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Women's Preferences on Quality Care during Hospital Birth in Kenya

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ABSTRACT

Introduction: Women have different perspectives of the meaning of quality care during childbirth in hospital. Women will tend to avoid hospital birth if the care provided does not meet these perspectives. The researcher sought to determine what women consider quality care during childbirth in the hospital.

Methods: A qualitative method using exploratory descriptive design was applied. The study was carried out in the postnatal section of Riley mother-baby hospital of Moi Teaching and Referral Hospital, Eldoret Kenya. In-depth interviews were used in collecting data from 14 mothers who had hospital birth. The interviews were audio recorded and field notes taken. Audio recorded data was transcribed into Ms Word. Analytic triangulation was done using NVIVO 8 software and Tesch's method of qualitative analysis. The interviews were read; emerging ideas were identified, and then grouped into subthemes, which were further categorized to generate themes.

Findings: Presence of caregiver, less frequent examinations, promptness, warmth, pain relief, cleanliness and nutritional care emerged as subthemes and were categorized under the theme of caring. Information and positive relationship emerged as themes that define quality. Clear instructions and frequent information on progress of labour emerged as subthemes defining information as a theme. Attention to individual needs, understanding the mother and a friendly attitude of the care provider emerged as subthemes that were further categorized under the theme of positive relationship.

Conclusion: Quality care during childbirth in hospital is determined by the caring aspects, information given to the mothers and the degree of positive relationship between the caregiver and the mother.

Clinical Relevance: Individual perspectives of quality care for every mother in labour should be considered when providing care to meet the needs of the client.

Key words: quality care; childbirth; women; labour; hospital; Kenya.

Introduction

Quality in the health care setting refers to meeting the needs and expectations of clients [the customers of health care] with minimum effort, rework and waste (Bernick, Godfrey and Roessner, 1990). Quality of care is a multifaceted concept that involves both the consumer and the

service provider. The quality of care during childbirth has been defined primarily from the service providers' point of view. According to (Bennet & Tibbits, 1989) achievement of quality is essentially a human accomplishment and it is the quality of people –more than the advancement in technology –that gives the health care institution its reputation for excellence as

perceived by consumers of health care institutions may not necessarily translate to quality care as seen by mothers who are our target customers in hospitals. Similarly, quality of care has various social, economic and demographic determinants that play part in its description by the consumer. Leininger (as quoted in Van der Wal 2004: 235) emphasizes the need of considering the cultural aspects of quality. Leininger (2004) further focuses on the question of beneficence which considers who is supposed to decide what is best for the patient. In most cases, the patient has not been considered when determining what is best for them. The subjective description of quality by the clients can provide important input that can help the service provider understand and establish acceptable standards of services (Andaleeb, 2001).

Quality of care is a function of care rendered and the care received, the interface between provider and patient, between health services and the community (Van der Walt, 2004). This means that the context of the need for the care interventions must be evaluated if it is meeting these qualities i.e. providing a link between the care provider and the patient. This can only be possible if the clients come to the health care providers

The purpose of this study were to describe the perception of postnatal mothers on quality of care during childbirth in hospital and describe factors that hinder the achievement of perceived quality care during childbirth in hospital.

Methods

Qualitative study approach was used employing Phenomenological design. A subjective phenomenon like perspectives is best studied qualitatively because the method inductively explores words rather

services. Improving supplies in our for service. Quality of midwifery care is not a simple homogenous variable but a complex construct incorporating values, beliefs and attitudes involved in the health care interaction (Van der Walt, 2004). Both the perspectives and providers' needs to be accounted for when quality of maternity services is defined. Quality care therefore could mean the care that meets acceptable technical standards as well as the needs and expectations of users and communities.

According to (Hulton, Mathews, & Stones, 2007) as quoted in (Van der Walt, 2004), the recognition that the quality of services has an impact on the use of services has given a strong incentive to improve quality of midwifery care with the goal of greater acceptance and more substantial use thereof. This greater acceptance does not compare well with Kenya's situation whereby home deliveries by unskilled attendants are as high as sixty percent (Central Bureau of statistics (CBS)(Kenya), 2004). This is quite an alarming rate especially when we need to ensure skilled attendants for every delivery as an indicator for health during childbirth.

Purpose

than counting numbers. This design gives a way to gain insights through discovering meanings (Burns & Grove, 2005). The women who met the inclusion criteria were identified using their record in the ward. They were admitted in two cubicles with a total of 12 beds numbered 24-36. When the bed capacity was exceeded, two women would share a bed. Following a normal childbirth, the mother was discharged after an average duration of 12 hours. Convenient sampling was used to conduct the study. The mother from bed number 24 was conveniently selected and screened using

inclusion criteria. Then the mother on the subsequent bed was also approached as long as she met the inclusion criteria. Every in-depth interview was transcribed and analyzed before moving on with the next interview. Twelve women were interviewed and saturation achieved. The leading exploratory research question was: *“Could you please describe what you would consider quality care during childbirth in any hospital right from admission to discharge”* The research achieved credibility through prolonged engagement and referential adequacy while dependability was achieved through analytic triangulation by Tesch’s method of data analysis and NVIVO 8 software for qualitative methods

Results

Demographic characteristics of the participants

Fourteen women were interviewed of which two were interviewed to confirm saturation of data. Overall the age range for the participants was 15 to 30 years. Nine of the fourteen mothers were married. Thirteen of them had one to three children. Eight had no previous experience with birth while six had a previous experience with hospital birth. All the participants were Christians. They all had formal education above primary school level and four had attained university education. Ten of the participants were from the Kalenjin community the others were from Luhya and Kikuyu communities.

Caring

Data analysis

Two in-depth interviews were done per day and then transcription followed immediately. The analysis began immediately after completion of the first interview. Transcription and coding were performed simultaneously with other interviews. Transcription of the interviews was accomplished using MS word and analysis followed which comprised of coding of major themes using NVIVO 8 software for qualitative research. The nodes that were coded formed the basis for further analysis into subthemes and themes respectively.

From the findings, caring can be defined as the presence of a care giver, who provides frequent and precise information and develops a positive interpersonal relationship with the mother during labour. Four sub themes, which relate to caring emerged from the interviews.

Caring by being physically present and offering prompt attentive care: Presence of a caregiver was considered an aspect of quality care by the participants. A caregiver who was referred to as either a doctor or nurse was required to be constantly present or accessible during labour. The presence of a caregiver was considered critical during the experience of labour pain. One participant expressed as below:

Sometimes you might be experiencing labour pain but there is no doctor around.

The caregiver was seen as having a monitoring role to detect any deviation from the normal process. A participant who had

one previous hospital birth experience stated:

During the labour pains, the doctor should at least be nearby to monitor any changes either positive or negative.

Regarding presence the participants expected the caregiver to demonstrate concern and keenness to the labour process. A participant who had three previous hospital births demonstrated that the caregiver should be serious with caring role during labour. The emphasis of the desired seriousness during care in labour was lauded by the following excerpt:

The quality care that I expected was that to be attended most of the time but some nurses were not serious during that process of labour.

The doctor/midwife attending the mother was required by the participants to be quick in responding to her needs. Mothers considered that they should be attended quickly when they called for assistance. The participants expected that upon arrival in the hospital, they should be attended to as promptly as possible as some participants said:

I would expect to be attended to promptly as soon as I enter the hospital. This was done to me and I really appreciated.

The admission process was considered lengthy by some participants especially when they were in pain. A participant who had her first childbirth expressed herself with bitterness said:

When I was waiting, I was in so much pain, I would be happy if the admission process were speeded up a little bit.

The prompt attendance by the midwife/doctor was associated with good outcomes of the baby. A mother who had had her first born baby said:

I would expect them to attend to that process promptly, because at times, you may find that the midwives are not on time and maybe the outcome of the baby may not be good.

Promptness in attending the mother while in labour was associated serious attention to the laboring mother. The doctor /midwife were reported as being serious if he/she is attending to the laboring mother promptly.

Some things also to be done are that they (care providers) are not really serious on attending to you during the birth of the baby. They are not quick.

Some participants would strive to help themselves if the midwife /doctor are not attending her. The participants expected the doctor/midwife to respond promptly to what they asked for when in labour. A participant who had three previous hospital births had the following to say:

Some of them (doctors and midwives) are not attending to what you ask for, for example when I was almost to push the baby I told one of them to come but she refused attending to me. And I only did my own wish to see that I have achieved.

Caring by providing relief of pain and discomfort: Pain was considered a discomfort which when controlled, quality care would be achieved. A participant who had given birth for the first time expressed thus:

If possible when giving birth, they should give me some analgesics to relieve the pain.

However, some clients had contrary views regarding pain relieve during labour. They considered labour pain unavoidable though they expressed need for pain relief during other procedures related to childbirth like repair of episiotomy. A participant with three previous hospital birth experiences said:

While laboring, it's a must to feel the pain, and once you deliver and you were cut(episiotomy) or had a tear they should inject you enough medicine (local anesthesia) so that at least you don't feel the pain because sometimes they stitch while you feel the pain as if there was no anesthesia.

Besides pain, discomfort during vaginal examination was cited by some participants. However, from the interview, they valued the role of the examination. The discomfort was cited as arising from different doctors/midwives coming to examine the client at different times. The frequency of examination was considered as being too close by the participants. A participant who had her first hospital birth expressed this view by saying:

You find somebody doing vaginal examination then after 15 minutes

someone else comes to redo it, which is wrong.

Caring by providing clean and warm environment: Mothers considered that during childbirth, they should be kept warm and the birth environment should be clean. Similarly, after childbirth, the baby should be kept warm and clean. Participants considered that warmth could be provided by being given clothes. The following excerpt illustrates the need for warm clothes and clean environment:

The best thing to be done was that they attended to the baby and assisted me and cleaned me and also assisted the baby by covering with clothes. I think that was the best thing they did.

The participants found labour ward lacking in provision of warmth. A participant who had her third hospital birth expressed in the following excerpt:

I would expect you to provide us with warm clothes because down there (in Labour ward) there is nothing warm for covering yourself.

Besides warmth, the participants considered that cleanliness should be observed during the childbirth process. The participants would consider quality care if the linen would be change as soon as it was dirty. A mother of one who had one hospital birth experience said:

...and also the changing of linen should be done as soon as it becomes dirty and it should be changed promptly.

A participant appreciated the fact that they were told to bath and their beddings changed. With a smile she said:

...I see its well because (smiling) we are told to bath, beddings are changed, after bathing then you enter clean beddings.

However the participants would appreciate having a bed each. A participant who was sharing a bed with another postnatal mother expressed the following in this excerpt:

I would expect that every client to be having their own bed for proper hygiene of the babies because they are prone to infections.

Infection prevention to the baby was the main reason cited to necessitate each client having own bed.

Caring by providing nutrition: Mothers deemed nutrition as an aspect of quality during childbirth in hospital. This was mainly for the sake of enhancing the mother to gain strength and be able to take care of the baby. This aspect was included in the verbatim below from a mother who had delivered in the hospital for the second time.

It would be better to be given some food after the delivery process to renew ones energy.

The need for food was considered necessary especially after delivery of the baby.

You should take care of the food and the hygiene of the baby since when the mother is not satisfied; the baby will also not be satisfied since she will not produce enough milk for the baby

Hence, provision of food after childbirth was associated with maternal satisfaction, which translates into satisfied care of the baby. The participants associated feeding after childbirth with good flow of milk for baby feeding.

Information

Specific instructions and frequent information on progress were aspects of quality that emerged constructing a theme on information. These sub themes shall be discussed as below:

Specific instructions: This sub theme was brought up by the participants as an aspect of quality care during childbirth in the hospital. The participants expected information on the expectations of the care provider. The information was expected to be specific on what the mother should do during labour. However, the specific instructions were expected to focus on meeting the needs of the mother during labour. The excerpt below demonstrates the need for a link between specific instructions given to the mother and her needs.

I would want to give me the Maybe the rules of what I am expected to do while in the hospital, and I also expect them to attend to my needs.

The other purpose of specific instructions from the midwife/doctor was to promote cooperation by the mother during labour. Such cooperation between the care provider and the mother during labour was associated with successful labour. A mother who had her first born and a first hospital birth said:

They should tell me what I am expected to do so that I follow them and at least it will be easier for me

so that I cooperate with them and everything will be good.

The specific instructions were also appreciated if they touched on care of the baby. Such instructions were considered quality care especially by first time mothers who were new with baby care. One primiparous mother expressed thus:

Also they kept telling me what to do with my child thereafter; and showed me the place where the blood was oozing from

Frequent information on progress: The women would appreciate being given information on progress of labour as frequently as possible. This was associated with increasing the mother's ability to cope with labour. The following verbatim were brought up by the mothers:

They should be telling me the progress because I can't see. They should be giving me instructions, for example when to push so that I don't hurt the baby; and when the baby is out they should tell me.

The mothers interviewed expressed need for information on subsequent care of the baby after birth. Any observation made on the baby by the midwife/doctor was expected to be reported to the mother. One postnatal mother expressed as follows:

Also they kept telling me what to do with my child thereafter; and showed me the place where the blood was oozing from.

On the overall, the mothers valued information on what they were expected of while in the hospital. A participant demonstrated this in the following excerpt:

I would want to be given the rules of what I am expected to do while in the hospital...

Others would appreciate information on what was expected of them throughout the labour process. One participant who had given birth for the first time commented as:

I would want to be told the process of labour which I was going through.

Positive interpersonal relationship

Positive interpersonal relationship between the mother and the caregiver emerged as a theme during the data analysis. This theme generated two subthemes i.e. being understood as an individual and friendliness. These subthemes shall be discussed below:

Being understood as an individual: The mothers expressed need for individualized attention so that they are given due care and attention to their specific needs. The need for personalized care brings good relationship and generates trust between the mother and the caregiver. This subtheme is illustrated thus:

...when I arrived, I was in pain, so I was allowed to go [to labour room] first because I was in too much pain, I like that, and it shows that you [caregiver] really care.

Individualized care was considered a dimension of quality care if the baby was cared too. The extent of attention and concern demonstrated by the caregiver added value to the quality of care delivered. One participant expressed with certainty in the following excerpt:

I would of course like to be treated with a lot of concern and my baby should be treated well too.

Quality of care was further described as being accepted the way one was. The clients expected to check upon frequently and their individual needs addressed. A twenty six year old mother of three described her perspective of quality care as:

[Quality care]...is to be accepted, checked, and then you are given special attention and being taken care of.

The participants considered being understood from their perspective as an aspect of quality. They would prefer the caregivers to cope with them for the behavior and character they may manifest during labour and childbirth. This was expressed in the following verbatim:

I would expect to be understood the way I am. People are different and may behave differently during labour. They should not quarrel us but understand us the way we are because at that time you can't know what you are doing.

The participants demonstrated during the interviews that what they went through during labour needed an understanding and caring person to be near them.

Friendliness: Friendliness was mentioned as an aspect to consider when describing quality childbirth in hospital. The women would prefer the caregivers to portray a friendly environment so as to bring the comfort of childbirth. The participants expressed themselves as follows:

... I would consider it quality if they become friendly and not harsh to me so that I will be able to at least cope up with the pain.

The friendly environment was thought to enhance pain relief hence enable the mother cope with labour process.

A participant recalled the friendly care she had received during labour and said:

The nurse was good and understanding. I was assisted so much, I would say that they loved, caring they were very good in fact, they assisted me to carry the baby up to this place.

Discussion

Eleven out of the fourteen mothers interviewed had an age range of 21 to 30 years. This age range was consistent with the findings of Kenya demographic health survey of 2003, that the fertility rate of women peaks broadly at age 20 to 29 years (Central Bureau of statistics (CBS) (Kenya), 2004). The ages of respondents falling within this age bracket is associated with their high fertility rate hence the likelihood of having been in the postnatal ward at the time of the study. Nine out of the participants were married while five were single. Ten of the participants were from the Kalenjin tribe. This majority could be explained by the fact that the hospital is located within the Kalenjin community.

Attributes related to caring emerged during the study. According to (Stichler & Weiss, 2001), caring refers to care that relates to the total person and his/her specific needs rather than to standardize or routine care. In this

study, the participants mentioned the following subthemes related to caring: Presence of the caregiver and offering of prompt care, Relief of pain and discomfort, Nutritional care and Clean and warm environment.

The presence of the caregiver during childbirth relates to the accessibility of the mother to the caregiver at any time. During labour, the mother's experience needs to have a second person for help since they may not determine their own progress and assurance of what is happening. The presence gives them a sense of safety, confidence and relaxation (Bayes, Fenwick, & Hauck, 2008). Laboring is preferred by mothers to be a social process with someone knowledgeable around, which the woman can interact with and at the same time, is informed of the progress of labour. Even in staff constrained settings, the women in labour would require the caregiver to spare time so as to attend her. Melender (2006) while researching on what constitutes a good childbirth found that as much as midwives may be busy in the labour room, the women should have their fair share of the caregivers' time. Presence of medical support was found to be characteristic of quality care during childbirth (Kabakian-Khasholian, Campbell, & Shediak-Rizkallah, 2000). Care givers' role is specified by the women. There are the elements to be done and actions to be avoided so as to enhance quality care during childbirth in the hospital. The caregiver should provide warmth, pain and discomfort relief, clean environment and food. In a study by (Melender, 2006), warmth was mentioned by women as one of the environmental factors that the women perceived as an aspect of quality care. Warmth was considered to bring home like environment in the hospital during childbirth.

Invasive interventions like vaginal examinations should be kept to a minimum. The frequency should best be discussed by the mother so that they see the need for the examination. There is need for more interaction with the mothers during routine procedures so as to reduce the degree of discontent that mothers have during the procedures (Kabakian-Khasholian, Campbell, & Shediak-Rizkallah, 2000). Pain and anxiety during labour was associated with negative birth experience by women in a study by (Waldestrom, 1999) while researching on women's experience of labour and birth. Any interventions that may cause pain and discomfort should, if possible, be avoided so as to promote good progress of labor.

Nutritional care was considered a factor that determines quality care. Women preferred being provided with some food during and after labour. The main reason for feeding after childbirth was to enhance milk flow. In a study by (Geckil, Sahin, & Ege, 2009) while investigating on traditional postpartum practices of women and infants and the factors influencing such practices it was found that most women eat a kind of dessert and drink a mixture of butter and grape molasses just after childbirth. These meals were believed to help produce energy, positively affect women's health, and be beneficial for breast milk production. Women should be provided food during labour but more so following childbirth.

Information as a subtheme emerged during this study. Information entails the communication between the caregiver and the mother. The nature of communication was categorized by the participants in the form of clarity and frequency. Clarity of information delivered to the women is essential when considering quality care. Information gives a road map of interaction

between the caregiver and the mother. There is need to give the women in labour regular communication of their progress. The information given should be clear and the caregiver should exercise a lot of patience at such time. Women's sense of the task of birth and the time it will take is connected not only to their physiological experience but also to the information they receive from their carers (Maher, 2008)

The description of clarity of information should be understood from the mothers' perspective because of the alteration in the psycho-physiological function. The relevance of any communication will be determined by the temporal aspects of the birth; whether a woman is able to hear and respond; whether the information being communicated contradicts or is congruent with her physiological experience of the moment. (Maher, 2008) However the mother may be very suspicious of any information that may be referring to her especially if it's not intended for her hearing. Women can rely on comments overheard or exchanged between caregivers as they labor, to work out what was happening and where they are in their own birth process (Maher, 2008). Therefore, hidden communications about progress of mothers need to be avoided by the caregivers.

The participants expressed the need for positive relationship between the caregiver and the mothers during childbirth in the hospital. Mothers considered the presence of a caregiver who is friendly, understanding and offers personalized attention to their needs. This theme evoked aspects of humanistic and holistic approaches paradigms of childbirth. According to (Davis-Floyd, 2001), a humanistic model was described as one that makes care individually responsive and compassionate. Individualized and compassionate care are

attributes of friendliness, which grant the laboring mother a sense of comfort and enjoyment of the process. Friendly care is associated with good labour outcomes like shortened length of labour, and enhanced mother- infant interaction (Davis-Floyd, 2001) which are preferred attributes for a good labour experience.

Women also need to be understood in their experience and not criticized since caregiver may not know what the woman is experiencing. A need exists to encourage women during childbirth to boost their self-esteem (Kabakian-Khasholian, Campbell, & Shediak-Rizkallah, 2000). The caregivers have a duty to give attention to the mothers during childbirth. This is a component of individualized care in which the mother is given due attention to her personal needs. This kind of support is associated with childbirth satisfaction (Waldestrom, 1999). The findings further concurred with those of (Stichler & Weiss, 2001) in the study called "Through the eye of the beholder: Multiple perspectives on quality in women's health care". In this study, patients stated that personalized caring was critical to the achievement of quality and clients preferred staff that showed a personal interest in them. Such care that regards the mother as an individual would be appreciated by the women during labour hence bring satisfaction with care.

Conclusion

The study was conducted in an urban setting using an exploratory design. This design makes it impossible to generalize the findings. However, the themes generated i.e caring, information and Positive interpersonal relationship with the mothers in labour point to essential characteristics of

quality care during childbirth in hospital. There is need for care providers in labour to explore what their clientele would consider quality care and focus their services towards satisfying the client. The service providers during childbirth need to consider aspects of quality from the women's perspective so as to achieve client satisfaction. There is need for a study to compare meaning of quality among mothers giving birth at home and in hospital settings.

REFERENCES

- Andaleeb, S. S. (2001). Service quality perceptions and patient satisfaction: a study of hospitals in a developing country. *Social sciences medicine* , 52, 1359-1370.
- Bayes, S., Fenwick, J., & Hauck, Y. (2008). A qualitative analysis of women's short accounts of labour and birth in western Australia public tertiary hospital. *Journal of midwifery and womens health* , 53, 53-56.
- Bennet, & Tibbits. (1989). *Maximizing quality performance in health care facilities*. USA: Aspen Publishers.
- Burns, N., & Grove, S. (2005). *The practice of Nursing Research: Conduct, critique and utilization*. Elsevier Saunders.
- Central Bureau of statistics(CBS)(Kenya), M. o. (2004). *Kenya demographic health survey 2003*. Calverton, Maryland: CBS,MOH and ORC Macro.
- Davis-Floyd, R. (2001). The technocratic, humanistic and holistic paradigms of childbirth. *International journal of Gynaecology and Obstetrics* , 75, 25-23.
- Geckil, E., Sahin, T., & Ege, E. (2009). Traditional postpartum practices of women and infants and infants and the factors influencing such practices in South Eastern Turkey. *Midwifery* , 25, 62-71.
- Hulton, L., Mathews, Z., & Stones, R. (2007). Applying the framework for assessing the quality of maternal services in urban India. *Social sciences medicine* .
- Kabakian-Khasholian, Campbell, & Shediak-Rizkallah, G. (2000). Womens experiences of maternity care: Satisfaction or passivity? *Social science and medicine* , 51, 103-113.
- Maher, J. (2008). progressing through labour and delivery: Birth time and womens experiences. *Womens studies international forum* , 31, 129-137.
- Melender, H. L. (2006). What constitutes a good birth? A qualitative study of pregnant Finnish women. *Journal of midwifery and womens health* , 51, 331-339.
- Stichler, F. J., & Weiss, E. M. (2001). Through the eye of the beholder: Multiple perspectives on quality in women's health care. *Journal of Nursing care quality* , 15 (3), 56-74.
- Van der Walt, C. (2004). Quality in Midwifery. In D. K. Walt, *Maternal & Newborn care: a complete guide for midwives and other professionals*. South Africa: Juta & Co Ltd.
- Waldestrom, U. (1999). Experience of labour and childbirth in 111 women. *Journal of psychosomatic Research* , 47 (5), 471-482.