Maternal Satisfaction Regarding Nursing care during labor

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ABSTRACT

Background: Women satisfaction with nursing care during labor can be measured by how well the health care provider and/or meets the client's intended expectations, goals, and/or preferences. It displays the advantages and disadvantages of the healthcare team's care and evaluating the health care team's performance. In order to improve health care services, women satisfaction with care should be surveyed

Objectives: This study aimed to assess maternal satisfaction regarding nursing care during labor of postnatal women, to determine differences between maternal satisfaction and socio-demographic variables, and determine the relationship between maternal satisfaction and obstetric history of postnatal women regarding nursing care during labor.

Methods and Material: A descriptive study was conducted in Bent Al Huda and Al-Haboubi Teaching Hospitals in Al-Nasiriya city from (15th January 2024 to 20th February 2025).

Statistical analysis used: The questionnaire is used as a means of data collection. The tabulation of collected data was analyzed using descriptive and inferential statistical approaches. Microsoft Excel (2016) and Statistical Package Program for Social Sciences (SPSS) version 26.0.

Results: The average age of women was 20-24 years, (21%) of mothers have Educationally, (47.9%) were first-time mothers, (25.7%) had gravida between four or more pregnancies and (81.3%) had never experienced an abortion and (81.9%) chose to attend private clinics for their prenatal visits. Most (53.3%) of mothers had moderate satisfaction of nursing care during labor.

Conclusions: The overall assessment of mothers' satisfaction regarding nursing care during labor was moderate, with no significant correlations are observed between overall satisfaction and socio-demographics, and significant correlations between mother's satisfaction and obstetric history. Recommend that Ministry of Health should be trained midwives to understand and respect interact with women in labor and foster interpersonal, communication, and listening skills to assess the health-care system. Informed decision-making should be supported.

Keywords: *satisfaction, nursing care, labor*

1. INTRODUCTION

Childbirth is the term used to describe the end of a pregnancy when one or more babies are released via birth canal. It is also sometimes referred to as labor, parturition, and delivery. Although childbirth is a natural physiological, social, and cultural process, but they can have complications that may necessitate immediate life-saving interventions. A lack of support interact in a complex way to affect a woman's delivery experiences and outcomes (Hepsiba, 2023).

A positive birthing experience is good for the mother satisfaction and fosters close family bonds and higher levels of competence, mastery, confidence, and self-esteem in mothers are linked to positively reported delivery experiences(Abdo et al., 2022).

Maternal satisfaction is strongly influenced by the degree of control and support received during childbirth. The purpose of labor support is to actively assist the woman who has given birth, taken care of her emotional needs and wants, comfort her, enhance the quality of her birth, boost her self-esteem, make sure she has a good childbirth experience, and ease her transition into motherhood(Can, 2024).

Unfavorable delivery experiences can make a woman feel dissatisfied. The interventions used in labour care are starting to be focused on preventing un favorable birth experiences that include offering information, communication, pain management, respect, baby care and updates on the mother's labor progress , the nurse serves as a source of support for the mother(Finneran, 2019).

Women satisfaction with nursing care during labor can be measured by how well the health care provider and/or meets the client's intended expectations, goals, and/or preferences. Satisfaction and dissatisfaction show how clients feel about the service's advantages and disadvantages, respectively. In order to improve health care services, women satisfaction with care should be surveyed (Asamrew et al., 2020).

An essential component of providing optimal care and making use of healthcare resources is the respectful behavior a mother experiences during childbirth, privacy, and maintaining dignity. One significant factor influencing women's dissatisfaction with maternal health care is mistreatment during childbirth. The health care system must work to maintain the mother's cultural norms and beliefs while promoting high-quality care (Maung et al., 2022).

2. MATERIALS AND METHODS

A descriptive study technique was designed in al Nasiriya City/Iraq from January 15, 2024, to 20, February 2025.

Study Sample:

Anon-probability (purposive sample) of (315) postnatal women. Data were gathered (235) from Bent Al Huda and (80) from Al-Haboubi Teaching Hospitals in Al- Nasiriya city in the recovery room in the labor ward for postnatal mother's satisfaction regarding nursing care during labor.

Study Instrument

Part I: This section contains socio-demographic data about the women and includes five items (age, level of education, occupation, residency and income).

Part II: This section contains obstetric history, including five items (gravida, parity, abortion, Planned pregnancy and prenatal visit).

Part III: A total of 13 items deals with interpersonal satisfaction of postnatal mother regarding nursing care during labor. Three Likert scale levels (Not satisfied, partially satisfied, satisfied) were used to build an instrument for assessing mothers' satisfaction.

Data Collection

Data were collected after acquiring an official agreement from the Department of Development and Training using research instruments from (14th July to 1th oct 2024). Women who participated in the study were interviewed face-to-face by the researcher, who provided instructions and answered any questions they had regarding the form. Interviewing techniques were employed separately for (20-30) minutes per interview after completing the crucial steps that must be included in the study design.

Ethical Approval

1-The University of Babylon's College of Nursing Council's ethics committee gave its approval to the study on January 29, 2024.

2- In order to carry out the study at Bint Al Huda and Al-Haboubi Teaching Hospitals, approvals were also acquired from Training and Development Department of Thi-Qar Health Directorate.

3- Official approval has been obtained from the following sources: Bint Al Huda and Al-Haboubi Teaching Hospitals.

4- Informed consent was obtained from all participants.

Data Analysis

The tabulation of collected data was analyzed using descriptive and inferential statistical approaches. Microsoft Excel (2016) and Statistical Package Program for Social Sciences (SPSS) version 26.0. The method used in this study aimed to determine descriptive and inferential statistics, such as frequencies, percentages, and valid percentages, and by entering data to achieve the objectives of the study.

3. RESULTS

Table 1: Distribution of Mothers according to their socio-demographic characteristics.

Characteristics		f	%
Age (year) M±SD= 24 ± 5	15 – 19	69	21.9
	20 – 24	125	39.7
	25 – 29	60	19
	30 – 34	46	14.6
	35 – 40	15	4.8
	Total	*315*	*100*
Level of education	Don't read and write	51	16.2
	Read and write	66	21
	Primary school	81	25.7
	Secondary school	72	22.8
	Diploma/Bachelor	45	14.3
	Total	*315*	*100*
Occupation	Unemployed	291	92.4
	Employee	24	7.6
	Total	*315*	*100*
Residency	Urban	236	74.9
	Rural	79	25.1
	Total	*315*	*100*
Perceived monthly income	Sufficient	35	11.1
	Barely sufficient	229	72.7
	Insufficient	51	16.2
	Total	*315*	*100*

Table1: showed the distribution of demographical data for (315) women who agree to participate in the study, which had the highest proportion (39.7%) were between 20-24 years age group, in related to education level (21%) were of mothers having basic literacy, primary, secondary, or higher education, (92,4%) were unemployed, (74.9%) were urban and (72.7%) had barely sufficient income.

Table2: Distribution of Mothers according to their Reproductive History Characteristics.

Characteristics		f	%
Gravida	1st gravida	135	42.9
	2nd gravida	55	17.5
	3rd gravida	44	14

	4th + gravida	81	25.7
	Total	*315*	*100*
Parity	1st gravida	151	47.9
	2nd gravida	52	16.5
	3rd gravida	50	15.9
	4th + gravida	62	19.7
	Total	*315*	*100*
Abortion	None	256	81.3
	One	45	14.3
	Two +	14	4.4
	Total	*315*	*100*
Planned pregnancy	No	50	15.9
	Yes	265	84.1
	Total	*315*	*100*
Prenatal visit	Hospital	9	2.9
	Health Care Center	48	15.2
	Private Clinic	258	81.9
	Total	*315*	*100*

Table2 showed (42.9%) were primigravida and (25.7%) between four or more pregnancies, Parity, shows that nearly half (47.9%) were first-time mothers, (81.3%) had never experienced an abortion, (81.9%) chose to attend private clinics for their prenatal visits, 84.1% of pregnancies were planned, (81.9%) chose to attend private clinics for their prenatal visits.

Table (3): Assessment of Maternal Satisfaction on Interpersonal Aspects of Nursing Care.

List	Interpersonal Aspects of Nursing Care	Scale	f(%)	M	Assess
1	A warm welcome and comfortable bed was provided after admission to the ward	Unsatisfied	14(4.4)	2.44	High
		Partially S.	148(47)		
		Satisfied	153(48.6)		
2	Information given about health care team members and obstetric unit by nursing staff	Unsatisfied	35(11.1)	2.19	Moderate
		Partially S.	185(58.7)		
		Satisfied	95(30.2)		
3	Maintenance of privacy	Unsatisfied	16(5.1)	2.52	High
		Partially S.	118(37.5)		
		Satisfied	181(57.4)		
4	Maintenance of good IPR along with	Unsatisfied	52(16.5)	2.11	Moderate

	family members by the nurses	Partially S.	175(55.6)		
		Satisfied	88(27.9)		
5	The emotional support provided by the nursing staff	Unsatisfied	21(6.7)	2.37	High
		Partially S.	157(49.8)		
		Satisfied	137(43.5)		
6	Dignity and respect maintained in the ward	Unsatisfied	23(7.3)	2.40	High
		Partially S.	143(45.4)		
		Satisfied	149(47.3)		
7	Staff polite and helpful	Unsatisfied	23(7.3)	2.38	High
		Partially S.	149(47.3)		
		Satisfied	143(45.4)		
8	Staff attentive to needs and approachable	Unsatisfied	25(7.9)	2.41	High
		Partially S.	137(43.5)		
		Satisfied	153(48.6)		
9	Explanation about the treatment and procedure by nurse	Unsatisfied	33(10.5)	2.29	Moderate
		Partially S.	157(49.8)		
		Satisfied	125(39.7)		
10	Availability of Nurse/Doctor round the clock	Unsatisfied	34(10.8)	2.28	Moderate
		Partially S.	159(50.5)		
		Satisfied	122(38.7)		
11	Were the visiting hours informed	Unsatisfied	42(13.3)	2.22	Moderate
		Partially S.	162(51.4)		
		Satisfied	111(35.2)		
12	Staff involved you in decision-making and your decision was respected and supported	Unsatisfied	44(14)	2.23	Moderate
		Partially S.	156(49.5)		
		Satisfied	115(36.5)		
13	Explanation about articles required during hospital stay	Unsatisfied	33(10.5)	2.21	Moderate
		Partially S.	182(57.8)		
		Satisfied	100(13.7)		

The findings in this table indicates that the majority of mothers expressed high satisfaction with aspects of nursing care such as privacy, emotional support, and staff attentiveness. However, satisfaction was moderate regarding communication about care procedures and involvement in decision-making.

Table 4: The overall assessment of Maternal Satisfaction on *Interpersonal Aspects of Nursing Care*

Maternal Satisfaction	f	%	M	SD	Ass.
Low	28	8.9			
Moderate	152	48.2			
High	135	42.9	30.05	6.861	Moderate
Total	*315*	*100*			

Table4 showed that overall assessment of maternal satisfaction with interpersonal aspects of nursing care indicates a predominantly moderate level of satisfaction at mean 30.05 and Std6.861.

Table (5): Statistical differences in Overall maternal satisfaction on Nursing Care and socio-demographic variables.

Overall satisfaction / Variables	Source of variance	Sum of Squares	df	Mean Square	F	Sig.
Age	Between Groups	2383.766	4	595.942	1.364	.246
	Within Groups	135437.897	310	436.896		
	Total	137821.663	314			
Education	Between Groups	3636.057	4	909.014	2.100	.081
	Within Groups	134185.606	310	432.857		
	Total	137821.663	314			
Income	Between Groups	1086.048	2	543.024	1.239	.291
	Within Groups	136735.616	312	438.255		
	Total	137821.663	314			

df: Degree of freedom, F: F-statistic, Sig: Significance

This table depicts that there are no significant differences in maternal satisfaction with regard to their age, level of education at p-value= .048 and monthly income at p-value= .026.

Table (6): Relationship between Maternal satisfaction on Nursing Care and Sociodemographic Variables.

Variables		Overall Satisfaction				Relationship
		Low	Moderate	High	Total	
Age (year)	15 – 19	6	42	21	69	r^s = .107
	20 – 24	12	64	49	125	P-value= .057
	25 – 29	4	29	27	60	Sig= N.S

		Low	Moderate	High	Total	
	30 – 34	3	24	19	46	
	35 – 40	1	9	5	15	
	Total	26	168	121	315	
Level of education	Doesn't read & write	8	22	21	51	*r*^{s} = .065 **P-value= .247** **Sig= N.S**
	Read and write	3	43	20	66	
	Primary school	6	42	18	66	
	Secondary school	1	33	32	66	
	Diploma/Bachelor	8	28	30	66	
	Total	26	168	121	315	
Occupation	Unemployed	21	162	108	291	*r**= 022 **P-value= .696** **Sig= N.S**
	Employee	5	6	13	24	
	Total	26	168	121	315	
Residency	Urban	16	126	94	236	*r**= 096 **P-value= .089** **Sig= N.S**
	Rural	10	42	27	79	
	Total	26	168	121	315	
Perceived monthly income	Sufficient	5	16	14	35	*r*^{s} = .008 **P-value= .882** **Sig= N.S**
	Barely sufficient	14	128	87	229	
	Insufficient	7	24	20	51	
	Total	26	168	121	315	

r^s*: Spearman Correlation coefficient, r***: Biserial correlation coefficient, P: Probability, Sig: Significance, N.S: Not Significant, S: Significant, H.S: High Significant*

Table5 showed no significant associations between maternal satisfaction and age (p = 0.057), level of education (p = 0.247), occupation (p = 0.696), residency (p = 0.089), or perceived monthly income (p = 0.882). These results indicate that sociodemographic factors do not significantly influence overall maternal satisfaction with nursing care in this sample.

Table (8): Relationship between Maternal satisfaction on Nursing Care and Reproductive history Variables.

Variables		Overall Satisfaction				Relationship
		Low	Moderate	High	Total	
Gravida	1st gravida	17	75	43	135	*r*^{s} = .185 **P-value= .001** **Sig= H.S**
	2nd gravida	1	28	26	55	
	3rd gravida	5	23	16	44	
	4th + gravida	3	42	36	81	
	Total	26	168	121	315	

Parity	1st gravida	17	87	47	151	r^s = **.200**
	2nd gravida	2	21	29	52	**P-value= .001**
	3rd gravida	5	27	18	50	**Sig= H.S**
	4th + gravida	2	33	27	62	
	Total	26	168	121	315	
Abortion	None	24	134	98	256	r^s = **.019**
	One	1	27	17	45	**P-value= .740**
	Two +	1	7	6	14	**Sig= N.S**
	Total	26	168	121	315	
Planned pregnancy	No	9	20	21	50	r^*= **034**
	Yes	17	148	100	265	**P-value= .548**
	Total	26	168	121	315	**Sig= N.S**
Prenatal visit	Hospital	0	4	5	9	r^s = **.063**
	H.C. Center	9	23	16	48	**P-value= .262**
	Private Clinic	17	141	100	258	**Sig= N.S**
	Total	26	168	121	315	

r^s: Spearman Correlation coefficient, r^*: Biserial correlation coefficient, P: Probability, Sig: Significance, N.S: Not Significant, S: Significant, H.S: High Significant

Table6 showed that significant positive correlations are observed with gravida (p = 0.001) and parity (p = 0.001), indicating that higher satisfaction is associated with higher gravida and parity. Conversely, no significant associations are found with abortion history (p = 0.740), planned pregnancy (p = 0.548), previous delivery type (p = 0.911), or prenatal visit (p = 0.262).

4. DISCUSSION

Socio-demographic characteristics of the respondents

According to Table 1, the study's 315 participating women's sociodemographic data revealed that a two fifth of group (20–24) years old, predominantly young population. The result of this study is consistence with (Atiya, 2016)done in Iraq show two fifth of women were in the age group of 20 to 25 years and inconsistence with(Silesh & Lemma, 2021) in Ethiopia who found three quarters of respondents were between 20 and 34 years of age . These results give the impression that the majority of mothers are young. This is anticipated because it is the normal age of childbearing.

Regarding the level of education, the highest percentage of mothers were graduated from primary. The result of this study inconsistence with (Ali et al., 2022)who found greater than half of the participants had secondary level of education .May be due to the fact that these women were haven't the opportunity to continue their education properly. Regarding occupation status, the study indicated that vast majority of women are show they are unemployed. The results of this study consistence with (Hajimam et al., 2023) in the Kurdistan who found vast majority of participants were housewives. Because early teenage marriage and subsequent pregnancy outcome, it was found that the majority of the study sample were housewives.

Regarding to residency, the study indicated that three quarters of mothers living in urban areas. The results of this study are inconsistent with those of (Hajimam et al., 2023) in the Kurdistan who found more than half were living in an urban area.

Related to income of the study participants revealed less three quarters of mothers report their income as "barely sufficient," and less one quarter as "insufficient". The result of study inconsistence with (Asif, 2019)in Nepal who found a very large majority of mothers live in households that barely sufficient than the average household income.

Reproductive History of the study sample

In Table 2, the study in terms of gravidity, showed that less than half of mothers was first-time pregnant (primigravida),

while one quarter had experienced four or more pregnancies. The results of this study inconsistence with (Hajimam et al., 2023) in the Kurdistan who found Most were multigravida . In related to Parity, shows that nearly half were first-time mothers, while less one quarter had given birth four or more times. These result consistence with(Lewis et al.,2016)in Australian who found that nearly half were primipara .

Regarding to Abortion of the study showed the data on abortion history reveals that the majority of mothers had never experienced an abortion. These result consistence with (Mukerenge et al., 2025) in Africa who found the majority of women hadn't had previous abortion. Regarding planned pregnancy the study revealed the majority of the pregnant women reporting that they get a planned pregnancy. This study finding consistence with (Panth & Kafle, 2018) in Nepal who found the majority of the postnatal mothers reported that their pregnancy was planned .

Regarding to Prenatal visit the finding of the present study revealed a significant majority of mothers chose to attend private clinics for their prenatal visits. This result inconsistence with(Pathak & Ghimire, 2020) in Nepal who found most of the participants had attended a health facility for their current childbirth.

The assessment of Maternal Satisfaction on Interpersonal Aspects of Nursing Care.

Table 3, regarding mothers' satisfaction of nursing care during labor, the study shows that the majority of mothers expressed high satisfaction with interpersonal aspects of nursing care such as privacy, emotional support, and staff attentiveness. However, satisfaction was moderate regarding communication about care procedures and involvement in decision-making. The result of this study consistent with (Panth & Kafle, 2018) who found the majority of mother high satisfaction with interpersonal aspect of care (warm welcome on admission, were satisfied with orientation given, were satisfied with maintenance of privacy, and were satisfied involvement in decision-making and respected).

The result of this study inconsistence with (Gashaye et al., 2019) in Ethiopia they reported that near half of the clients were not satisfied with their privacy, Less than two thirds were not satisfied by the freedom of movement in the ward during their labor and delivery process and almost half were not satisfied about sufficient support. This could be as a result of having the opportunity to discuss the need for labor pain relief with healthcare providers and getting greater support and guidance. In a sociocultural setting, moms also require a great deal of privacy and respect throughout any examination.

Overall assessment of Maternal Satisfaction on Interpersonal Aspects of Nursing Care.

As shown in table 4, The present finding Indicates a predominantly moderate level of satisfaction. A notable portion of mothers less than half rated their satisfaction as "Moderate," while two fifth reported "High" satisfaction. The mean score refers to 30.05, with a standard deviation of 6.861. The result of this study inconsistence with (Panth & Kafle, 2018) who found the majority of mother high satisfaction with interpersonal aspect of care and inconsistence with (Jha et al., 2017) in India, they found most women show high satisfaction with interpersonal of delivery services . The researcher believe that the overall maternal satisfaction with interpersonal aspect of nursing care due to positive behaviors of caregivers (effective communication, Attention and empathy and friendliness).

Significant Differences in Overall Maternal Satisfaction on Nursing Care with sociodemographic:

In table 5, indicated that there are no significant differences in maternal satisfaction with regard to their age, education and income. The result of this study agree with (Ratislavová et al., 2024) who found There was no statistically significant differences regarding education and satisfaction (p > 0.05). This result disagree with (Lemmens et al., 2021) in Netherlands who found statistically significant differences were found between age and women's satisfaction and inconsistence with (Albert et al., 2023) who found social-demographic characteristics have a statistically significant on overall satisfaction(p=0.022).

Relationship between Maternal Satisfaction on Nursing Care and Sociodemographic Variables:

In Table 6 the current result reveals that no significant associations between overall satisfaction and age (p = 0.057), level of education (p = 0.247), occupation (p = 0.696), residency (p = 0.089), or perceived monthly income (p = 0.882). the result of this study is consistence with (Tadele et al., 2020) (Eziawdres et al., 2021)in Ethiopia who found not show significance associated with sociodemographic factors.

The result of this study is inconsistence with(Esan et al., 2022) in Nigeria who found significant association exists between education and maternal satisfaction on delivery care (at p < 0.05). This might be due to variations in the study year, sociocultural differences, sociodemographic differences, variations in the way category of variables.

Relationship between Maternal Satisfaction on Nursing Care and Reproductive Health Variables:

In Table 7 the current result displays that significant positive correlations are observed with gravida (p = 0.001) and parity (p = 0.001), indicating that higher satisfaction is associated with higher gravida and parity. Conversely, no significant correlations are found with abortion history (p = 0.740), planned pregnancy (p = 0.548), or prenatal visit location (p = 0.262). The result of this study is similarly with(Elgazzar et al., 2018) in Egypt who found positive statistically significant correlation

between satisfaction level and number of gravidity, parity (P= 0. 001). These result disagree with (Albert, Astern Khalfan, Seif S Urassa, David P 2023) who found the multiparous women had a negative association with satisfaction. The result of study inconsistence with (Amdemichael et al., 2014) done in Oromia showed that there is positive and significant association between prenatal visit , planned of pregnancy and maternal satisfaction . may be due to greater experience, emotional preparedness, established support systems, more realistic expectations leading to higher levels of satisfaction.

5. CONCLUSION

The overall assessment of women's satisfaction regarding nursing care during labor was moderate, and there was a no significant differences women's satisfaction and sociodemographic variables and no significant correlation between women's satisfaction and sociodemographic variables, and that significant positive correlations with gravida (p = 0.001) and parity (p = 0.001) and no significant associations are found with abortion history, planned pregnancy, previous delivery type, or prenatal visit location (p = 0.262).

RECOMMENDATIONS

Ministry of Health should be trained midwives to understand and respect interact with women in labor and foster interpersonal, communication, and listening skills, as well as to assess the health-care system. Informed decision-making should be supported, helping women understand the reasons for certain medical interventions or procedures. Introduce instruction hospitals should implement post-labor surveys and patient feedback mechanisms to assess the quality of nursing care and identify areas for improvement.

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Conflict of Interest

The authors declare that they have no conflict of interests

REFERENCES

[1] Abdo, D. M., Ibrahim, H. I., & Fathalla, N. F. (2022). Women's Perception of Nursing Supportive Behaviors during Labor. Alexandria Scientific Nursing Journal, 24(2), 1–18.

[2] Albert, A., Khalfan, S. S., & Urassa, D. P. (2023). Women's Satisfaction with Maternal Delivery Care at Health Facilities. Research Journal of Pharmacy and Medical Sciences (IRJPMS), 6(6), 21–26.

[3] Ali, M. J., Ocheke, A. N., Egbodo, C. O., & Tsoho, F. M. (2022). Maternal satisfaction with intrapartum care at the Jos University Teaching Hospital. Highland Medical Research Journal, 22(1), 51–55.

[4] Amdemichael, R., Tafa, M., & Fekadu, H. (2014). Maternal satisfaction with the delivery services in Assela Hospital, Arsi zone, Oromia region. Gynecol Obstet (Sunnyvale), 4(257), 2161.

[5] Asamrew, N., Endris, A. A., & Tadesse, M. (2020). Level of patient satisfaction with inpatient services and its determinants: a study of a specialized hospital in Ethiopia. Journal of Environmental and Public Health, 2020.

[6] Asif, A. (2019). Maternal satisfaction and recommendation of perinatal health facility: A cross sectional study measuring perceptions of mothers experiences of maternity care at tertiary care hospitals in Nepal.

[7] Atiya, K. M. (2016). Maternal satisfaction regarding quality of nursing care during labor and delivery in Sulaimani teaching hospital. International Journal of Nursing and Midwifery, 8(3), 18–27.

[8] Can, H. O. (2024). Investigation of factors affecting mothers' satisfaction with childbirth and the supportive care given to them during labor. African Journal of Reproductive Health, 28(2), 96–106.

[9] Elgazzar, H. M., Hashem, S. A. R., & Heeba, M. F. (2018). Factors affecting women's satisfaction during labor experience. Port Said Scientific Journal of Nursing, 5(2), 220–236.

[10] Esan, D. T., Sokan-Adeaga, A. A., & Rasaq, N. O. (2022). Assessment of satisfaction with delivery care among mothers in selected health care facilities in Ekiti state, Nigeria. Journal of Public Health Research, 11(4), 22799036221127572.

[11] Eziawdres, D., Worku, W., & Taye, M. (2021). Maternal satisfaction with delivery services and its associated factors among mothers who gave birth at public health centers in Yeka Sub City, Addis Ababa, Ethiopia. Health Services Insights, 14, 11786329211050722.

[12] Finneran, M. R. (2019). The Influence of Parity on a Woman's Perception of Nursing Support During Labor and Birth Satisfaction. Walsh University.

[13] Gashaye, K. T., Tsegaye, A. T., Shiferaw, G., Worku, A. G., & Abebe, S. M. (2019). Client satisfaction with

existing labor and delivery care and associated factors among mothers who gave birth in university of Gondar teaching hospital; Northwest Ethiopia: Institution based cross-sectional study. PloS One, 14(2), e0210693.

[14] Hajimam, A. F., Ahmed, H. M., & Mishkin, K. (2023). Women's expectations of health care providers in the labor and delivery room in the Kurdistan Region of Iraq. Zanco Journal of Medical Sciences (Zanco J Med Sci), 27(1), 42–52.

[15] Hepsiba, R. P. (2023). Quality of Nursing Care Practices and Patient Satisfaction among Parturients Admitted in Obstetric Units of a Selected Tertiary Care Hospital in Lucknow. Nursing Journal of India, 114(4), 152–155.

[16] Jha, P., Larsson, M., Christensson, K., & Skoog Svanberg, A. (2017). Satisfaction with childbirth services provided in public health facilities: results from a cross-sectional survey among postnatal women in Chhattisgarh, India. Global Health Action, 10(1), 1386932.

[17] Lemmens, S. M. P., van Montfort, P., Meertens, L. J. E., Spaanderman, M. E. A., Smits, L. J. M., de Vries, R. G., & Scheepers, H. C. J. (2021). Perinatal factors related to pregnancy and childbirth satisfaction: a prospective cohort study. Journal of Psychosomatic Obstetrics & Gynecology, 42(3), 181–189.

[18] Lewis, L., Hauck, Y. L., Ronchi, F., Crichton, C., & Waller, L. (2016). Gaining insight into how women conceptualize satisfaction: Western Australian women's perception of their maternity care experiences. BMC Pregnancy and Childbirth, 16, 1–9.

[19] Maung, T. M., Mon, N. O., Mehrtash, H., Bonsaffoh, K. A., Vogel, J. P., Aderoba, A. K., Irinyenikan, T. A., Balde, M. D., Pattanittum, P., & Tuncalp, Ö. (2022). Women's experiences of mistreatment during childbirth and their satisfaction with care: findings from a multicountry community-based study in four countries. BMJ Global Health, 5(Suppl 2), e003688.

[20] Mukerenge, N. F., Nur, P. K. B., & Nakakuwa, F. N. (2025). AN ASSESSMENT OF WOMEN'S SATISFACTION WITH MATERNITY CARE DURING LABOUR AND BIRTH IN A REFERRAL HOSPITAL IN NAMIBIA. Heliyon.

[21] Panth, A., & Kafle, P. (2018). Maternal satisfaction on delivery service among postnatal mothers in a government hospital, Mid-Western Nepal. Obstetrics and Gynecology International, 2018.

[22] Pathak, P., & Ghimire, B. (2020). Perception of women regarding respectful maternity care during facility-based childbirth. Obstetrics and Gynecology International, 2020(1), 5142398.

[23] Ratislavová, K., Janoušková, K., Hendrych Lorenzová, E., & Martin, C. R. (2024). The process of childbirth as a factor influencing women's satisfaction. Central European Journal of Nursing and Midwifery, 15(2), 1100–1106.

[24] Silesh, M., & Lemma, T. (2021). Maternal satisfaction with intrapartum care and associated factors among postpartum women at public hospitals of North Shoa Zone Ethiopia. PloS One, 16(12), e0260710.

[25] Tadele, M., Bikila, D., Fite, R. O., & Obsa, M. S. (2020). Maternal satisfaction towards childbirth service in public health facilities at Adama town, Ethiopia. Reproductive Health, 17, 1–8