Comparison of Maternal Perceptions of Perinatal Care at a Midwest Medical Center With a Free-Standing Birth Center and a Traditional Labor, Delivery, Recovery Unit

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Abstract. The Baby Friendly Hospital (BFH) Initiative is a worldwide effort to improve breastfeeding rates through supportive hospital practices. The purpose of this project was to assess maternal perceptions of the perinatal care provided and confidence with newborn care at a Midwestern medical center as they initiated practice changes toward BFH designation. The COMFORTS scale was completed by 101 mothers prior to discharge after birth. Mean score on total scale was 208.07±25.33/240, indicating a high satisfaction with care, though first time mothers’ satisfaction was lower (mean=200.72 ± 27.30, t=-2.21, p=0.03). Mothers at the Birth Center perceived greater choice (t=2.46, p=0.02) and initiate early skin-to-skin care more frequently (FET=9.49, p=0.03) than mothers at the hospital unit. First time mothers were less confident with newborn care (t=-4.92, p=0.00) than mothers with an older child. Although satisfaction was high there is room for improvement as practice changes are being made.

1. Introduction

Breastfeeding is considered the ideal method of feeding for a newborn. Infants who are breastfed have lower incidence of Sudden Infant Death Syndrome, diarrhea, respiratory infections, childhood obesity, atopic dermatitis, asthma, childhood cancers, and other diseases [1, 2]. The Baby Friendly Hospital Initiative, which was founded by WHO and UNICEF, addresses hospital practices and provides maternity care facilities with a series of ten steps toward improving breastfeeding rates [3]. A medical center in a Midwestern state is processing through the steps to Baby Friendly accreditation. The goal of this project was to evaluate how current maternity care practices in this hospital affect maternal satisfaction with care and confidence in newborn care. The following questions were addressed in this project:

1. How satisfied are mothers with their perinatal care while hospitalized?
2. How confident do mothers feel in their ability to care for their infants by the time of their hospital discharge?

Based on results of this survey, the hospital can better assess how current maternity care practices impact satisfaction and confidence in newborn care and can develop interventions to create a baby friendly environment.

2. Experiment, Results, Discussion, and Significance

The medical center in this study has two labor and delivery units and two postpartum units. The BirthCare Center (BCC) is a free-standing birth center across the street from the main hospital and offers complete care for mothers who are low risk and anticipate a normal vaginal delivery. The main hospital has a labor and delivery unit (LDR) and separate postpartum unit, which are equipped for both normal and high-risk deliveries. Mothers on the hospital postpartum unit and at the BCC composed the study population. Mothers were invited to participate if they had delivered one or more healthy infants, their infant(s) were rooming-in, and they spoke and read English.

The COMFORTS scale [4] was the instrument used for the project and consisted of 48 items in six subscales, with responses recorded on a five-point Likert scale. The six subscales of the COMFORTS scale are: Provision of Choice, Nursing Care during Labor, Nursing Care during Postpartum, Privacy, Physical Environment, and Confidence in Newborn Care. The survey is scored by summing the numeric response from each item, for a possible total score ranging from 48 to 240. The subscales may also be scored individually. Higher scores indicate greater satisfaction. Demographic questions were also included in the survey, including information about labor, delivery, recovery, postpartum, feeding choices, and use of skin-to-skin care.

Procedure

Between July 15-August 15, 2013, all mothers meeting the inclusion criteria and preparing for discharge were invited to complete the survey voluntarily and confidentially. A total of 101 mothers completed the survey. After all
surveys were collected, sums for the total survey and each subscale were calculated. Frequencies and descriptive statistics were obtained for each item. Independent samples t-tests were calculated to compare the mean scores for labor care based on labor unit, and for postpartum care based on postpartum unit, as well as to compare subscale mean scores based on maternal parity. Independent sample t-tests were used to compare confidence in newborn care by birthing unit, postpartum unit, parity, and skin-to-skin after birth. Fisher’s exact tests (FET) were calculated to assess relationships among parity, skin-to-skin initiation, and early breastfeeding initiation.

Results

Mean survey sum was 208.07 ± 25.33 (maximum = 240) points. Mothers delivering at the BirthCare Center perceived they had greater choice, information, and support during labor (M= 27.90 ± 2.71) than mothers birthing in the hospital labor unit (M= 26.06±4.05, t=2.30, p=0.02). There were no other significant differences between the BirthCare Center and the hospital labor unit for the entire survey or for the other subscales. There were also no significant differences between the BirthCare Center and the hospital postpartum units for either the entire survey or for any of the subscales. Multiparous mothers reported greater overall satisfaction (M = 212.87 ± 22.94) than primiparous mothers (M= 200.72±27.30, t= -2.21, p= 0.03). As for confidence in newborn care, multiparas scored significantly higher (M = 45.13 ± 8.21) than primiparas (M= 51.49 ± 4.66, t = -4.36, p = 0.00). There were no significant differences between multiparous and primiparous mothers based on labor unit or postpartum unit or for the other subscales.

Comparing birth practices, mothers delivering at the BirthCare Center were more likely than those in the hospital labor unit to initiate skin-to-skin care within five minutes of birth (FET = 9.49, p =0.03), and earlier skin-to-skin initiation correlated with earlier initiation of breastfeeding (FET= 61.69, p= 0.00). Breastfeeding was initiated by 85% of participants, and 56.4% of mothers initiated breastfeeding within 60 minutes after delivery. Overall, 67.3% of mothers initiated skin-to-skin within 5 minutes after delivery, as recommended by the Baby Friendly organization.

3. Conclusions

The survey results demonstrate that most mothers are very satisfied with their perinatal care and feel confident about caring for their infants. However, hospital practices to meet specific Baby Friendly requirements, such as 80% of mothers initiating of skin-to-skin care within five minutes and breastfeeding within 60 minutes after delivery, still show plenty of room for improvement. Education of all members of the perinatal health care team regarding breastfeeding, the Baby Friendly Hospital Initiative, and the rationale behind policy changes will continue to improve these statistics. Education of the patient and support persons regarding breastfeeding and skin-to-skin care beginning during prenatal care visits and continuing through the hospital course and after discharge will also encourage more mothers to choose breastfeeding and skin-to-skin care for their growing families.

4. Acknowledgements

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5. References