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Clients' Perception Toward Quality of Postnatal Care in The Gaza Strip, Palestine: A Direction for Health Policy Change"

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ABSTRACT

Introduction: Most maternal and neonatal deaths occur during the postnatal period. Therefore, the quality of care provided by healthcare professionals at this critical time is crucial in reducing complications, morbidity, and mortality rates.

Objective: The present study aimed to determine the perceptions of Palestinian women living in the Gaza Strip considering the quality of care they received in the early postpartum period.

Materials and Methods: An analytical cross-sectional study was conducted using a self-administered questionnaire developed by the researchers. A total of 200 pregnant women were selected by convenience sampling method from 4 governmental hospitals in the Gaza Strip, Palestine providing postnatal care. Descriptive statistics, including frequency, mean, and standard deviations, were used to describe the variables. Analysis of Variance (ANOVA) and Independent Samples t-test was used to compare the collected mean scores.

Results: The study participants rated the postnatal services they received as high-quality care. High mean scores were achieved for all study domains. The "quality of postnatal care provided by midwives" received the highest Mean±SD score of 4.16±0.60, followed by the domain "quality of postnatal baby care" with a Mean±SD score of 3.89±0.85. The other two domains of "quality of provided health education" and "quality of provided communication and psychological support" received the lowest mean scores of 3.81 with standard deviations of 0.90 and 0.80, respectively. Patient-perceived postnatal care quality was not affected by many variables, such as age, parity, and gravidity. It was only affected by the subjects' level of education (P=0.001) and the place of delivery (P=0.017).

Conclusion: The obtained results posed a challenge for healthcare policymakers and professionals working in maternity departments. A new policy and leadership directions are required in this critical and vulnerable clinical area. To improve the quality of postnatal care, health policymakers must collaborate with midwifery staff. It is important to identify and eliminate any barriers that impede the provision of better care. This will be reflected by reducing maternal and neonatal morbidity and mortality rates and reducing the number of hospitalization days.

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Highlights

- The great majority of maternal deaths occur in developing countries due to poor antenatal, intra partum, and postnatal care.
- The postnatal period is highly critical, as most maternal and newborn deaths occur during this time.
- Postnatal care is usually neglected, especially in developing countries, and often fails to meet women's postpartum health needs.
- Fifty five percent of maternal deaths in Palestine occurred during the postpartum period.
- Providing high-quality care after delivery is essential and can reduce mortality and morbidity rates among mothers and newborns.

Plain Language Summary

Childbearing is a very unique process for each woman. Providing timely and high-quality care during pregnancy, delivery, and post-delivery is very important for reaching desirable outcomes, specifically, a safe mother and child. Unfortunately, most maternal and neonatal deaths occur during the postnatal period. The quality of the care provided by healthcare professionals at this critical time is crucial in reducing complications, morbidity, and mortality rates. This study aimed to describe the perceptions of Palestinian women living in the Gaza Strip about the quality of care they received in the early postpartum period. A total of 200 pregnant women from 4 governmental hospitals in the Gaza Strip that provide postnatal care participated in this study. The collected results revealed that the study participants rated the postnatal services they received as high-quality care. All study domains were associated with high mean scores. The study participants' perception of the quality of postnatal care was only affected by the level of education and place of giving birth. These results posed a challenge for healthcare policymakers and professionals working in maternity departments. To improve the quality of postnatal care, health policymakers must identify and eliminate any barriers that impede the provision of better care. This will be reflected by reducing maternal and neonatal morbidity and mortality rates and reducing the number of hospitalization days.

Introduction

Pregnancy is a unique experience for each mother. The ultimate goal for the mother and her healthcare providers is to have a safe and desirable experience [1]. This includes giving birth without complications for the mother and her baby. However, undesired complications may occur during pregnancy, labor, or after delivery. These complications can be mild, moderate, or in some cases, severe enough to threaten the mother's or baby's lives [2-5].

Globally, >270000 maternal deaths, 3.3-4 million neonatal deaths, and 2.6 million third trimester stillbirths occur annually [6]. According to the World Health Organization (WHO), about 830 women die from pregnancy- or childbirth-related complications around the world per day [7]. To curb this high mortality rate, the WHO recommends providing skilled care during pregnancy, childbirth, and the immediate postnatal period [8]. Providing timely and high-quality post-delivery care could help prevent/minimize the development of several complications [5].

The postnatal period is highly critical, as most maternal and newborn deaths occur during this time [9, 10]. Despite its importance, it is the most neglected period for providing quality services [11, 12]. According to some studies, providing quality services during the postnatal period is unrecognized and rated as a low priority compared to other maternity care aspects [13, 14]. Moreover, a study conducted in 30 low-income countries reported that 7 out of 10 women received no postnatal care [15]. In Palestine, the case quality was not much better, as only 23%-34% of women received postpartum care [16, 17]. Two more recent studies revealed slight improvements [18, 19].

As mentioned in the previous reports, postnatal care is neglected and often does not meet women's postpartum health needs [20, 21] {Berhe, 2016 #324}. This may lead to long-term health complications [22]. Most maternal and newborn deaths occur during this time [5, 23]. Approximately two-thirds of maternal deaths occur after delivery [24]. Fifty five percent of maternal deaths in Palestine occurred during the postpartum period [25, 26]. Therefore, focusing on improving access to quality postnatal care is crucial to reduce morbidity and mortality rates among the mother and the newborn [27].

In an attempt to improve the quality of postpartum care, reduce postpartum complications, and ensure women's bio-psychological health, the WHO recommends healthcare should be provided at 6 hours, 6 days, 6 weeks, and 6 months post-delivery [10].

Women living in the Gaza Strip receive almost free-of-charge antenatal and postnatal care. Because of the crowdedness of maternity departments, uncomplicated cases are usually discharged within few hours after labor. Early discharge can affect the quality of postnatal care; thus, endangering women's lives. The quality of care in the postnatal period and the quality of antenatal care have been explored in several countries and the Gaza Strip [28], respectively. However, studying the quality of postnatal care has been overlooked in the Gaza Strip. Therefore, this study aimed to determine the perceptions of Palestinian women living in the Gaza Strip about the quality of care they receive in the early postpartum period.

Materials and Methods

This study used an analytical cross-sectional design. The study population comprised all women admitting to postnatal departments after delivery at state hospitals in the Gaza Strip, Palestine. A great majority of deliveries occur at the state hospitals. Therefore, the setting for this study included all 4 state hospitals in the Gaza Strip with postnatal departments. These hospitals were geographically distributed to cover all clients over the Gaza Strip.

A convenience sample of 200 participants was used in this study. Inclusion criteria included women aged ≥18 years, give birth at one of the 4 state hospitals in the Gaza, and being admitted to postnatal departments, regardless of the delivery type (vaginal delivery vs. cesarean section). Women who required emergency interventions or were transferred to the Intensive Care Unit (ICU) were not involved in the study.

After reviewing the literature, the researchers developed a self-administered questionnaire to conduct this study. The questionnaire consisted of two parts. The first part covered demographic data and obstetric history. The second part consisted of 32 items investigating the study participants' perception about the provided postnatal care in 4 domains; postnatal care provided by midwives (8 items), postnatal baby care (10 items), health education (10 items), as well as communication and psychological support (4 items). The items are rated on a 5-point Likert-type scale (1=completely disagree to 5=strongly agree).

To ensure the content validity of the instrument, it was reviewed by 5 experts in the field who suggested slight modifications. After modifying the instrument, it was pilot tested on a sample of 30 women who met the inclusion criteria and were randomly selected from the targeted hospitals. The data obtained from these clients were excluded from the study. Slight modifications were conducted on the wording of some items in response to the participants' comments to make the instrument more user-friendly. The instrument was highly reliable, with a Cronbach's alpha coefficient of 0.928 for the whole scale.

The required data were collected by 5 trained female nurses who were not involved in patient care. Each questionnaire has a front sheet that explains the study purpose and a consent form for the participants to sign. The obtained data were analyzed in SPSS V. 22. Descriptive statistics, Analysis of Variance (ANOVA), and Independent Samples t-test were used to analyze the acquired data. These analyses used a 95% confidence interval and a significance level of 0.05.

Results

The socio-demographic characteristics and the obstetric history of the participants are presented in Table 1. The achieved results revealed that 174 (87%) of study participants were ≤36 years, 95 (47.5%) of them had secondary education or less, while only 4 (2%) participants reported post-graduate education levels.

The number of pregnancies among the study participants ranged between one and 14, while the number of deliveries ranged between one and 12. Only 13 (8.69%) women were multiparas. The range of giving birth to an alive child was one to 12 children, and the frequency of abortions ranged between one and 6 times. During delivery, 51 (25.5%) of the study participants experienced complications. The most common complication report-

Table 1. Socio-demographic characteristics and obstetric history of study participants

Characteristics	Variable	NO. (%)
Age (y)	8–24	87(43.5)
	25–35	87(43.5)
	≥36	26(13.0)
Place of delivery	Hospital 1	78(39.0)
	Hospital 2	43(21.5)
	Hospital 3	30(15.0)
	Hospital 4	49(24.5)
Level of education	Secondary and less	95(47.5)
	Diploma	35(17.5)
	Bachelors	66(33.0)
	Postgraduate	4(2.0)
Family monthly income	<1000 NIS	107(53.5)
	1000–2000 NIS	76(38.0)
	>2000 NIS	17 (8.5)
Category of pregnancy (range 1-14 pregnancies)	Primigravida	58(29)
	Multigravida	142(71)
Parity (range 1-12 deliveries)	Primipara	62(31)
	Multipara	138(69)
Abortion (Frequency ranged between 1-6)	Yes	58(29)
	No	142(71)
Complications during delivery	No complications	149(74.5)
	Tear	1(0.5)
	Hemorrhage	34(17)
	Infection	3(1.5)
	Other complications	13(6.5)
Number of live children (range 1-12)	1	66(33)
	2-4	91(45.5)
	≥5	43(21.5)
Type of delivery	Normal vaginal delivery	165(82.5)
	Cesarean section	35(17.5)

Table 2. The perception of study participants about all domains of quality of postnatal care

Item	Positive Response (%)	Mean±SD
Quality of postnatal care provided by midwives		4.16±0.6
The midwife welcomed me when I reached the postpartum unit	86	4.35±1.0
The midwife introduced herself, informed me about my room, and visiting times	66.5	3.90±1.3
Privacy was maintained with bed covers and curtains	88.5	4.20±1.0
The midwife helped me going to toilet to empty bladder	78	4.04±1.2
The midwife performed uterus massage for me every hour	78.5	4.05±1.2
The midwife took vital signs immediately after delivery	93	4.40±0.9
The midwife checked vital signs every hour for 6 hours	81.5	4.12±1.1
The midwife encouraged me to breastfeed my baby	89	4.23±1.0
Quality of postnatal baby care		3.89±0.85
The physician checked the baby after delivery and before discharge	71	3.84±1.2
The physician encouraged me to breast-feed my baby	70.5	3.87±1.3
The physician took a medical history from the mother	69	3.79±1.3
The physician took adequate information about the baby	70.5	3.90±1.2
The midwife checked the baby immediately after delivery	81.5	4.08±1.1
The midwife made sure that the baby passed urine and stool before discharge	69	3.86±1.2
The midwife encouraged me to breast-feed the baby	83	4.15±1.1
The midwife gave me adequate information about when to seek medical advice for the baby	71.5	3.89±1.3
The physician gave me an appointment for follow-up tests	61	3.68±1.3
The midwife helped me after delivery in caring for the baby	73.5	3.85±1.3
Quality of provided health education		3.81±0.9
I received information about the care of episiotomy	57.5	3.71±1. 3
The midwife informed me about the importance of perineal cleaning and signs of infection	68	3.95±1.2
The midwife informed me about good nutrition in the postpartum period	78.5	4.07±1.2
The midwife informed me about rest and adequate sleep in the postpartum period	79.5	4.10±1.2
The midwife informed me about breast care	66.5	3.80±1.3
The midwife informed me about postpartum physical exercise	50.5	3.35±1.3
The midwife informed me about family planning	52.5	3.47±1.4
The midwife informed me about a vaccination program	56	3.55±1.4
The information I received was easy to understand	78.5	4.10±1.2
I received adequate information about breastfeeding	81.5	4.10±1.2
Quality of provided communication and psychological support		3.81±0.80
I received psychological support from the physician	68	3.73±1.4
The midwife supported me after delivery	83	4.16±1.1
Good relations exist between me and midwives	84	4.22±1.1
The midwife dealt with escort and relatives nicely	49	2.82±1.5
I received psychological support from the physician	68	3.73±1.4

Table 3. The perception of study participants regarding the quality of postnatal baby care according to their level of education

Level of Education	Care Provided by a Midwife	Postnatal Baby Care	Postnatal Health Education	Communication & Psychological Support	Total
Secondary or less	4.33	4.10	3.96	4.02	4.11
Diploma	4.00	3.59	3.76	3.59	3.75
Bachelors	4.01	3.79	3.71	3.69	3.81
Postgraduate	3.94	3.13	2.58	3.19	3.16
Sig.	0.004	0.002	0.007	0.007	0.001

* ANOVA.

Table 4. The perception of study participants regarding postnatal baby care according to the hospital

Variables	Care Provided by a Midwife	Postnatal Baby Care	Post-Natal Health Education	Communication & Psychological Support	Total
Hospital 1	4.00	3.79	3.68	3.74	3.80
Hospital 2	4.31	4.17	4.06	4.17	4.17
Hospital 3	4.35	4.17	4.79	3.80	4.05
Hospital 4	4.17	3.63	3.84	3.64	3.83
Sig.	0.018	0.004	0.149	0.013	0.017

*Mean scores were compared using ANOVA.

ed by the study participants was postnatal hemorrhage, which was encountered by 34 (17%) individuals.

The participants' perception regarding the quality of postnatal care was measured in 4 main domains. The overall Mean±SD scores for all domains of the scale were 3.93±0.66, from a maximum possible score of 5, which is above the neutral point of 3.

Table 2 illustrates the frequency, mean, standard deviation, and percentage values of positive responses reported by the study participants related to their perception of the 4 domains on the quality of postnatal care. All scores for the 4 domains were above the neutral point of 3 with the domain related to the quality of postnatal care provided by midwives receiving the highest Mean±SD score of 4.16±0.6. Moreover, a positive response to the great majority of items was high, reflecting positive perception about provided postnatal care.

The collected results revealed that several factors, such as the age category of participants, family income, gravidity, parity, having an abortion or not, and delivery type did not affect the study participants' perception about the quality of postnatal care. However, the level of education (Table 3) and hospitals where the delivery took place (Table 4) significantly affected the total mean score.

Discussion

The study results revealed that women rated their care positively. The demographic characteristics and obstetric history of the study participants are similar to those of other studies conducted in Palestine and the Gaza Strip [18, 29, 30]. For example, most of the samples in the study by Al Najjar [30] were within the same age group as ours and had a relatively low level of education (secondary school or less); they also indicated similar results concerning the frequency of parity and abortions. The cesarean section rate was less than that of our study.

Nevertheless, cesarean sections rate reported in this study were similar to those reported by the Palestinian Central Bureau of Statistics [31]. The rate of normal vaginal delivery and complications among the study participants were similar to those of Dhaher and Mikolajczyk [18]. The most prevalent postnatal complication reported in our study was hemorrhage. This was also reported in other studies [5, 26], as the most common cause of maternal mortality in the Gaza Strip.

The study participants rated the postnatal care they received as high. Such a high percentage of positive responses was similar to those of other studies in the Netherlands [32], Iran [33], and Australia [34, 35]. However, some results from other countries (especially developing countries) revealed contradicting data in this regard. For example, a study conducted in Malawi [36] indicated that the structure for providing postnatal counseling services was inappropriate and inadequate. Furthermore, the contents of postnatal services were below reproductive health standards as clients were neither monitored nor examined physically at discharge. A study in South Africa revealed that the participants who delivered vaginally were usually left alone to take care of themselves, and nurses were too busy to listen to them [20].

Despite high scores in all of the domains and most of the items, some items received relatively low scores and low positive responses, especially in the domains 'postnatal health education' and 'communication and psychological support.' These include items related to providing education on family planning, postnatal exercise, breast care, and vaccination program to the baby within the domain of 'postnatal health education.' The domain related to "communication and providing psychological support" received the lowest score and lowest positive responses. Providing emotional and psychological care was identified as an essential component for quality postnatal care [34, 37].

Our findings were in-line with numerous studies concerning a lack of care provision, like care provided by midwives to their clients [20, 33, 34, 37-40]. These results were expected within the context of the very busy work environment of the postnatal departments in the Gaza Strip. The high workload of the postnatal departments seems not to be unique to the Gaza Strip. Participants in other studies reported that midwives were 'difficult to contact,' 'had no time to listen' [20, 33], 'too busy,' 'were unavailable' [13, 20, 21, 34, 35], or were 'rushed in the postnatal period' [41], which resulted in inconsistent advice [41] and inconvenient or low-quality care. The chaotic nature of postnatal care forces midwives to reset their priorities to meet the short-term (physical) needs of their clients rather than meeting the individual needs of each client [34, 42], including psychological aspects.

In our study, two factors impacted the study participants' perception of the quality of provided postnatal care. These included the level of education and the birth hospital. Other variables, such as the number of pregnancies, parity, a history of abortion, delivery type, the frequency of complications, age, and family income had no effect on their perceptions about the quality of postnatal care. The literature suggested consistent or contradictory data to ours. For example, in this study, there were no differences between the study participants' perceptions about the quality of postnatal care and variables related to parity, age, delivery type, the frequency of complications, economic status, and the number of children. Similarly, Mirzaei, [33] reported no significant association between the level of participants' satisfaction with postnatal care and parity, age, and the number of children. Additionally, Wiegers [32] reported that parity did not influence the rating of participants about the quality of received postnatal care.

This contradicts other studies that reported that first-time mothers had rated the quality of received postnatal care more negatively, compared to multiparous participants [34]. This sounds logical, as first-time mothers lack the experience of giving birth. They are more apprehensive and afraid of the unknown, which may affect their perception of the quality of postnatal care.

Our study had a few limitations. Due to limited financial resources, the authors used a convenience sample of 200 participants only, which limits the generalizability of the obtained results. Our findings revealed that the study participants perceived postnatal care provided in the Gaza Strip to be relatively high. However, there were some defects in some areas. The deficits were noticed in aspects of postnatal education, communication, and psychological support provision. These defects could be related to understaffing and the high workload of maternity departments in the Gaza Strip.

The challenge for healthcare policymakers and professionals working in maternity departments is to act appropriately upon these findings. Maternal care in general and postnatal care in particular, in the Gaza Strip needs urgent attention. Policy and leadership directions are required in this critical, vulnerable clinical area. To improve the quality of postnatal care, health policymakers must cooperate with midwifery staff to identify and eliminate barriers that impede providing better care. This will be evidenced by the reduction of maternal and neonatal morbidity and mortality rates, decreasing number of hospitalization days, and reduced costs of hospitalization and related healthcare expenditures.

Ethical Considerations

Compliance with ethical guidelines

Before starting the study, ethical approval to conduct the study was obtained from the Research Ethics Committee at the Islamic University of Gaza. Then, the research protocol was approved by the Ministry of Health. The study participants were requested to sign an informed consent that was included on the first page of the questionnaire. The consent states the purpose of the study as well as the voluntary nature of participation and confidentiality of the information gathered. The study participants were advised that they have the right to refuse to participate in the study, which will not affect the care they receive.

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Authors contributions

Concepts, design, manuscript preparation: Areefa Alkasseh, Samar Mwaafy Samaneh; Literature review and statistical analysis: Nasser Abu-El-Noor and Mysoon Abu-El-Noor; Designing, reviewing the questionnaire, and manuscript review: All authors.

Conflict of interest

There are no conflicts of interest to be declared.

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