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Original Article

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Delivery care and puerperium in the hospital setting: Women's satisfaction

Assistência ao parto e puerpério hospitalar: satisfação de mulheres

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Abstract
INTRODUCTION: The process of labor and birth is a significant moment in women's lives. Research for the elucidation of issues involving the quality of obstetric care in public health services is fundamental. OBJECTIVES: to evaluate the satisfaction of women with the assistance received in the process of hospital delivery and puerperium. MATERIALS AND METHODS: cross-sectional observational and quantitative study carried out with 55 postpartum women in a public maternity hospital in the city of João Pessoa/PB. Data collection was performed with pre-defined questions that assess the care practices and women's opinion about the care received. Descriptive and inferential statistics were used, considering a significance level of 5% (p-value<0.05). RESULTS: satisfaction was higher among more educated women, who had a partner, who received food, pain relief techniques, who had privacy and adequate environment, who breastfed, had skin contact with the newborn, and received information about normal birth procedures. CONCLUSIONS: quality delivery care in which the woman has a sense of control over her body and in which the care provided by health professionals is based on good scientific evidence aiming at the well-being of the woman, the baby and the family, must be sought. Good obstetric practices can increase women's satisfaction, while interventions without scientific support can lead dissatisfaction of care received during puerperium process.
Keywords: obstetric nursing; humanization delivery; parturition; patient satisfaction.

Resumo
O processo de parto e nascimento é um momento significativo na vida das mulheres. É de fundamental importância a realização de pesquisas sobre qualidade da atenção obstétrica nos serviços públicos de saúde. OBJETIVO: avaliar a satisfação de mulheres com a assistência recebida no processo do parto e puerpério hospitalar. MATERIAIS E MÉTODOS: estudo de corte transversal e delineamento quantitativo, realizado com 55 puérperas em uma maternidade pública, no município de João Pessoa/PB. A coleta de dados foi realizada com instrumento constituído por perguntas pré-codificadas que avaliam as práticas assistências e opinião da mulher sobre a assistência recebida. Utilizou-se estatística descritiva e inferencial, considerando nível de significância o valor de 5% (p-valor<0,05). RESULTADOS: a satisfação foi mais frequente entre as mulheres com ensino médio completo, que tiveram acompanhante, alimentação, técnicas de alívio da dor, privacidade e ambiência adequada, as que amamentaram, tiveram contato pele a pele e receberam informações quanto aos procedimentos do parto normal. CONCLUSÃO: busca-se uma assistência ao parto de qualidade, em que a mulher tenha a sensação de pertencimento do seu corpo e que os cuidados recebidos pelos profissionais de saúde sejam baseados em boas evidências científicas visando o bem-estar da mulher, do bebê e da

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família. As boas práticas obstétricas podem favorecer a satisfação das mulheres, enquanto intervenções rotineiras sem respaldo científico podem contribuir para a insatisfação da assistência recebida no processo do parto e puerpério hospitalar.
Palavras-chave: enfermagem obstétrica; humanização do parto; parto; satisfação do paciente,

Introduction

O The process of delivery and birth is a significant moment in the lives of women and has historically been characterized as an event shared with the closest people, family members and midwives. These midwives had a bond of trust with the pregnant women, through interaction or recognized experience before the community, chosen for delivery care based on their knowledge.[1]

The development of science has boosted the hospitalization of delivery in order to reduce the number of maternal and neonatal deaths. However, what used to be a moment when close people would help became a moment surrounded by interventionist and often unnecessary practices, with traumatic physical and emotional implications for the woman and the child. In this scenario, there is a need to rescue humanized practices for this parturition process.[2]

It is noticed that obstetric hospital care must be based on scientific evidence and care must be maintained centered on women, meeting their biological, psychological and sociocultural needs, in order to make this experience unique for the whole family.[1]

In this context, with a view to improving the quality of delivery care, in 2018, recommendations were published by the World Health Organization (OMS), based on scientific evidence, on appropriate practices that should be implemented in obstetric care, also aiming to provide greater satisfaction with the care of women and members involved during this process.[3]

A study pointed out that the degree of satisfaction with health care is an essential parameter of the quality of health services and that it may also be associated with the expectations that the client has about it.[4]

It is clear that the humanization of delivery care and obstetric indicators made progress with the implementation of the Stork Network. This program sought to promote changes in parturition processes in order to guarantee women's rights, centrality and satisfaction during the experience of normal delivery in the hospital setting.[5]

In addition, in order to improve the quality of delivery and birth care, guidelines were developed by the Ministry of Health (MH) for normal-risk habitual birth care, which recommend the inclusion of obstetric nurses in the parturition scenario. These professionals encourage women to have a positive experience of delivery, respecting their role and reducing interventionist practices.[6]

Special attention is needed for public health services, since the way care is offered directly interferes with the women's experience of giving birth and the propagation of cultural knowledge about normal delivery.[7]

Thus, it is essential to carry out further research to elucidate issues involving the quality of obstetric care in public health services, combining the role of women and the incorporation of obstetric practices with the satisfaction of a respectful delivery.

Therefore, this study becomes relevant because it makes possible to identify the assessment of women's satisfaction with care for normal delivery and the hospital puerperium and to obtain information on the use of good obstetric practices in an attempt to reduce abusive interventions and, consequently, value the

uniqueness of each woman through a positive delivery experience.

Given the above, the present study aimed to evaluate the satisfaction of women with the assistance received in the process of delivery during puerperium in the hospital setting.

Materials and Methods

Cross-sectional study with quantitative design carried out in a public maternity hospital in the city of João Pessoa/PB. It is important to mention that the aforementioned health service is part of the child-friendly and woman-friendly initiative. The study population comprised puerperal women assisted in rooming-in. The sample selection was carried out by convenience. All women who were hospitalized during the data collection period - between November 2019 and March 2020 – were approached.

Women of any age group, classified as habitual obstetric risk, who had normal delivery (spontaneous or induced) between 37 and 42 weeks of gestation with a single fetus and who were referred to rooming-in with the newborn were included. Women who had stillbirths or neonatal death and puerperal women with some cognitive and mental limitation with difficulty in understanding and verbal expression, which made it impossible to participate in the study, were excluded.

Data collection was performed using a structured interview technique. The interviews took place face-to-face with the puerperal women during hospitalization and complementary data were extracted from the puerperal and newborn's medical records. For that, a questionnaire was used containing questions about the sociodemographic characteristics of the woman, her obstetric history and data related to labor, delivery and postpartum.

The questionnaire was composed of the indicators contained in the guide "Assistance to normal delivery: a practical guide";[8] Guidelines for the Stork Network program;[9] National guidelines for normal delivery care;[10] "Recommendations for a positive delivery experience"[11] to investigate the quality of delivery and postpartum care, consisting of pre-coded questions that assess care practices and the woman's opinion about the care received.

Among the variables on care during normal delivery, consent was identified, which refers to consent before performing the episiotomy; adequacy of luminosity, temperature and presence of ambient noise at the time of delivery; receiving information about breastfeeding, child care and self-care, as well as guidance on reproductive planning and the women's feelings during the hospitalization period.

The data collection questionnaire was evaluated by specialists in the area of women's health to analyze the items. Then, a pilot test was carried out with five postpartum women to adapt the language of the instrument.

Data were organized in a Microsoft Office Excel spreadsheet and analyzed using SPSS software, version 26.0. Descriptive statistics (measures of central tendency, absolute and relative frequency) and inferential statistics (Chi-square Test of Proportion or Fisher's Exact Test) were used. For all analyses, a significance level of 5% (p-value<0.05) was considered.

The study followed the principles that guide research involving human beings set out in Resolution 466/2012 of the CNS/MS/BRASIL[12] and its complementary resolutions and was approved by the Research Ethics Committee of the CCS/UFPE, under opinion number 3,958,607/2020.

Results

Fifty-five puerperal women participated in the study, according to the eligibility criteria. Most of the women were between 19 and 25 years old (22; 40.0%), with a mean age of 25.03 years and standard deviation (SD: 6.56), had between 10 and 12 years of schooling (26;

47.3%), lived with a partner (36; 65.5%), declared to be brown (37; 67.3%), had an occupation (28; 50.9%), and had a family income between 1 to 3 minimum wages (46; 83.6%).

Regarding the obstetric profile, there was a higher frequency of women with gestational age between 39 and 40 weeks (31; 56.4%) and with cervical dilatation less than 4 cm (24; 43.6%) at the time of hospital admission. Most women did not prepare their delivery plan (52; 94.5%) and did not perform prenatal care for their partner (33; 60.0%). At the time of delivery, most parturients reported having privacy (49; 89.1%) and skin-to-skin contact with the newborn (54; 98.2%), but many women did not breastfeed in the delivery room (28; 50.9%). Normal delivery was assisted by the medical professional (33; 60.0%) and by the nurse professional (22, 40%). Table 1 describes obstetric care.

Table 1 – Description of obstetric care received by users of a public maternity hospital during normal delivery. João Pessoa, PB, 2021.

Variables	N	%	CI	p-value**
Food				
Yes	25	45.5	1.41 - 1.68	0.59
No	30	54.5		
Pain relief techniques				
Yes	44	80.0	1.09 - 1.31	<0.001
No	11	20.0		
Presence of companion				
Yes	52	94.5	1.12 - 1.01	<0.001
No	3	5.5		
Presence of doula				
Yes	3	5.5	1.58 - 2.17	<0.001
No	52	94.5		
Episiotomy				
Yes	8	14.5	1.76 - 1.95	<0.001
No	47	85.5		
Assistance guidelines				
Yes	50	90.9	0.94 - 1.81	0.11
No	5	9.1		
Suitability of the ambience				
Yes	50	90.9	1.01 - 1.17	<0.001
No	5	9.1		
Breastfeeding in the delivery room				
Yes	27	49.1	1.12 - 1.35	0.89
No	28	50.9		
Skin to skin contact				

Yes	54	98.2	0.98 - 1.05	<0.001
No	1	1.8		

**Chi-square Proportion Test
Source: The authors

During normal delivery care, it was found that most women did not undergo the episiotomy procedure. However, among the women who underwent episiotomy, only 5 (62.5%) expressed having been asked for their consent before the procedure.

Regarding the health education activity, part of the women did not receive any type of information/guidance (13; 23.6%) during the period of hospitalization and there was a lack of guidance on reproductive planning reported by women (55; 100.0%). The majority said to have received information about self-care (39; 70.9%), as shown in table 2.

Table 2 – Health education activities during the period of hospitalization in the public maternity hospital. João Pessoa, PB, 2021.

Variables	N	%	CI	p-value**
Health guidelines				
Received guidelines	42	76.4	1.12 - 1.35	<0.001
Did not receive guidelines	13	23.6		
Guidance on breastfeeding				
Received guidance	42	76.4	1.12 - 1.35	<0.001
Did not receive guidance	13	23.6		
Guidance on newborn care				
Received guidance	28	50.9	1.35 - 1.63	0.89
Did not receive guidance	27	49.1		
Guidance on self-care				
Received guidance	16	29.1	1.59 - 1.83	0.002
Did not receive guidance	39	70.9		
Guidance on reproductive planning				
Received guidance	0	0	~	~
Did not receive guidance	55	100		

**Chi-square Test of Proportion; ~ No data.
Source: The authors

As for the position to give birth, there was a higher frequency of the lithotomy position (50; 90.9%). Only 5 (9.1%) women gave birth in vertical positions (squatting, four supports and a delivery stool). Most women did not receive medication to accelerate delivery (39; 70.9%), however, they suffered directed pushing (51; 92.7%) and there were reports of the Kristeller maneuver (5; 9.1%). Despite these interventions, most women reported feeling embraced (49; 89.2%) during the delivery process.

Regarding lighting and ambient noise at the time of delivery, all interviewees considered it adequate (55; 100%), and the majority evaluated the temperature at the time of delivery as adequate (49; 89.1%).

When evaluating the association of satisfaction with the care received and sociodemographic and obstetric data, it was found that there was no statistical significance between the variables studied. However, satisfaction was more frequent among women with complete high school education, who had a companion, free food, offer pain relief techniques, privacy and adequate ambience during the delivery process and even women who breastfed had skin contact and received information about delivery procedures. Table 3 presents women's satisfaction with obstetric care.

Table 3 – Satisfaction of women with assistance during normal delivery in a public maternity hospital. João Pessoa, PB, 2021.

Variables	n	%	CI	p-value**
Felt safe during delivery care				
Yes	47	85.5	0.83 - 1.42	<0.001
No	8	14.5		
Expectations were met				
Yes	48	87.3	0.94 - 1.81	<0.001
No	7	12.7		
Satisfaction with the communication of professionals				
Yes	40	72.7	0.94 - 1.81	0.002
No	15	27.3		
Satisfaction with receiving information and explanations				
Yes	45	81.8	1.08 - 1.29	<0.001
No	10	18.2		
Satisfaction with the care received				
Yes	47	85.5	1.05 - 1.24	<0.001
No	8	14.5		

**Chi-square Proportion Test
Source: The authors

Discussion

Regarding the data referring to the sociodemographic profile of women, the research has similarities with other Brazilian studies that present assistance in public maternity with a predominance of young, brown women, with high school, living with a partner and low family income.[6,13, 14]

A study showed that sociodemographic conditions can influence the quality of delivery care, reporting that women with higher education were less satisfied with the communication of professionals during obstetric care, possibly because they know their rights and the inadequate routine of care during delivery and birth. It is observed that younger women with a lower level of education may be more predisposed to suffer obstetric violence.[15]

In addition to these factors, culture, expectations and desires, as well as women's previous experiences can influence the satisfaction of the care received during normal hospital delivery.[16]

One of the ways for women to register their wishes about normal delivery is through the delivery plan, an important instrument for the pregnant woman, as it allows reflection, construction of expectations and desires about the moment

of delivery, as well as stimulating autonomy through obtaining knowledge about the delivery process, cooperating for satisfaction. The delivery plan is part of the category of practices that are useful and should be encouraged, recommended by the WHO.[17]

However, it was found in this research that most women did not prepare a delivery plan. This finding corroborates the research developed by Silva *et al.,*[3] in which of the 78 women interviewed, only three (3.8%) prepared the delivery plan during pregnancy.

On the contrary, a survey of 415 women showed that 249 (60%) performed the birth plan during pregnancy, and of these, 137 (55%) considered delivery as a good or great experience.[17]

Other useful good practices that should be encouraged are skin-to-skin contact with the newborn and breastfeeding in the first hours of the baby's life.[18] However, a study carried out in the state of Paraná showed the mother's skin-to-skin contact with the newborn with limited time due to the immediate procedures performed with it. It was found that 85.7% of women had skin-to-skin contact with their children for only 1 to 5 minutes, even though there is a recommendation to carry out the practice for at least 1 uninterrupted hour.[6]

A study carried out in China showed an increase in the rate of breastfeeding in deliveries conducted by midwives, since the continuity of care and guidance on breastfeeding offered by professionals promoted support and safety for women, enabling effective results, as well as greater satisfaction.[19]

Providing information and guidance during the process of delivery to the puerperium is essential for maternal and child health care, especially for women who have not prepared a delivery plan. Research revealed significant levels of satisfaction of women directly related to the greater receipt of information about care for themselves and the baby in maternity hospitals.20

Corroborating the findings of this study, a qualitative research recorded the need for women to receive information during the process of normal labor, demonstrating that the lack of communication with the team impacts the quality of care and satisfaction.[5]

In the present study, there was a predominance of satisfaction in women who received information about procedures during normal delivery. Similarly, information on the purpose of procedures was found to be important in a study carried out in the southern region of Brazil, since the guidelines provided security and tranquility for pregnant women, as well as greater autonomy for decision-making.[17]

Another important aspect that was related to satisfaction during normal delivery and hospital puerperium care was the presence of a companion of the woman's free choice, as this can provide more support and a feeling of security for women.[17]

Likewise, a study showed that women who were accompanied by family members during the normal delivery process showed positive experiences with the care, while women who could not be accompanied due to hospital regulations had a compromised satisfaction.[21]

The presence of the doula is also important and contributes to maternal satisfaction in normal delivery care. Despite the low frequency in the present research, it is observed that the doula helps in emotional support for women, in offering pain relief methods, favoring a shorter duration of labor. Therefore, women accompanied by a doula may have a higher frequency of breastfeeding, increased self-esteem and a better bond with the baby.[17]

Doulas also help in the obstetric care provided by professional nurses who offer methods for pain relief and assistance during labor and normal delivery with low

obstetric risk, thus giving women autonomy and protagonism, respecting their wishes and ensuring safety.[17]

A study showed that care for normal deliveries in maternity hospitals by obstetric nurses had lower rates of harmful practices and unnecessary interventions, also favoring the number of vaginal deliveries and encouraging good practices.[1]

Also, a study developed in Kenya showed that women who had assistance and guidance provided by midwives, in addition to encouraging breastfeeding, felt greater satisfaction with the experience of normal birth.[20]

A study carried out in maternity hospitals in Minas Gerais found that the use of good care practices for normal delivery, such as encouraging walking, offering food, and freedom to choose the position during delivery were more present in maternity hospitals with obstetric nurses in care.[1]

In this study, 50 (90.9%) deliveries were performed in a horizontal position, while normal delivery care guidelines encourage vertical positions.[10] This allows us to think about some reasons that may have led to this type of position, whether the lack of information from pregnant women about other positions, the encouragement by professionals for supine positions or the structure of beds that contribute to this type of position.

Similarly, a study carried out in maternity hospitals of the Stork Network in all Brazilian regions found an inadequate degree for the stimulation of non-supine positions during labor in more than 80% of maternity hospitals.[22]

Regarding women's lack of information about delivery positions, a study carried out during prenatal care identified the predominance of the lithotomy position known by women, in addition to practices such as directed pushing. However, after the educational intervention, they were able to perceive the existence and benefits of other positions to give birth.[23]

In this way, it is clear that health education activities with the provision of accessible guidelines are important to ensure quality of care and consequently improve women's satisfaction with the experience of normal hospital delivery and prevent abuse of interventions without scientific indication, such as pushing directed and Kristeller maneuver.

A frequency of 18.5% of the Kristeller maneuver was observed in maternity hospitals of the Stork Network.[22] However, even with these unnecessary interventions, most women felt welcomed, which may be related to the lack of knowledge of the women about practices considered inappropriate and harmful.

Research claims that unnecessary obstetric interventions, such as the use of oxytocin, episiotomy and lack of support from the team, lead to a decrease in maternal satisfaction with the care received in normal delivery.[24, 25]

Privacy and the environment are also factors that influence women's satisfaction with the experience of normal delivery. In this sense, research carried out by Leal *et al.*,[5] revealed negative aspects related to privacy and infrastructure in the reports of puerperal women, highlighting the need for physical improvement of the places of delivery and dignified conditions for an adequate stay in the maternity ward.

Health education is a powerful tool for women's safety and confidence during normal delivery. Knowledge about this process provides women with a leading role and more successful and safer experiences, as well as the recognition and prevention of violence.[26] It is noticed that women who receive more information about caring for themselves and the child are more satisfied with care for normal hospital birth.[20]

From this perspective, quality delivery care is sought, in which the woman has the feeling of belonging to her body and that the care received by health professionals is based on good scientific

evidence aimed at the well-being of the woman, the baby and the family.

Conclusion

Good obstetric practices can favor women's satisfaction with the experience of normal delivery and the hospital puerperium, while routine interventions, without scientific evidence, can contribute to dissatisfaction with the care received in public and private obstetrics services. The presence of a companion during the normal delivery process, food supply, availability of pain relief techniques, adequacy of the environment with a guarantee of privacy, skin-to-skin contact between mother and baby, breastfeeding during the first hour of the neonate's life and providing of information during hospitalization were factors related to satisfaction with care received during labor, normal delivery and immediate postpartum. In addition, it was noticed that health education from prenatal care is a very important tool for safety, better experience of normal delivery and women's protagonism. Therefore, it is of great value that health professionals are prepared to offer information and answer the questions of women and their families.

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