



RESEARCH ARTICLE

MOTHERS' SATISFACTION REGARDING QUALITY OF POSTPARTUM NURSING CARE AND
DISCHARGE TEACHING PLAN AT AIN SHAMS MATERNITY AND GYNECOLOGICAL HOSPITAL

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ARTICLE INFO

Article History:

Received 18th April, 2014

Received in revised form

10th May, 2014

Accepted 16th June, 2014

Published online 20th July, 2014

Key words:

Women' satisfaction,
Quality of post partum nursing care,
Discharge plan.

ABSTRACT

Background: Nursing care provided to mothers during post partum period constitutes an essential component of the package of maternal and child health services in any population. A woman's body undergoes several changes after delivery, these changes can be a source of considerable concern and may contribute to a number of adverse health conditions. For these reasons, Nursing care is of utmost importance in preventing adverse health outcomes for mothers and their newborn babies. Thus, the aim of this study was to assess mothers' satisfaction regarding quality of postpartum nursing care and discharge teaching plan at Ain Shams Maternity and Gynecological Hospital –Cairo, Egypt. **Subjects and Methods:** The study was conducted in the postpartum ward at Ain Shams Maternity and Gynecological Hospital – Cairo, Egypt. A convenient sample of one hundred and four postpartum mothers and their neonates were recruited for this study according to the inclusion criteria. An Interviewing Assessment Sheet was designed by the researcher to collect data.

Results: The results of the present study revealed that less than three quarters of mothers (71.0%) were not satisfied by the quality of post natal care services provided to them. In addition, 83.0% of women were not satisfied by the instructions of the discharge teaching plan. In addition, the older, low educated, rural area resident, housewives women and those who had low parity were more satisfied with the quality of postpartum care and discharge teaching plan. However, the difference observed was statistically significant.

Conclusion and Recommendations: it can be concluded that most of the mothers and their newborn did not receive important aspects of postpartum care and required health education rendering postpartum nursing care poor. The hospital should implement regular checks on the postpartum nursing care given to mothers. So, health care providers will have a sense of duty consciousness.

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INTRODUCTION

Postnatal or postpartum is the period beginning immediately after the birth of a child and extending for about six weeks. It is a time in which the maternal body in general and the genital organs in particular return to the pre-pregnant condition. It is a period of physiological adjustment for both mother and neonate and also, it is a time of important social and emotional adjustment for all involved (Dhaher *et al.*, 2008, Leifer 2008 and Ladewig *et al.*, 2002). There are some of the life threatening conditions that could arise in this period for both mothers and neonates. Thus, nursing care is equally necessary for postpartum mother and newborn babies as other patients (Neupane 2010; Pillitteri 2010 and Keleher *et al.*, 2009). However, during postpartum period, many problems may develop quickly, which if are not diagnosed promptly and treated effectively, can lead to illness and death of the mothers

or neonates (Ministry of Health and Population, Arab Republic of Egypt 2004). Moreover, up to two thirds of maternal deaths around the world occur after delivery, therefore according to the recommendations of the World Health Organization (WHO) that health care should be provided at 6 hours, 6 days, 6 weeks and 6 months post delivery in order to ensure women's physical and mental health and wellbeing (Ronsmans & Graham 2006). Meanwhile, more than one quarter of all maternal deaths in Egypt occur during the postpartum period, whereas one third of those cases the baby also die (Egypt National Mortality Survey, 2005).

Care during postpartum period provides the opportunity to ensure that the mother and neonate are progressing well, to support the breastfeed mother and to detect and manage any problems. Postpartum care is considered a special challenge, because there are two clients with very distinct needs: a newly delivered woman and her neonate (Ministry of Health and Population, Arab Republic of Egypt 2004). Postpartum women require unique nursing care and educational needs. The nurse,

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who provides physical care of both mother and newborn has an obligation to assist new mothers with postpartum learning needs. Health promotion, education and development of mentoring relationships between nurses and mothers are essential components of maternity care and contribute to both maternal and infant health outcomes (Wagner *et al.*, 2009). Assessment of pain, the condition of the uterus, vaginal discharge, the condition of the perineum, and the presence/absence of bladder distension followed by appropriate interventions are part of the initial postpartum evaluation (Ricci & Kyle 2009, Klossner 2006, and Jacobson 2002). In addition, Prior to the woman's discharge, she should be instructed on expected normal postpartum changes and care of herself (breasts, abdomen, perineum, minor discomforts etc) and her newborn care. All women should be told that they can call their provider if they have questions or concerns. Women should also be instructed about signs of possible complications that require prompt medical advice. Some hospitals offer new mother classes to provide this information in a group setting. The women should be instructed on the timing of follow-up visits for both herself and her neonate (Pamela, 2013).

Quality of health care during and immediately after the critical period of labor and delivery, is a single most important intervention for preventing maternal and neonatal morbidity and mortality (Tapiwa and Alepile 2001). Researchers have developed several indicators to measure quality of health care services based on patients' health outcomes. In maternal-child nursing practice, patient satisfaction has been widely recognized as one of the critical indicators of the quality and the efficiency of the health care systems (Johansson *et al.*, 2002). Patient satisfaction is an important health outcome. It is used by health care providers, administrators and policymakers to assess the quality of care, make decisions about the organization and provision of health care services, avoid malpractice litigation and maintain a competitive edge in the health care arena (Hodnett 2002 and Jackson *et al.*, 2001). Moreover, the other critical indicator is the absence of early postpartum health problems such as ineffective breastfeeding, postpartum urinary retention, constipation, breast discomfort and postpartum blues (Thompson and Roberts 2002). Woman's satisfaction with her childbirth experience may have immediate and long-term effects on her health and relationship with her neonate. A satisfactory childbirth experience has contributed to a woman's sense of accomplishment and self-esteem and has led to expectations for future positive childbirth experiences (Goodman *et al.*, 2004). Accordingly, nurses have a responsibility to provide care and extensive teaching to new mothers after delivery and prior to discharge from the hospital. Implementation of this nursing care and discharge teaching should be tailored to the woman's singularity and needs. (Wagner 2009).

Significance of the problem

Intra partum and postpartum periods are delicate periods in the life of every woman. Thus, it is important that optimum care be given to the woman during these periods without complications which may arise. Most postpartum problems can be prevented or reduced by simple measures. Therefore, it is important for new mothers to receive professional care and help in order to remedy these early postpartum health problems. Several studies

in both high and low income countries have identified the importance of the postpartum period for acute short-term, long term and chronic morbidity (Hsiu Hung *et al.*, 2010 and Waterstone *et al.*, 2003). The nurse plays an essential role in promoting and improving postpartum outcomes, not only as a health care provider but also as an administrator, manager, educator, researcher and counselor. Nurses need to have the appropriate knowledge and skills to determine when to be proactive regarding undertaking specific observations where these might be required. Therefore, nurses must be able to identify signs of morbidity that require further investigations and discuss the future management of these with the women. Nurses will never know the quality of care they offer without assessing women's satisfaction by this care (Ansara *et al.*, 2005 and Anne *et al.*, 2003). Therefore, this study on mothers' satisfaction will provide means for evaluating the care and a spring board for its improvement.

Aim of the study

The aim of this study was to assess mothers' satisfaction regarding quality of Postpartum nursing care and discharge teaching plan at Ain Shams Maternity and Gynecological Hospital –Cairo, Egypt.

Research Question

Are mothers satisfied with the provided postpartum nursing care and discharge teaching plan during puerperium?

Subjects and Methods

Research design:

Research design used for the study was a descriptive design.

Research setting:

The study was conducted in the postpartum ward at Ain Shams Maternity and Gynecological Hospital – Cairo, Egypt which is affiliated to Ain Shams University Hospital

Research subjects:

A convenient sample of one hundred and four postpartum mothers and their neonates were recruited for this study according to the following criteria:

Inclusive criteria:

- Low risk postpartum mothers.
- Vaginal delivery of a healthy full-term infant.

Exclusive criteria:

- Mothers who delivered preterm or have neonates with congenital malformations.

Tools of data collection:

One tool was used for data collection. An Interviewing Assessment Sheet: It was designed by the researchers and consisted of two parts:

- **Part I:** was concerned with socio demographic data and obstetrical history such as age, level of education, occupation, parity...etc.
- **Part II:** was concerned with mother's satisfaction with the quality of postpartum nursing care and discharge teaching plan. It consisted of open and closed ended questions related to postpartum examination, care, health advices received by mothers, their satisfaction with postpartum care and their suggestions for improving the quality of postpartum care.

Validity and Reliability

The researchers reviewed the current local and international related literature using textbooks, articles and scientific magazines. This helped the researchers to be acquainted with the problem and guided them in the process of tool designing, then the tool was prepared. To measure content validity of the tool, the researchers assure that items of an instrument adequately represent what are supposed to measure by presented it to five experts for review and validation. Tools reliability was tested using Alpha Cronbach test. Its result was 0.75 which indicates an accepted reliability of the tool.

Administrative design

An official letter clarifying the purpose and setting of the study was obtained from the director of Ain Shams University Hospital and it was submitted to the director of Ain Shams Maternity and Gynecological Hospital requesting his approval for data collection to conduct the study.

Pilot Study

A pilot study was conducted on ten postpartum mothers representing 10% of the total study sample to assess the reliability and applicability of the tool. The results of the pilot study helped in the necessary modifications of the tool. The sample of the postpartum mothers who shared in the pilot study was excluded from the main study sample.

Procedure

The researchers attended the postpartum ward of the studied setting two days per week, from 9.00 am. to 2.00 pm. The researchers introduced themselves to the mothers and briefly explained the nature and the purpose of the study to the recruited mothers who met the inclusive criteria. Then their consent was obtained. The field work lasted for two months. It started from the beginning of July 2012 to the end of August 2012. All women were interviewed to collect data and each interview took for 30-45 minutes with each woman with a weekly interview of about 10-12 postpartum women.

Ethical considerations

- Obtaining an oral acceptance of mothers to participate in the study.
- All mothers were informed that their participation was voluntary and that the collected data would be only used for the purpose of the study, as well as for their benefit.

- Code number for each mother was maintained.

Statistical Design

Data were collected, coded, tabulated and analyzed, using the SPSS version 15 computer application for statistical analysis. Descriptive statistics was used to calculate percentages and frequencies. T test was used to estimate the statistical significant differences. A significant P-value was considered when P less than 0.05 and it was considered highly significant when P- value less than or equal 0.01.

Scoring system

It consisted of 15 statements regarding the quality of postpartum nursing care and 12 statements regarding the discharge teaching plan. and the mothers' responses were divided into three level of satisfaction as the following: Satisfied (2), neutral (1) and dissatisfied (0)

Quality of post partum nursing care

- Satisfied : 75 – 100 % = 23 - 30
- Neutral : 50 – 74 % = 15- 22
- Dissatisfied: 0 – 49 % = 0 - 14

Discharge teaching plan:

- Satisfied : 75 – 100 % = 18 - 24
- Neutral : 50 – 74 % = 12- 17
- Dissatisfied: 0 – 49 % = 0 - 11

RESULTS

As shown in Table (1), more than three quarters (82.7%) of the mother's age ranged between 25-35 years old.

Table 1. Distribution of the mothers according to their socio-demographic characteristics

Socio-demographic characteristics	No.=104	%
I. Age (years):		
▪ <20	5	4.8
▪ 20 - <25	5	4.8
▪ 25 - <35	86	82.7
▪ 35	8	7.7
II. Level of education:		
▪ Illiterate/Read and write	20	19.2
▪ Primary/Intermediate/Secondary	52	50.0
▪ University	32	30.8
III. Occupation :		
▪ Working	19	18.3
▪ Housewives	85	81.7
IV. Residence :		
▪ Rural	78	75.0
▪ Urban	26	25.0
V. Duration of hospital stay		
▪ < 24hrs	36	34.6
▪ 24hrs	31	29.8
▪ 24hrs- 48hrs	37	35.6
VI. Parity		
▪ One	57	54.8
▪ Two	36	34.6
▪ Three & more	11	10.6

Table 2. Distribution of the mothers according to the postpartum examination they received

Postpartum examination	Done		Not done	
	No.=104	%	No.=104	%
I. For the mothers				
Vital Signs	64	61.5	40	38.5
Breast	26	25.0	78	75.0
Uterus	23	22.1	81	77.9
Lochia	36	34.6	68	65.4
Vulva & Perineum	26	25.0	78	75.0
II. For the neonates				
Weight	84	80.8	20	19.2
Length	22	21.2	82	78.8
Circumferences	25	24.0	79	76.0
Assess general appearance	35	33.7	69	66.3
Reflexes	14	13.5	90	86.5

As regards to the educational level of the mothers, it was found that half of them (50.0%) had primary, intermediate and/ or secondary education, in relation to their occupation, most of the mothers (81.7%) were housewives. In addition, three quarters of the mothers (75.0%) were living in rural areas. According to the length of hospital stay, approximately one third of the women (34.6%) had less than 24hrs hospital stay while 29.8% had 24hrs hospital stay. As regards to parity, more than one half of the women (54.8%) were primipara. Regarding the postpartum examination received by the mothers, Table (2) revealed that vital signs, breast, uterus, lochia, vulva and perineal examinations were done for (61.5%, 25.0%, 22.1%, 34.6% and 25.0%) of mothers respectively. As regards to the neonatal examination during postpartum period, the same table illustrated that measuring the neonatal weight, length, measuring circumferences, assessment of general appearance and reflexes were done for (80.8%, 21.2%, 24.0%, 33.7% and 13.5%) of neonates respectively.

Table 3. Distribution of the mothers according to postpartum health advices provided to them regarding discharge plan

Advices	Received		Didn't receive	
	No.=104	%	No.=104	%
I. Mothers:				
Hygienic care.	19	18.3	85	81.7
Breast feeding.	13	12.5	91	87.5
Breast care.	6	5.8	98	94.2
Postpartum exercises.	8	7.7	96	92.3
Perineum self- care & care of episiotomy site.	9	8.7	95	91.3
Contraceptive methods.	3	2.9	101	97.1
Mother baby attachment.	10	9.6	94	90.4
Nutrition.	10	9.6	94	90.4
Medication.	20	19.2	84	80.8
Minor discomforts.	19	18.3	85	81.7
Danger signs of postpartum period.	0	0	104	100
The importance of day 40 check -up.	10	9.6	94	90.4
	6	5.8	98	94.2
II. Neonate				
Mouth care.	20	19.2	84	80.8
Eye care.	11	10.6	93	89.4
Skin care.	6	5.8	98	94.2
Diaper care.	34	32.7	70	67.3
Diaper care.	14	13.5	90	86.5
Cord care.	21	20.2	83	79.8
Baby warmth.	6	5.8	98	94.2
Immunization.				
Danger signs regarding newborn.				

Table (3) revealed that most of the mothers reported that they didn't receive sufficient advices regarding the discharge teaching plan. Advices about personal hygienic care, breast feeding, breast care, postpartum exercise, perineum self- care and care of episiotomy site, contraceptive methods, mother baby attachment, nutrition, medication, minor discomforts, danger signs of postpartum period, and the importance of day 40 check- up were not received by (81.7%, 87.5%, 94.2%, 92.3%, 91.3%, 97.1%, 90.4%, 90.4%, 80.8%, 81.7%, 100% and 90.4%) of mothers respectively. As regards to postpartum advices received by the mothers related to care of their neonates, the majority of them stated that advices were not sufficient. Advices about mouth care ,eye care, skin care, diaper care, cord care, baby warmth, immunization, and danger signs regarding newborn were not received by (94.2%, 80.8%, 89.4%, 94.2%, 67.3%, 86.5%, 79.8%, and 94.2%) of mothers respectively.

As shown in Figure (1), less than three quarters of mothers (71.0%) were not satisfied by the quality of post natal care services provided to them. In addition, 83.0% of women were not satisfied by the instructions of the discharge teaching plan (Figure 2).

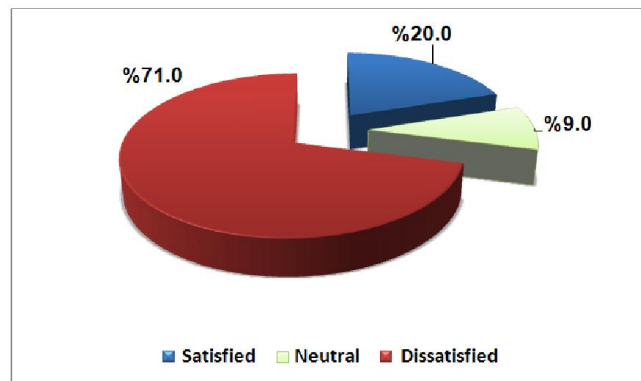


Fig. 1. Mothers' satisfaction with the quality of postpartum care services provided to them

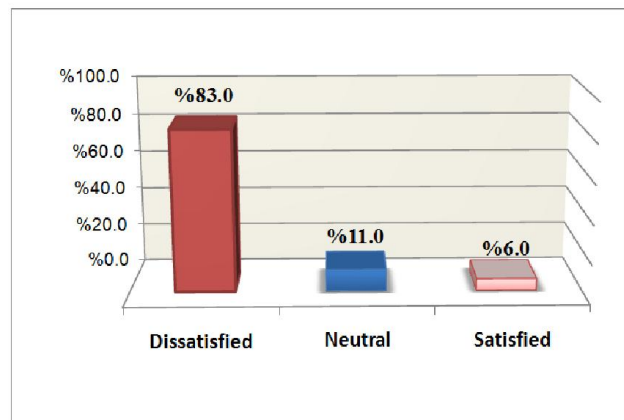


Fig. 2. Mothers' satisfaction with the quality of postpartum discharge teaching plan provided to them

In relation to mothers' suggestions for improving the quality of postpartum services. Nearly three quarters of mothers (72.1%) expressed the need for more advices about breast feeding. Whereas 67.3% of women suggested that care providers should normally give necessary advices related to mother and baby care without asking them. Time spent with the mothers should be increased to give high quality care is mentioned by 66.3% of them. About two thirds of mothers (65.4%) recommended home visits for them after hospital discharge (Table 4).

Table 4. Distribution of the mothers regarding their suggestions for improving the quality of postpartum care services

Suggestions #	No.	%
More advices about breastfeeding should be given.	75	72.1
Care providers should give necessary advices related to mother and baby care without asking them.	70	67.3
Comprehensive health education about mother and neonatal care.	67	64.4
Nurses should spend enough time with the clients to give high appropriate care.	69	66.3
Improvement of postpartum care for mother and newborn.	66	63.5
Home visits to mothers after hospital discharge must be conducted.	68	65.4

Multiple response questions

As shown in Table (5), the older, low educated, rural area resident, housewives women and those who had low parity were more satisfied with the quality of postpartum care and discharge teaching plan. However, the difference observed was statistically significant.

Table 5. Correlation between socio demographic characteristics of the mothers and their satisfaction regarding the quality of postpartum care and discharge plan

Item	Satisfaction with post partum care		Satisfaction with discharge plan	
	t-test	P-value	t-test	P-value
Age	2.905	.003*	1.331	.027*
Educational level	-1.077	.007*	-2.070	.0094*
Residence	-1.980	.0103*	-1.103	.0103*
Occupation	-2.77	.027*	-2.425	.0269*
Parity	-2.87	.006*	-2.396	.0204*

DISCUSSION

This study addresses an important, but largely neglected component of reproductive health. Review of the literature shows that very little attention has been paid to postpartum care. The arrival of a new baby is a time of joy. Yet, for many mothers (especially first time mothers), it is a time of fear, confusion, and sometimes isolation. So that, after delivery both the mother and the baby will have health concerns that need to be addressed carefully (Littleson and Engebretson 2009). The aim of this study was to assess mothers' satisfaction regarding quality of postpartum nursing care and discharge teaching plan at Ain Shams Maternity and Gynecological Hospital-Cairo, Egypt. As regards the socio-demographic characteristics of the mothers, the results of the present study showed that more than three quarters of them ranged between 25- < 35 years old. This is anticipated because it is the normal age of childbearing, this result is in accordance with Lomoro *et al.*, (2002) who investigated mothers' perspectives on the

quality of postpartum care and found that the mean age of mothers was 28 years (range 20–38 years). In relation to the educational level, A considerable percent of the mothers had varying level of education which will help them to be able to identify their health needs and expectations during postpartum period. In addition, education is a mean that enables the mothers to gain access of knowledge and to control many events in their life. However, more than three quarters of the mothers were housewives. This result emphasized the need for complete postpartum health care and education for those mothers because exposure to work outside the home gives the women better chances of contact with a more experienced persons and to acquire valuable health and social information. In addition, the results of the current study revealed that three quarters of the mothers were living in rural areas, this reflected mother's needs for more health advices and extension of postpartum care services to the community where mothers should receive care during home visits.

Moreover, the present study reported that more than one half of the mothers were primipara. These mothers need more support and assistance with baby care and their own personal care. Also primipara women experience certain physical health problems in the postpartum period that may affect their future health condition and the health of their children. This result is in accordance with Lomoro *et al.* (2002), who mentioned that most of mothers in his study (90%; n = 45) were the first-time. Analysis of the results of the present study indicated that most of mothers didn't receive breast, uterine and perineal examination while nearly two thirds of them had only vital signs measure. Also, examination of the newborn baby is one of the most important aspect of postpartum care, whereas more than three quarters of mothers reported that their babies were examined during postpartum as regards to baby weighing while a large proportion of newborn didn't receive examinations related to measuring length, circumferences, general assessment and reflexes. These results are in line with the results of Chwinui (2009) who reported that most of the mothers did not receive all prescribed examinations, with the exception of blood pressure measurement, which was received by 64.9% of them. Also, medical examination of babies (73% of newborn) were not examined. Thus the babies were not being given full attention.

One of the roles of the nurse is to ask mothers about themselves and their babies; this will help them to carry out health education and provide advices according to the individual's needs of each mother. As regards the health advices concerning postpartum care after discharge, the present study found that most of the mothers reported that they didn't receive health advices related to hygienic care, breast feeding, breast care, postpartum exercises, perineal self-care and care of episiotomy site, contraceptive methods, mother baby attachment, nutrition, medication, minor discomforts, danger signs of postpartum period and the importance of day 40 checkup. However, regarding health advices related to their newborn, also, a large proportion of mothers stated that they did not receive health advices related to mouth care, eye care, skin care, diaper care, cord care, baby warmth, immunization, and danger signs regarding newborn. These results are congruent with the results of Chwinui (2009) who observed

that postpartum teachings were very poor as more than half of the patients were not taught anything. Only 24.3% had teachings on how to care for their perineum, 16.2% were taught how to breastfeed their babies, 8.1% were taught how to care for the umbilical cord, 13.5% of the population were taught how to bath their babies, 29.7% were taught on good feeding habits and only 13.5% were taught on hygiene. All these show the lack of zeal in postpartum follow-up and care. Martin (2003) reported that large proportion of the mothers received advices about their babies (86%) which are contradicted with the results of current study.

According to the mother's satisfaction with the quality of postpartum care provided to them, results of the present study indicated that most of the mothers were not satisfied with the postpartum care and instructions of the discharge plan. These results are supported by Chwinui (2009) who reported that 70% of puerperal women were unsatisfied with the information which was given to them. These results are contradicted with the results of a study done by Martin (2003) who examined women's judgments and attitudes about the quality and quantity of postpartum teaching they received after recently giving birth in a hospital setting, the majority of them (95.6%) reported that postpartum teaching was useful and 77.8% of women were satisfied with the discharge teaching. Another study done by Rudman *et al.*, (2007) reported that nearly half of the women (47%) were satisfied or very satisfied with at least one dimension of care and 3% with all dimensions).

When the mothers were asked about their suggestions for improving the quality of postpartum care, large percent of them mentioned the need for improvement of post partum care and health education. They also suggested the need for home visits. These results are in line with the study of Lomoro *et al.*, (2002) who mentioned the same results. According to the United Nations (2002), most mothers noted that some areas need for further improvement. They assessed care providers' skills as lacking in some areas, particularly health education on child care. Mothers evaluated postpartum examinations and follow-up provided as good, but limited. Postpartum information given was perceived as a brief. Moreover, about three quarters of mothers in the present study suggested the need for more advices about breastfeeding. This result is in agreement with the result of Rudman *et al.*, (2007) and Simbar *et al.*, (2005) who reported that during the establishment of breastfeeding, different aspects of support such as inappropriate advice and lack of knowledge were reported as problems by mothers.

Regarding the relationship between socio demographic characteristics and mothers' satisfaction with the quality of postpartum care and discharge teaching plan, it was found that the older, low educated, rural area residents, housewives women and those who had small number of parity were more satisfied with the quality of postpartum care and discharge plan. This is expected because educated and worker women have the chance to share common female experiences & feelings and recognize their rights. However, the expressed satisfaction in this study may be due to lack of client's knowledge about care they could receive at the postpartum department. In addition, the literature appears to support this in that older women expected

less information from their health care providers (Al-Eisa *et al.*, 2005). Also, these findings are in agreement with Waldenström *et al.*, (2006) who pointed out that among the risk factors for not being satisfied by mothers were age <25 years.

Conclusion

Based on the results of the present study, it can be concluded that most of the mothers and their newborn did not receive important aspects of postpartum care and required health education rendering postpartum nursing care poor. They still require and need quality of postpartum care and guidance, more support and assistance with baby care and her personal care. In addition, mothers' satisfaction level with quality of postpartum care and discharge teaching plan was low.

Recommendation

Based on the findings of the present study, the following recommendations are suggested:

1. Different health education methods should be available to increase mother's awareness on the type of care and services they should receive.
2. Health care providers including nurses should have refresher courses about the care of postpartum mothers
3. The hospital should implement regular checks on the postpartum nursing care given to mothers. So, health care providers will have a sense of duty consciousness.
4. The government should recruit qualified staff to ensure quality care is provided to clients.
5. Patient satisfaction surveys should be carried out routinely about all aspects of care to improve the quality of provided services .

For further research

6. Factors responsible for the low quality of nursing care offered during postpartum.

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