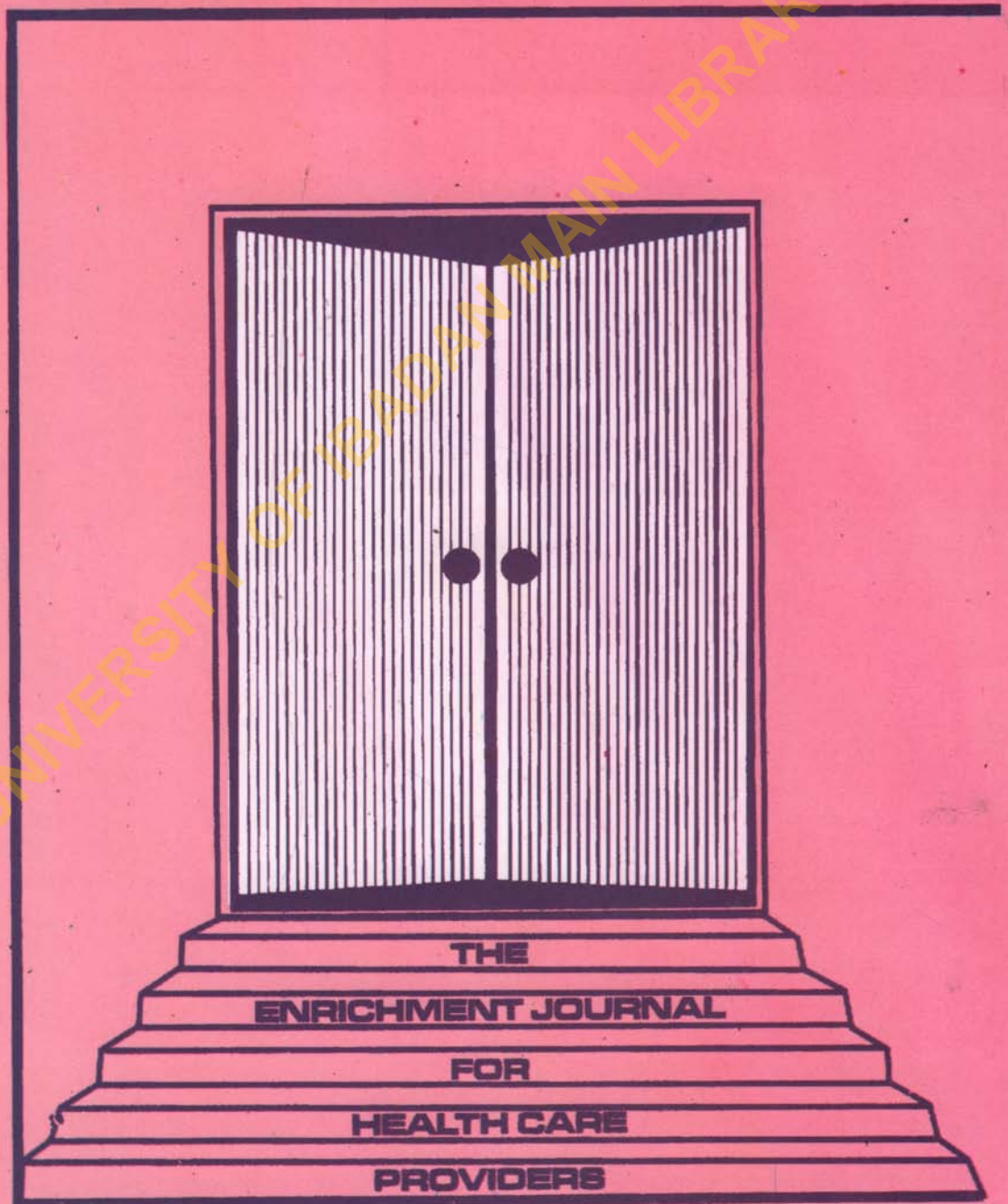


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Perception and Satisfaction with the Use of Birth Plan among Postpartum Women in a Nigerian Tertiary Hospital, Ibadan

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Abstract

Background: The role of choice in child birth is of utmost importance because of women's need of having control over their birth process, which makes them to be satisfied with the process of child birth. The purpose of the birth plan is to act as a communication tool, to encourage women to make informed choices, to draft a realistic plan of care during labour, and to achieve greater satisfaction from the birth experience. Satisfaction with such a life changing event can be the basis for a positive beginning to early mother/baby interaction and a solid foundation for long term family health.

Methods: The study was carried out among women who had at least one child in the postnatal ward and infant welfare clinic of the University College Hospital, Ibadan. A stratified random sampling technique was used in selecting 200 postpartum women from the hospital. A structured questionnaire was administered and analysed using statistical package for social sciences version 15 (SPSS 15).

Results: Majority (90%) of the respondents indicated that being involved with decisions about birth makes them to be satisfied with birth process. The study also revealed that almost all (97%) of the respondents were aware of birth-plan while 72% supported the fact that birth plan help improve communication with health practitioners. Most of the women have a high perception that introduction and use of birth-plan in their care will help enhance childbirth experience and satisfaction. There was a significant association between utilization of birth plan and satisfaction with childbirth process ($p=0.015$).

Conclusion: The gradual shift of maternity care from a paternalistic medical model to a more humanistic approach will encourage active client participation and partnership in care. This will also lead to the rights of women to information and informed choices being advocated. Satisfaction in childbirth is an important indicator of quality of maternity care given today and continuous use of skilled birth attendants. .

Key Words: Perception, Satisfaction, Postpartum, Birth plan.

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Introduction

The role of choice in childbirth is of utmost importance because of women's need of having control over their birth process, which makes them to be satisfied with the process of child birth. Also, the provision of affordable and accessible care can affect maternal health through level of usage of antenatal care, safe delivery and essential obstetric care¹. The need to improve child birth experience and improve maternal health, lead to various interventions like birth preparedness. Therefore, interventions to improve pregnancy outcomes need to include ways of making maternal health services available while taking into account women's various socio-economic and cultural backgrounds. These interventions include birth preparedness, safe motherhood initiative, focused antenatal care as well as respectful maternity care. A major tool for birth preparedness is birth plan. According to Aragon, Chhoa, Dayan, Klufinger, Lohn & Buhler², both women and their attendants viewed the birth plan as being valuable for acting as both a communication and education tool.

The birth plan was envisioned to help expectant parents prepare for the physical and emotional aspects of the birth process, plan ahead for how they want various situations handled outside of the emotions of the moment, and provide a vehicle for communicating with each other, their care provider, and the hospital staff prior to the birth³. Pennell, Salo-Coombs, Herring, Spielman, Fecho⁴ noted that the use of birth plan facilitates communication between the women and their care providers giving room for clarifications of issues relating to childbirth. It is a birth-preparedness package that promotes active preparation and assists in decision-making for healthcare seeking in case of complications.

Birth plans were first proposed as a strategy to combat the increasing medicalization of childbirth. Birth plans grew out of consumerism and the advocacy for women's rights. In the 1960s and 1970s, women fought to change obstetrics, not wanting the operating-room-style births their

mothers experienced⁵. The birth plan concept was introduced by Sheila Kitzinger as a tool designed to provide women with information to gain a critical awareness of the birth process, to make informed choices, to weigh the pros and cons of different birth practices, and to structure realistic plans for the labour and birth. The most important elements of a birth plan identified by women in a study by Argon et al² included pain management, comfort measures (e.g., mobility during labour), postpartum preferences (e.g., breastfeeding), atmosphere (e.g., privacy), and birthing beliefs (e.g., cultural views).

The widespread practice, purpose, and process of constructing a birth plan is much different than originally intended. Now the birth plans are written records that indicate the goals and preferences of the woman giving birth. Many mothers, midwives and obstetricians today favours a written birth plan as a vital tool in fostering the safest and most fulfilling birth experience⁶. The purpose of the birth plan is to act as a communication tool, to encourage women to make informed choices, to draft a realistic plan of care during labour, and to achieve greater satisfaction from the birth experience. Perez opined that 'The most effective birth plan combine the mother's needs with the experience of the care providers within the framework of practice standards. Birth plans help a woman clarify her thoughts, wants, and needs about birth. A pregnant woman should carefully consider and prioritize her preferences, while learning the birthing practices in her chosen institution'.

Satisfaction in childbirth is an important indicator of quality of maternity care. Satisfaction with such a life changing event can be the basis for a positive beginning to early mother-baby interaction and a solid foundation for long term family health. Positive childbirth outcomes such as satisfaction is however, exposed to a range of individual and environmental factors which must be taken into account in any assessment⁶.

It is a known fact that some women are not satisfied with the process of childbirth

and complain of both them and their families not being involved in their care during process of childbirth. This can be minimized with the use of birth plan as it is part of the family-centered approach to healthcare built on concepts of respect, strength, choice, information, support, flexibility, and empowerment⁸.

Most times, women are usually left to the mercy of healthcare providers for their health and do not have the freedom to explore the choices they have to effectively plan for their birth. Therefore, women have little choice and control over their birth process which affects their satisfaction with birth process and this encourages them to utilize and patronize unskilled birth attendant which negatively affect birth outcomes and contribute to increase maternal and neonatal morbidity and mortality. There is the need to investigate the various choices the pregnant women have about childbirth plan and how it can affect their experiences of childbirth. Hence, there is dearth of information on the perception and satisfaction on the use of birth plan among women in Nigeria. Therefore, the study sought to look at women's perception and satisfaction with the use of birth plan in University College Hospital, Ibadan.

Methods

The study was carried out among women who had at least one child in the postnatal ward and infant welfare clinic of the University College Hospital Ibadan, the first tertiary hospital in Nigeria.

Sample/Sampling Techniques

The study population of 200 participants was selected using stratified random sampling method from the accessible population of 460 women from the selected units.

Instrument for Data Collection

The research instrument that was used in this study was a structured self-administered questionnaire. Questionnaires were administered to all the women who were

admitted in the postnatal ward and women who attended the infant welfare clinics of the University Teaching Hospital over two weeks.

Data Analysis: Collected data were sorted and analysed using the using statistical package for social sciences version 15 (SPSS 15). Descriptive data were presented as tables and figures while the hypotheses were tested using Chi-square test at $p < 0.05$ level of significance.

Ethical Consideration

Approval to conduct this study was obtained from UI/UCH ethical review committee prior the commencement of the study. Informed consent was obtained from the respondents and participation in the study was voluntary. Information received was treated with utmost confidentiality.

Result

Socio-demographic characteristics of the respondents

In all a total of 200 women at the University College Hospital, Ibadan were recruited for this study. The mean age was 30.3 ± 5.5 years; 37(24.2%) were 27 years or less while 116 (75.8%) were older 27 years. More than 80% of our respondents are Yoruba while more than 90% are married and had tertiary education. Sixty (36.6%) had only given birth once while 58(35.4%), 40(24.4%) and 6(3.7%) had given birth two, three and four times respectively. Approximately equal proportion of the respondents had their child delivery either through the vagina or caesarean section (Table 1).

Perception of women about birth plan

Table 2 shows the perception of women in UCH about birth plan. About ninety percent were aware of birth plan, 97% agreed that birth plan help prepare expectant parents for physical and emotional aspect of birth while 75% supported the fact that birth plan help improve communication of women with health practitioners.

Table 1: Socio-demographic characteristics of the respondents

Variable	Frequency	Percentage
Age (years).		
Less than or equal to 27	37	24.2
Greater than 27	116	75.8
Mean \pm SD		30.3 \pm 5.5 years.
Tribe		
Yoruba	174	87.0
Igbo	19	9.5
Others	7	3.5
Marital status		
Single	3	1.5
Married	197	98.5
Educational Qualification		
Secondary	12	6.1
Tertiary	185	93.9
No of birth		
1	60	36.6
2	58	35.4
3	40	24.4
4	6	3.7
Mode of delivery		
Vaginal delivery	102	51.0
Caesarean Section	98	49.0

Table 2: Respondents' Perception about birth plan

Perception about Birth Plan	Frequency	Percentage
Aware of birth plan		
Yes	174	88.3
No	23	11.7
Birth plan help prepare expectant parents for physical and emotional aspect of birth.		
Yes	188	96.9
No	6	3.1
Birth plan help improve communication of women with health practitioners.		
Yes	129	74.6
No	44	25.4
Birth plan is a written document.		
Yes	64	36.0
No	114	64.0
Birth plan is a legal document.		
Yes	54	29.8
No	127	70.2
Documented birth plan cannot be changed under any condition.		
Yes	38	25.3
No	112	74.7
Describe 'birth plan' in your own word.		
Birth plan helps to prepare the family for the arrival of their next child.	31	18.2
Preparation of women for delivery during antenatal	82	47.3
Planning with the spouse about the number of children	38	21.6
Birth plan helps in spacing our children	23	12.9
List four things that can be written in a birth plan.		
Mode of delivery	44	24.2
Type of anaesthesia	36	20.0
Post-delivery care	59	32.6
Family planning	42	23.2

Birth experience and satisfaction among women

Table 3 reveals the birth scale questionnaire measuring birth experience and satisfaction. Mean values less than or equal to one indicates that the feeling described by the scale is not used at all by the respondents,

values between one and two signifies that it is moderately used while values between 2 and 3 indicates that it is extremely used. There was moderate level of satisfaction for most of the items.

Table 3: Birth Scale Questionnaire measuring birth experience and satisfaction

Birth Experiences and Satisfaction	Not at all (%)	Moderately (%)	Extremely (%)
How successful were you in using the breathing and relaxation methods to help with contraction?	20(14.7)	106(77.9)	10(7.4)
How confident were you during delivery?	14(8.2)	121(70.8)	36(21.1)
How relaxed were you during delivery?	23(13.5)	117(68.4)	31(18.1)
How pleasant or satisfying was the feeling state you experienced during delivery?	53(29.9)	102(57.6)	22(12.4)
To what extent did your experience of having a baby go along with the expectation you had before labour began?	49(30.4)	61(37.9)	51(31.7)
To what extent do you consider yourself to have been a useful and cooperative member of the obstetric team?	21(13.4)	50(31.8)	86(54.8)
How useful was your partner in helping you through your labour?	34(18.8)	64(35.4)	83(45.9)
To what degree were you aware of events during labour?	28(18.5)	65(43.1)	58(38.4)
How unpleasant was the feeling state you experienced during delivery?	47(30.1)	73(46.8)	36(23.1)
Do you remember your labour as painful?	45(26.0)	44(25.4)	84(48.6)
Did the equipment used during labour bother you?	81(45.5)	20(22.5)	57(32.0)
Was the delivery experience realistic as opposed to dreamlike?	58(36.5)	50(31.4)	51(25.5)
Did you have choices about interventions?	56(36.4)	85(55.2)	13(8.4)
How well were you in control during delivery?	24(15.5)	93(60.0)	38(24.5)
Did your partner or other person review your labour experience with you?	51(30.4)	79(47.0)	38(22.6)
Did you feel better after reviewing the labour experience?	22(14.1)	88(56.4)	46(29.5)
Were you pleased with how your delivery turned out?	49(28.2)	53(30.5)	72(41.4)

Perceived factors that enhance satisfaction with the use of child birth plan

Table 4 indicates the perceived factors that enhance satisfaction with the use of child birth plan.

The major areas of satisfaction with birth plan were, being involved in decision

making (89.7%), having husband or a relative of choice around during childbirth (83.3%), having control and choice (86.9%), choosing health practitioner for delivery (82.2%), choice of immediate contact with baby (94.4%) and choice of staying with baby (92.8%).

Table 4: Perceived factors that enhance satisfaction with the use of child birth plan

Perceived Factors	Yes (%)	No (%)
Being involved with decisions about birth my birth process will make me satisfied with birth process.	165(89.7)	19(10.3)
Health professionals' attitude does not have effect on my birth experience.	89(51.4)	84(48.6)
Pain medication during labour will enhance satisfaction with birth process	121(68.4)	56(31.6)
Having my husband or some relatives around during delivery will enhance satisfaction with birth process	145(83.3)	29(17.7)
Having some degree of control and choice will improve my child birth experience.	146(86.9)	22(13.1)
Choosing the position I want during labour help with good birth experience.	104(63.0)	61(37.0)
My birth experience will be enhanced by having choice of the health practitioners I want during my delivery	143(82.2)	31(17.8)
I will like music to be played during my labour process.	62(36.9)	106(63.1)
Would you appreciate immediate contact with your baby after birth	170(94.4)	5(5.6)
Would you prefer your baby to stay with you all times while at the hospital	167(92.8)	13(7.2)

Test of hypotheses

H₀₁: There is no significant association between patients' satisfaction with labour and utilization of birth plan.

From the result, the null hypothesis of no significant association is rejected because the X^2 (8.39) of $p=0.015$ is less than 0.05. This shows that a significant statistical association exists between patient satisfaction with labour and their perceived utilization of birth plan.

H₀₂: There is no significant association between patient satisfaction with labour and mode of child delivery.

From the result, the null hypothesis of no significant association is rejected as X^2 (24.6) of $p=0.0001$ is less than 0.05. This shows that a significant statistical association exists between patient satisfaction with labour and mode of child delivery.

H₀₃: There is no significant association between patient's awareness of birth plan and mother's level of education.

From the result, the null hypothesis of no significant relationship is rejected. This is because the X^2 calculated (10.98) yielded a p -value of 0.014 which is less than 0.05. This shows that there is a significant relationship between patient awareness of birth plan and mother's level of education.

Discussion

Respondents reported moderate satisfaction with their experience during delivery and extreme satisfaction with the eventual delivery outcome. This is consistent with findings from a study of Ekabua, Ekabua, Odusolu, Agan, Iklaki, & Etokidem⁹ among women in Southeastern Nigeria which showed that Intention and behaviour as regards plan to use maternity services during pregnancy and access skilled attendance in childbirth was generally positive. Also, Klein, Kaczorowski, Hearps, Tomkinson, Baradaran, Hall, et al¹⁰ study on knowledge and attitudes of Canadian women approaching childbirth for the first time indicated that the women viewed birth plans positively.

The study showed a significant association between use of birth plan and satisfaction with the process of labour. This is supported by the findings of Stevens, Wallston and Hamilton¹¹ which showed that perceived control was associated with childbirth self-efficacy which was linked with Childbirth satisfaction. Childbirth satisfaction was associated with both affective reactions to birth and childbirth-related posttraumatic stress disorder (PTSD) symptoms. Most women in the study gave high scores for overall satisfaction with the birth. Women who felt they were looked after 'very well' and women who rated their birth experience as 'very positive' were significantly more likely to experience high postnatal functioning than women who did not rate their intrapartum care and birth experience as highly¹².

Furthermore, more than 60% of the respondents will not like music to be played during their labour process. It has not been clearly demonstrated that audio-analgesia has any of the benefits¹³. About 90% of the respondents indicated that being involved with decisions about birth makes them to be satisfied with birth process. This is consistent with Argon et al,² in which the women reported that the knowledge gained through the process of creating a birth plan was very beneficial, allowing them to consider their options, become aware of hospital policies, and address areas of concern. Also, they reported they would appreciate immediate contact with their baby after birth and prefer the baby stay with them all times while at the hospital. This is consistent with a study by Yam et al,¹⁴ that significant proportions of Nigerian women preferred to have contact with their baby after the baby was cleaned.

More than 80% believed that having their husbands or some relatives around during delivery will enhance satisfaction with birth process. This is supported by Sheridan, Oyeye, O'sullivan, Greene and Higgins¹⁵ that Irish women were more likely to expect the support of a husband or partner during labour as compared with Nigerian

women. Where this was not possible then the support from a family relative was preferable to support from a friend. Similarly, about one-third of our respondents stated that pain medication and being able to choose the position they want during labour will enhance satisfaction with birth process. Birth preferences are discussed during the process of birth planning, a study by Sheridan et al,¹⁵ comparing birth plan preferences among Irish and Nigerian women showed that preferred to have a vaginal delivery (90.7% vs. 64.2%) and an analgesia-free birth (39.6% vs. 5.8%). This study demonstrates a need to recognize the cultural variations in preferences for pregnancy and childbirth in order to provide culturally-specific care.

There was a significant association between level of education and awareness of birth plan in this study. Other researches in the hospital which showed that the respondents using the hospital were highly educated and satisfied with services as study by Nwaeze, Enabor, Oluwasola and Aimakhu¹⁶ on perception of quality of antenatal care in the University College Hospital, Ibadan showed that majority of the respondents (86%) had tertiary education. The clinic services were regarded as good in 81.1% of respondents and most of them want to continue using services in the hospital.

Conclusion

In conclusion, as women's roles and expectations in society change, the approach to childbirth must be changed. There is a need to redress the balance of power between women and midwives before empowerment can become a reality. If the woman is to become a genuine partner in care with the midwife, she should be encouraged to participate in decision making. The woman must be empowered to make the choices she wants for herself rather than just accepting those choices which midwives think are appropriate.

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