RESEARCH ARTICLE

CHILDBIRTH SATISFACTION AND MATERNAL ROLE CONFIDENCE OF EARLY POSTPARTUM MOTHERS FROM MATERNITY UNITS

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Abstract

Promoting positive birth experiences may help create circumstances amenable to enhancing the quality of obstetric care and improving outcomes for mothers and infants. This study aims to examine the relationship between childbirth satisfaction and maternal confidence during early postpartum period in mothers from maternity units of San Jose, Occidental Mindoro. This is a descriptive cross-sectional study utilizing Women's Views of Birth Labour Satisfaction Questionnaire (WOMBLSQ) and Maternal Confidence Questionnaire (MCQ). To correlate the level of childbirth satisfaction and maternal role confidence of early postpartum mothers, Pearson's R correlation was used. A p value of 0.05 was taken for statistical significance. It revealed that the early postpartum mother respondents in the study were satisfied with their childbirth experience and confident with their maternal role. Moreover, the childbirth satisfaction was positively correlated with maternal role confidence. It is implicated in the practice of healthcare professionals to provide better understanding of the factors that influence maternal role within their particular social contexts.

Keywords: Childbirth satisfaction, maternal confidence, early postpartum, WOMBLSQ, MCQ

Introduction

Maternal confidence is a key theme influencing maternal experience post-parturition, particularly after discharge from the maternity unit (Murdoch & Franck, 2008). Since infant regulatory problems had the strongest interaction with maternal self-confidence, maternal confidence has become an essential concept in understanding early disturbances in the mother-child relationship (Matthies et al., 2017). The concept of maternal self-confidence is understood as a special aspect of self-efficacy. Maternal self-confidence is defined as a mother's confidence in her own abilities to successfully raise her child, to be able to handle aspects of daily parenting, and to correctly interpret her child's signals (Zahr, 1991). Low maternal self-confidence may damage the early mother–infant relationship and negatively influence infant development. Specific interventions should be implemented within the first few weeks postpartum in order to prevent developmental disorders, which may result to reduced feelings of maternal self-efficacy in the context of current and previous anxiety disorders and depression (Reck, Noe, Gerstenlauer and Stehle, 2012). The mother's anxiety and mood were measured in the first days after childbirth and once again at eight (8) weeks. Infant temperament and the mother's confidence in caregiving were measured at eight (8) weeks. A mother's postpartum anxiety following delivery was the best predictor for most of the variables of infant temperament, including infant irritability, and other child variables like infant sleep and nursing difficulty. Contextual-family variables, such as the number of people at home and whether they were primiparous were the best predictors for a mother's confidence in caregiving. Support was found for an early effect of maternal anxiety on infant temperament (Jover et al., 2014).

Childbirth is one the most important events in a woman's life, leaving her with profound psychological, physical, and social effects. Moreover, dissatisfaction with childbirth care can have a negative impact on a woman's health and well-being, as well as her relationship with her infant (Mohammad, Alafi, Mohammad, Gamble & Creedy, 2014). Based on the result of a recent study, mothers' satisfaction with natural childbirth will be ensured with the mothers' knowledge of the childbirth process, utilization of non-medical pain relief techniques, and active involvement and maintaining control in the process of childbirth. Creating the right, safe, and quiet ambience is also among the most essential

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requirements to ascertain satisfaction with childbirth (Jafari, Mohebbi and Mazloomzadeh, 2017). Confidence going into childbirth was the strongest predictor of confidence during birth.

Promoting positive birth experiences may help create circumstances amenable to enhancing the quality of obstetric care and improving outcomes for mothers and infants (Attanasio, McPherson & Kozhimannil, 2014). However, little is known empirically about the factors affecting maternal role and maternal confidence relating to birth satisfaction during postpartum period. Research about enhancing women's confidence for and birth was limited to qualitative studies. Avery, Saftner, Larson and Weinfurter (2014) suggest that women desire information during pregnancy and want to use that information to participate in care decisions in a relationship with a trusted provider. Further research is needed to develop interventions to help midwives and physicians enhance women's confidence in their ability to give birth. Understanding the determinants of maternal confidence and satisfaction will help health care providers provide balanced care that meets the needs of postpartum mothers. This study aims to examine the correlation between childbirth satisfaction and maternal confidence during early postpartum period in mothers from maternity units of San Jose, Occidental Mindoro.

Methodology

Research Design

A descriptive cross-sectional design was used in this study. In this design, the outcome variable, which is the maternal role confidence as well as the exposure variables, the childbirth satisfaction were assessed at a particular point in time. This study used descriptive correlational to examine the level of childbirth satisfaction and its influence on maternal role confidence during early postpartum period. The data were collected one month after delivery. This study was conducted from November 2017 – January 2018. In this study, the correlation was built up by the two known and existing knowledge. Since there are no studies located in the literature finding the relationship of level of childbirth satisfaction and maternal role confidence study design facilitated an early understanding of these relationships in a sample. The assumption in this study is that the childbirth satisfaction has influence to maternal role confidence but there was no causal relationship assumed (childbirth satisfaction do not cause maternal role attainment).

Setting and Respondents

The study was conducted in selected barangays of San Jose, Occidental Mindoro that comprised the large populace barangays and with a high birth rate namely: San Roque, Pag-asa, Caminawit, and Labangan. The respondents of the study were 175 early postpartum mothers who were systematically chosen from four purposively selected barangays: San Roque, Pag-asa, Caminawit and Labangan. For each selected areas, respondents were chosen using systematic sampling following the inclusion principle: (1) mother who is in early postpartum period (1st week-1st month postpartum), (2) mother who had normal spontaneous delivery, and (3) mother who has no known complication/high-risk condition determined during antenatal visit.

Research Instrument

The research instrument was composed of three parts: Sociodemographic questionnaire includes questions regarding age (interval); marital status (nominal); educational attainment (ordinal); monthly income (interval); number of pregnancies or gravida (interval); number of deliveries or parity (interval); number of prenatal visit; place of delivery (nominal); and attendant during childbirth (nominal). Level of childbirth satisfaction was determined using the 30-item Women's Views of Birth Labor Satisfaction Questionnaire (WOMBLSQ), which is a quantitative psychometric multidimensional maternal-satisfaction questionnaire (Smith, 2001). A five point Likert scale (1=strongly disagree; 2=disagree; 3=neutral; 4=agree; and 5=strongly disagree) was used to rate satisfaction with various aspects of health care. The satisfaction variables were grouped into eight categories: professional support (five items); expectations (four items); holding baby (three items); support from husband/partner (three items); pain in labor (three items); pain relief after delivery (three items); environment (three items); and control (three items). The questionnaire has a high validity and reliability as it is accounted for the 70.22% of the variance, and Cronbach's α of 0.82. Maternal role confidence of early post-partum mothers was measured using Maternal Confidence Questionnaire (MCQ), a 14-item questionnaire that measures maternal confidence in parenting of their infants, and the ability of mothers to recognize the needs of their infants adopted from (Parker & Zahr, 1985).The MCQ has demonstrated internal consistency with a Cronbach's coefficient of 0.95 and the temporal reliability was also measured and found to have a moderately high correlation of 0.69. The total mean score alpha coefficient was 0.89 (Badr, 2005). This was rated using a Likert scale with five response categories consisting of “Never” (1), “Seldom” (2), “Sometimes” (3), “Often” (4) and “Always” (5). The instrument has been divided into the following subscales: knowledge (6 items), tasks (3 items), and feelings (5 items).

Ethical Considerations

Informed consent was attained from the mothers before the interview conducted in observance of confidentiality. Respondent's rights to privacy were practiced as all their questionnaires and vital information remained confidential. Principle of truthfulness, confidentiality and equality were applied and observed during the process. Due acknowledgement was provided in all written or publication that arose from the study.

Data Collection Procedure

The data collection technique used was survey interview using questionnaire. Data collection was conducted during scheduled first postpartum and expanded program for immunization (EPI)

clinic visits in barangay health center. Data were then organized, and the answers to these questionnaires were filed anonymously.

Data Analysis

Frequency and percentage were computed to describe the demographic profile such as age; civil status; educational attainment; monthly income ; gravida; parity; number of prenatal visit; place of delivery; and attendant during birth. The satisfaction scores for each item were analyzed using weighted mean and grouped in either: highly satisfied (4.20-5.00); satisfied (3.40-4.19); moderately satisfied (2.60-3.39); not satisfied (1.80-2.59); and highly not satisfied (1.00-1.79). The maternal role confidence scale were also analyzed using weighted mean and grouped in either: highly confident (4.20-5.00); confident (3.40-4.19); moderately confident (2.60-3.39); not confident (1.80-2.59); and highly not confident (1.00-1.79). To correlate the level of childbirth satisfaction and maternal role confidence of early postpartum mothers, Pearson's R correlation was used. A *p* value of 0.05 was taken for statistical significance.

Table 1. Profile of the respondents (n = 175)

Profile	Frequency	Percentages
Age	mean ± SD = 27.3 ± 6.8	
Marital status		
Single	8	4.6
Cohabiting	92	52.6
Married	75	42.9
Educational attainment		
No formal education received	2	1.1
Elementary	19	10.9
High school	89	50.9
College	65	37.1
Monthly income		
1,000-5,000	70	40.0
6,000-10,000	65	37.1
11,000-20,000	29	16.6
20,000 and above	11	6.3
Gravida		
1	49	28.0
2	58	33.1
3	30	17.1
4	13	7.4
5 and above	25	14.3
Parity		
1	47	26.9
2	58	33.1
3	32	18.3
4	14	8.0
5 and above	24	13.7
Number of prenatal visit		
Without prenatal visit	1	0.6
1	4	2.3
2	5	2.9
3	8	4.6
4 and above	157	89.7
Place of delivery		
BEmONC facility	30	17.1
Accredited lying – in clinic	63	36.0
Government hospital	71	40.6
Private hospital	11	6.3
Attendant during childbirth		
Midwife	95	54.3
Doctor	80	45.7

Results

Profile of the Respondents

Data presented in Table 1 shows that the mean age of the respondents (n=175) was 27.3 ± 6.8 years. This suggests that majority of the respondents were at their adult age. It also reveals that the respondents were cohabiting (52.6%), reached high school (50.9%), earning 1,000-5,000 (40.0%), having mostly 2 pregnancies (33.1%) and 2 childbirth (31.5%). In terms of access in healthcare during pregnancy and delivery, most of the respondents had prenatal visit of 4 and above (89.7%), gave birth in a government hospital (40.6%) and handled by a midwife (54.3%).

Level of Childbirth Satisfaction

Table 2. Level of childbirth satisfaction

Women's Childbirth Satisfaction	Mean	Interpretation
Professional support	3.50	Satisfied
Expectations	3.75	Satisfied
Holding baby	3.86	Satisfied
Support from husband	3.03	Moderately Satisfied
Pain in labor	2.88	Moderately Satisfied
Pain after delivery	3.61	Satisfied
Environment	3.82	Satisfied
Control	3.25	Moderately Satisfied
WOMBLSQ-Overall	**3.22**	**Moderately Satisfied**

Legend: *4.20-5.00 - highly satisfied* *1.80-2.59 - not satisfied* *3.40-4.19 - satisfied* *1.00-1.79 - highly not satisfied* *2.60-3.39 -moderately satisfied*

Table 2 shows that the early postpartum mothers who responded in the study was moderately satisfied (mean=3.22) with the overall childbirth experience. Furthermore, the results also show that the respondents were satisfied with the professional support (mean=3.50), expectations (mean=3.75), holding the baby (mean=3.86), pain after delivery (mean=3.61) and environment (mean=3.82).

Level of Maternal Role Confidence

Table 3. Maternal role confidence of the respondents

Maternal Role Confidence	Mean	Interpretation
Knowledge	3.49	Confident
Task	4.11	Confident
Feelings	4.06	Confident
MCQ-Overall	**3.94**	**Confident**

Legend: 4.20-5.00 - highly satisfied; 3.40-4.19 - satisfied; 2.60-3.39 - moderately satisfied; 1.80-2.59 - not satisfied; 1.00-1.79 - highly not satisfied

Table 3 reveals that the early postpartum mothers who responded in the study were confident on their maternal role (mean=3.94). Moreover it also reveals that the respondents were confident in the knowledge of care for their baby (mean=3.49), task as a mother (mean=4.11) and feeling of a mother (mean=4.06).

Correlation between Childbirth Satisfaction and Maternal Role Confidence

Table 4 shows that the childbirth satisfaction was positively correlated with maternal role confidence (r=0.301, p >0.01). It also reveals that the overall childbirth satisfaction was also positively correlated with knowledge (r=0.440, p >0.01), task (r=0.263, p >0.01), and feelings (r=0.368, p >0.01) of a mother with high level of significance.

Discussion

Majority of the respondents were at their early adult age. According to the Philippine Statistics Authority (2014) fertility peaks at age 20 – 24 and falls after 25 – 39. The findings on the current study suggests that majority of them did not pursue the highest level of formal education. In the study of Oikawa et al. (2014) it was revealed that educated women are more likely to use maternal care services than women with no formal education. Pregnant women who belong to low income family could hardly afford to subject themselves to take the recommendations required for health improvement due to economic status (Bircher & Kuruvillab, 2014). Results of the study show that there is a low contraceptive prevalence rate in terms of family planning, this was based on the history of pregnancies and parity revealed by the respondents. With regards to prenatal check-up during their pregnancy, the finding was supported by Department of Health (2012) recommending a minimum of four (4) visits for the whole course of pregnancy. A pregnant woman has to have at least one visit for the first and second trimester and two visits for the third trimester. This was supported by Campbell and Graham (2006), who stated that quality prenatal care is an important indicator for maternal and infant health status. If a mother is equipped with adequate knowledge in prenatal care, she is most likely to comply with the prenatal check-up and habits to attain maximum health during pregnancy, childbirth and puerperium. Lastly, Ejigu Tafere, Afework and Yalew (2018) suggests that provision of quality antenatal care (ANC) service had a great role in promoting institutional delivery.

The result of the present study shows that professional support, expectations, holding the baby, pain after delivery and environment are the measures of childbirth satisfaction. This was supported by the current study asserting that interacting with the care providers and being free from the from the fear of childbirth has overall influence to the overall satisfaction in childbirth (Jha, Larsson, Christensson and Skoog Svanberg, 2017). However, the current study do not corroborate with the findings stating that personal expectations, the amount of support from caregivers, the quality of the caregiver-patient relationship, and involvement in decision making appear to be so important that they outweigh the physical birth environment, pain, and continuity of care, when women evaluate their childbirth experiences (Hodnett, 2002). Futhermore, it was revealed that predictive factors for satisfaction includes warm, non-formal and supportive approach, sufficient and well-timed provision of information and explanation, availability of caregivers, and physical environment. Achieving higher quality of perinatal care in its psychological dimension would not only raise women's satisfaction

Table 4. Correlation between childbirth satisfaction and maternal role confidence

Childbirth Satisfaction	Knowledge		Task		Feelings		Maternal Role Confidence	
	r	pvalue	*r*	pvalue	*R*	pvalue	*r*	pvalue
Professional support	0.592	>0.01	0.022	0.768	-0.001	0.994	0.118	0.12
Expectations	0.377	>0.01	0.304	>0.01	0.406	>0.01	0.283	>0.01
Holding baby	0.138	0.07	0.435	>0.01	0.525	>0.01	0.467	>0.01
Support from husband	0.427	>0.01	0.190	0.01	0.172	0.02	0.363	>0.01
Pain in labor	-0.081	0.29	0.100	0.19	0.076	0.31	0.293	>0.01
Pain after delivery	-0.254	>0.01	0.162	0.03	0.145	0.05	0.279	>0.01
Environment	-0.119	0.12	-0.223	>0.01	-0.283	>0.01	0.038	0.62
Control	0.517	>0.01	0.215	>0.01	0.218	>0.01	0.224	>0.01
Overall childbirth satisfaction	0.440	>0.01	0.263	>0.01	0.368	>0.01	0.301	>0.01

significant at p-value ⩾ 0.05

with delivery and hospital care but also make the mothers feel safe and comfortable during the postpartum period that could positively influence the early mother-child interaction as well as the start of breastfeeding (Takács, Seidlerová, Šulová, & Hoskovcová, 2015). The present study disagrees from that of Goodman, Mackey and Tavakoli (2004), stating that personal control during childbirth was an important factor related to the women's satisfaction with the childbirth experience. Helping women to increase their personal control during labor and birth may increase the women's childbirth satisfaction. Moreover, findings of Redshaw and Henderson (2013) convey that fathers were very positive about their partner's pregnancy; almost all were present for the whole process. Greater paternal engagement was positively associated with timing of first contact with health professionals, having a dating scan, number of antenatal checks, offer and attendance at antenatal classes, and breastfeeding. This possibly exists since most of the maternity units do not allow fathers or partners to enter the delivery room for the reason that it would cause disruption during the delivery operations.

The present findings would reflect those of previous studies. In this study it revealed that knowledge, task and feeling is a predictor of maternal role confidence. The score of comfort subscale was more than that of knowledge/skill subscale of the parent's sense of competence scale, which shows that the mothers gave more value to their role and were comfortable with it rather than being satisfied with the role (Shrooti, Mangala, Nirmala, Devkumari, & Dharanidhar, 2016). A previous study found that mothers felt unconditional love for their baby and strong maternal responsibility, while still having difficulty managing their new life during hospitalization (Sakajo et al., 2014). As a theoretical basis, a study from Mercer (2004) revealed that a woman establishes maternal identity as she becomes a mother through her commitment to and involvement in defining her new self. Maternal identity continues to evolve as the mother acquires new skills to regain her confidence in herself as new challenges arise. The study findings showed that feelings of the mothers was consistent predictor of perceived maternal role competence. This corroborates with Ngai, Wai-Chi, and Holroyd (2007) revealing that mothers who have a high level of self-esteem are able to deal with their transition to maternal role as a challenge and perceive themselves competent in their role. Ha and Kim (2013) stated that self-confidence in the maternal role showed significant negative correlations with childcare stress. However, a study found out that mothers who reported lower parenting competence scores verbalized more problems in the category “feelings about being a mother” (Copeland and Harbaugh, 2016). Also, another study revealed that lack of maternal knowledge, experience and skills reduce self-confidence (Nelson, 2003). It also shows that maternal confidence has a positive correlation with functional status or tasks during early postpartum period and increased confidence leads to improved functional status (Sehati Shafaie, Mirghafourvand and Bagherinia, 2017).

The findings of the current study supports the previous study, satisfaction with the birth experience and a longer rooming-in period were related to greater maternal satisfaction. Lack of prior experiences with caring for babies and lack of communication with their partner about parenting role were also associated with lower confidence and satisfaction. However, same study also contradicts about maternal confidence as negatively affected by feeling overwhelmed by postpartum routines, needing a longer time for feeding, and a pregnancy with complications (Maehara et al., 2016). A study disagrees with the findings of this current study, as it found out that maternal competence significantly reduced during the study, while perceived social support did not show any significant reduction. A direct relationship was found between social support and maternal competent six weeks after childbirth, and also social support and maternal competence sixteen weeks after childbirth (Esmaelzadeh Saeieh, Rahimzadeh, Yazdkhasti, & Torkashvand, 2017). Assessment of social support and maternal competence should start during pregnancy and continue until childbirth. Result of this study strengthens the role of holistic midwifery in maternal role competence.

Conclusion and Recommendation

The respondents were in the young adult age, literate, earning below, having 2 pregnancies and childbirth, having prenatal visit more than the required, had an institutional birth handled by a trained professional. The respondents were satisfied with their childbirth experience and were confident with their maternal role. Furthermore, childbirth satisfaction is positively correlated with maternal role confidence. The findings of this study suggest the health care providers should focus their supportive interventions, both prenatally and during labor and delivery, on facilitating women's achievement of meeting expectations. Futhermore, this study suggests to conduct study on the interventions that focus on maximizing these psychosocial resources, such as maternal self-esteem, mother-to-infant attachment, social support and childcare stress as other measures of maternal role competence. Caregivers need to fully understand the expectations that patients have in their care, and provide care that is consistent with those expectations and refocus on components of maternal role development, including maternal attachment, identity, and marital intimacy.

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