ARTICLE

EXPLORATION OF MOTHERS' EXPECTATIONS OF CARE DURING CHILDBIRTH IN PUBLIC HEALTH CENTRES IN KUMASI, GHANA

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ABSTRACT

It is well established that clients' past healthcare experiences influence their further use of that particular service, as well as their recommendations of that service. This also applies to the use of facility-based childbirth services which contribute to reducing maternal and infant mortality rates. This paper explores what mothers' want from care in public health centres during childbirth. Knowing mothers expectations will contribute to improving their future childbirth care experiences. In this explorative qualitative study, 56 women were recruited from four public health centres. In-depth individual interviews were digitally recorded and transcribed in full, and subjected to content analysis. Themes emerged, revealing participants' desire for both "respectful care" and "safe care". From our findings, we posit that respectful care should be characterised by adequate communication between the healthcare provider and patient, and involvement of the patient in care decisions. Participants expected safe care, which results from health facilities with adequate resources. Health services generally concentrate on clinical care, which aligns with mothers' expectations of respectful and safe care. However, soft skills need much attention in nursing and midwifery education. There is also a need to orient midwives to a patient-centred approach to care that meets mothers' expectations for childbirth care.

Keywords: expectations; childbirth care; mothers; women; Ghana

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INTRODUCTION

Mothers and babies are vulnerable to morbidity and mortality during pregnancy and childbirth and although largely preventable, more than 10 per cent of women still die during childbirth worldwide and of these 99 per cent occur in developing countries (WHO 2016, 1). The WHO (2016) further reported that 239 per 100 000 live births maternal mortalities occurred in developing countries compared with 12 per 100 000 in developed countries. It also stated that even within countries disparities existed in mortality rates between living in urban or rural areas, and between the rich and the poor. Additionally, it is reported that approximately 2.6 million newborn babies died in 2016, and neonatal deaths accounts for 46 per cent of all under-five deaths (UNICEF et al. 2017, 1). Skilled care at birth is reported to avert preventable maternal and neonatal mortalities because the skilled attendant has the requisite training to detect and intervene early in the case of any problems during childbirth. The availability and utilisation of skilled birth care services significantly reduces maternal and neonatal mortalities in developed countries (WHO 2016, 2). Although infrastructural availability cannot be compared among nations, basic emergency obstetric and newborn care providers are available in all health facilities to ensure the provision of skilled birth care (Otolorin et al. 2015, 46).

Meeting patients' expectations is a measure of the quality of healthcare and the most important predictor of overall patient satisfaction (Adugnaw and Fikre 2016, 1919). According to the literature, patients' expectations regarding healthcare include the provider showing respect, listening, understanding and discussing problems with the patient (Schoenfelder, Klewer, and Kugler 2011, 507).

PROBLEM STATEMENT

Patients' expectations of care play a significant part in their overall gratification with the care and their subsequent health-seeking behaviour. Bowling, Rowe and McKee (2013, 147) assert that the ability of health services to meet patients' expectations in terms of the emotional and human features of the interaction and the outcome of care matters most to patients. Therefore, considerations of how to manage patient expectations of service are essential to reducing discontent with care. Hoy (2008, 13) and Farooqi (2005, 4) document that patients with unmet expectations may never complain to their caregivers, but will not return for ongoing and follow-up care. A further concern in meeting the expectations of care in health facilities is that some women have negative preconceptions of facility-based childbirth care. For some women their expectations of care in the health facilities are hindrances to their assessment of skilled birth care (Moyer, Dako-Gyeke, and Adanu 2013, 40). Studies have reported that some women use facility-based childbirth care as a last resort (Dzomeku 2011, 31; Moyer, Dako-Gyeke, and Adanu 2013, 38). While understanding care expectations is important, there is paucity of literature on the expectations of mothers during childbirth in Ghana. This

paper reports on mothers' expectations of childbirth care in public health centres within the Kumasi metropolis in Ghana.

PURPOSE

The purpose of this study is to explore and provide insight into mothers' expectations of childbirth care in public health centres in Kumasi, Ghana.

DEFINITION OF TERMS

Childbirth refers to the period from the antenatal, to the labour and postnatal stages.

Expectations refer to the anticipations of mothers about their childbirth care at public health facilities.

Mothers are antenatal or postnatal women who received childbirth care from one of the four public health settings of this study.

Patient-centred care refers to an approach to care that meets patients' expectations.

METHODOLOGY

Design

An exploratory qualitative research design was employed in four hospitals within the Kumasi metropolis and in-depth interviews were conducted to gain insight into the expectations of mothers during childbirth care (Morse and Field 1996, 155).

Setting

The study was conducted in four public health settings in Kumasi, Ghana.

Population and Sampling

Purposive and convenient sampling strategies were employed to recruit antenatal or postnatal mothers for the study. These mothers were receiving care from one of the four study centres within Kumasi. The mothers could speak English or Twi and were willing to be involved in the study. Exclusion criteria were mothers who were visiting the facility for the first time or did not consent to the study or could not communicate in English or Twi. The researchers explained the aim of the study and what was required of the participants to mothers who met the inclusion criteria after which their verbal consent was sought. Twelve to 15 individual in-depth interviews were done in each of the four public health centres. Data collection ceased once there was data saturation and no new themes emerged (Morse and Field 1996, 156).

Data Collection

Data collection involved in-depth individual interviews using semi-structured interview guides. The main question asked was "what is your expectation of care during childbirth in a public health centre?" The researcher who has experience in qualitative research used probing questions to elicit further responses from participants in order to gain full understanding of emerging themes. Interviews were conducted in English and Twi and were recorded with a digital voice recorder and later transcribed. Interviews were conducted in private offices outside the hospital setting after participants had received care. Field diaries of all verbal and non-verbal cues and gestures were kept by the researcher to give context to the findings. Four interviews were conducted daily at two-week intervals. This allowed adequate time for listening to the tapes several times, transcribing and reading through the text. This process of simultaneous transcription created an opportunity for further exploration during the next set of interviews. Data collection was performed from December 2014 to April 2015.

Analysis

For interviews that were conducted in Twi, translation and back-translation were done. Thematic content analysis was done in order to identify trends and patterns that reappeared in the transcribed interviews (Miles and Huberman 1994, 262–264). This involved consideration of the literal words in the text being analysed, including the manner in which these words were uttered. In this way, the analysis provided a method for highlighting the exact words from the text that appeared to capture key thoughts or concepts by each participant (Morse and Field 1996, 156). During the process of the analysis two themes and three sub-themes emerged.

Ethics

Permission to conduct the study was obtained from the ethics committees of the Kwame Nkrumah University of Science and Technology, Kumasi, the Komfo Anokye Teaching Hospital and the Director of Ghana Health Services of Kumasi. Further, clients' informed consent was sought for the study and to record interviews, and only consenting clients were involved in the study.

Trustworthiness

The researchers made sure that participants were accurately identified. Peer debriefing and member checking were also done by engaging colleague researchers and participants in the research process to check the research questions and transcripts as an ongoing process during data collection and to provide inputs into probing questions that were subsequently posed to participants. Transcripts were read to participants to check the

accuracy of information recorded. These were to ensure the credibility of data obtained. Also, a detailed audit trail has been provided to enable replication by other researchers in similar settings.

Findings

Participants were between the ages of 18 and 43 years; one participant opted not to disclose her age. One participant had basic education, 18 had Junior Secondary School education, 13 had Senior High School education, nine had tertiary education and one participant had no formal education.

The two main themes that emerged from the data analysis were: 1) the desire for respectful care, and 2) the desire for safe care. The respective themes and their sub-themes are described below with supporting quotes.

Desire for Respectful Care

Participants in this study form their expectations largely from previous experiences with facility childbirth care. They expect that midwives who provide care treat them with respect during childbirth. Mothers made inferences about the attitudes of midwives to them and their response to meeting their needs as key elements of respectful care. One of the participants, Ksouth (aged 33) said:

> Caregivers will be polite towards me, call me by [my] name and give me and my baby all the attention and care we may need. They should say please and thank you to us, just as we say to them. [That] will be great.

Another participant, Kath (aged 28), mentioned that she expects respectful care particularly when midwives interact with her because of her status in the community. She stated:

> Eii! Because they know me as Nana [Queen mother] they are really nice to me. They address me well. I anticipate that the same courtesies will be accorded me always …. yes! They should use please, sorry if they go wrong.

Yet another participant, Ksouth (aged 28), indicated her expectations about respectful care and admonished midwives for perceived failings:

> … [The midwives should] spend more time with each mother and not brush over our complaints. They should be caring and polite.

As a sign of respect, mothers also expected midwives to treat them as adults and recognise their own opinions. They also expected midwives to show an interest in them and their welfare:

> I expect the midwife to show interest in me and my baby. She should understand me and talk to me well [properly] because I am also a responsible person. (Ksouth, aged 33)

It appears that mothers anticipate midwives to hit them, shout at them, and ignore them during childbirth, and believe they will be treated like little children, made to feel stupid and taken for granted. These forms of disrespect frighten mothers as is evident in the quotation below:

> I am afraid the midwives will not be nice to me, will hit, or shout at me during the birth. (Ayed, aged 35)

Mothers in this study said they also expected to be treated as unique individuals, a sign in itself of great respect towards them. Women expected to be called by their names and to be addressed by their unique identifiers as a sign of respect and care. A participant said:

> At the clinic, you don't know who is who, sometimes the midwives belittle you before very small, small girls [very young and inferior women]. (Kath, aged 42)

Identifying participants by their titles may be particularly important to mothers because antenatal care is organised as group care, with mothers of varying status present in one group. This is reflected by these participants:

> I don't like the way you all mingle together with … emm, emm just everybody [making reference to younger and inferior women]. (Ksouth, aged 40)

> At the facility you are considered as just one of the women. (Apat, aged 36)

In summary, participating mothers' responses show they expect respectful care throughout antenatal care, labour and delivery.

Adequate Communication

A sub-theme of respectful care is adequate communication. Mothers in our study believed that if the midwives respected them, they would give them information about their care. Adequate communication refers to the ability to disseminate valuable messages to a patient during the care process. They also expected their opinion to be sought, which may give them the opportunity to make choices. A mother drew conclusions about her expectations in this quote and showed her desire to participate in decision-making:

> I am expecting to be treated well, to be spoken to before decisions are made, to be able to dialogue with the midwife before decisions are made. (Apat, aged 30)

Through adequate communication mothers expect to be informed about what is going on with them during childbirth. This seems to be important for their safety during childbirth.

> I should know what is going on with me, whether things are OK or not I should know. I also expect to know what to expect next. In that case I do not worry unnecessarily. (Ayed, aged 33).

Mothers do not want to feel that they are being controlled when they are in labour; instead, they want to know why the actions are being undertaken by service providers. Understanding the issues and processes also makes them feel in control of their care, and that they are not being dictated to:

> If I can be told the reasons behind the 'dos' and 'don'ts', then I will understand and can easily comply. But it seems like commands when you are told for example to lie on your side, remain in bed and not walk around. Only taking orders … hmm [this is not desirable]. (Kath, aged 40)

Participants also expect to be accepted by midwives during care as a sign of respect:

> A welcome, a smile, asking about my welfare and telling me what she finds after examining me will make me happy because she recognises me. (Apat, aged 21)

A participant, Ksouth (aged 34), expects this recognition and respect to be extended to her family as well:

> I will surely be accompanied by my mother-in-law when am in labour. I pray she will be told what to do and not be left all alone.

Involvement

Involving the mother in her care makes her aware of the intended outcome of procedures and/or decisions about her care which is paramount to ensure her compliance with care and her consequent fulfilment with care, as reported by this mother:

> If the midwife will involve me in my care during labour by explaining things to me and giving me information, I will be very satisfied with my care. (Ksouth, aged 26)

What is common in all these expressions is the inherent need of the mothers to be made aware of their progress and that of their babies so that they can participate in any decision-making. This allows mothers to feel part of and in control of the care process.

Desire for Safe Care

Participants' safe care, the second theme that emerged, involves the avoidance of harm during the provision of care, with a sub-theme of adequate resources. Most participants anticipate harmless and skilful care provision in childbirth as evident in the views of these participants:

> As for their job, they [the midwives] know it very well, and they know what to do to help you. It is only the disrespect that is so much and that makes me feel afraid, but I will deliver in the hospital, that way I will be safe. (Apat, aged 37)

> I expect that I will not be hit or belittled during childbirth. I also expect to receive help from the midwives when I am in pain or exhausted. (Ayid, aged 24)

Receiving safe care eliminates fears and uncertainties surrounding care allowing mothers to feel secure with the care they receive. Participants mentioned fearfulness which can be related to unsafe care. Participants expressed the need to eliminate fears and uncertainties, which make them feel the care they receive is unsafe:

> In terms of conducting of delivery, they know what to do, they are good. I expect they would help me deliver safely too. (Ksouth, aged 40)

It is not good for midwives to bite women in labour, because this will add more pain to the discomfort of labour. This can in turn lead to fear of facility-based childbirth:

> The midwives are good in helping you have your baby, but I am told they bite you if you do not do what they tell you. This makes me scared of the hospital delivery. (Kath aged 33)

By "they are good" the participant means that the midwife is skilful. Mothers have a great deal of confidence and trust in the services and care that are provided by the midwives during childbirth, yet there is often anxiety about the safety of the process. This is borne out by the fact that when there are complications arising from unskilled childbirth care outside of the facilities, mothers are brought to the facilities to be attended to by the midwives. Participants in this study therefore appreciate the knowledge and skills of the midwives:

> The truth is that I try to deliver anywhere apart from the hospital and have difficulties, you will end up in the hospital, I like the atmosphere I have when I deliver at home. (Kath, aged 25)

Participants resort to facility-based childbirth from experiences of previous home births:

> The reason why I came to deliver in this facility this time, hmmm, this is the first time I am having a baby in the hospital. On the last occasion, I almost died and the baby was not coming, and so I was brought to the hospital. The midwife just set up an infusion on me and that was all so I prefer to come to the facility now. (Ksouth, aged 28)

Women seem to compare facility-based care provision to unskilled care, by often highlighting their need to trust the skills of facility-based care personnel. They agree that it is better to seek help from what they perceive as the more skilful midwives than to seek unskilled care. Thus, our findings suggest that when unskilled care fails, women eventually are brought to health facilities. In these situations their life and that of the baby may be in danger. Therefore, mothers expect also to receive safe care in these facilities.

Adequacy of resources

All participants in the study commented on the physical and other resources available in the facilities where they received healthcare previously and were anticipating having better resources than those previously available in these facilities. When facility resources are overstretched and/or are in poor condition, this could potentially increase the risk of mortality in childbirth. Mothers outnumber the available beds, chairs, laboratory services and even the midwives in many antenatal clinics and wards in the facilities under study, as well as in the postnatal clinics and wards creating challenges of safe care. A participant noted:

> The antenatal clinic and labour ward is always crowded, so that sometimes we do not even have chairs to sit on. We stand for a long time waiting for our turn. You can see that the midwives are fully stretched. I expect to have adequate facilities for my care this time around. (Ksouth, aged 29)

Mothers expect to have private spaces during labour. Participating mothers observed that it was common to find two mothers use the same bed and babies of different mothers using the same baby cots, because the mothers and babies outnumber the available physical resources in these facilities.

> All I look forward to is to have enough space and privacy in the facility. I do not want to share a bed with another woman. (Kath, aged 36)

Mothers also expressed they would like to have basic facilities such as water during childbirth. Even though water taps are supposed to function in the facilities, many mothers stated they had to find their own water. Participants reported experiences of lack of water:

> In the hospital where I had my first baby, the taps were not running. My mum had to bring me water from home before I had a bath. I did not like that at all. (Ksouth, aged 29)

> I expect to have running water and electricity also available especially during my delivery. This is when I will be hospitalised. In the antenatal period, I don't really notice if they are unavailable. (Ayid, aged 29)

Furthermore, while discussing resources desirable to mothers during childbirth, some mothers mentioned their desire to have individual spaces during childbirth. Clearly, many facets of the physical environment at these facilities seem to have an influence on a mother's childbirth care expectations. One mother spoke about the birthing suite in this way:

> I expect to have my baby in the same room that I am admitted to. During my previous delivery, I almost lost my baby because I had to walk into a different room to deliver when the baby was almost out. The midwife said I should come quickly and not push out the baby. It was so uncomfortable. At a point, I lay on the floor and pushed out the baby. This was all because of lack of space to deliver. (Ayid, aged 27)

The availability of adequate resources for childbirth care provision cannot be underestimated as an important aspect of safe care. Participants anticipate adequate resources for their care and that of their babies to ensure safety:

> Equipment should be available to support emergency care. If my baby does not cry immediately at birth, I expect that the baby can receive immediate help to save his/her life. I would be disappointed if there was no oxygen. (Apat, aged 32)

> A friend said her baby did not cry after birth and the midwives were running to get oxygen from other wards for the baby. Her baby survived, but that was scary, to carry pregnancy to term with its challenges … I really expect that everything that my baby and I will need will be immediately available to safe us. (Apat, aged 35)

Participants in this study also regard time spent in the facilities with the midwives as important to achieving safe and adequate care. Even so, the results show that most women wanted to spend less time in the health facilities:

> Time is the challenge with attending the hospital, you wait for too long to receive care. (Kath, aged 26)

The time spent in facilities depends on the kind of help women receive, which is linked to the resources at the health facilities. This is illustrated in these quotes:

> Hmm ... I desire that when I go to the clinic I come back early to go to work. I am a dressmaker, if I do not go to work, no income comes to me. But going for antenatal care is a day's affair. (Ksouth, aged 35)

> I set off in the morning but meet a crowd of women who are there earlier, some women set off at dawn from their homes. It is all in a bid to receive care early. (Kath, aged 29)

Participants also had concerns with the high midwife-to-mother ratios. They were worried that this may lead to increased waiting times for care.

DISCUSSION

In the context of this study, mothers' expectations of care relate to receiving respectful care during childbirth, which then leads to fulfilment with care. Similarly Schoenfelder, Klewer and Kugler (2011, 507) report that clients' expectations of service were provider attitude and behaviour, especially showing respect and politeness. In another study, these attributes were found to be more important to clients than the technical skills of providers (Turkson 2009, 68). Findings from this study support other findings that respectful childbirth care is as important to participants as the technical skills of providers (Dzomeku, Van Wyk, and Lori 2017, 91; Moyer, Dako-Gyeke, and Adanu 2013, 39). Participants in this study may have heard or had previous encounters with facility-based care and are therefore aware of the interactions during facility-based childbirth care. Based on this knowledge, participants expect to receive respectful care.

Participants in this study preferred that midwives call them by their names to show respect. The literature supports this finding and suggests that addressing clients in this way helps maintain their uniqueness and identity, which contributes to improving their contentment with the care relationship (Morad, Parry-Smith, and McSherry 2013, 67). In our study mothers' voiced a desire for attention and for midwives to use kind words when addressing them, which is similar to observations by Eghdampour et al. (2013, 279), who found that the lack of attention to mothers can be seen in the interactions with midwives, such as not speaking kindly and politely. This can cause women to be disappointed with care. Their findings support the conclusion that most mothers expect caregivers to be polite and empathetic towards them as was found in this current study.

Our study identified that mothers did not receive adequate communication about their childbirth care processes and were not involved in the decisions about care provision. This occurs despite the fact that mothers should receive information before procedures are carried out. These findings are congruent with those found by Muliira, Seshan and Ramasubramaniam (2013, 442), who report that performing vaginal examinations can be embarrassing and cause discomfort or pain. According to Hassan et al. (2012, 16), women dislike vaginal examinations not only because they are embarrassing but also because of the lack of accompanying information and the technique used which is often done as a ritual and in an intimidating manner. Further, Stewart (2005, 594) explains that mothers' genital exposure associated with vaginal examinations can lead to some form of humiliation, which may further lead to a feeling of helplessness and vulnerability, dehumanisation and the feeling that one's privacy has been violated. These can be overcome through the use of effective communication and involvement of mothers in key decisions during the process of childbirth care.

Respect for a mother's wishes and her involvement in key decision-making about her childbirth care are essential elements of her care (Royal College of Midwives 2012, 6). Thus, the involvement of the mother in her childbirth care requires effective communication with her on the outcome of the procedures and/or on key decisions about her care to ensure satisfactory care.

According to the Joint Commission on Accreditation of Healthcare Organizations (2005), there is a link between a healthcare team member's communication skills and a patient's ability to abide by those recommendations. Therefore, the healthcare provider's ability to explain, listen and empathise can have a significant effect on patients' compliance. According to Hallam et al. (2016, 180), childbearing women require individualised care centred on kindness, respect and dignity throughout their maternity care. The emotional needs of the labouring woman relate also to the need for information about the progress of her labour. This study identified that a communication gap between midwives and mothers has the potential of affecting mothers' expectations with care.

Participants expect to be safe during childbirth care. As Korte and Scaer (1992) assert, the philosophy of childbirth safety rests on the view that a woman's body is designed to give birth safely. They further state that interventions should be used only when the need is greater than the risk. This may explain why some participants in this study regard caesarean birth as a bad outcome. Our study revealed that most mothers have knowledge of limited material and manpower resources during childbirth care which makes them rather unsatisfied with their childbirth care. In our study, mothers' desire to have private spaces during childbirth care in order to have safe care is explicitly shown. The Royal College of Midwives (2012, 8) reiterates that childbirth care must take place in an environment that protects and promotes women's privacy and dignity, respecting their human rights. To ensure safe care, it is imperative that the ward and outpatient environment be designed in such a way that conversations and healthcare procedures take place in privacy to ensure dignity (Morad, Parry-Smith, and McSherry 2013, 67).

Goberna-Tricas et al. (2011, e235) and Williams (2006, 17) found that mothers' awareness of technologies used in childbirth care tend to produce two opposing effects in them. On the one hand, they feel satisfied with healthcare technologies meant to assist them and therefore view them as a source of security. The knowledge that they are in a hospital environment with modern technological facilities is comforting if complications emerge. On the other hand, some mothers are terrified by these technologies. In our study, however, we found that mothers desire technological resources in health facilities because they felt that their availability guaranteed their safety as well as that of their babies.

CLINICAL IMPLICATIONS

- The need exist to orient midwives towards a patient-centred approach to care.
- Midwives need to be conscious of the fact that women have expectations of their care during childbirth, and that when their expectations are met, they have a fulfilling experience.
- Midwives should understand that mothers' expectations during childbirth include knowing and being part of the decisions that surround their care.
- The need to ensure the adequacy of resources for childbirth care is also inferred from this study.

CONCLUSION

Mothers have varied expectations regarding their care during childbirth. Most mothers' expectations stem from their previous knowledge of practices that occurred during

childbirth. Expectations are important in the perception of the care subsequently received, which ultimately can lead to revisits. There is a need to consider the expectations of mothers during childbirth in order to improve services.

LIMITATIONS

We did not conduct a pretext; however, the research assistants were experienced in interviewing and in qualitative research studies.

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