

Characteristics, Perspectives and Experiences of Puerperal Women Accessing Post-natal Care in a Tertiary Health Centre in South-Western Nigeria

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Abstract

Pregnancy and childbirth are encumbered with grave dangers that may impact negatively on the maternal and perinatal health. This outcome depends largely on the care received during antenatal, delivery and the postnatal period.¹ Globally, women and babies die from pregnancy related complications worldwide and post-partum hemorrhage, the leading cause of maternal death in low-income regions like Nigeria, occurs in the postnatal period. Thus optimal care during this crucial phase to women and their new born is vital and largely help to prevent severe morbidity and mortality.¹

An uneven distribution of causes of maternal death occur in developing countries.² Sub-Saharan Africa accounts for 66% of global maternal death during

pregnancy and childbirth.³ Nigeria accounts for 14% of the global maternal deaths with an annual neonatal death rate of 37per 1000.⁴ These maternal deaths occur mostly in the first month after birth, about 50% occur within 24 hours of delivery and 66% in the first week following delivery.⁵ Similarly, 60% of newborn deaths occur by the end of the first week after birth, with up to one-half of all deaths occurring in the first 24 hours of birth¹ These underscore the importance of postnatal care received by women after delivery.

According to World Health Organization (WHO), postnatal care is the care given to the mother and neonate provided immediately after birth and for the first six weeks of life, in the postpartum period,” that is, “from complete delivery of the placenta to 42 days after

delivery.⁶ This sensitive period is crucial to the well-being and survival of the mother and child. The goal of postnatal care is to prevent, detect, diagnose and treat conditions that may mitigate maternal and newborn health. It offers a window of opportunity to educate mothers and deliver health promotion interventions to ensure mother and child wellbeing. Therefore, WHO recommends that all mothers and newborns receive postnatal care within 24 hours of childbirth regardless of where the birth takes place, and at least three further postnatal care contacts.

However, more than 3 in 10 mothers and neonates lack postnatal care in the first days after birth.⁶ In India, the proportion of women who received post-natal care within 24 and 48 h after delivery was 63.4% and 65.2% respectively.⁷ In Nepal a postnatal coverage rate of 14% has been reported.⁸ Studies have suggested that the mean postnatal care utilization rate in sub-Saharan Africa countries is about 52.5%⁹ with an average rate of 41% in Nigeria and highly variable rates across sub-Saharan countries.¹⁰⁻¹²

Postnatal care services utilization is influenced by factors such as the age of the mother, level of education of the women, occupational status of women and spouses, household economic status, place of delivery, birth order, awareness about obstetric related danger sign, and awareness about postnatal care services among others.^{13,14} However, these factors vary from place to place.¹³⁻¹⁵ A better understanding of the use of postnatal care and the accompanying deterrents to satisfaction would be useful for development of effective interventions to improve postnatal care and coverage among mothers and their newborns across the various regions of Nigeria.

This study examined the characteristics, perspectives and experiences of puerperal women who utilize postnatal services in a Nigerian tertiary health center in a bid to determine factors that affect postnatal clinic attendance and women's satisfaction with postnatal care.

Methods

This was a prospective, hospital based, cross-sectional study in which 401 consenting mothers who attended the 6th week postpartum clinic in the Obstetrics and Gynaecology department of Lagos State University Teaching Hospital, were consecutively recruited over a seven month period. Included in the study were women who were delivered in the study location. Women who had stillbirth or neonatal death were excluded from the study.

Having obtained informed consent, relevant data was obtained with the aid of an interviewer-administered structured proforma. Data collected included socio-demographic and obstetric characteristics of the participants and their antenatal, delivery and postnatal history and experiences. The data obtained was entered and analyzed using the Statistical Package for Social Sciences, version 19. Percentages, means and standard deviation of numerical variables were determined. Percentages of categorical data were also determined. Means of numerical variables were compared using the Student's t-test, while the Chi-square test was used to test for association between categorical variables. Pearson and Spearman rho were used to find correlation between two numerical variables. Confidence interval was set at 95%. P-value level less than 0.05 was considered statistically significant. The study protocol was approved by the Health Research and Ethics Committee of the Lagos State University Teaching Hospital, Ikeja.

Results

Four hundred and one (401) subjects who utilized maternity and postnatal services in our facility completed the study. The mean age of the subjects was 32.1 ± 4.3 years. Nearly half of the subjects were between age 30 and 34 years (47.9%), 25.2% were between age 35-39 years and only 3 subjects were below 20 years (Table 1). Almost all (99%) the subjects were married and the average age of their husbands was 38.5 ± 4.5 years (Table 1).

A good proportion of subjects had secondary school education (62.1%), tertiary education (35.9%), 7 of them had Primary School Education, and only one subject had no formal education. Similarly, majority of their husbands had secondary education (59.6%) and tertiary education (38.9%) (Table 1). The leading four occupation type among the subjects were; housewife (28.2%), trading (24.7%), artisans (20.9%) and civil servants (16.5%). Almost one-third of their husbands were into Trading (32.2%). Majority (59.1%) of the subjects were Christians (Table 1).

Two-third (67.9%) of the subjects had less than 3 parous experiences. There were more new-born male babies (62.6%) than female babies (33.9%). (Table 2). Three-quarter (75.8%) of the subjects booked for antenatal care during their last pregnancy and 87.5% of these had 5 to 6 antenatal clinic visits (Table 3). A large proportion (91.5%) had no reason to be admitted during their antenatal period while the leading indication for subjects who were admitted were need for bed rest (61.8%), illness during pregnancy (23.5%), elevated blood pressure (11.8%) and severe pre-eclampsia with fetal death (2.9%) (Table 3). Almost half (46.6%) of these subjects had vaginal delivery while the remaining delivered via instrumental vaginal delivery or caesarean

section. Few mothers had complications after delivery (10.7%), the commonest complication was blood loss (58.1%) (Table 3).

About 70.6% of the subjects had 5 to 6 visits to postnatal clinic visits, 88.8% had their blood level checked after delivery (Table 4). Another 88.3% claimed they will recommend the postnatal services enjoyed in the study location to other mothers. Reasons why some subjects did not attend or complete the postnatal follow-up visits were because there is no fixed time/no appointment to keep (20.2%), considered it as not important (16.9%), long distance health facility/no transportation fare (16.4%) and ignorance (15.8%) (Table 4).

A good proportion (70% and above) of postnatal subjects confirmed they learnt postnatal exercises, adequate nutrition, proper breastfeeding practices, breast and nipple care. Two-third claimed not to be educated properly on use of sanitary pads postnatal (Table 5). Three-quarter (75.8%) did not receive iron supplementation postnatal (Table 5). Most subjects rated their overall experiences at postnatal care as good (Table 6).

High level of satisfaction on the care received at delivery was observed in (80.8%) of the subjects. About sixty-two percent of the by the subjects had nothing against delivery care received, endorsed it to be excellent and delivered by well-trained medical practitioners. However, a few of them wished the attitudes of health workers toward patients be improved and more engaging. Eighty-seven percent of by the subjects were satisfied with the antenatal care received especially from our facility, three-quarter endorsed the cares to be excellent and 82% of postnatal mothers were satisfied with the postnatal care received (Table 7).

There was no significant difference in the level of satisfaction between the admitted and non-admitted postnatal mothers (Table 8). This was similarly observed when women who had vaginal delivery were compared with women who had caesarean delivery (Table 9). Age of postnatal mothers correlated with their level of satisfaction but this was not significant (Table 10).

Discussion

This study examined the characteristics, perspectives and experiences of puerperal women who utilize postnatal care services in our institution. Postnatal care is a major determinant of maternal and perinatal morbidity and mortality worldwide, Nigeria inclusive.⁹ The utilization of the available, appropriate health services and the perception of mothers directly influence the risk of complications and or demise of both mother and neonate shortly after childbirth. In our study, we found that the attitude of the women to postnatal facilities and their utilization was quite high, as 88% of the women had the number of postnatal visits recommended by the WHO.⁶ We observed that mothers who accessed postnatal services were relatively young, with a mean age 32.1years, more likely to be married (99%), reasonably educated (98%) and of low parity (67.9%). The impact of education is may be adduced to the fact that educated women understand the benefits of this package of care easily and/or be more empowered to access postnatal care than poorly educated ones. The extra social support from spouses may have enabled married women to seek appropriate care post-delivery care much more than single mothers¹³. In addition, the relative paucity of experience, with childbirth and newborn care, in women with low parity may explain why they are more likely to religiously utilize postnatal care than women of high parity.

Previously published reports have suggested that the level of utilization and satisfaction of postnatal care services vary with the settings, socio-economic status, culture, timing, religion, geographical location, attitude of health workers and government policies.¹⁶⁻¹⁹ We observed that 82% of postnatal mothers were satisfied with the postnatal care services they experienced while 88.3% claimed they will recommend the postnatal services they enjoyed in the study location to other mothers. This is in consonance with the finding among four different primary health centres in Ibadan, the majority of their postnatal respondents (98.5%) perceived and received as high quality while 94% and 98% were satisfied with services and facilities used for their care.¹⁶ In the northern part of the country a multi-community survey of women attending primary health centres, the level of satisfaction and utilization was 67% and 65% in urban and rural setting respectively.^{13,20}

Furthermore, we observed a high level of satisfaction by subjects on care received at delivery (80.8%) and 62.6% of the women had nothing against delivery care received and endorsed it as excellent. Uzochukwu et al found that 94.3% and 95.8% of the women were satisfied with the antenatal and delivery services in Eastern Nigeria.¹⁷ In different primary health centres in Ogun state, Nigeria¹⁸ and at a tertiary hospital in UCH, Ibadan,¹⁹ 83% and 82.5% respectively reported satisfaction with antenatal and delivery services. These good satisfaction rates with antenatal care may be responsible for the continuance of postnatal care in many of these women.

The problems reported during postnatal visits were multifactorial, 20% expressed concern about the prolonged waiting time spent at the clinics, 16% complained about both transportation challenges and the attitude of health workers; while some referred to the

lack of husband's permission to attend. Few women claimed ignorant of it while some had misconceptions that suggested postnatal visits were unnecessary. These findings were similar across the country and most developing areas as hindrances to the utilisation of postnatal clinics. In the Northern part of Nigeria, Iliyasu et al, found that the major cause of dissatisfaction among respondents was time-wasting and high cost of care.²⁰ Similarly, in the South-eastern part of Nigeria, shortage of health workers and the unfriendly dispositions of health workers were the factors increasing the non-utilization and dissatisfaction among women.¹⁷ Most women recommended the need for change in the attitude of health workers, which needed improvement. Attitudes such as ineffective communication, neglect, unfriendliness which have been observed in previous studies play important role in the level of satisfaction and utilisation.^{3,17,21-23} There is therefore need for supervision, continuous evaluation, assessment and training/retraining of health care workers on the skills involved in respectful maternity care.

Regarding the contents of postnatal care, we found that 78% did not receive ferrous sulphate after delivery. Most women believe that haematinics are needed only during pregnancy and not so after delivery.⁷ In contrast, haematinics are required not only during pregnancy but throughout the breastfeeding period. Women (over 80%) claimed that they were educated on the type of diet and the need for physical exercise after delivery. Many women were educated on breastfeeding, timing method and nipple care, 90% of whom attested to being taught. Breastfeeding is a key factor in postnatal care, the survival of the baby and the health of the mother depend on proper breastfeeding components. Also, poor

maternal nutrition is detrimental to the health of the mother and child.

While this study was well-powered to capture the perspectives and satisfaction of those that attended postnatal care, the missing opinion of those who did not attend may serve as a limitation.

Conclusion

Women who utilized postnatal services were largely married, educated and of low parity. A large proportion of postnatal clinic attendees attested to experiencing its health education and promotion benefits. Satisfaction and recommendation rates were very high among postnatal care users. Improving the ease of access to and quality of antenatal, intrapartum and postnatal care, along with courteous attitude of health workers will very likely further encourage postnatal services uptake in Nigeria.

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Legend Figure

Table 1: Socio-Demographics Characteristics of Postnatal Mothers

Characteristics	Frequency (n = 401)	%
Age of Mothers		
<20years	3	.7
20 - 24years	10	2.5
25 - 29years	75	18.7
30 - 34years	192	47.9
35 - 39years	101	25.2
40years and above	20	5.0
Mean ± SD	32.12 ± 4.34	
Age of Husband		
20 - 24years	1	.2
25 - 29years	9	2.2

30 - 34years	49	12.2
35 - 39years	184	45.9
40years and above	158	39.4
Mean \pm SD	38.47 \pm 4.47	
Marital Status		
Single	4	1.0
Married	396	98.8
Divorce	1	.2
Ethnicity / Tribe		
Yoruba	238	59.4
Igbo	145	36.2
Hausa	14	3.5
Others	4	1.0
Education		
Primary	7	1.7
Secondary	249	62.1
Tertiary	144	35.9
None	1	.2
Husband's Education		
Primary	5	1.2
Secondary	239	59.6
Tertiary	156	38.9
None	1	.2

Occupation

Business / Trading	99	24.7
Marketer at Company	1	.2
Artisan	84	20.9
Civil Servant / Teaching	66	16.5
Professional - Engineers, Bankers, Accountant, Surveyor	8	2.0
Housewife	113	28.2
Self Employed	5	1.2
Unemployed - Students / Applicants	2	.5
Not specified	23	5.7

Husband's Occupation

Business / Trading	129	32.2
Marketer at Company	1	.2
Artisan	49	12.2
Civil Servant / Teaching	54	13.5
Professional - Engineers, Bankers, Accountant, Surveyor	35	8.7
Farming	5	1.2
Self Employed	6	1.5
Transporter / Driving	4	1.0
Not Specified	118	29.4

Religion

Christianity	237	59.1
Muslim	163	40.6

Traditional 1 .2

Table 2: Obstetric Characteristics of Postnatal Mothers (Parity, Sex and Age of Baby)

Characteristics	Frequency (n = 401)	%
Sex of Baby		
Male	251	62.6
Female	136	33.9
Not specified	14	3.5
Age of Baby (in weeks)		
6weeks	128	31.9
7weeks	53	13.2
8weeks	106	26.4
9 - 16weeks	89	22.2
17weeks and above	25	6.2
Mean ± SD	8.99 ± 4.89	
Parity		
0	3	.7
1	153	38.2
2	119	29.7
3	20	5.0
4	2	.5
Not Specified	104	25.9

Table 3: Obstetric Characteristics of Postnatal Mothers

Characteristics	Frequency (n = 401)	%
Attend Antenatal Clinic in Hospital		
Yes	341	85.0
No	60	15.0
Booking Status		
Booked	304	75.8
Unbooked	97	24.2
Place attended for Antenatal		
Private	85	21.2
Government	297	74.1
Church	10	2.5
Traditional Birth	9	2.2
Number of Antenatal Care Visits		
1 to 2	19	4.7
3 to 4	31	7.7
5 to 6	351	87.5
Any Admission during the Antenatal Care		
Yes	34	8.5
No	367	91.5
Reasons for Admission		
Bed rest	21	61.8
Sickness during Pregnancy	8	23.5

Elevated Blood Pressure	4	11.8
Severe Pre-eclampsia + IUFD	1	2.9

Mode of Delivery

Vaginal Delivery	187	46.6
Assisted Instrumental	85	21.2
Caesarean Section	129	32.2

Indication for Caesarean Section

Age factor	1	0.8
No strength to push	21	16.3
Size of the Baby	33	25.6
Unconscious / High Blood Pressure	11	8.5
Exceeded EDD	1	0.8
Multiple delivery - Twins, Triplets	23	17.8
Long Labour	12	9.3
Nothing	11	8.5
Breech	2	1.6
Severe Pre-eclampsia + IUFD	1	0.8
Placenta Issue	1	0.8
Pelvic position / size	4	3.1
Premature	8	6.2

Any Complications following Delivery

Yes	43	10.7
No	358	89.3

Complications after Delivery

Weakness / Pain	7	16.3
Lost Blood	25	58.1
Sickness after Birth	5	11.6
Retained Placenta	1	2.3
Delivered as premature	2	4.7
Blood Pressure	2	4.7
Wound Sepsis	1	2.3

Table 4: Assessment of Postnatal Care Visits of Postnatal Mothers

Characteristics	Frequency (n = 401)	%
Number of Postnatal Care Visits		
1 to 2	45	11.2
3 to 4	73	18.2
5 to 6	283	70.6
At PNC Visit, Blood level PCV Checked		
Yes	356	88.8
No	45	11.2
Outcome of PCV Checked		
Low	86	24.2
Normal	197	55.3
Can't Remember	73	20.5
Recommend Post-natal Care to others		

Yes	354	88.3
No	8	2.0
Not Sure	39	9.7

Barriers to postnatal attendance

Ignorance	29	15.8
Prolong time at the hospital	37	20.2
Not important	31	16.9
Health facility too far or no transportation	30	16.4
No permission from husband / workplace	20	10.9
Attitude of health workers	20	10.9
Misconception about Postnatal Care	13	7.1
Others	8	4.4

Table 5: Learning on various activities by Postnatal Mothers

	Yes (%)	No (%)	Not Sure (%)
Received iron supplement	87 (21.7)	304 (75.8)	10 (2.5)
Educated on Postnatal exercise	348 (86.8)	49 (12.2)	4 (1.0)
Educated on Nutritious diet	283 (70.6)	117 (29.2)	1 (0.2)
Educated on Breast Care - Breastfeeding to avoid engorgement	381 (95.0)	19 (4.7)	1 (0.2)
Educated on Breast Care - Daily cleaning of Breast	374 (93.3)	25 (6.2)	2 (0.5)
Educated on Breast Care - Breast and Nipples care	361 (90.0)	35 (8.7)	5 (1.2)
Educated on Breast Feeding - Time of feeding	369 (92.0)	29 (7.2)	3 (0.7)
Educated on Breast Feeding - To feed on demand	361 (90.0)	33 (8.2)	7 (1.7)

Educated on Breast Feeding - Position while feeding to adopt while breastfeeding	360 (89.8)	38 (9.5)	3 (0.7)
Educated on the use of Perineal Pads - When to change Sanitary Pads	132 (32.9)	267 (66.6)	2 (0.5)
Educated on the use of Perineal Pads - Clean area with Soap and Water	109 (27.2)	288 (71.8)	4 (1.0)
Antibiotics medication prescribed for you	337 (84.0)	64 (16.0)	0 (0.0)
Family Planning recommended for you	169 (42.1)	232 (57.9)	0 (0.0)

Table 6: Overall Experience of Postnatal Mothers

	Excellent (%)	Very Good (%)	Good (%)	Good (%)	Fair (%)	Poor (%)	Mean ± SD
Experience of being greeted and talked to respectively	18 (4.5)	121 (30.2)	186 (46.4)	61 (15.2)	15 (3.7)	3.16 ± 0.87	
Knowledge and Competence of Health Workers at this facility for the visit	261 (65.1)	32 (8.0)	79 (19.7)	24 (6.0)	5 (1.2)	4.30 ± 1.06	
Get the explanation of Event	19 (4.7)	102 (25.4)	236 (58.9)	36 (9.0)	8 (2.0)	3.22 ± 0.75	
Cleanliness of the rooms inside the facility, including Toilet	11 (2.7)	96 (23.9)	229 (57.1)	59 (14.7)	6 (1.5)	3.12 ± 0.74	

Table 7: Recommendation on Antenatal, Delivery and Postnatal Care Improvement

Characteristics	Frequency (n = 401)	%
Satisfied with the Antenatal Care received		
Yes	351	87.5
No	17	4.2
Not Sure	33	8.2
Recommendation for Antenatal Care		
Deployed more Medical Practitioners	18	4.5
Attitudes toward Patients should be improved upon	55	13.7
Affordable Service	5	1.2
Work on timing / Avoid delay	7	1.7
Create more Bed space / seats	7	1.7
Prefer Consultant to Student Doctor	2	.5
Improve on the meals served	2	.5
Nothing	302	75.3
Unconscious, don't know for now	1	.2
Introduce Record Keeping	1	.2
Educate Doctors / Nurses on how to take delivery	1	.2
Satisfied with the Delivery Care received		
Yes	324	80.8
No	28	7.0
Not Sure	49	12.2
Recommendation for Delivery Care		

Deployed more Medical Practitioners	15	3.7
Attitudes toward Patients should be improved upon	52	13.0
Affordable Service	36	9.0
Work on timing / Avoid delay	1	.2
Create more Bed space / seats	9	2.2
Prefer Consultant to Student Doctor	18	4.5
Improve on the meals served	3	.7
Work on their Equipment	2	.5
Nothing	251	62.6
Unconscious, don't know for now	13	3.2
Educate Doctors / Nurses on how to take delivery	1	.2

Satisfied with the Post-natal Care

Yes	329	82.0
No	22	5.5
Not Sure	50	12.5

Recommendation for Post-natal Care

Deployed more Medical Practitioners	51	12.7
Attitudes toward Patients should be improved upon	94	23.4
Affordable Service	11	2.7
Work on timing / Avoid delay	45	11.2
Create more Bed space / seats	4	1.0
Prefer Consultant to Student Doctor	35	8.7
Improve on the meals served	4	1.0

Nothing	185	46.1
Embrace follow-up exercise	1	0.2
Educate Mothers on Family Planning	1	0.2

Table 8: Admitted versus Non-Admitted Postnatal Mothers' Level of Satisfaction with Facilities

	Admitted (34)	Not (367)	Admitted Total (401)	Chi- Square	P-Value
Reasons for not attending / completing Postnatal Care (183)	n %	n %	n %		
Ignorance	1 (9.1)	28 (16.3)	29 (15.8)		
No time to get to the hospital	2 (18.2)	35 (20.3)	37 (20.2)		
Not important	1 (9.1)	29 (16.9)	30 (16.4)		
Health facility too far or no transportation	3 (27.3)	26 (15.1)	29 (15.8)	2.656	0.915
No permission from husband or workplace	1 (9.1)	19 (11.0)	20 (10.9)		
Attitude of health workers	1 (9.1)	19 (11.0)	20 (10.9)		
Misconception about Postnatal Care	1 (9.1)	8 (5.2)	10 (5.5)		
Others	1 (9.1)	7 (4.1)	8 (4.4)		
Rating Experience of being greeted and talked to respectively					
Excellent	1 (2.9)	17 (4.6)	18 (4.5)		
Very Good	8 (23.5)	113 (30.8)	121 (30.2)		
Good	15 (44.1)	171 (46.6)	186 (46.4)	7.097	0.131
Fair	10 (29.4)	51 (13.9))	61 (15.2)		
Poor	0 (0.0)	15 (4.1)	15 (3.7)		

Rating the Knowledge and Competence of

Health Workers at the Facility

Excellent	25 (73.5)	236 (64.3)	261 (65.1)		
Very Good	5 (14.7)	27 (7.4)	32 (8.0)		
Good	2 (5.9)	77 (21.0)	79 (19.7)	6.577	0.160
Fair	2 (5.9)	22 (6.0)	24 (6.0)		
Poor	0 (0.0)	5 (1.4)	5 (1.2)		

Get the explanation of events

Excellent	3 (8.8)	16 (4.4)	19 (4.7)		
Very Good	6 (17.6)	96 (26.2)	102 (25.4)		
Good	20 (58.8)	216 (58.9)	236 (58.9)	5.010	0.286
Fair	3 (8.8)	33 (9.0)	36 (9.0)		
Poor	2 (5.9)	6 (1.6)	8 (2.0)		

Rating the Cleanliness of the rooms inside the Facility, including Toilets

Excellent	0 (0.0)	11 (3.0)	11 (2.7)		
Very Good	7 (20.6)	89 (24.3)	96 (23.9)		
Good	23 (67.6)	206 (56.1)it	229 (57.1)	2.691	0.611
Fair	4 (11.8)	55 (15.0)	59 (14.7)		
Poor	0 (0.0)	6 (1.6)	6 (1.5)		

Would you recommend to others

Yes	28 (82.4)	326 (86.8)	354 (88.3)		
No	1 (2.9)	7 (1.9)	8 (2.0)	1.262	0.532
Not Sure	5 (14.7)	34 (9.3)	39 (9.7)		

Are you satisfied with the Antenatal Care received

Yes	27 (79.4)	324 (88.3)	351 (87.5)		
No	2 (5.9)	15 (4.1)	17 (4.2)	2.410	0.300
Not Sure	5 (14.7)	28 (7.6)	33 (8.2)		

Table 9: Vaginal Delivery versus Caesarean Section Postnatal Mothers' Level of Satisfaction with Facilities

	Attending/completing	Caesarean	Total	Chi-Square	P-Value
	n %	n %	n %		
Reasons for not attending / completing Postnatal Care (183)					
Ignorance	14 (12.0)	15 (22.7)	29 (15.8)		
No time to get to the hospital	25 (21.4)	12 (18.2)	37 (20.2)		
Not important	20 (17.1)	10 (15.2)	30 (16.4)		
Health facility too far or no transportation	19 (16.2)	10 (15.2)	29 (15.8)	6.522	0.480
No permission from husband/workplace	16 (13.1)	4 (6.1)	20 (10.9)		
Attitude of health workers	11 (9.4)	9 (13.6)	20 (10.9)		
Misconceptions about Postnatal Care	7 (6.0)	3 (4.5)	10 (5.5)		
Others	5 (4.3)	3 (4.5)	8 (4.4)		
Rating Experience of being greeted and talked to respectively					
Excellent	12 (4.4)	6 (4.7)	18 (4.5)		
Very Good	83 (30.5)	38 (29.5)	121 (30.2)		
Good	128 (47.1)	58 (45.0)	186 (46.4)	1.582	0.812

Fair	41 (15.1)	20 (15.5)	61 (15.2)		
Poor	8 (2.9)	7 (5.4)	15 (3.7)		

Rating the Knowledge and Competence of Health Workers at the Facility

Excellent	186 (68.4)	75 (58.1)	261 (65.1)		
Very Good	19 (7.0)	13 (10.1)	32 (8.0)		
Good	49 (18.0)	30 (23.3)	79 (19.7)	5.469	0.243
Fair	16 (5.9)	8 (6.2)	24 (6.0)		
Poor	2 (0.7)	3 (2.3)	5 (1.2)		

Get the explanation of events

Excellent	11 (4.0)	8 (6.2)	19 (4.7)		
Very Good	76 (27.9)	26 (20.2)	102 (25.4)		
Good	164 (60.3)	72 (55.8)	236 (58.9)	13.707	0.008
Fair	19 (7.0)	17 (13.2)	36 (9.0)		
Poor	2 (0.7)	6 (4.7)	8 (2.0)		

Rating the Cleanliness of the rooms inside the Facility, including Toilets

Excellent	8 (2.9)	3 (2.3)	11 (2.7)		
Very Good	63 (23.2)	33 (25.6)	96 (23.9)		
Good	161 (59.2)	68 (52.7)	229 (57.1)	4.567	0.335
Fair	38 (14.0)	21 (16.3)	59 (14.7)		
Poor	2 (0.7)	4 (3.1)	6 (1.5)		

Would you recommend it to others

Yes	246 (90.4)	108 (83.7)	354 (88.3)		
No	4 (1.5)	4 (3.1)	8 (2.0)	3.944	0.139
Not Sure	22 (8.1)	17 (13.2)	39 (9.7)		

Are you satisfied with the Antenatal Care received

Yes	245 (90.1)	106 (82.2)	351 (87.5)		
No	11 (4.0)	6 (4.7)	17 (4.2)	6.360	0.042
Not Sure	16 (5.9)	17 (13.2)	33 (8.2)		
