

RESEARCH ARTICLE

Satisfaction with Postnatal care Services Among Women Delivering in Embu Hospital, Embu County, Kenya

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ABSTRACT

Patient satisfaction has been increasingly recognized as an important outcome for the health care delivery system and is increasingly studied in developing countries. Many women report lower levels of satisfaction with care and support they receive during the postnatal period than any other phase of their maternity care. The objectives of the study were; determining the level of women's satisfaction with postnatal care, determining the influence of socio-demographic characteristics on satisfaction with postnatal care. Descriptive cross-sectional research design was used. The study population was postpartum women aged 15-49 years who had delivered in Embu hospital. The study employed systematic random sampling method to come up with a sample size of 205 respondents. A structured client exit questionnaire, focused group discussions and key informant interviews were used to collect data. Data was analyzed using SPSS version 20 and presented in percentages, frequencies and cross tabulations. The study findings revealed that majority of the women 54.6% were satisfied with postnatal care services provided. Findings from this study also showed that socio-demographic variables like age, marital status, education level, occupation and monthly income did not have a significant relationship with women's satisfaction with postnatal care. The study concluded that there is still a percentage of women 45.4% who were still dissatisfied with the postnatal care services provided. The study recommended that the county government together with the hospital administration should help in installation of Hospital Consumer Assessment of Health Care Providers and Systems (HCAHPS) to help seek feedback from customers hence improve the satisfaction level of clients. The study also recommended that the same study should be done in other hospitals within the Sub Counties and in the rest of 47 Counties to enable generalization of results.

1. Introduction

Many women report lower levels of satisfaction with care and support they receive during the postnatal period than any other phase of their maternity care^[1]. Women continue to report how dissatisfied they are with routine standard postnatal care, as seen by the mounting evidence within the UK, Australia and Sweden^[2].

A decade of research in Victoria, Australia, has identified low levels of satisfaction with the hospital stay following child birth. Of the three episodes of maternity care, women are least likely to be satisfied with postnatal care, with only 50% of women in a 2000 state wide survey rating postnatal care as 'very good'. In contrast, 67% and 72% rated antenatal care and intrapartum care respectively as 'very good'^[1].

A cross sectional study done in Limpopo province in South Africa on patients satisfaction with midwifery services showed that out of 79 women who were interviewed, 51.9% were satisfied, 32.5% were neutral and 16.5% were dissatisfied with the care they had received during the intrapartum and early postnatal period^[3]. Postnatal care is the most neglected area in the health care delivery system despite being very important time for the provision of interventions for the mother and the

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newborn^[4]. Consequently, serious complications which account for two thirds of all maternal deaths occur during the postnatal period. Hence, postnatal period is a vulnerable time because most maternal and neonatal deaths occur during this period^[5].

According to Embu hospital maternity ward statistics between 400 to 500 women deliver their babies every month. The satisfaction of approximately 4,800-6,000 women who deliver their babies each year in Embu maternity unit was not known. Therefore this necessitated the need to conduct a study among the postnatal women who have delivered in Embu hospital to determine if they are satisfied with the services offered.

2. Specific objectives

1. To determine the level of women's satisfaction with the postnatal care provided to them.
2. To determine the influence of socio- demographic characteristics on the level of satisfaction with postnatal care.

3. Methods and materials

3.1 Study design

A descriptive cross sectional design was used in the study to assess the client's level of satisfaction with the postnatal care services offered at Embu hospital. It was a descriptive research since it described the state of postnatal care as it exists. It was cross sectional since it

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studied individuals at one point in time. The study utilized both qualitative and quantitative approaches of data collection for purposes of triangulation.

3.2 Study population

The research target population were the postnatal mothers who had delivered in Embu hospital, either normal or Caesarian section delivery. From the facility data approximately 450 women deliver in the facility on monthly basis.

3.3 Inclusion criteria and exclusion criteria

The study included postnatal mothers who had delivered a healthy infant in Embu hospital and willing to participate in the study. Health care providers working in postnatal unit in Embu hospital were also included. It excluded postnatal mothers who had delivered elsewhere or at home since this could not give the actual satisfaction with the services in this facility. Women with major postpartum complications like puerperal psychosis were also excluded.

3.4 Sampling technique and sample size determination

The sampling method applied was systematic random sampling technique. This involved selection of every K^{th} case from a list (sampling frame). The K^{th} (sampling interval) was established by dividing the study population by the desired sample size. The sampling frame was established from the admission/discharge register in the postnatal ward. Therefore 450 was divided by 205. This gave 2.19, which is approximately 2. Every 2nd woman in the list of the postnatal register was selected to participate in this study. The starting point was determined by picking of a random number. Fischer *et al*, 1998 sample size formulae was used and the sample size was 205 respondents.

3.5 Data collection tools

Client exit interview questionnaires, key informant interviews and focused group discussion were used to obtain quantitative and qualitative data.

3.6 Data collection procedures

Data collection was done after receiving a letter of approval from the medical superintendent, Embu Level 5 hospital. The study subjects filled a letter of consent indicating their willingness to participate in this study. They were assured of confidentiality, purpose of study was explained, potential benefits and potential risk associated with participation. Data was collected on daily basis from morning to evening including weekends for a period of 1 month. On daily basis the researcher counterchecked for accuracy and completeness of the filled questionnaires and all completed questionnaires was given numbers after completing the work. Focused group discussions were also conducted and each group involved a group of 6-8 women. The information was recorded and stored for easy analysis.

3.7 Data analysis

Quantitative data was coded, sorted and entered into the

computer. The collected quantitative data was subjected to descriptive statistics namely frequencies and percentages. Frequency tables were used for data presentation and easy interpretation. Inferential statistics were also be used to test association between variables. Statistical package for social sciences (SPSS) version 20 was used. Qualitative data from the FGD's and interviews was analyzed thematically to identify recurring issues that appeared during the analysis of data.

3.8 Logistical and Ethical considerations

Authority to conduct this research was sought from Kenyatta University Research and Ethics Committee. Research permit was also sought from National Commission for Science and Technology (NACOSTI). Permission was also sought from the Ministry of Education, County Director of Health, County Commissioner of Embu and the Embu hospital administration. During the study the participants were given a written informed consent to participate in the study and confidentiality was maintained.

4. Results

4.1 Characteristics of the study participants

Sociodemographic characteristics of the respondents
The sociodemographic characteristics are outlined in Table 1. Majority were married (75.6%) with only (2.9%) who were separated. Those who were aged between 15 and 24 years constituted 31.2% of the study participants while 40.5% and 11.2% were in the age range of 24 to 34 years and 45 years and above, respectively. Additionally, 28.8% and 43.4% of the study participants had schooled up to primary and secondary school level respectively. Analysis of the occupations of the respondents showed that 17.1% were unemployed while 28.8% and 43.4% of the respondents were engaged in farming and business respectively. Respondents who earned less than KSh. 10,000 per month were 37.1%. Further, 2.3% of the respondents had a monthly income of more than KSh. 40,000.

4.2 Obstetric characteristics of respondents

Table 2 presents the obstetric characteristics of the respondents. Asked about the number of times they had visited the hospital, 44.4% and 28.8% of the respondents said that it was the first and second time respectively. Those who had not had an admission during the previous delivery were 52.7%. Most of the respondents had normal/vaginal delivery (66.3%) and their neonates were boys (56.6%). In addition, 42.0%, 24.9% and 16.6% of the mothers who were interviewed in this study had one, two and three children respectively.

Table : 1 Sociodemographic characteristics of the respondents.

| Characteristic | Number (n=205) | % |
|------------------------------|----------------|------|
| Age (years) | | |
| 15-24 | 64 | 31.2 |
| 24-34 | 83 | 40.5 |
| 35-44 | 35 | 17.1 |
| =45 | 23 | 11.2 |
| Marital status | | |
| Single | 41 | 20 |
| Married | 155 | 75.6 |
| Divorced | 3 | 1.5 |
| Separated | 6 | 2.9 |
| Education | | |
| Primary | 59 | 28.8 |
| Secondary | 89 | 43.4 |
| College | 43 | 21.0 |
| University | 14 | 6.8 |
| Occupation | | |
| Agriculture/Farmer | 46 | 22.4 |
| Businesswoman | 57 | 27.8 |
| Employed (public/private) | 35 | 17.1 |
| Unemployed | 63 | 30.7 |
| Others/student | 4 | 2.0 |
| Monthly income (KSh.) | | |
| Below 10,000 | 76 | 37.1 |
| 10,000 - 20,000 | 53 | 25.9 |
| 21,000 - 30,000 | 51 | 24.9 |
| 31,000 - 40,000 | 20 | 9.8 |
| > 40,000 | 5 | 2.3 |

Table 2 : Obstetric characteristics of the respondents.

| Characteristic | Frequency (n=205) | % |
|---|-------------------|------|
| Times attended Embu Hospital | | |
| First time | 91 | 44.4 |
| Twice | 59 | 28.8 |
| Thrice | 25 | 12.2 |
| = 4 | 30 | 14.6 |
| Admission during the previous delivery | | |
| Yes | 97 | 47.3 |
| No | 108 | 52.7 |
| Mode of delivery | | |
| Normal/vaginal delivery | 136 | 66.3 |
| Caesarian section | 69 | 33.7 |
| Baby's sex | | |
| Male | 116 | 56.6 |
| Female | 89 | 43.4 |
| Number of children | | |
| None | 24 | 11.7 |
| 1 | 86 | 42.0 |
| 2 | 51 | 24.9 |
| 3 | 34 | 16.6 |
| 4 | 7 | 3.4 |
| More than 4 | 3 | 1.5 |

4.3 Evaluation of Satisfaction with Postnatal Care Services

The findings on the seventeen items used to determine the client's satisfaction with postnatal care services offered at Embu Hospital are shown in Table 3. The items with the highest satisfaction scores were: 'I was given a birth notification for my baby' (95.1%), 'I was educated about immunization and weaning of my baby'(94.6%), 'I was assisted to position my baby during and after feeding and was taught to burp my baby after breast feeding' (91.7%), 'I was informed about the family planning methods and when to start' (92.7%) and 'I was advised on the postpartum visits and their importance'(95.1%). The lowest satisfaction scores were recorded for the items: 'The nurses checked my vital signs frequently' (52.7%), 'I was taught about involution of the uterus' (52.7%), 'I was assisted in early ambulation' (42.4%), 'I was told regarding lochia (discharge) flow and was told how to detect excessive bleeding during the postnatal period'(70.2%). The overall satisfaction of the postnatal women in Embu hospital was 54.6%. These findings were further verified from an FGD where a participant reported that "When I came to this hospital I expected it was better than other public hospitals but I am disappointed" (FGD participant, Embu Hospital). Another participant reported that "I am dissatisfied with the services in this facility because students are not supervised by qualified staff, some staff have poor attitude, there are few nurses on night duty and more attention is given to the primigravidas" (FGD participant, Embu hospital). Most key informant felt that the women were satisfied with the postnatal services given. One nurse reported that "Mothers return to deliver here meaning the services are good". Another informant reported that "I believe the women are satisfied since I have not

experienced any complaints" (Key informants, Embu Hospital). However the key informants were of the opinion that the staff –patient ratio was short of what is recommended. One key informant was of the opinion that "There is need to increase the number of staff. The shortage of staff is making us not to deliver the best services since we are not able to attend to all patients". This was further reaffirmed by an informant who reported that "More nurses should be employed to ensure the NCK ratio of 1:6 and ensure at least 3 nurses per shift" (Key informant, Embu Hospital).

4.4 Association between satisfaction with postnatal care services, socio-demographic attributes and selected obstetric factors

Table 4 and 5 presents the findings on the evaluation of the relationship between socio-demographic attributes of the study participants, selected obstetric factors and satisfaction with postnatal care services. Being the first visit to the hospital was associated with 80% higher odds of being satisfied with PNC (odds ratio 1.798 (95% confidence interval (CI) 1.026 - 3.153), $p=0.040$). Women who had normal vaginal delivery were about 61% less likely to be satisfied with PNC when compared to their counterparts who had a Caesarian section delivery (OR 0.389 (95% CI 0.211 - 0.718), $p=0.002$). The rest of the attributes were not statistically significantly predictive of satisfaction with postnatal care. They included age, marital status, education, occupation, monthly income, being admitted during the previous delivery, number of children and sex of the baby. A significantly lower proportion of satisfaction with PNC was reported among mothers who had normal delivery when compared to those who had delivered through Caesarian section (47.1% versus 69.6% respectively).

Table 3: Satisfaction with postnatal care services.

| No. | Item | Satisfied | Not satisfied |
|-----|---|-----------|---------------|
| 1 | I was assisted to go to the toilet and got information regarding personal hygiene in the postnatal period | 182(88.8) | 23(11.2) |
| 2 | I was assisted in perineal toilet and informed regarding how to keep my perineum hygienic | 180(87.8) | 25(12.2) |
| 3 | I was assisted in early ambulation(getting out of bed after C/S) | 87(42.4) | 118(57.6) |
| 4 | The nurses checked my vital signs frequently. | 108(52.7) | 97(47.3) |
| 5 | I was taught about involution of the uterus. | 108(52.7) | 97(47.3) |
| 6 | I was explained how to take care of my breasts and breast minor problems in postnatal period and their management. | 188(91.7) | 17(8.3) |
| 7 | I was informed regarding nutrition, sleep and rest in the postpartum period. | 191(93.2) | 14(6.8) |
| 8 | I was told regarding lochia (discharge) flow and was told how to detect excessive bleeding during the postnatal period. | 144(70.2) | 61(29.8) |
| 9 | I was assisted with episiotomy care and told how to detect signs and symptoms of infection. | 133(64.9) | 72(35.1) |
| 10 | I was informed about the family planning methods and when to start. | 190(92.7) | 15(7.3) |
| 11 | I was advised on the postpartum visits and their importance. | 195(95.1) | 10(4.9) |
| 12 | I was assisted with giving bath and diaper care, cord care, eye care for the baby. | 193(94.1) | 12(5.9) |
| 13 | Nurses taught me on how to identify the signs of infection for the baby. | 189(92.2) | 16(7.8) |
| 14 | I was assisted to position my baby during and after feeding and was taught to burp my baby after breast feeding. | 188(91.7) | 17(8.3) |
| 15 | I was taught about rooming in, bonding and attachment. | 184(89.8) | 21(10.2) |
| 16 | I was educated about immunization and weaning of my baby. | 194(94.6) | 11(5.4) |
| 17 | I was given a birth notification for my baby | 195(95.1) | 10(4.9) |
| | Overall | 112(54.6) | 93(45.4) |

Table 4: Association between satisfaction with postnatal care services and sociodemographic factors.

| Factor | Satisfaction with PNC | | OR (95% CI) | P-value |
|-----------------------|-----------------------|---------------|--------------------|---------|
| | Satisfied | Not satisfied | | |
| Age (years) | | | | |
| 15-24 | 31(48.4) | 33(51.6) | 0.861(0.332-2.235) | 0.759 |
| 24-34 | 48(57.8) | 35(42.2) | 1.257(0.498-3.176) | |
| 35-44 | 21(60.0) | 14(40.0) | 1.375(0.476-3.974) | |
| 45 and above | 12(52.2) | 11(47.8) | Ref | |
| Marital status | | | | |
| Single | 26(52.0) | 24(48.0) | 0.869(0.459-1.647) | 0.667 |
| Married | 86(55.5) | 69(44.5) | Ref | |
| Divorced | 2(66.6) | 1(33.4) | | |
| Separated | 4(66.6) | 2(33.4) | | |
| Education | | | | |
| Primary | 32(54.2) | 27(45.8) | 1.144(0.552-2.373) | 0.717 |
| Secondary | 51(57.3) | 38(42.7) | 1.296(0.664-2.527) | |
| College | 29(67.4) | 14(32.5) | Ref | |
| University | 4(28.5) | 10(71.4) | | |
| Occupation | | | | |
| Farmer | 27(58.7) | 19(41.3) | 1.650(0.773-3.523) | 0.194 |
| B/woman | 35(61.4) | 22(38.6) | 1.848(0.901-3.787) | |
| Employed | 19(54.3) | 16(45.7) | 1.379(0.607-3.132) | |
| Unemployed/student | 31(46.3) | 36(53.7) | Ref | |
| Monthly income | | | | |
| below 10,000 | 38(50.0) | 38(50.0) | 0.667(0.270-1.669) | 0.385 |
| 10,000-20,000 | 31(58.5) | 22(41.5) | 0.939(0.356-2.475) | |
| 21,000-30,000 | 28(54.9) | 23(45.1) | 0.812(0.307-2.145) | |
| > 30,000 | 15(60.0) | 10(40.0) | Ref | |

Table 5: Association between satisfaction with postnatal care services and selected obstetric characteristics.

| First time attending Embu hospital | | | OR (95% CI) | P-value |
|------------------------------------|----------|----------|--------------------|---------|
| Yes | 57(62.6) | 34(37.4) | 1.798(1.026-3.153) | 0.040 |
| No | 55(48.2) | 59(51.8) | Ref | |
| Admitted during previous delivery | | | | |
| Yes | 50(51.5) | 47(48.5) | 0.789(0.455-1.370) | 0.400 |
| No | 62(57.4) | 46(42.6) | Ref | |
| Number of children | | | | |
| None | 13(54.2) | 11(45.8) | 0.977(0.398-2.401) | 0.960 |
| 1 | 47(54.7) | 39(45.3) | 0.997(0.560-1.791) | |
| 2+ | 52(54.7) | 43(45.3) | Ref | |
| Mode of delivery | | | | |
| Normal vaginal delivery | 64(47.1) | 72(52.9) | 0.389(0.211-0.718) | 0.002 |
| Caesarian section | 48(69.6) | 21(30.4) | Ref | |
| Baby's sex | | | | |
| Male | 68(58.6) | 48(41.4) | 1.449(0.831-2.526) | 0.191 |
| Female | 44(49.4) | 45(50.6) | Ref | |

5. DISCUSSION

5.1 Influence of socio demographic characteristics on satisfaction

Findings from the study showed that there was no significant association between the level of satisfaction of postnatal women and the socio-demographic variables. The most satisfied women (57.8%) were aged between 24-34 years. Hence age partially influenced satisfaction with younger women being more satisfied than their older counterparts. This is contrary to a study by Doborah on patient satisfaction with OPD services which showed that age influences perception of care with older patients being more satisfied than the young^[6].

Marital status of the respondents was not significantly associated with women's satisfaction level. This differed with a study by Lui and Wang which showed a significant relationship between marital status and client satisfaction (P=0.026)^[7].

Educational level was not significantly associated with the level of satisfaction. The women's level of education seemed not to have an important bearing on whether they were satisfied with the postnatal services. These results differ with study findings from North Iran on maternal satisfaction which showed a relationship between satisfaction with health services and level of education (p=0.026). Greater satisfaction was associated with lower levels of education. Another study done by Lui and Wang differs with the current study since it showed that patients with high levels of education had greater satisfaction with nursing care than those with lesser education^[7].

The study also showed that there was no significant relationship between satisfaction and the income earned by the women. This is similar to a study in Bangladesh on maternal satisfaction which showed that there is no significant association between family income and the

level of satisfaction^[8]. However a study done in Sri Lanka showed that women's satisfaction was associated with the income level^[9].

The women's occupation did not have a significant influence on the women's level of satisfaction. This differs with an Egyptian study on quality of postpartum care which showed that housewives were more satisfied than women who were working^[10].

From this study women who delivered vaginally were less satisfied than their counterparts who had delivered via C/S with a P value of (0.002). Women who were also visiting Embu for their first time were more satisfied as compared to those who were visiting the facility for consecutive times with a P value (0.040). This differs with a study conducted by Peterson *et al*, which showed that adolescent post-caesarean mothers were less satisfied than the mothers who had delivered vaginally^[11].

5.2 Women's satisfaction with postnatal care

Women become satisfied when they receive better and good services after giving birth. The findings revealed that majority of the women (54.6%) were satisfied with the postnatal care provided to them with only 45.4% being dissatisfied with the overall postnatal care provided in Embu Hospital. This compares to a study by Kapzawni to identify level of satisfaction of mothers on postnatal care which showed that majority of the mothers 74% were partially satisfied and 16% were found to be dissatisfied^[12]. Another study by Hildingson on new parent's satisfaction with postnatal care in a Swedish hospital revealed that only 34% of the mothers were dissatisfied with the overall postnatal care^[2]. The different findings may be due to difference in their cultural settings in providers and also receivers of postnatal care.

According to MOH and MPHS the key role of health providers during the postnatal period includes:

monitoring of the vital signs, monitoring for signs of abnormal bleeding, pallor, physical examination of both mother and baby, counseling the mother on nutrition, breast feeding and infant care/self-care and counseling on family planning, counseling on immunizations, teaching on signs of infections for both mother and baby^[13]. All the ten key informants were able to confirm that they provided these services to women during the postnatal period as prescribed by the Ministry of Health and World health organization. According to this study it was noted that more than 90% of the women were satisfied with information on family planning, breast care, information on nutrition, sleep and rest in the post-partum period, postpartum visits and their importance. However 57.6 % of the women were dissatisfied with assistance in early ambulation, 47.3% checking of the vital signs. In any health care setting the nurses have a major role in monitoring of clients vital signs in order to detect any maternal and neonatal complications postnatally. Women postnatally can get puerperal sepsis, postpartum hemorrhage and mastitis. Neonates can also get neonatal sepsis, Asphyxia as some of the complications which can easily be detected during monitoring of vital signs. Newburn and Bhavnani in a similar study postulated that women should be given appropriate information and education relating to the postnatal period^[14]. This enables a woman make informed choices regarding their care and that of the baby and increases a woman's confidence and satisfaction with the care provided.

According to WHO mothers require a lot of education and social support from the health worker to enable her take good care of the baby^[15]. More than 90% of the mothers felt that nurses assisted them in baby care, nurses taught them how to identify signs of neonatal infections, taught them on breast attachment and positioning during breastfeeding and taught them concerning immunizations. This study concurs to the findings from Cairo where mothers suggested different ways of improving postpartum services. From that study 72% of the women suggested the need for more advice on breastfeeding, 62.3% suggested that health care providers should give necessary advice related to mother and baby. A study by Warren further showed that 26% of the respondents felt that midwives were very instrumental in instilling information on infant care^[16].

Majority of the women suggested the following to help improve their satisfaction with postnatal care: Employment of more staff, staff to supervise students, staff should change their attitude, improve on general cleanliness of the ward and washrooms, paying more attention to primigravidas and giving them more information, improving on availability of resources and close monitoring of patients progress. These findings differ from those of a study in Cairo where mothers suggested the need for more advice on breastfeeding and increased time with the nurses^[8].

CONCLUSION

The study concluded that there was no significant association between socio-demographic characteristics and the level of satisfaction with postnatal care.

The findings of this study also showed that majority of the women were satisfied with the postnatal care provided to them, however there is still 45.4% who are not satisfied with the services. Hence the hospital still needs to improve their services since women become satisfied when they receive better and good services after giving birth.

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