

Study on the satisfaction with postnatal care



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Women have consistently reported that they are less than satisfied with their care in hospital after childbirth. The aim of postnatal care is to not only ensure the immediate health of both mother and baby post birth, it is also aimed at ensuring that parents are confident enough with going home and caring for a newborn and it is the midwives role to facilitate in providing education to make this happen (Pairman, Pincombe, Thorogood, & Tracy, 2008). The postnatal period that women have in hospital is really a rather short amount of time to establish the essentials for looking after a newborn, such as initiating breastfeeding and learning to read their baby's different moods and needs and adjusting to caring for this helpless individual while simultaneously helping the mother recover from labour (Rayner, McLachlan, Forster, Peters, & Yelland, 2010). For some women, giving birth may be the most joyous time of their lives, but for others it could be a traumatic and terrifying experience, many are exhausted. These women need the right support, advice and guidance. Midwives are there to ensure that women are looked after in the right way and that their concerns and questions are tended to and answered. However research has shown that women are less than happy with the care they receive postnatally. The main problems that women found with midwives were; midwives' attitudes towards women, time constraints, and continuity of care. Concerns about postnatal care were not only common among women but also among the midwives that were responsible for caring for them (Forster, McLachlan, Rayner, Yelland, Gold, & Rayner, 2008).

Many women require support from midwives in the postnatal period to decrease the likelihood of postnatal depression and or distress, after the

birth of the baby, women are experiencing many things, one of which is the major role transition into motherhood, which can be daunting while at the same time women experience incredible joy (Pairman, Pincombe, Thorogood, & Tracy, 2008; U. S Department of Health and Human Services, 2009; aNEW MHW, 2010). It is the midwife's role to make sure the woman is comfortable, confident and well looked after as well as being there to provide support, reassurance and information to women and their families so that they are able to feel confident and somewhat prepared in taking this next step in their lives (NICE, 2006). However there is evidence to show that women are the least satisfied with the care they receive postnatally than with any other maternal service available (Rudman & Waldenström, 2007). This could be due to the fact that women felt that their concerns were not being heard and listened to by their midwives. Women should feel like they are able to ask the midwife about any concerns no matter how unimportant it may seem. Women have commented that the doctors and midwives that care for them seem either to be disinterested in what they have to say or seem like they are in too much of a hurry and therefore have no time to properly sit down and discuss with the woman any concerns and worries (Forster, McLachlan, Rayner, Yelland, Gold, & Rayner, 2008).

Hospitals are a constant hub of activity and often chaotic therefore there is very rarely a moment to spare. As mentioned above, women feel like midwives are always in a hurry, however, many women have expressed fear and anxiety in the time following the birth of their baby (Yelland, Krastev, & Brown, 2007). Times have changed whereby now the length of stay for women postnatally is shortened and the responsibility of the mother is

increased, therefore women require more attention from midwives to ensure that they feel properly equipped to go home (Schmied, Cooke, Gutwein, Steinlein, & Homer, 2009). Conversely midwives do not have much control over how time is spent with women, inadequate staffing and women's shortened length of stay can all influence midwives' ability to effectively provide. The issues that women think affect the way care is given and hinder them from receiving the required care are the same issues that midwives think need to be addressed and altered in order to deliver satisfactory care. There simply does not seem to be enough time for midwives to look after the number of women they are allocated each shift and with women being sent home so soon after birth. Length of stay in the postnatal period poses as another major hurdle in allowing midwives to properly and adequately fulfil their roles as midwives and health professionals in providing women with sufficient education and care. In between their other patients and the women's numerous visitors, sometimes midwives barely have the chance to properly sit down and look after the woman (Rayner, Forster, McLachlan, Yelland, & Davey, 2006; Yelland, Krastev, & Brown, 2007). On the other hand extended length of stay may actually prove to be unbeneficial for some women as it can actually decrease their confidence in parenting (Forster, McLachlan, Rayner, Yelland, Gold, & Rayner, 2008).

Many women lack in confidence in regards to their own ability in caring for a newborn. Even if they have had other children, every pregnancy is different and every child born is different, a considerable amount of time may have also passed between the present and previous births. Midwives should really be there to help boost self efficacy in parents and also support and advise

them about what to do (NICE Clinical Guidelines, 2006). Even if it is just a gentle reminder, women are more than happy to hear what their midwives say about how to properly care for baby. Parents should be advised about what to expect and to differentiate between possibly life threatening symptoms and symptoms that may seem malignant but are in fact normal (NICE Clinical Guidelines, 2006). The trend for postnatal care these days is a shorter length of stay, which puts a lot more pressure on parents to provide initial care for their newborns as they are rushed home and may not have the chance to ask midwives and carers about things that they are concerned about (Hildingsson & Sandin-Bojö, 2010). Though research has found that the amount of time spent with women made no difference in the outcome (Schmied, Cooke, Gutwein, Steinlein, & Homer, 2009), women feel that the presence of health professionals provide a sense of reassurance and may ease some anxiety (Forster, McLachlan, Rayner, Yelland, Gold, & Rayner, 2008). A concern that seems to be common amongst women is the medical health in the days immediately following giving birth and the general consensus is the importance of the newborn's health rather than the women's own well being (McLachlan, Gold, Forster, & Yelland, 2008).

Some of these hurdles that have been encountered can be overcome by implementing a number of strategies. A major aspect for both midwife and patient seems to be continuity of care (Hildingsson & Sandin-Bojö, 2010). Women have complained about how midwives don't seem to be interested in what they have to say, or how they have progressed. However if a relationship is established, both woman and midwife may benefit from it. Women will receive consistent advice because the same person is providing

it, the midwives caring for the women will be familiar with the women their circumstances and therefore will be able to tailor the care given to suit the women's needs. Another vital aspect was listening, women felt that they weren't being heard; therefore trust needs to be established to not only open communication channels between the two parties. Midwives need to show compassion and understanding and make the time to enquire about how the woman is feeling emotionally and how they feel they are coping; study has shown that genuine concern by midwives and incurred more satisfaction by women. If a midwife is genuinely concerned then she is more likely to take into account the possible factors that are affecting the woman and then individualise care to help relieve concerns, which would make things easier for both midwives and women (Brown, Davey, Bruinsma, & J, 2005; (NICE Clinical Guidelines, 2006; Forster, McLachlan, Rayner, Yelland, Gold, & Rayner, 2008). Education being one of the main aims of postnatal care needs to be properly fulfilled, include making sure women receive information not only about their own physiological changes but also about how cope with baby while at the same time providing women with constant reassurance and praise (Pairman, Pincombe, Thorogood, & Tracy, 2008; Hildingsson & Sandin-Bojö, 2010).

Satisfaction with postnatal care is multifaceted, it is affected by so many different aspects and yet they are all somehow interlocked with each other. There are changes that midwives can make in order to ensure satisfaction in women during postnatal care, such as making time to sit down and properly listen to the woman and her concerns and tailor care and education to her needs. However there are also aspects that need to be changed that are out

of the hands of midwives, changes that are associated with policies in hospitals and just hospitals in general, such as length of stay in hospital, midwife and patient ratio and also continuity of care. It is not a simple issue that can be easily solved, however should new policies be implemented, it should be kept in mind that education, support and care for the woman are still the core elements of postnatal care and should be the first to be addressed in order to ensure the optimum availability of these areas for women who are in hospital in the postnatal period. The women's psychological, physiological and sociological aspects all need to be considered in order for proper care to be delivered.