

Assessment of service satisfaction and associated status among women who have given birth in Adigrat general hospital, Ethiopia, 2018.

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Abstract

Background: The study aimed to assess the satisfaction of service delivery and the associated status among women who gave birth to Adigrat general hospital, Ethiopia, 2018.

Methods: Institutional based cross-sectional study design was conducted in Adigrat hospital from February to March 2018. Interviews with interviewed using structured questionnaires of 302 systematic women who were born at general hospital. The information is submitted to EPI-info version 7.2 and exported to SPSS version 20 for analysis. Summary statistics and logistic regression analyses were performed. OR with two-sided 95% CI and P-value<0.05 were used to identify the factors associated with the service satisfaction.

Result: Maternal satisfaction in labor and delivery was 70.2%. Women living in rural areas were 98.8% times less likely to be satisfied with service delivery than those living in urban area (AOR: 0.012, 95%CI (0.002, 0.065)). women who plan to give birth at the hospital have more than forty times more than their referrals for maternity service (AOR: 40.43, 95%CI (2.75, 595.23)).

Conclusion: The overall share of mothers who were satisfied with the service they provided was appropriate. As a city resident and the reason for delivering in the hospital are related to service satisfaction. Therefore the staff of the hospital has a continuing education and personal relationship. The care giver must fully understand the value of their care and provided care that is in line with those expectations.

Plain English Summary

The extent of service satisfaction will have immediate and long effects on women's health and later use of the service. Augmented service satisfaction can increase if care is provided. The current study provides precise information about the satisfaction of service delivery and the factors influencing them. This study will be used institutional based cross-sectional study design. The findings of the overall share of mothers who were satisfied with the service they provided were appropriate. As a city resident and the reason for delivering in the hospital are related to service satisfaction. Therefore the staff of the hospital has a continuing education and personal relationship. The care giver must fully understand the value of their care and provided care that is in line with those expectations.

Background

Pregnancy Associate in Nursing birthing claim the lives of a calculable [1] 1,000,000 ladies globally every year. quite half these deaths occur in Africa^(1,2). Ethiopia is one amongst the countries that have the very best maternal mortality rates (MMR) within the world that is calculable to be 412/100,000 live births^(3,4). A part of the mortality is attributed to poor delivery care ⁽³⁾. Labor may be a time of women's distinctive sensitivity to environmental factors. Events thus the (and also the) interactions occurring throughout labor have powerful psychological effects; therefore a positive birthing expertise is

fascinating for the advantage of each the parturient lady and her kid. Studies have additionally confirmed that the intrapartum and postnatal nurses or midwives have usually been the deciding issue of whether or not the girl features a positive or negative expertise throughout childbirth^(5,6). A woman's satisfaction with the delivery service could have immediate and long effects on her health and ulterior utilization of the services. Providing satisfying delivery care will increase service utilization⁽³⁾. Mother satisfaction may be a primary suggests that of measure the effectiveness of provision. However, the inadequate discovery of their wants could end in patient discontentment. Patient's perception of service quality shapes their confidence regarding the utilization of the obtainable health care facility. the explanations for measure patient satisfaction embody describing health care service from the patient's perspective, activity of the method of care and analysis of care as a perform of patient satisfaction⁽⁵⁾.

Satisfaction may be a important output indicator of quality health care. Satisfaction throughout birthing is vital for the mother and baby health. In Ethiopia, efforts are being created to form health establishments client-oriented. However, the proof remains inadequate from the patient`s perspective. The World Health Organization emphasizes the analysis of the structure, procedure, and outcome of health services to boost the standard of care. rising facility-based care may be a vital necessity nonetheless no wide applicable, effective methodology presently exists⁽⁷⁾. Most of the 350,000 maternal deaths, 1.2 million intrapartum-related stillbirths, and 3.1 million babe deaths that occur every year can be avoided through the delivery is related to poor service provided throughout labor and delivery⁽⁸⁾. The discontentment of mothers laboring and delivery service in health establishments will cause home delivery and maternal mortality within the case of home delivery. Poor quality of care is one amongst the conducive factors of maternal morbidity and death rate ⁽⁵⁾.

Neonatal outcomes ar inextricably connected to maternal health and, therefore, to the standard of care a mother receives throughout labor, delivery and within the immediate postnatal amount that is that the highest risk amount for each mothers and babies. the explanations forwarded by researchers for the upper maternal mortality and lower coverage of skilful delivery are related to poor service provided throughout labor and delivery^(8,9).

Methods

This Institutional-based cross-sectional study will be conducted from February 2018 to March 2019 among mothers who attended labor and delivery service. The study was conducted in Adigrat general hospital, which is located in the city of Adigrat, Tigray Region (North Ethiopia). It provides a broad range of medical services to both in and out patients.

The source population for the study was all women who attend Hospitals for delivery service in Adigrat Hospital. The study population was all mothers who gave birth in Adigrat Hospitals and full fill the selection criteria.

Mothers who were attend delivery services in Adigrat Hospitals and willing to participate in the study period. Whereas mothers who weren't mentally competent or WHO had any psychiatrically disorders and critically sick throughout information assortment were excluded.

The sample size was 302 determined by using single population proportion formula considering: the 5% a margin of error, 95% confidence interval, the proportion of satisfaction in labor and delivery service was 74.9% (10), and adding 5% non-response rate. A systematic sampling method was used on women who gave birth during data collection time.

Mother's satisfaction: Mothers gain satisfaction during labor and delivery service.

Assessment: Assess mothers their level of satisfaction in labor and delivery service.

Data was collected by victimization associate degree interviewer-administered and structured form custom-made from totally different similar analysis (10,12,13) with modification in step with the context of the study space. to ascertain face validity and translation quality the form was tested on thirty ladies the study space by knowledge collectors and supervisors throughout coaching. Some queries, language clarity and data were revised and also the form was finalized for the study. The form includes socio-demographic, generative history, Institutional, and supply of data connected factors.

Five health care provider satisfaction collectors and 2 supervisors were recruited from the sanatorium and that they got coaching for sooner or later. The supervisors followed the method of satisfaction assortment daily, checked the info completeness consistency and communicate with principal investigators daily.

Data were coded, cleaned, recorded and entered EPI data 7and finally export to SPSS version twenty two.00 for analysis. Straight forward descriptive outline statistics were done. Tables, statements, charts, and graphs were wont to gift the results of the analyzed information. Variables that had $p < 0.2$ on quantity analysis were entered multivariable supply multivariate analysis. once checking victimisation chi-square take a look at variables with tiny cell size were unified into connected classes. applicable model medical specialty and goodness of match tests were done. multiple correlation was checked {to take a look at|to check} correlation among predictor variables and Hosmer and Lemeshow test P-value (> 0.2) were conducted to envision model fitness. The applied math association between the various freelance variables concerning dependent was measured victimisation OR, AOR, ninety fifth CI and P-values < 0.05 was thought of statistically important.

Results

Socio-demographic characteristics

A total of 302 delivering mothers participated in the response rate of 100%. Married women respondents were 77.8% and the total family size one up to three was 61.9%. The majority of the respondents were with an age range of 26-35 years. More than half (66.6%) of participants were urban residence. (Table 1).

Obstetric characteristics of mothers

Two third of (55.8%) the mothers had a parity of 2-5 times. History's previous facility delivery was 63.2% and wanted the status of pregnancy was 69.9%. Concerning reasons to deliver in the hospital, 68.5% were planned. Spontaneous vaginal delivery of the respondents was 47.4% and alive fetal outcome was 93.4% (Table2).

Mother's satisfaction related characteristics

The proportion of mothers who reported privacy during the physical examination was 62.9%. Most of the respondents (77.5%) were satisfied with toilet cleanness and availability. The drug's availability has a large number of satisfied mothers (63.2%). (Table 3).

Care providers related characteristics

Waiting for a doctor or a nurse to 30 minutes was 38.7%. Shouting or using abusive language by the health professional to the mothers was 36.8%. The majority of the respondent (63.6%) feel comfortable or free to discuss all their concerns to the provider and recommendations to use hospitals were 64.2% (table 4).

Prevalence of maternal satisfaction in delivery service and associated factors:

In the study, the overall prevalence of the delivery service satisfaction rate was 70.2%. In binary logistic regression: residency, the reason to deliver in this hospital, previous delivery service at this hospital, availability of cleanness toilet, the approach of clinicians (friendly care), availability of waiting area, mode of delivery and clinicians way of examination were significantly associated with service delivery satisfaction in Adigrat general hospital. Significant variables in the binary logistic regression were entered into multivariate logistic regression and in the multivariate logistic regression rural residency, planned reason to deliver in the hospital had significant association with service delivery satisfaction with AOR: 0.012 95% CI: (0.002,0.065), AOR: 40.43, 95% CI: (2.75, 595.23) respectively (Table 5).

Discussion

Mother satisfaction is a primary means of measuring the effectiveness of healthcare delivery. Patients have explicit desires for quality services when they visit health institutions. However, the inadequate discovery of their needs may result in patient dissatisfaction. Patient's perception of service quality shapes their confidence about the use of the available health care facility. The reasons for measuring

patient satisfaction include describing health care service from the patient's perspective, measurement of the process of care and evaluation of care as a function of patient satisfaction⁽⁵⁾.

In this study, the overall satisfaction of mothers on labor and delivery service was found to be 70.2%. This is lower than studies conducted in Mid-Western Nepal (89.88%), Felege Hiwot Referral Hospital Northwest Ethiopia (74.9 %), Wolayita zone, Ethiopia (82.9%), Jimma (77%) and Assela Hospital (80.7%), Debre Markos town, Ethiopia (81.7%), Mekelle, Ethiopia (79.7%), Abrade Swede Memorial Primary Hospital, Ethiopia (88%) and Arbaminch District Southern Ethiopia (90.2%).⁽¹¹⁻¹⁹⁾ However, this finding is higher than the study conduct in Amhara Referral Hospitals, Ethiopia (61.9%), in Ethiopia and South Africa (51.9%) and Nairobi Kenya (56%)⁽²⁰⁻²²⁾. The difference with the above finding could be explained by a real difference in the quality of services provided an expectation of mothers or the type of health facilities⁽⁹⁾.

Among the respondent, the odd of mother's satisfaction on labor and delivery service among those with the place of residence in a rural area were 99.9% less likely to satisfy at 95% CI (0.002, 0.065) than those with the urban residence. This finding inconsistency with study conduct in Wolaita Zone, Ethiopia, 2018⁽¹³⁾, Tshwane, South Africa, 2017⁽²³⁾. Thus, this may be due to women's various expectations about hospital labor and delivery. These expectations were based on their own past experiences in hospital facility experiences of friends and relations in a hospital facility, myths about procedures in the hospital and societal values and based WHO standard of care framework^(16,24).

In this study, the result showed that the odds of mothers' satisfaction on labor and delivery service among those who had planned reason to deliver in the hospital were 40 times more likely satisfy than those who had referral reason to deliver in the hospital.

The result of this study also showed that most of the delivering mothers were very likely to recommend the facility to friends, family, and for themselves (57%) and 64.2%) respectively. Limitation of the study only focuses on the mothers who get delivery service but factors related to the readiness and quality health facility service should be assessed. Measuring the mother's satisfaction using a qualitative study will be better.

Conclusions

The overall proportion of mothers who were satisfied with the labor and delivery service provided was suboptimal. The study strongly suggests that the services provided can be more patient-centered. Maternal satisfaction during this period is predicted by the urban residence and planned reason to deliver in the hospital. From this finding, it is recommended that the issue should also need to be assessed from different community group's perspectives i.e. care providers and community leaders who understand the situation in a better way and design interventional activities accordingly, the staff of the Hospital should have continuous education and interpersonal relationship, caregivers need to fully understand the expectations that pediment has for their care and provide care that is consistent with those expectations

and further studies should be conducted in the hospital and outside the hospital set up and in different parts of the country to come up with more representative findings.

Declarations

Ethics approval and consent to participant

Ethical clearance was obtained from the Ethical Review Board of ADU, College of Medicine and Health Sciences and it is also got granted from the Health office of Adigrat hospital. Verbal consent from pregnant women of study subjects was obtained and the objective of the study was explained to them. Privacy and confidentiality of collected information were ensured at all levels.

Consent for publication

Not applicable

Availability of data and materials

The datasets used during the current study available from the corresponding author on reasonable request.

Computing interest

The authors declare that they have no competing interests

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This research project is no funded.

Authors' contributions

TG designed the study, performed the statistical analysis, drafted the paper. DT, LG, and HT data analysis and read and approved the final paper.

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Abbreviations

MDG-Millennium Development Goal; MMR- Maternal Mortality Ratio; SPSS- Statistical Package for Social Sciences; SVD -Spontaneous Vaginal Delivery; UNFPA-United Nation Population Fund; UNICEF-United Nations Children's Fund; UN-United Nation; WHO-World Health Organization; EDHS-Ethiopian Demographic And Health Survey; AIDS- Acquired Immune Deficiency Syndrome; HIV- Human Immune Deficiency Virus.

References

1. Colombia university Mailman school of public health spotlights on health and rights
http://healthandrights.ccnmtl.columbia.edu/reproductive_health/causes_maternal_mortality.html
2. WHO, UNICEF, UNFPA, Bank W. Trends in Maternal Mortality. The World Bank and the United Nations Population Division Geneva. World Health Organization 2014
3. Azmeraw Tayelgn, Desalegn T Zegeye and Yigzaw Kebede Mothers' satisfaction with referral hospital delivery service in Amhara Region, Ethiopia 2011
4. Federal Democratic Republic of Ethiopia Central Statistical Agency OM: EDHS 2016 Addis Ababa, Ethiopia
5. TadeleMelese, Yirgu Gebrehiwot, Daniel Bisetegna, and Dereje Habte Assessment of client satisfaction in labor and delivery services at a maternity referral hospital in Ethiopia 2006
6. Atiya, K.M., 2016. Maternal satisfaction regarding the quality of nursing care during labor and delivery in Sulaimani teaching hospital. International Journal of Nursing and Midwifery, 8(3), pp.18-27.

7. Simbar M, Ghafari F, Tork Zahrani S, Alavi Majd H. Assessment of quality of midwifery care in labor and delivery wards of selected Kordestan Medical Science University hospitals. *International journal of health care quality assurance*. 2009 May 1;22(3):266-77.
8. Spector JM, Agrawal P, Kodkany B, Lipsitz S, Lashoher A, Dziekan G, Bahl R, Merialdi M, Mathai M, Lemer C, Gawande A. Improving the quality of care for maternal and newborn health: prospective pilot study of the WHO safe childbirth checklist program. *PloS one*. 2012 May 16;7(5):
9. Federal Democratic Republic of Ethiopia Central Statistical Agency OM: EDHS 2014 Addis Ababa, Ethiopia
10. Mekonnen ME, Yalew WA, Anteneh ZA. Women's satisfaction with childbirth care in Felege Hiwot Referral Hospital, Bahir Dar city, Northwest Ethiopia, 2014: a cross-sectional study. *BMC research notes*. 2015 Oct 1;8(1):528.
11. Asha Panth and Praveena Kafle (2018) Maternal Satisfaction on Delivery Service among Postnatal Mothers in a Government Hospital, Mid-Western Nepal, *Hindawi Obstetrics and Gynecology International*, 4530161.
12. Mekonnen, M. E., Yalew, W. A. & Anteneh, Z. A. 2015. Women's satisfaction with childbirth care in Felege Hiwot Referral Hospital, Bahir Dar city, Northwest Ethiopia, 2014: a cross-sectional study. *BMC research notes*, 8, 528.
13. Bereket Yohannes, Mulat Tarekegn, Paulos W (2013) Mothers' Utilization Of Antenatal Care And Their Satisfaction With Delivery Services In Selected Public Health Facilities Of Wolaita Zone, Southern Ethiopia. *International Journal of Scientific & Technology Research* 2.
14. Alemayehu Kumsa, G T, A N, Kebede G (2016) Satisfaction with emergency obstetric and newborn care services among clients using public health facilities in Jimma Zone, Oromia Regional State, Ethiopia; a cross-sectional study. *BMC Pregnancy and Childbirth* 16.
15. Roza Amdemichael, Mesfin Tafa, Fekadu H (2014) Maternal Satisfaction with the Delivery Services in Assela Hospital, Arsi Zone, Oromia Region. *Gynecology & Obstetrics* 4:8.
16. Bitew K, Ayichiluhm M, Yimam K (2015) Maternal satisfaction on delivery service and its associated factors among mothers who gave birth in public health facilities of Debreworkos town, northwest Ethiopia. *BioMed Res Int*, pp: 1-6.
17. Taklu Marama, Hinsermu Bayu, Mulualem Merga, Wakgari Binu (2018) Patient Satisfaction and Associated Factors among Clients Admitted to Obstetrics and Gynecology Wards of Public Hospitals in Mekelle Town, Ethiopia: An Institution-Based Cross-Sectional Study. *Hindawi Obstetrics and Gynecology International* 2018:9.
18. Gizew Dessie Asres(2018) Satisfaction and Associated Factors among Mothers Delivered at Asrade Zewude Memorial Primary Hospital, Bure, West Gojjam, Amhara, Ethiopia: A Cross-Sectional Stud, *Primary Health Care: Open Access* 8:2.
19. Deewana, Z. 2017. Quality of Delivery Service at Public Health Facilities in Arba Minch District, Gamo Gofa Zone, Southern Ethiopia. *Journal of Gynecology and Obstetrics*, 5, 31.

20. Tayelgn A, Zegeye DT, Kebede Y (2011) Mothers' satisfaction with referral hospital delivery service in Amhara Region, Ethiopia. *BMC Pregnancy Childbirth* 11:78
21. Lumadiand TG, Buch E (2011) Patients' satisfaction with midwifery services in a regional hospital and its referring clinics in the Limpopo Province of South Africa. *Afr J Nurs Midwifery* 13: 14-28. 10.
22. Eva SB, Michael AK (2009) Women's satisfaction with delivery care in Nairobi's informal settlements. *Intern J Qual Health Care* 21: 79-86
23. Sarie J Oosthuizen, Anne-Marie Bergh, Robert C Pattinson, Jackie Grimbeek (2017) It does matter where you come from: mothers' experiences of childbirth in midwife obstetric units, Tshwane, South Africa. *Reproductive health* 14:151
24. Tunçalp Ö, Were WM, MacLennan C, Oladapo OT, Gulmezoglu AM, et al (2015) Quality of care for pregnant women and newborns-the WHO vision. *BJOG*. 122:1045-9

Tables

Table 1 socio-demographic characteristics of mothers get delivery service in Adigrat general hospital, 2018.

s.no	Variable	category	Frequency	Percentage
1.	Age	18-25	118	39.1
		26-35	147	48.7
		36-45	37	12.3
2.	Marital status	Married	235	77.8
		Single	31	10.3
		Divorced	19	6.3
		Widowed	16	5.3
3.	Occupation	Housewife	109	36.1
		Farmer	48	15.9
		Government employee	54	17.9
		Daily laborer	6	2.0
		Merchant	54	17.9
		Other	31	10.3
4.	Educational Status	Illiterate	67	22.2
		Read and write	97	32.1
		Primary Education	58	19.2
		High school and above	74	24.5
5.	Residence	Urban	201	66.6
		Rural	101	33.4
6.	Number of total family size	1-3	187	61.9
		4-6	90	29.8
		> 7	25	8.3

Table 2: Obstetric history of mothers get delivery service in adigrat general hospital, Adigrat2018

Variables	Response	Frequency	Percentage
Parity	1	98	32.6
	2-5	168	55.8
	>6	35	11.6
Previous facility delivery	Yes	191	63.2
	No	111	36.8
Wanted status of pregnancy	Wanted	211	69.9
	Unwanted	88	29.1
ANC service	First visit	6	2.0
	Second visit	33	10.9
	Third visit	111	36.8
	Fourth visit	67	22.2
	All visit	73	24.2
	No visit	12	4.0
Reasons to deliver in this hospital	Planned	207	68.5
	Referral	95	31.5
Mode of delivery	Spontaneous vaginal delivery	143	47.4
	Cesarean section	94	31.1
	Instrumental delivery	65	21.5
Sex of newborn	Male	148	49.0
	Female	154	51.0
Fetal outcome	Alive	282	93.4
	Dead	20	6.6

Table 3: Mother's satisfaction related characteristics in adigrat general hospital, Adigrat2018

Variables	Category	Frequency	Percentage
Satisfaction with privacy	Satisfied	190	62.9
	Unsatisfied	112	37.1
Satisfaction with the gender of birth attendant	Satisfied	146	48.3
	Unsatisfied	156	51.7
Satisfaction with information service	Satisfied	129	42.7
	Unsatisfied	173	57.3
Satisfaction with courtesy and respect	Satisfied	153	50.7
	Unsatisfied	149	49.3
Satisfaction with the way of examination	Satisfied	199	65.9
	Unsatisfied	103	34.1
Satisfaction with the assurance of confidentiality by the health professional	Satisfied	200	66.2
	Unsatisfied	102	33.8
Satisfaction with the care of delivery service	Satisfied	231	76.5
	Unsatisfied	71	23.5
Satisfaction level during labor service	Satisfied	234	77.5
	Unsatisfied	68	22.5
Satisfaction with woman-friendly care	Satisfied	224	74.2
	Unsatisfied	78	25.8
Satisfaction with toilet cleanness and availability	Satisfied	234	77.5
	Unsatisfied	68	22.5
Satisfaction with drugs availability	Satisfied	191	63.2
	Unsatisfied	111	36.8
Presence of waiting area	Satisfied	192	63.6
	Unsatisfied	110	36.4
Overall satisfaction labor and delivery service	Satisfied	212	70.2
	Unsatisfied	90	29.8
Cleanness of the couch	Satisfied	169	56.0
	Unsatisfied	133	44.0
Satisfaction with postnatal care	Satisfied	215	71.2
	Unsatisfied	87	28.8

Table 4: Care providers related characteristics of adigrat general hospital, 2018.

How much time did you wait before seeing a doctor or a nurse	Immediately	76	25.2
	30 minutes	117	38.7
	1 hour	84	27.8
	>1 hour	25	8.3
Do any staff ever speak to you in a way that upset you? (e.g. Shouting or using abusive language)	Yes	111	36.8
	No	191	63.2
Feeling comfortable/free to discuss all your concerns with your provider?	Yes	192	63.6
	No	110	36.4
Recommend the hospital to their family or friends for delivery service	Yes	172	57.0
	No	130	43.0
Hospital use recommended for you	Yes	194	64.2
	No	108	35.8

Table 5: factors associated with delivery service satisfaction among mothers in Adigrat general hospital, May 2018(n=302).

Variable		Overall satisfaction %		COR (95%CI)	AOR (95%CI)
		Satisfied	Dissatisfied		
Residency	Urban	140(66.0)	61(67.8)	1	1
	Rural	72(34.0)	29(32.2)	1.082(0.6400, 1.830)	0.012(0.002,0.065)*
Reason to deliver in this hospital	Planned	149(70.3)	58(64.4)	32.36(3.46,302.68)*	40.43(2.75, 595.23)*
	Referral	63(29.7)	32(35.5)	1	1
Previous delivery service at this hospital	Yes	134(63.2)	57(63.3)	0.995(0.956,1.659)	1.005(0.603,1.677)
	No	78(36.8)	33(36.7)	1	1
Availability of cleanness toilet	Yes	132(62.3)	60(66.7)	1	1
	No	80(37.7)	30(33.3)	10.67(2.24,50.82)*	0.964(0.562,1.654)
The approach of clinicians (friendly care)	Yes	158(74.5)	24(26.7)	0.34(0.14,0.83)*	0.958(0.570,1.612)
	No	50(23.6)	74(24.5)	1	1
Availability of waiting area	Yes	169(79.7)	23(25.6)	11.44(6.410,20.449)*	0.87(0.0049,0.156)
	No	43(20.3)	67(74.4)	1	1
Mode of delivery	Vaginal	101(47.6)	42(46.7)	3.52(0.31,40.30)*	0.945(0.692,1.29)
	Instrumental/CS	111(52.4)	48(53.3)	1	1
clinicians way of examination	Yes	139(65.6)	60(66.7)	0.82(0.223,3.011)	1.050(0.623,1.770)
	No	73(34.4)	30(33.3)	1	1

P-value < 0.05 *indicate association