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RESEARCH ARTICLE

Assessment of Birth Satisfaction with Care During Labour (Intrapartum Care) Among Mothers in Selected Maternity Units

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Abstract: Birth satisfaction is an important indicator of the quality of intrapartum care and maternal experience during childbirth. Objectives: This study aimed (1) to assess birth satisfaction with care during labour among mothers and (2) to examine the association between birth satisfaction scores and selected demographic variables. Methodology: A quantitative research design was adopted. Using purposive sampling, 222 postnatal mothers from selected maternity units of the Sangli–Miraj–Kupwad Corporation area were enrolled. Data were collected using a structured questionnaire on demographic characteristics (age, education, occupation, and parity) and a standardized birth satisfaction tool. Data were analyzed using descriptive statistics, t-test, and Chi-square test. Results: The majority of participants were in the age group of 19–23 years. Overall, most mothers reported satisfaction with the care received during labour. A significant association was found between maternal education and birth satisfaction ($p < 0.05$), indicating that educational status influenced maternal perceptions of care during childbirth. Conclusion: The study concludes that mothers were generally satisfied with intrapartum care; however, educational background significantly shaped their level of satisfaction. These findings underscore the need for tailored maternity care that addresses the diverse educational and informational needs of women.

Keywords: Assessment, Birth Satisfaction, Care During Labor, Mothers.

INTRODUCTION

Maternal satisfaction is a vital measure of the quality and effectiveness of maternity care, particularly during labor and delivery. Women's satisfaction with these services stems from their expectations, previous experiences, and the actual care received. Negative interactions—such as neglect, poor communication, or disrespect can lead to dissatisfaction and a decreased likelihood of using facility-based care. This underscores the importance of addressing political, social, and economic challenges to improve maternal health outcomes, particularly in developing countries where gaps in service quality persist. Perceived quality strongly influences service utilization: women who feel well cared for are more likely to return and recommend facility-based births, thereby helping to improve maternal and neonatal outcomes [1].

Multigravida women, having experienced previous births, often hold distinct expectations. Their satisfaction is influenced by factors such as age, education, parity, and prior birth experiences. Birth satisfaction is a multidimensional construct that encompasses emotional well-being, physical comfort, and perceptions of care. Negative experiences can contribute to an increased demand for cesarean sections. Thus, evaluating care across the dimensions of structure, process, and outcomes is fundamental.

Inspired by Donabedian's model assessing structure (environment, hygiene, staffing, and resources), process (provider behaviour, privacy, timeliness, education, and competence), and outcome (maternal health and survival), this study adopts a comprehensive framework for evaluating maternal satisfaction. The World Health Organization (WHO) emphasizes the need to measure maternal satisfaction as an integral component of enhancing quality of care and reducing maternal mortality [2,3].

Birth satisfaction reflects women's subjective evaluation of the quality of intrapartum care, encompassing physical, emotional, and interpersonal dimensions. High birth satisfaction contributes to positive outcomes such as enhanced maternal–infant bonding, increased self-esteem and confidence, and potentially improved overall well-being of both mother and child [4].

The World Health Organization (WHO) emphasizes Respectful Maternity Care (RMC)—care that maintains dignity, privacy, choice, and freedom from harm—as foundational to improving labour outcomes and maternal satisfaction. Despite this, evidence-based interventions to promote RMC remain limited and often context-specific [5].

In India, while the LaQshya programme targets improved intrapartum and immediate postpartum quality

of care and aims to boost maternal satisfaction, standardized assessment tools remain underused. Notably, studies using validated instruments, such as the Birth Satisfaction Scale–Revised (BSS-R), have shown its utility in assessing labour-related stress, quality of care, and personal attributes of care in secondary-level public facilities [6].

Moreover, in several Indian states, maternal satisfaction is influenced by interpersonal interactions, privacy, and emotional support. For instance, a study from Chhattisgarh using the Scale for Measuring Maternal Satisfaction found that while overall satisfaction was high, women delivering vaginally were least pleased with post-delivery neonatal contact, and caesarean delivery patients reported low postpartum care satisfaction. Positive associations emerged with improved provider interaction, privacy, and reduced fear [7].

Globally and in similar low- and middle-income contexts, factors affecting intrapartum satisfaction include environment, information access, delays, and provider behavior. These influence women's expectations and subsequent willingness to use institutional services [8].

Research Methodology - The present study employed a quantitative, descriptive research design to assess birth satisfaction with intrapartum care among mothers. The study was conducted in the selected maternity units within the Sangli-Miraj-Kupwad Corporation area. The study population included mothers who had undergone labour and delivered either through normal vaginal delivery or lower segment cesarean section (LSCS), and who provided informed consent. Mothers who delivered an intrauterine death (IUD) baby or underwent instrumental deliveries (vacuum extraction or forceps-assisted) were excluded. The sample size was 222, which was selected through a convenience sampling technique.

RESULTS AND DISCUSSION-

Table No. 1: Frequency and percentage distribution of demographic variables. n= 222

Demographic variables		Frequency (f)	Percentage (%)
Age (in yrs.)	19 – 23	82	36.9
	24 – 28	75	33.8
	29 – 33	65	29.3
Education	Undergraduate	182	81.98
	Post graduate	40	18.01
Occupation	Working women	112	50.5
	Housewife	110	49.55
Type of parity	Primipara	124	55.9
	Multigravida	98	44.1

Table no.1 The demographic profile of 222 mothers revealed that most were young (70.7% below 29 years), indicating early childbearing age as typical in the study area. A large proportion were educated up to the undergraduate level (81.98%), reflecting good literacy and awareness regarding maternity care. Employment status was nearly balanced, with 50.5% working and 49.55% homemakers, suggesting diverse socioeconomic representation. More than half (55.9%) were primiparous, indicating that first-time mothers constituted the majority, possibly influencing perceptions of care and satisfaction levels.

Table No. 2: Assessment of the birth satisfaction with care during labor among mothers. n= 222

Level of satisfaction	Frequency (f)	Percentage (%)
(71 – 90) Satisfied	200	90.09
(45 – 70) Neutral	20	9.46
(1 – 44) Unsatisfied	2	0.45

Table no. 2 reveals that the results of the study show that there was a total of 222 sample areas of residence. Most participants are Satisfied 200, (90.09%), and 20(9.45%) were Neutral. Unsatisfied were 4(0.45%) during the labour. From the above result, it is concluded that most of the mothers were satisfied with the care during labor. It reveals that the study involved a total of 222 sample areas of residence. Most participants were satisfied, with 200 (90.09%), while 21 (9.45%) were neutral. Unsatisfied were 4 (0.45%) during the labor.

Table No. 3: Association between demographic variables and birth satisfaction with care during labor among mothers. n= 222

Demographic variables		Unsatisfied	Neutral	Satisfied	Chi-square	p- value	Significance
Age (in yrs.)	19 – 23	0	79	3	7.775	0.1 > 0.05	Insignificant
	24 – 28	0	66	9			
	29 – 33	1	55	9			

Education	Undergraduate	0	162	20	7.179	0.028 < 0.05	Significant
	Post graduate	1	38	1			
Occupation	Working Women	0	105	7	3.816	0.148 > 0.05	Insignificant
	Housewife	1	95	14			
Type of parity	Primipara	1	110	13	1.161	0.56 > 0.05	Insignificant
	Multigravida	0	90	8			

Table No.3 shows the relationship between demographic factors and birth satisfaction during labor. Among all variables, only education had a statistically significant association with birth satisfaction ($p = 0.028 < 0.05$). Age, occupation, and parity showed no significant relationship (all p-values > 0.05). But, the p-value of age, occupation, and type of parity of mothers with birth satisfaction was greater than 0.05 at the 5% level of significance. From the above result, it is concluded that there is a significant relationship between the education of mothers and birth satisfaction with care during labor among mothers in maternity units. It also says that birth satisfaction during labor among mothers was dependent on the education of the mothers.

Table No. 4: Domain-wise assessment of the birth satisfaction with care during labor among mothers. n= 222

ITEMS	MEAN	S.D.
Professional support	15.2522	1.8247
Pain and stress in labor and after birth	9.2027	2.1249
Labor room environment	3.2702	0.6918
Mother and child bonding	9.6081	1.7082
General satisfaction	5.2927	1.165
Family care	7.8693	1.2279

Table No: 4 shows the domain-wise assessment among 222 mothers shows relatively high mean satisfaction for Professional support (15.25 ± 1.82), Mother–child bonding (9.61 ± 1.71), and Family care (7.87 ± 1.23). This suggests that clinical staff actions (competence, empathy, communication), opportunities for bonding with the newborn, and involvement or support from family are strong contributors to how mothers perceive their childbirth care.

The mean for Pain and stress during labor and after birth (9.20 ± 2.12) is moderately high but with a larger standard deviation, indicating more variability: some mothers experienced good pain/stress management, others less so. The Labor room environment domain has a lower absolute mean (3.27 ± 0.69), likely because that domain has fewer items or a smaller possible score; nonetheless, the score shows mothers are generally satisfied, though perhaps less so compared to clinical and emotional support. Finally, General satisfaction has the lowest relative score (5.29 ± 1.17), which points to scope for improvement in overall expectations, clarity of processes, or consistency across domains of care.

Thus, while many aspects are well rated—professional support, bonding, family involvement—areas like general satisfaction and management of pain/stress show room for enhancement. The environmental aspects, while satisfactory, may benefit from improvements in comfort, privacy, or resources.

DISCUSSION

The findings of this study provide valuable insights into maternal satisfaction with intrapartum care in the Sangli Miraj Kupwad Corporation area. The majority of mothers reported high levels of satisfaction with the care received during labour, indicating that maternity services in the region are largely meeting the emotional and physical needs of birthing women. This aligns with global research emphasizing the importance of respectful, supportive, and responsive care during childbirth [9].

One of the most significant outcomes of the study was the association between educational status and birth satisfaction. Mothers with higher levels of education tended to report greater satisfaction, possibly due to better understanding of the birthing process, clearer communication with healthcare providers, and more confidence in advocating for their needs. This suggests that health literacy plays a crucial role in shaping maternal experiences and highlights the need for targeted antenatal education programs, especially for women with lower educational backgrounds [10].

The age distribution of participants, with most falling in the 19–23-year range, reflects the demographic profile of early childbearing in the region. While age did not show a statistically significant impact on satisfaction scores, younger mothers may benefit from additional emotional support and guidance during labour to enhance their overall experience. Similar demographic trends were reported by Srivastava et al. (2015) in BMC Pregnancy

and Childbirth, who found that maternal age, education, and parity significantly affect women's childbirth experiences and satisfaction, and by Barman et al. (2020) in Children and Youth Services Review, who emphasized education as a key determinant of maternal service utilization and satisfaction [11].

In a study of postnatal mothers in India, 93.82% reported satisfaction with technical and interpersonal aspects of care, and in a BMJ Open study, 84.2% of women rated services highly (≥ 7/10). The small proportion of dissatisfied respondents underscores both the overall success of the care provided and the opportunity to explore the specific needs of those with lower satisfaction. Parity and occupation were also considered, though no strong associations were found. However, multiparous women may have different expectations based on prior experiences, which could influence their perception of care. This highlights the importance of individualized care approaches that take into account each woman's unique background and expectations [12]. The use of standardized tools for measuring birth satisfaction ensured consistency and reliability in data collection. The application of descriptive statistics, t-tests, and chi-square tests allowed for robust analysis of the relationships between demographic variables and satisfaction scores[13].

Overall, the study reinforces the critical role of quality intrapartum care in shaping maternal satisfaction and outcomes. It advocates for continuous training of maternity staff, improved communication strategies, and culturally sensitive care practices to further enhance the childbirth experience for all mothers.

CONCLUSION

This study highlights that most women were satisfied with their childbirth experience, particularly in areas such as professional support, pain management, labor room environment, family involvement, and mother-child bonding. However, general satisfaction levels indicate that there is room for improvement to ensure consistent care quality. Factors such as unclear staff roles, inadequate postpartum communication, and unmet pain management needs suggest areas that require attention. Addressing these issues through improved communication, patient education, and comprehensive pain management strategies can enhance maternal satisfaction and contribute to better health outcomes for both mothers and newborns.

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