Regarding parity, nearly half of the mothers in the current research were primiparous, while less than one quarter had given birth four or more times. The finding is inconsistence with the results of the study in Nigeria who found that more than two

thirds were multiparous while more than one third were primiparous **(12)**.

Regarding abortion, the study showed that most mothers had never experienced an abortion. This result is consistent with the study in Africa who found that most women never had previous abortion **(13)**.

Regarding planned pregnancy, the study revealed that most of the pregnant women reported planned pregnancy, indicating a high level of intentionality regarding their pregnancies. This result is consistent with that in Ethiopia, which found that most of the postnatal mothers reported that they had planned pregnancy **(14)**.

In terms of prenatal visits, the present study found that a considerable majority of mothers decided to go to private clinics. This finding contradicts with the study conducted in Nepal, which discovered that the majority of respondents had attended a health facility for their recent deliveries **(15)**.

In terms of prenatal visits, less than two-thirds of mothers had an acceptable number of visits **(6-8)**. This study's findings are inconsistent with those in Ethiopia, which discovered that most mothers who had ANC services for their most recent delivery had three visits **(16)**.

The results of the current study reveal that most mothers showed high satisfaction with interpersonal aspects of nursing care during labor, such as privacy, emotional support, and staff attentiveness. However, satisfaction was moderate regarding communication about care processes and decision-making. The result of this study is consistent with the study conducted in 2018 **(8)**, which found that the majority of mothers had high satisfaction with interpersonal aspect of care (warm welcome on admission, were satisfied with orientation given, were satisfied with maintenance of privacy, and were satisfied involvement in decision-making and respected); however, this result was inconsistent with the study conducted in Ethiopia and they reported that near half of the clients were not satisfied with their privacy, less than two thirds were not satisfied by the freedom of movement in the ward during their labor and delivery process and almost half were not satisfied about sufficient support **(17)**. This could be because of having the opportunity to discuss the need for labor pain relief with healthcare providers and getting greater support and guidance. Mothers also require a great deal of privacy and respect throughout any examination.

The current finding indicates a moderate level of satisfaction. Less than half of mothers evaluated their satisfaction as "Moderate," whereas two fifths claimed "High" satisfaction. This study's findings was not consistent with the study conducted in 2018 **(8)**, which discovered that the majority of mothers are highly satisfied with the interpersonal part of care; however, this result was inconsistent with the other study which discovered that most women in India are highly satisfied with the interpersonal aspect of delivery services **(18)**. The researcher believes that positive caregiver behaviors (effective communication, attention, empathy, and friendliness) contribute to overall maternal satisfaction with the interpersonal aspects of nursing care.

In the current study, there were no significant differences in maternal satisfaction across the age groups. This finding supports the findings of the study in Europe, indicating that most research has not established the impact of age on women's satisfaction with childbirth **(19)**. According to Lemmens et al., (2021) in the Netherlands, women's satisfaction with childbirth services increases with age **(20)**. A study found significant differences in women's satisfaction with their care and participation in decision-making during childbirth.

According to the present study, there is no significant difference in maternal satisfaction based on educational level. This finding is consistent with those of who discovered no significant differences between education and satisfaction **(21)**. This study contradicts the findings in Nigeria, who reported a significant difference between respondents' education level and maternal satisfaction with delivery care **(22)**.

The study found no significant differences in occupation status and satisfaction with nursing care. The finding is consistent with the study which discovered no significant differences between maternal satisfaction with nursing care and occupation status **(15)**.

The present study found no significant differences in maternal satisfaction regarding residency. This finding disagrees with that in Ethiopia, which discovered that mothers' residence was strongly associated with maternal satisfaction about delivery service **(23)**. However, this finding is consistent with earlier investigations which indicated that residence was not significantly different **(24)**.

The current study found no significant difference in maternal satisfaction based on perceived monthly income. The findings are consistent with those of Atiya et al., in 2016 who discovered that family income has no significance with customer satisfaction with nursing care **(7)**. Furthermore, consistent with earlier studies by Mutaganzwa et al., in 2018, they discovered a significant difference in mother satisfaction with perceived monthly income level **(25)**.

In the present study, there are significant positive correlations between gravida and parity, indicating that higher satisfaction is related with higher gravida and parity. In contrast, no significant correlations were discovered with abortion history, planned pregnancy, previous delivery type, or prenatal visit location. This study's findings are similar to those in Egypt, which discovered a positive statistically significant correlation between satisfaction level and number of gravidity and parity **(26)**. These findings disagree with

those who discovered a negative correlation between multiparous women and satisfaction (27). According to the findings of a study conducted in Oromia, there is a favorable and significant correlation between prenatal visits, pregnancy planning, and maternal satisfaction (28). This could be due to more experience, emotional preparedness, established support systems, or more realistic expectations, all of which led to higher levels of satisfaction.

5. Conclusion

As the results of the present study showed, the overall assessment of mothers satisfaction on interpersonal nursing care during labor was moderate, and there was no significant differences mother's satisfaction and sociodemographic variables and no significant correlation between mother's satisfaction and sociodemographic variables, and significant positive correlations with gravida and parity and no significant associations found between abortion history, planned pregnancy, or prenatal visit location (P=0.262).

In midwifery, hospital nurses are recommended to receive frequent training on soft skills such as communication and interpersonal relationships with mothers, behavior in emotionally stressful situations, and stress reduction during the intrapartum period. The nurse must create a conducive environment by supporting the women. The Ministry of Health trained midwives to understand and appreciate how to connect with women in labor, as well as to build interpersonal, communication, and listening skills, assess the health-care system, and support mothers in expressing their feelings regarding nursing care throughout labor.

6. Declarations

Acknowledgments

None.

Ethical Considerations

The researcher should clearly state the main objectives of the study before starting to collect data on the study's designated women. The researcher must also maintain the safety and security of data collected from the study's population and agree to utilize it only for research purposes related to the study. The study's objectives were explained to women verbally. In addition, verbal consent was taken from women after delivery attending the two hospitals, who is with normal vaginal delivery for agreement to participate in the study after describing its objectives to them and ensuring them that any information submitted would be kept private and used only for research.

Authors' Contributions

All authors cooperated equally and all proofed the article.

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Conflict of Interest

The authors declare no conflict of interests.

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References

1. Hepsiba RP. Quality of Nursing Care Practices and Patient Satisfaction among Parturients Admitted in Obstetric Units of a Selected Tertiary Care Hospital in Lucknow. Nurs J India 2023;114(4):152–5. [DOI:10.48029/NJI.2023.CXIV402]
2. Abdo DM, Ibrahim HI, Fathalla NF. Women's Perception of Nursing Supportive Behaviors during Labor. Alexandria Sci Nurs J 2022;24(2):1–18. [DOI:10.21608/asalexu.2022.248617]
3. Can HO. Investigation of factors affecting mothers' satisfaction with childbirth and the supportive care given to them during labor. Afr J Reprod Health 2022;28(2):96–106. [DOI:10.29063/ajrh2024/v28i2.9]
4. Asamrew N, Endris AA, Tadesse M. Level of patient satisfaction with inpatient services and its determinants: a study of a specialized hospital in Ethiopia. J Environ Public Health 2020;2020:2473469. [DOI:10.1155/2020/2473469]
5. Abdo DM, Ibrahim HI, Fathalla NF. Women's Perception of Nursing Supportive Behaviors during Labor. ASNJ 2020;24(2):1-8. [DOI:10.21608/asalexu.2022.248617]
6. Maung TM, Mon NO, Mehrtash H, Bonsaffoh KA, Vogel JP, Aderoba AK, et al. Women's

experiences of mistreatment during childbirth and their satisfaction with care: findings from a multicountry community-based study in four countries. BMJ Glob Health. 2021;5(Suppl 2):e003688. [DOI:10.1136/bmjgh-2020-003688]
7. Atiya KM. Maternal satisfaction regarding quality of nursing care during labor and delivery in Sulaimani teaching hospital. International J Nurs Midw 2016;8(3):18–27. [DOI:10.5897/IJNM2015.0190]
8. Panth A, Kafle P. Maternal satisfaction on delivery service among postnatal mothers in a government hospital, Mid-Western Nepal. Obstet Gynecol Int. 2018;2018:4530161. [DOI:10.1155/2018/4530161]
9. Hajimam AF, Ahmed HM, Mishkin K. Women's expectations of health care providers in the labor and delivery room in the Kurdistan Region of Iraq. Zanco J Med Sci 2023;27(1):42–52. [DOI:10.15218/zjms.2023.007]
10. Asif A. Maternal satisfaction and recommendation of perinatal health facility: A cross sectional study measuring perceptions of mothers experiences of maternity care at tertiary care hospitals in Nepal. Uppsala Universitet 2019. [Dissertation]
11. Akhtarkia Z, Akbari Kamrani M, Farid M, Faraji Dana H. Relationship among Maternal Perception of Childbirth Experience, Spiritual Health and Maternal-Infant Relationship in the Postpartum Women: A Cross-Sectional Study. Iran J Nurs Midwifery Res. 2023;28(3):332–8. [DOI:10.4103/ijnmr.ijnmr_404_20]
12. Ali MJ, Ocheke AN, Egbodo CO, Tsoho FM. Maternal satisfaction with intrapartum care at the Jos University Teaching Hospital. Highland Med Res J. 2022;22(1):51–5.
13. Mukerenge NF, Nur PKB, Nakakuwa FN. An assessment of women's satisfaction with maternity care during labour and birth in a referral hospital in Namibia. Heliyon. 2025;11(4):e42644. [PMID:40084009]
14. Taddese AA, Gashaye KT, Dagne H, Andualem Z. Maternal and partner's level of satisfaction on the delivery room service in University of Gondar Referral Hospital, northwest, Ethiopia: a comparative cross-sectional study. BMC Health Serv Res. 2020;20:233. [DOI:10.1186/s12913-020-05079-8]
15. Pathak P, Ghimire B. Perception of women regarding respectful maternity care during facility-based childbirth. Obstet Gynecol Int. 2020;2020:5142398. [DOI:10.1155/2020/5142398]
16. Tadesse BH, Bayou NB, Nebeb GT. Mothers' satisfaction with institutional delivery service in public health facilities of Omo Nada District, Jimma Zone. Clin Med Res. 2017;6(1):23–30. [DOI:10.11648.j.cmr.20170601.13]
17. Gashaye KT, Tsegaye AT, Shiferaw G, Worku AG, Abebe SM. Client satisfaction with existing labor and delivery care and associated factors among mothers who gave birth in university of Gondar teaching hospital; Northwest Ethiopia: Institution based cross-sectional study. PloS One. 2019;14(2):e0210693. [DOI:10.1371/journal.pone.0210693]
18. Jha P, Larsson M, Christensson K, Skoog Svanberg A. Satisfaction with childbirth services provided in public health facilities: results from a cross-sectional survey among postnatal women in Chhattisgarh, India. Glob Health Action. 2017;10(1):1386932. [DOI:10.1080/16549716.2017.1386932]
19. Mazúchová L, Kelčíková S, Štofaníková L, Kopincová J, Malinovská N, Grendár M. Satisfaction of Slovak women with psychosocial aspects of care during childbirth. Midwifery. 2020;86:102711. [DOI:10.1016/j.midw.2020.102711]
20. Lemmens SMP, van Montfort P, Meertens LJ E, Spaanderman MEA, Smits LJM, de Vries RG, et al. Perinatal factors related to pregnancy and childbirth satisfaction: a prospective cohort study. J Psychosom Obstet Gynaecol. 2021;42(3):181–9. [DOI:10.1080/0167482x.2019.1708894]
21. Ratislavová K, Janoušková K, Hendrych Lorenzová E, Martin CR. The process of childbirth as a factor influencing women's satisfaction. Cent Eur J Nurs Midw. 2024;15(2):1100–6. [DOI:10.15452/cejnm.2024.15.0007]
22. Esan DT, Sokan-Adeaga AA, Rasaq NO. Assessment of satisfaction with delivery care among mothers in selected health care facilities in Ekiti state, Nigeria. J Public Health Res. 2022;11(4):22799036221127572. [DOI:10.1177/22799036221127572]
23. Ezo E, Getachew H, Degefu S, Ashager K. Maternal satisfaction on delivery service and associated factors among mothers delivered at Arba Minch town governmental health facilities, South Ethiopia: A cross-sectional study. SAGE

Open Med. 2024;12:20503121241247996. [DOI:10.1177/20503121241247995]
24. Gejea T, Abadiga M, Hasen T. Maternal satisfaction with delivery services of government hospitals in Ambo town, West Shoa zone, Oromia region, Ethiopia, 2020. Patient Prefer Adherence. 2020;14:1225–35. [DOI:10.2147/ppa.s251635]
25. Mutaganzwa C, Wibecan L, Iyer HS, Nahimana, E, Manzi A, Biziyaremye F, et al. Advancing the health of women and newborns: predictors of patient satisfaction among women attending antenatal and maternity care in rural Rwanda. Int J Qual Health Care. 2018;30(10):793–801. [DOI:10.1093/intqhc/mzy103]
26. Elgazzar HM, Hashem SAR, Heeba MF. Factors affecting women's satisfaction during labor experience. Port Said Sci J Nurs. 2018;5(2):220–36. [DOI:10.21608/pssjn.2018.52552]
27. Albert A, Khalfan SS, Urassa DP. Women's Satisfaction with Maternal Delivery Care at Health Facilities. Res J Pharm Med Sci (IRJPMS). 2023;6(6):21–6.
28. Amdemichael R, Tafa M, Fekadu H. Maternal satisfaction with the delivery services in Assela Hospital, Arsi zone, Oromia region. Gynecol Obstet (Sunnyvale). 2014;4(257):257. [DOI:10.4172/2161-0932.1000257]

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