[Women's satisfaction about nursing care for caesarean section in the maternity hospital in Karbala city]

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Abstract

Objective: To assessment of women's satisfaction regarding nursing care about cesarean section and to find out the relationship between demographical, obstetrical characteristics and women's satisfaction regarding nursing care. Methods: A descriptive study was conducted to assess women's satisfaction with nursing care about caesarean section at Maternity and Obstetrics Hospital in Karbala city. The study will be carried out during period between the February2022 to 2022June. A purposive (non-probability) sample of 70 women who attended the postpartum ward in Maternity and Obstetrics Hospital. The questionnaire was obtained from review of the literature and modified by researchers to be suitable with the study sample nature including three-part: (social demographic/ obstetrical characteristics/items related to women satisfaction.) Data were analyzed by using (Excel) and (SPSS) version 16, which includes my descriptive. Results: present study shows that women were satisfied about The professional's perception of health. preparation for a caesarean, participation in decision making, the postpartum care domain, the hospital's facilities and the patient's privacy are all part of the domain. while current study shows that women were unsatisfied about comforting domain, meeting baby domain and meeting expectations. Conclusion: current study revealed that the Women were satisfied about nursing care about caesarean section

Keywords

Satisfaction, Nursing Care, Caesarean Section

Caesarean section (CS) has been used in clinical practice to save the lives of mothers and babies. Rising cesarean delivery rates have been a cause for concern for more than two decades. Considering that the World Health Organization (WHO) stated in 1985 that "there is no explanation for any region having CS rates higher than 10-15%," According to statistics, the maternal mortality rate of cesarean section is 3-7 times that of normal delivery. (Splete, 2018)

The improvement of maternity care is a key health policy focus, in recognition that health and wellbeing have implications throughout life and mother plays a key role in family well-being. Official birth rates are rising, but associated complications and deaths are slowly falling. Strategies to improve maternal health and reduce complications by providing quality care associated with doing the right thing in the right way for the right patient at the right time and achieving the best outcome. This is one of the greatest challenges in maternal and newborn care, as poor quality care during

childbirth is a major contributor to complications(Henke et al., 2018)

From 1990 to 2015, the global maternal mortality ratio (MMR) fell by 44%. Yet maternal mortality remains unacceptably high, with around 303,000 maternal deaths per year (WHO, 2007).

Maternal death is caused by a variety of direct and indirect causes. The immediate causes, which account for 80% of all maternal deaths, include haemorrhage, infection, unsafe abortion, hypertensive pregnancy disorders and failed births. Many maternal deaths are preventable if preventive measures and care are taken in the perinatal period (Karoni et al., 2020)

The death rate of mothers following caesarian sections in low-income and middle-income countries is 100 times greater than in high-income countries, with as many as a third of all babies dying. This data is derived from 12 million pregnancies. A new analysis, published in The Lancet, considered 196 studies from 67 low- and middle-income countries. (WHO, 2021).

Clinical factors like hypertension, fluid problems in the amniotic sac, post-date patients visit the hospital, they may either be pleased or dissatisfied with the service received. However, the concept of their satisfaction is complex and involves multiple factors, including lifestyle, previous experiences, future expectations and the value of both individuals and society.(Karoni et al., 2020)

Material/Subjects/Patients and methods

A Descriptive study was performed between the February2022 - 2022 June to measure mothers' satisfaction with nursing care about caesarean section. The study achieved in Maternity and Obstetrics Hospital in Karbala city. Non-probability- a convenience sample including 70 women who attending the postpartum ward. The questionnaire was obtained from review of the literature (Gungor, I and Beji, N.K.,2012) and modified by researchers to be suitable with the study sample nature including three-part

◉ First part: (social demographic) including (Age of women, educational level of

pregnancy, maternal distress, a Rh-negative mother, a psychological problem, and other common diseases that adversely affect pregnancies, including thalassemia, anemia, asthma, and urinary retention, were among the maternal causes. Multiple pregnancies, large babies, and fetal distress were all factors. Prolonged labor or an obstructed cervix, CPD, failed induction, placenta praevia, and malpresentation, all of which have an effect on both the mother and the fetus, were combined into a single cause that affects both the mother and the fetus(Begum et. al, 2017)

The job of the nurse is paramount during, immediately following, and prior to a cesarian section. A nurse is a crucial component of the caesarian delivery process, similar to a primary care doctor is integral to the patient's overall health. Both the birth of a child and surgery are traumatic experiences for patients, and the ability of nurses to soothe and communicate with them has been demonstrated to increase patient satisfaction and diminish stress. (Sung et al., 2021).

Clients or patients are the intended audience for a health care facility. They want reassurance, assistance, and healing. After

women, place of residence, occupation)
◉ Second part: (obstetrical characteristics) including (parity, Gestational Age, Labor /delivery support, health care provider at delivery)
◉ Third part: including 10 sections related to women satisfaction

Which are (perception of health professional including 5 questions, perception for cesarean including 2 questions, comforting including to 3 questions , information and decision making involvement including 8 questions, meeting baby including 3 questions, post-partum care including 6 questions, hospital room including 3 questions, hospital facilities including 3 questions, respect for privacy including 4 questions and meeting exceptions including 5 questions). Data were collected from 1 March to 30 March through an interview with women who attended the postpartum ward in Maternity and Obstetrics Hospital where each woman took about 15-30 minutes. The data is analyzed through the use of the (Excel) and (SPSS) program version16, which includes descriptive and inferential results.

Results

Current study shows that majority of study sample was women within 20 − 29 years (61.43%). Concerning educational level, the results showed that most of the study samples were Illiterate (35.71%). Moreover, the place of residence (51.43%) of them were living urban areas. Regarding the occupation, the results showed that most of the study sample was housewife (77.14%). Present study shows that the Parity at multigravida were (92.86%). Relative to Gestational age, most of the study subjects (74.29%) were Full-term (37-40 weeks). Concerning labor delivery support, the results showed that most of the study sample was Parent /family of mother or partner (98.57%). The Health Care Provider at Delivery was mostly nurses (87.14%).

Present study find that the overall assessment related to perception of health professionals, preparation for caesarean, Information and Involvement in Decision Making, Postpartum Care, Hospital Facilities and Respect for Privacy was satisfied with Mean±SD 3.92±0.24, Mean±SD; 4.02±0.35, Mean±SD; 3.8±0.3, Mean± SD; 3.94±0.21, Mean± SD; 3.9±0.33 and Mean± SD; 3.86±0.38 respectively. On the other hand current study revealed that the overall assessment of women related to Comforting, Meeting Baby and Meeting Expectations was unsatisfied with Mean ±SD; 2.91±0.53, Mean± SD; 1.93±0.3 and Mean± SD; 3.07±0.34 respectively. As well as the study find that the overall assessment for caesarean section were satisfied about with Mean± SD; 3.53±0.39. The present study find that the is no relationships between women Satisfaction, Pregnancy and Delivery Characteristics with Demographic data of the women with p-values were more than 0.05.

Discussion

The present study find that the majority of the study sample was Illiterate housewife women within 20 −29 years. Moreover, they are living in urban areas as well as most of them multigravida. Study conducted by Al Harazi et al., in 2021 support present study when they find that most of the study sample also Illiterate housewife women greater than 25 years old and living in urban area .

Relative to Gestational age, most of the study subjects were Full-term (37-40 weeks). Concerning labor delivery support, the results showed that most of the study sample was Parent /family of mother or partner while the Health Care Provider at Delivery was mostly nurses.

The present study finds that most of women satisfied regarding the professional's perception of health. Domain Professionals. Preparation for a cesarian section, information and participation in decision making, postpartum care, space in the hospital and respect for privacy. The present study find that most of women satisfied regarding Meeting Baby, Comforting domain, Meeting Expectation unsatisfied Finally, current study finds mostly women satisfied about nursing care in cesarean section, this result agree with study conducted by (H. Abdelati et al., 2019) when they also find that most of the study sample or women have been satisfied about nursing care. Also the study of (Al Harazi et al., 2021) they find that the women were satisfied regarding hospital care.

Current study finds that no significant relationship between Demographical Data and women satisfaction and obstetrical characteristic. This results disagree with many; study performed in Ethiopia by (Karoni et al., 2020) and (H. Abdelati et al., 2019) Also they find Statistically High Association Between Women's Satisfaction with CS Care.

Conclusion

Depending on the result of the study the majority of the women are Illiterate housewife women within 20 − 29 years. Moreover, they are living in urban areas as well as most of them multigravida also satisfied about nursing care in the caesarean section area.

Hospitals should train nurses based on the evaluation results of service quality and maternal satisfaction. Develop the quality of health education in a planned way to achieve customer satisfaction. Continuity of care, emotional support and participation in decision-making for parturient women should be improved to increase their satisfaction. Further research is needed to identify factors that contribute to the low quality of care in Cs.

References

Asseffa NA, Demissie BW. Perinatal outcomes of hypertensive disorders in pregnancy at a referral hospital, Southern Ethiopia. PLoS One 2019; 14(2): e0213240. [PMC free article] [PubMed] [Google Scholar] [Ref list]

Armaly Z, Jadaon JE, Jabbour A, Abassi ZA. Preeclampsia: Novel Mechanisms and Potential Therapeutic Approaches. Frontiers in physiology. 2018;9

Filippi V, Chou D, Ronsmans C, et al. Levels and causes of maternal mortality and morbidity. In: Disease control priorities: reproductive, maternal, newborn, and child health, vol. 2. 3rd ed. The World Bank, 2016, http://europepmc.org/books/NBK3 61917 [Google Scholar] [Ref list]

Lo JO, Mission JF, Caughey AB. Hypertensive disease of pregnancy and maternal mortality. Current Opinion in Obstetrics and Gynecology. 2013;25:124-32.

Britt R. World Preeclampsia Day: Recognizing That Delivery Is a Treatment, Not a Cure Posted on May 22, 2018. 2018.

Liljevik S, Lohre ESVB. Evaluation of knowledge and management practices of hypertension in pregnancy among health care workers in Moshi urban, Tanzania 2012.

moh. annual statistical report. 2016.

Skjaerven R, deRoo L, Klungsoyr K, Morken NH, Rich-Edwards J, Wilcox AJ. [77-OR]: Preeclampsia and maternal mortality, the importance of size of the fetus. Pregnancy Hypertension: An International Journal of Women's Cardiovascular Health. 2015;5:41.

Motha M, Jayasundara C. Hypertension in pregnancy. 2015

Armaly Z, Jadaon JE, Jabbour A, Abassi ZA. Preeclampsia: Novel Mechanisms and Potential Therapeutic Approaches. Frontiers in physiology. 2018;9

Ye C, Ruan Y, Zou L, Li G, Li C, Chen Y, et al. The 2011 survey on hypertensive disorders of pregnancy (HDP) in China: prevalence, risk factors, complications, pregnancy and perinatal outcomes. PloS one. 2014;9:e100180.

Kaliyaperumal K. Guideline for conducting a knowledge, attitude and practice (KAP) study. AECS illumination. 2004;4.9-7:Al Harazi, B., Darwish, A., Alshamy, M., & Youness, E. (2021). Role of Nursing Post Cesarean Section Women at Woman's Health Hospital. Assiut Scientific Nursing Journal, 0(0), 0−0. https://doi.org/10.21608/asnj.2021.79027. 1188

H. Abdelati, I., Hashim M. Saadoon, O., & Roshdi Ahmed Mostafa, A. (2019). Quality of cesarean section nursing care and its reflection up-on women's satisfaction with labor experience. International Journal of Advanced Nursing Studies, 8(1), 11. https://doi.org/10.14419/ijans.v8i1.27149

Henke, R. M., Karaca, Z., Moore, B., Cutler, E., Liu, H., Marder, W. D., & Wong, H. S. (2018). Impact of Health System Affiliation on Hospital Resource Use Intensity and Quality of Care. Health Services Research, 53(1), 63−86. https://doi.org/10.1111/1475-6773.12631

Karoni, H. F., Bantie, G. M., Azage, M., Kasa, A. S., Aynie, A. A., & Tsegaye, G. W. (2020). Maternal satisfaction among vaginal and cesarean section delivery care services in Bahir Dar city health facilities, Northwest Ethiopia: A facility-based comparative cross-sectional study. BMC Pregnancy and Childbirth, 20(1), 1−14. https://doi.org/10.1186/s12884-020-03170-w

Table (1) statistical distribution of Demographic profile of the women (n=70).

Demographic Characteristics		Freq.	%
Age of Women	< 20	9	12.86
	20 - 29	43	61.43
	> 30	18	25.71
Educational Level of Women	Illiterate	25	35.71
	Able to read and write	22	31.43
	Primary education	3	4.29
	Secondary education	14	20.00
	Professional studies diploma or Bachelor's Degree	6	8.57
	Master or Doctorate degree	0	.00
Place of Residence	Urban	36	51.43
	Rural	34	48.57
Occupation	Housewife	54	77.14
	Employee	16	22.86
Total		70	100%

Table (2) statistical distribution of the Study Sample by their Pregnancy and Delivery Characteristics.

Pregnancy and Delivery Characteristics		Freq.	%
Parity	Primigravida	5	7.14
	Multigravida	65	92.86
Gestational Age	Pre-term (<37 weeks)	3	4.29
	Full-term (37-40 weeks)	52	74.29
	Post-term (>40 weeks)	15	21.43
Labor/Delivery Support	Partner	0	.00
	Parent /family of mother or partner	69	98.57
	Health care Staff only	1	1.43
Health Care Provider at Delivery	Midwife	9	12.86
	Nurse	61	87.14
Total		70	100%

Table (3): Assessment of the Women Satisfaction Regarding Perception of Health Professionals Items.

Perception of Health Professionals Items		Freq.	%	Mean±SD	Assess.
The number of doctors, midwives and nurses involved in my care was enough during my hospital stay	Strong Dis-agree	0	.00	4.01±0.32	Satisfied
	Partial Dis-agree	0	.00		
	Un-decided	3	4.29		
	Agree	63	90.00		
	Strong agree	4	5.71		
The doctors, midwives and nurses involved in my birth treated me/behaved well	Strong Dis-agree	0	.00	4.03±0.42	Satisfied
	Partial Dis-agree	0	.00		
	Un-decided	1	1.43		
	Agree	66	94.29		
	Strong Agree	3	4.29		
The doctors, midwives and nurses involved in my birth treated my family well.	Strong Dis-agree	0	.00	4.03±0.42	Satisfied
	Partial Dis-agree	0	.00		
	Un-decided	1	1.43		
	Agree	66	94.29		
	Strongly Agree	3	4.29		
I believe that doctors have done necessary medical interventions during childbirth	Strongly Disagree	0	.00	4±0.42	Satisfied
	Partially Disagree	0	.00		
	Undecided	2	2.86		
	Agree	66	94.29		
	Strong Agree	2	2.86		
I was taken in the operating room for caesarean birth without delay at the scheduled time.	Strong Dis-agree	2	2.86	3.51±0.93	Satisfied
	Partial Dis-agree	14	20.00		
	Un-decided	1	1.43		
	Agree	52	74.29		
	Strong Agree	1	1.43		
Overall assess	Unsatisfied	4	5.71	3.92±0.24	Satisfied
	Satisfied	66	94.29		
Total		70	100%		

Table (4): Assessment of the Women Satisfaction Regarding Preparation for Caesarean Items.

Preparation for Cesarean		Freq.	%	Mean±SD	Assess.
Nurses spent enough time to prepare me for caesarean birth.	Strongly Disagree	0	.00	4.03±0.34	Satisfied
	Partially Disagree	1	1.43		
	Undecided	0	.00		
	Agree	65	92.86		
	Strongly Agree	4	5.71		
The nurses spent enough time to meet my needs before cesarean birth.	Strongly Disagree	0	.00	4.01±0.36	Satisfied
	Partially Disagree	1	1.43		
	Undecided	1	1.43		
	Agree	64	91.43		
	Strongly Agree	4	5.71		
Overall assess	Unsatisfied	2	2.86	4.02±0.35	Satisfied
	Satisfied	68	97.14		

Table (5): Assessment of the Women Satisfaction Regarding Comforting Items.

Comforting		Freq.	%	Mean±SD	Assess.
Everyone told me just what I should do before cesarean birth	Strongly Disagree	5	7.14	2.01±0.47	Unsatisfied
	Partially Disagree	61	87.14		
	Undecided	2	2.86		
	Agree	2	2.86		
	Strongly Agree	0	.00		
I'd like to have had more help to reduce my stress before cesarean birth.	Strongly Disagree	5	7.14	3.31±1.03	Unsatisfied
	Partially Disagree	12	17.14		
	Undecided	11	15.71		
	Agree	40	57.14		
	Strongly Agree	2	2.86		
My family should have received more attention to reduce their stress before cesarean birth.	Strongly Disagree	0	.00	3.41±0.88	Unsatisfied
	Partially Disagree	17	24.29		
	Undecided	8	11.43		
	Agree	44	62.86		
	Strongly Agree	1	1.43		
Overall assess	Unsatisfied	67	95.71	2.91±0.53	Unsatisfied
	Satisfied	3	4.29		

Table (6): Assessment of the Women Satisfaction Regarding Information and Involvement in Decision Making Items.

Information and Involvement in Decision Making		Freq.	%	Mean±SD	Assess.
knew which doctors and midwives & nurses would be responsible from my care before caesarean birth.	Strongly Disagree	4	5.71	2.43±0.93	Unsatisfied
	Partially Disagree	49	70.00		
	Undecided	0	.00		
	Agree	17	24.29		
	Strongly Agree	0	.00		
I was informed about all necessary procedures before cesarean birth.	Strongly Disagree	0	.00	4.01±0.32	Satisfied
	Partially Disagree	1	1.43		
	Undecided	0	.00		
	Agree	66	94.29		
	Strongly Agree	3	4.29		
My partner/family was informed about all necessary procedures before cesarean birth.	Strongly Disagree	0	.00	4±0.34	Satisfied
	Partially Disagree	1	1.43		
	Undecided	1	1.43		
	Agree	65	92.86		
	Strongly Agree	3	4.29		
The doctors and midwives & nurses took into account everything I said before cesarean birt	Strongly Disagree	0	.00	3.99±0.4	Satisfied
	Partially Disagree	2	2.86		
	Undecided	0	.00		
	Agree	65	92.86		
	Strongly Agree	3	4.29		
Doctors and nurses explained me everything about cesarean birth before operation.	Strongly Disagree	0	.00	3.97±0.29	Satisfied
	Partially Disagree	1	1.43		
	Undecided	1	1.43		
	Agree	67	95.71		
	Strongly Agree	1	1.43		
Doctors and nurses explained my partner/family everything about cesarean birth before operation	Strongly Disagree	0	.00	3.97±0.38	Satisfied
	Partially Disagree	2	2.86		
	Undecided	0	.00		
	Agree	66	94.29		
	Strongly Agree	2	2.86		
My consent was asked before performing the	Strongly Disagree	0	.00	4.03±0.17	Satisfied

procedures related with my care during birth.	Partially Disagree	0	.00		
	Undecided	0	.00		
	Agree	68	97.14		
	Strongly Agree	2	2.86		
Consent of my partner / family was asked before performing the procedures related with my care during birth when necessary.	Strongly Disagree	0	.00	3.97±0.38	Satisfied
	Partially Disagree	2	2.86		
	Undecided	0	.00		
	Agree	66	94.29		
	Strongly Agree	2	2.86		
Overall assess	Unsatisfied	2	2.86	3.8±0.3	Satisfied
	Satisfied	68	97.14		
Total		70	100%		

Table (7): Assessment of the Women Satisfaction Regarding Meeting Baby Items.

Meeting Baby		Freq.	%	Mean±SD	Assess.
After birth, I'd like to hold my baby earlier	Strongly Disagree	3	4.29	2.07±0.55	Unsatisfied
	Partially Disagree	63	90.00		
	Undecided	1	1.43		
	Agree	2	2.86		
	Strongly Agree	1	1.43		
After birth, my family would love to be able to see the baby earlier.	Strongly Disagree	15	21.43	1.79±0.41	Unsatisfied
	Partially Disagree	55	78.57		
	Undecided	0	.00		
	Agree	0	.00		
	Strongly Agree	0	.00		
After birth, I'd like to breast feed my baby earlier.	Strongly Disagree	7	10.00	1.94±0.41	Unsatisfied
	Partially Disagree	61	87.14		
	Undecided	1	1.43		
	Agree	1	1.43		
	Strongly Agree	0	.00		
Overall assess	Unsatisfied	70	100.00	1.93±0.3	Unsatisfied
	Satisfied	0	.00		

Table (8): Assessment of Women Satisfaction Regarding Postpartum Care Items

Postpartum Care		Freq.	%	Mean±SD	Assess.
Some more things could have been done to reduce my pain and discomfort after birth.	Strongly Disagree	1	1.43	3.53±0.94	Satisfied
	Partially Disagree	10	14.29		
	Undecided	19	27.14		
	Agree	31	44.29		
	Strongly Agree	9	12.86		
Nurses met my needs adequately during the days after birth.	Strongly Disagree	0	.00	4.03±0.17	Satisfied
	Partially Disagree	0	.00		
	Undecided	0	.00		
	Agree	68	97.14		
	Strongly Agree	2	2.86		
Nurses spent enough time to give information about my own care after birth.	Strongly Disagree	0	.00	3.96±0.4	Satisfied
	Partially Disagree	2	2.86		
	Undecided	1	1.43		
	Agree	65	92.86		
	Strongly Agree	2	2.86		
Nurses spent enough time to give information about the care of my baby.	Strongly Disagree	0	.00	4.03±0.29	Satisfied
	Partially Disagree	0	.00		
	Undecided	2	2.86		
	Agree	64	91.43		
	Strongly Agree	4	5.71		
Nurses spent enough time to help breastfeeding.	Strongly Disagree	0	.00	4.09±0.37	Satisfied
	Partially Disagree	0	.00		
	Undecided	2	2.86		
	Agree	60	85.71		
	Strongly Agree	8	11.43		
The information received from different caregivers about self-care and baby care was consistent	Strongly Disagree	0	.00	4.03±0.24	Satisfied
	Partially Disagree	0	.00		
	Undecided	1	1.43		
	Agree	66	94.29		
	Strongly Agree	3	4.29		
Overall	Unsatisfied	2	2.86	3.94±0.21	Satisfied
	Satisfied	68	97.14		

Table (9): Assessment of the Women Satisfaction Regarding Hospital Room Items.

Hospital Room		Freq.	%	Mean±SD	Assess.
The room in which I stayed during preparation for caesarean was clean and adequate to meet my needs.	Strongly Disagree	0	.00	3.94±0.41	Satisfied
	Partially Disagree	2	2.86		
	Undecided	2	2.86		
	Agree	64	91.43		
	Strongly Agree	2	2.86		
The room in which I stayed after birth was comfortable and adequate to meet my needs.	Strongly Disagree	0	.00	3.94±0.45	Satisfied
	Partially Disagree	3	4.29		
	Undecided	0	.00		
	Agree	65	92.86		
	Strongly Agree	2	2.86		
The room in which I stayed after birth was suitable for the visits of my family and friends.	Strongly Disagree	0	.00	3.97±0.38	Satisfied
	Partially Disagree	2	2.86		
	Undecided	0	.00		
	Agree	66	94.29		
	Strongly Agree	2	2.86		
Overall assess	Unsatisfied	4	5.71	3.95±0.36	Satisfied
	Satisfied	66	94.29		

Table (10): Assessment of the Women Satisfaction Regarding Hospital Facilities Items.

Hospital Facilities		Freq.	%	Mean±SD	Assess.
My family had a proper and comfortable place in the hospital to rest and wait during birth.	Strongly Disagree	0	.00	3.94±0.46	Satisfied
	Partially Disagree	3	4.29		
	Undecided	1	1.43		
	Agree	64	91.43		
	Strongly Agree	2	2.86		
We could easily find everything we needed in hospital.	Strongly Disagree	0	.00	3.94±0.6	Satisfied
	Partially Disagree	6	8.57		
	Undecided	0	.00		
	Agree	62	88.57		
	Strongly Agree	2	2.86		
The food service was good at hospital.	Strongly Disagree	0	.00	3.97±0.46	Satisfied
	Partially Disagree	2	2.86		
	Undecided	5	7.14		
	Agree	61	87.14		
	Strongly Agree	2	2.86		
Overall assess	Unsatisfied	10	14.29	3.9±0.33	Satisfied
	Satisfied	60	85.71		

Table (11): Assessment of the Women Satisfaction Regarding Respect for Privacy Items.

Respect for Privacy		Freq.	%	Mean±SD	Assess.
There were people coming in and out of my room unnecessarily during preparation for caesarean	Strongly Disagree	1	1.43	3.89±0.69	Satisfied
	Partially Disagree	5	7.14		
	Undecided	0	.00		
	Agree	59	84.29		
	Strongly Agree	5	7.14		
There were people coming in and out of my room unnecessarily after birth.	Strongly Disagree	0	.00	3.97±0.54	Satisfied
	Partially Disagree	3	4.29		
	Undecided	2	2.86		
	Agree	59	84.29		
	Strongly Agree	6	8.57		
Health-care personnel showed respect to my privacy during their practices.	Strongly Disagree	0	.00	4.04±0.32	Satisfied
	Partially Disagree	0	.00		
	Undecided	2	2.86		
	Agree	63	90.00		
	Strongly Agree	5	7.14		
Special moments I lived with my family before and after caesarean birth were interrupted by medical staff because of routine interventions that could be delayed easily.	Strongly Disagree	0	.00	3.54±0.76	Satisfied
	Partially Disagree	7	10.00		
	Undecided	22	31.43		
	Agree	37	52.86		
	Strongly Agree	4	5.71		
Overall assess	Unsatisfied	11	15.71	3.86±0.38	Satisfied
	Satisfied	59	84.29		

Table (12): Assessment of the Women Satisfaction Regarding Meeting Expectations Items.

Meeting Expectations		Freq.	%	Mean±SD	Assess.
I could not get any better care in this hospital.	Strongly Disagree	4	5.71	2.57±0.75	Unsatisfied
	Partially Disagree	29	41.43		
	Undecided	30	42.86		
	Agree	7	10.00		
	Strongly Agree	0	.00		
My birth experience was completely as I had expected and hoped.	Strongly Disagree	1	1.43	3.81±0.62	Satisfied
	Partially Disagree	3	4.29		
	Undecided	6	8.57		
	Agree	58	82.86		
	Strongly Agree	2	2.86		
The cesarean birth took longer than I had expected.	Strongly Disagree	1	1.43	2.8±1.06	Unsatisfied
	Partially Disagree	41	58.57		
	Undecided	2	2.86		
	Agree	23	32.86		
	Strongly Agree	3	4.29		
I had not expected to have some of the medical interventions used at my birth.	Strongly Disagree	0	.00	2.33±0.76	Unsatisfied
	Partially Disagree	57	81.43		
	Undecided	5	7.14		
	Agree	6	8.57		
	Strongly Agree	2	2.86		
This birth was one of the most beautiful experiences in my life.	Strongly Disagree	2	2.86	3.83±0.66	Satisfied
	Partially Disagree	3	4.29		
	Undecided	1	1.43		
	Agree	63	90.00		
	Strongly Agree	1	1.43		
Overall assess	Unsatisfied	62	88.57	3.07±0.34	Unsatisfied
	Satisfied	8	11.43		

Table (13): Overall Assessment of the Women Satisfaction domains.

Overall Assessment		Freq.	%	Mean±SD	Assess.
Overall satisfaction	Unsatisfied	21	30.00	3.53±0.39	Satisfied
	Satisfied	49	70.00		
Total		70	100%		

Table (14): relationship of Overall Assessment of the Women Satisfaction domains with Demographic profile of the women.

Chi-square (df)		P-value	Sig
Age of Women	2.447 (2)	.294	NS
Educational Level of Women	8.101 (4)	.088	NS
Place of Residence	2.135 (1)	.144	NS
Occupation	1.250 (1)	.264	NS

Table (15): relationship of Overall Assessment of the Women Satisfaction domains with obstetrical Characteristics.

Chi-square (df)		P-value	Sig
Parity	2.308 (1)	.129	NS
Gestational Age	2.234 (2)	.327	NS
Labor/Delivery Support	2.367 (1)	.124	NS
Health Care Provider at Delivery	.055 (1)	.815	NS