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Original Article

Women's Satisfaction with their Birthing Experience

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1.ABSTRACT

Background: Giving birth is a landmark experience in women's life. The degree to which a woman is feeling pleased with the birthing process is one of the elements that either hinders or helps her efforts to establish a sense of herself as a capable mother. **Aim**: This study aimed to assess women's satisfaction with their birthing experience. **Design:** A descriptive cross-sectional study design was used. **Setting:** This study was conducted at three settings in Mansoura city, Dakahlia governate. The first setting is Obstetric & Gynecological department and Labor & Delivery unit at Mansoura University Hospitals, the second setting is Mansoura New General Hospital and the third setting is Mansoura Old General Hospital. **Sample type:** A purposive sample was utilized. **Study Sample:** The study sample included 243 postpartum women. **Tools:** Two tools were used; a structured interview questionnaire and Mackey Childbirth Satisfaction Rating Scale. **Results:** More than half of the studied women weren't satisfied with their birthing experience, while less than one quarter of them were satisfied. Three quarters of them weren't satisfied with the overall care they received during delivery. There was a statistical significant association between the studied women satisfaction with their birthing experience and their demographic characteristics, obstetric history and mode of birth. **Conclusion:** The present study question was answered where postpartum women reported not satisfied with their birthing experience. **Recommendation:** Effective supervision, guidance & monitoring should be given to provide high quality medical and nursing care for parturient women to increase their satisfaction.

Keywords: *Birth, experience, women's satisfaction*

2.Introduction

The birthing process is complicated, multifaceted and personal **(Aktas & Pasinlioğlu, 2021).** Traditional national and international measurements of the level of labor care include maternal and perinatal mortality. Prenatal mortality and morbidity are inaccurate measures of numerous aspects of prenatal and birth care and maternal deaths have become incredibly rare. It is necessary to use a woman-centered indicator such as women's satisfaction to offer a complete picture of the level of labor care. **(Gregory, Heaman, Mignone & Moffatt, 2020).**

Several factors of giving birth might affect a woman's confidence in her capacity to care for her newborns as well as her level of satisfaction. These features include being attentive and able to communicate with their newborns, feeling in charge of their labor and birthing process, managing pain well, meeting birth expectations, feeling confident and fearless, the nature of the care given and psychosocial variables **(Alfaro Blazque, FerrerFerrandiz, Gea Caballero, Corchon & Juarez-Vela, 2019).**

Healthcare professionals, administrators and policy makers are becoming more and more concerned in how satisfied women are with maternity services specifically caring during labor and delivery. Health care managers use it to evaluate the standard of care and policymakers use it to choose how to organize and give healthcare services. According to research, women's experience with newbornbirth is influenced by the mother's and baby's health and wellbeing **(Ahmed, 2022).**

A women´s satisfaction with their childbirth experience may have immediate and long-term effects on their health and their relationship with their newborns, including: postpartum depression, post-traumatic stress disorders, future abortions, an inability to resume sexual activity, a preference for a caesarean section, negative feelings towards their baby, poor mothering role adaptation and

breastfeeding difficulties **(Dencker, Bergqvist, Berg, Greenbrook, Nilsson & Lundgren, 2020).**

World Health Organization developed a framework for the standard of maternity and newborn care that emphasizes the value of experiences of women including companionship provided during labor and delivery and the maintenance of attentive maternity care. Especially lately, societal activities like the humanization of newbornbirth and the development of women-centered strategies seek to minimize disrespect & abuse and enhance the caregiving experiences of women. Models supporting respectful maternity care include the provision of an emotional support system through a birth companion **(Kabakian-Khasholian, Bashour, El-Nemer, Kharouf, Sheikha & Portela et al , 2017).**

It is challenging to quantify and interpret satisfaction since it is a highly individualized, subjective and multidimensional term. Despite rising recognition of the significance of women's positive birth experiences as a crucial component of high quality care and women centered care, research on the quality of maternity care has largely concentrated on preventing undesirable outcomes and paid little attention to women's newbornbirth experiences **(Omani-Samani, Hollins Martin, Martin, Maroufizadeh, Ghaheri & Navid, 2021).**

Significance of the study

According to WHO study at 2018, intrapartum care for a positive childbirth experience, women's experiences with maternity care are a global public health concern. Mothers and babies continue to suffer in certain areas due to a lack of medical attention while in other places they suffer from unneeded, useless or dangerous interventions brought on by the medicalization of delivery. Recent recommendations from WHO recognize that women's experiences with care are an essential component of high excellent maternity care and not merely an addition to the use of good clinical procedures **(Olza, Uvnas-Moberg, Ekström-Bergström, Leahy-Warren, Karlsdottir & Nieuwenhuijze et al., 2020)**. According to World Health Organization, 300 million women in underdeveloped countries experience short or long-term morbidities related to pregnancy and newbornbirth **(Zedan, El-Nemer & El-Sayed, 2020)**.

The majority of Arab countries have highly medicalized newbornbirth practices in hospital settings and there is a significant gap between commonly used procedures and the recommended methods for providing maternity care. Routinely used procedures include non-indicated labor induction, enemas and episiotomies for primiparas, all of which can result in unfavorable outcomes **(Kabakian-Khasholian et al, 2017).**

t has been demonstrated that encouraging women's preferences throughout labor increases their satisfaction with giving birth. A disabling fear of labor was decreased with the help of a birth plan. Women expressed that it was beneficial to consider, list and know that their desires would be addressed. In developing nations, the medicalization of newbornbirth has not always resulted in satisfying outcomes for women giving birth **(Pugliese-Garcia, Radovich, Campbell, Hassanein, Khalil & Benova, 2020).** There is little research in Egypt about women's satisfaction with their birthing experience so it was important to study it.

2.1Aim of the Study

This study aimed to assess women's satisfaction with their birthing experience.

2.2Research question:

Does women satisfied with their birthing experiences ?

3. Method

3.1Study Design:

A descriptive cross-sectional study design was used

Study Setting:

Three settings in Mansoura city, Dakahlia governate, were used for this study. The first setting was the Labor & Delivery Unit and Obstetric & Gynecological Department of Mansoura University Hospitals. It offers services to women in urban and rural areas on Sunday, Tuesday and Monday during pregnancy, newbornbirth and the postpartum period. The second setting was Mansoura New General Hospital, a public hospital that offers free care to women on Saturday and Wednesday before, during and after labor as well as throughout the course of their lives. The third setting was Mansoura Old General Hospital, which offers free services to women on Fridays throughout the course of their lives.

3.3Sample type: A convenient study sample was used.

3.4Study sample: The study subjects included 243 postpartum women on the previous mentioned settings during the study period from beginning of December 2021 to end of February 2022.

3.5Sample size calculation:

Based on data from literature from **Kempe et al.,(2020)** to study the influence of the duration of labor on women's satisfaction with their birthing experience. Considering level of significance of 5% and power of study of 80% the sample size was estimated according to the following formula *:* Sample size = [(Z1-α/2)2.P (1-P)]/d2 Where,Z1-α/2= is the standard normal variate, at 5% type 1 error (p<0.05) it is 1.96. P = the expected proportion in population based on previous studies .d = absolute error or precision*.* So, Sample size = [(1.96)2. (0.804). (1-0.804]/ (0.05)2=242.1. Based on the above formula, the sample size required for the study was 243 postpartum women.

3.6Tools of Data collection:

Data was collected using two tools*:*

Tool l: A structured interview questionnaire*:*

It consisted of two parts*:*

Part (1): demographic characteristics of women as age, level of education, occupation, residence, marital status & income.

Part (2) :Obstetric history as gestational age , gravidity, parity, number of antenatal visits, mode of delivery, duration of labor, intrapartum intervention & maternal and neonatal complications.

Tool II: Mackey Newbornbirth Satisfaction Rating Scale

It was designed by **Goodman, Mackey & Tavakoli., (2004)** and adapted by **Fouad, Fathy & El-nemer (2015)** to assess women's satisfaction with their birthing experience. It consisted of 5 sub dimensions; general satisfaction, satisfaction with self, baby, nurse and physician. It consists of 34 items. It was modified by the researchers to 26 items by omitting eight items from the original version (number 2, 4, 7, 9, 11, 12, 13, 34) because of repetition and those were inconvenient for the local policy of the assigned settings.

Scoring System*:*

The subjects responded to each section based on a 3 point likert scale including satisfied (3), to some degree (2) and not satisfied (1). Total score is 26 – 78. A higher score reflected more satisfaction. It was classified as not satisfied <50%, to some degree from 50% to 65% and satisfied >65% **(Fouad et al.,2015)**.

3.7 Validity of the tools

Before using the tools, a panel of three experts in the field of woman's health and midwifery nursing reviewed their content validity to make sure that the questions were consistently conveyed and carried the intended meaning. Modifications were made such as the omission of some questions due to repetition and inconvenience for local policy of the assigned settings.

3.8Reliability of the tools

The Cronbach's coefficient alpha value (internal consistency) of the Mackey Newbornbirth Satisfaction tool was 0.903 hence the questionnaire was found to be highly reliable.

3.9Ethical Considerations:

The Research Ethics Committee at the Nursing Faculty at Mansoura University granted ethical permission. Directors of Mansoura University Hospitals, Mansoura New General Hospital and Mansoura Old General Hospital granted official approvals. Each woman who participated in the study was given the opportunity to give her verbal agreement after being made aware of its purpose and methodology. Regarding the privacy of the information gathered, all of the women felt reassured. Also, participants had the option to withdraw from the study.

3.10Pilot study:

The pilot study was conducted prior to data collection on 10% (25 postpartum women) to assess the simplicity, clarity and applicability of these tools. Based on the results of the pilot study, the necessary adjustments were done. The pilot study was excluded from the study sample.

3.11Field work

- Ethical approval was obtained from the Research Ethics Committee at the faculty of Nursing in Mansoura University to implement the study.
- Official permissions were obtained from the directors of Mansoura University Hospitals, Mansoura New General Hospital and Mansoura Old General Hospital.
- The researchers designed data gathering tools after studying the appropriate literature.
- The researchers gathered scientific information to conduct the research.
- The researchers visited the research settings three days / week one day for every setting as the following (Saturday at Mansoura New General Hospital , Tuesday at Obstetric and Gynecological department and Labor & Delivery unit at Mansoura University Hospitals & Friday at Mansoura Old General Hospital) from 9:00 Am to 2:00 Pm until the desired sample size was achieved.

- The researchers introduced themselves to each woman and obtained her oral consent to participate in the study after explanation of the aim.
- The researchers collected demographic data such as age, education, occupation, place of residence, marital status & income and obstetric history as gestational age , gravidity, parity, number of antenatal visits, mode of delivery, duration of labor, intrapartum intervention & maternal and neonatal complication.
- The researchers assessed women's level of satisfaction after they gave birth as their general satisfaction, their satisfaction with self, baby, nursing care & medical care they received. The researchers completed the assessment within 20-30 minutes with every woman.
- This process was repeated until the researchers completed the predetermined sample.
- The statistical program for social sciences (SPSS) version 21 was used to save, classify, code, computerize, tabulate and analyze the data that had been obtained.

3.12Data Analysis phase

SPSS for Windows version 20.0 (SPSS, Chicago, IL) was used to conduct all statistical analyses . Continuous data were expressed as mean ± standard deviation (SD) and had a normally distributed . Numbers and percentages were used to express categorical data. The reliability (internal consistency) test for the questionnaires used in the study was calculate. Statistical significance was set at $p<0.05$.

4.Results

Table 1. Shows that less than half of the studied women aged < 25 years with mean ± SD 29.9 ± 3.2 and had middle education (48.1% & 46.1%, respectively). Most (98.8%) of them were married. About two thirds of them were housewives and from rural areas (62.6% & 62.1 %, respectively). The majority (89.7 %) of them hadn't enough income (≤4000 EL).

Table 2. Illustrates that 54.3% of the studied women were ≥ 37 or more weeks of gestation with mean ± SD 36.8 ±2.2. More than one third of them were gravida one & para one (36.2% &36.6%, respectively). 65.8% of them had ≤ 7 antenatal visits. 79.8% of them had C.S delivery. More than three quarter of them (79.8%) received epidural analgesia. 59.2%of the studied women who had normal labor their labor lasted less than 12 hours. Few percentages of them have maternal and fetal complications during delivery (14.4% &12.3%, respectively)

Figure1. Describes that 28.6% of the studied women complained premature rupture of membranes during delivery followed by 25.7% of them complained hypotension, 17.1% complained perineal tear.

Figure2. Illustrates that 40% of the newborns had jaundice followed by 25.7% of them had low birth weight & 20% had fetal distress.

Table 3. Shows that nearly two thirds of the studied women weren't satisfied with their overall delivery experience and level of decision making participation during delivery (65% & 62%, respectively). More than half of the them weren't satisfied with the amount of passed time before they first held and fed their babies (57.2%,& 56.4%, respectively). 38.7% of the studied vaginal delivery women were satisfied to some degree with their ability to manage their labor contraction. The majority (82.3%) of the studied women were satisfied with their baby's physical condition at birth.

Table 4. Shows that around three quarters of the studied women weren't satisfied with the technical knowledge and competence, the length of time the nurses spent with them throughout delivery, the support and assistance with breathing and relaxation (76.5%, 72.8%,& 79.4%, respectively). Around three quarter of them (71.2%, 79.4%, 72%, &73.7% respectively) weren't satisfied with the amount of information or explanation obtained, the personal interest and attention, the amount of time the doctors spent with them throughout birth & the assistance and support with breathing and relaxation. 80.7% of the studied women were satisfied to some degree with the physical care they received during delivery from the nursing team.

Figure 3. Shows that three quarters of the studied women (75.7%) weren't satisfied with the overall care they received during delivery.

Figure 4. Shows that more than half (59.7 %) of the studied women weren't satisfied with their birthing experience, 21.4% were satisfied to some degree while (18.9%) were satisfied with their birthing experience.

Table5. Shows that there was statistical significant association between the studied women's satisfaction with their birthing experience and their age, educational level, occupation & residence ($p<0.05$) as women aged 25-30 years, cann't read and write, housewives and from rural

areas were more satisfied with their birthing experience (56.5%, 43.5%, 89.1% & 91.3%, respectively).

Table 6. Shows that there was a statistical significant association between the studied women's obstetric history and their satisfaction with birthing experience ($p < 0.05$) as women with gestational age less than 37 weeks, with gravida & para one, had ≤ 7 antenatal visits, had ≥ 12 hrs labor duration and received oxytocin during intrapartum care weren't satisfied with their birthing experience (50.3%,34.5%, 37.2%, 77.2%, 57.7% & 26.2%, respectively).

Figure 5. Shows that most (92.4%) of the studied women who had C.S weren't satisfied with their birthing experience while less than two thirds (60.9%) of the studied women who delivered vaginally were satisfied with their birthing experience.There was a highly statistically significant association between the studied women mode of delivery & their satisfaction with thier birthing experience ($p< 0.001$).

Table 1. Distribution of the studied women according to their demographic characteristics.

	No.(243)	%
Age in years		
< 25	117	48.1
25 – 30	88	36.2
> 30	38	15.6
Mean ±SD	29.9 ±3.2	
Level of education		
Cann't read and write	33	13.6
Middle education	112	46.1
High education	98	40.3
Occupation		
Working	91	37.4
Housewife	152	62.6
Residence		
Rural	151	62.1
Urban	92	37.9
Marital status		
Married	240	98.8
Divorced	2	0.8
Widow	1	0.4
Income		
Enough	25	10.3
Not enough	218	89.7

Table 2. Distribution of the studied women according to their Obstetric history.

	No. (243)	%
Gestational age		
< 37 weeks	111	45.7
>37 weeks	132	54.3
Mean ±SD	36.8 ±2.2	
Gravidity		
One	88	36.2
Two	71	29.2
Three or more	84	34.6
Parity		
One	89	36.6
Two	74	30.5
Three or more	80	32.9
Number of antenatal visits		

≤7 visit	160	65.8
> 7 visits	83	34.2
Mode of delivery		
Vaginal delivery	49	20.2
C.S section	194	79.8
Duration of normal labor (n=49)		
≥ 12 hours	20	40.8
< 12hour	29	59.2
Intrapartum intervention		
Spinal anesthesia	194	79.8
Oxytocin administration	49	20.2
Episiotomy	22	9.1
complications during delivery		
Maternal complications during delivery	35	14.4
Neonatal complications during delivery	30	12.3

Figure 1. Distribution of Maternal complications during delivery among the studied women (n=35)

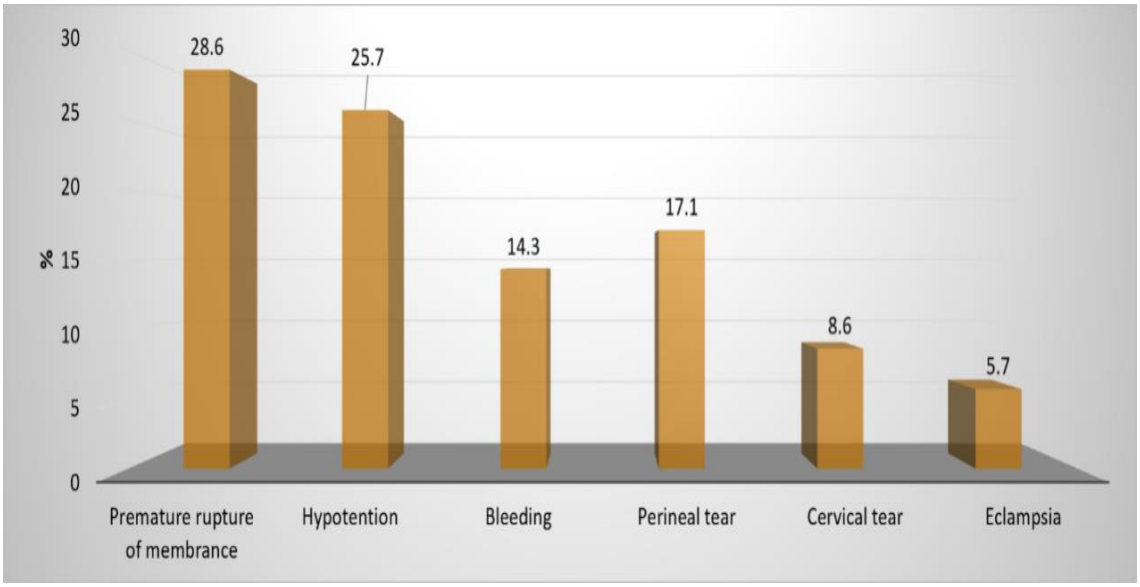


Figure 2. Distribution of neonatal complications during delivery among the studied women (n=30)

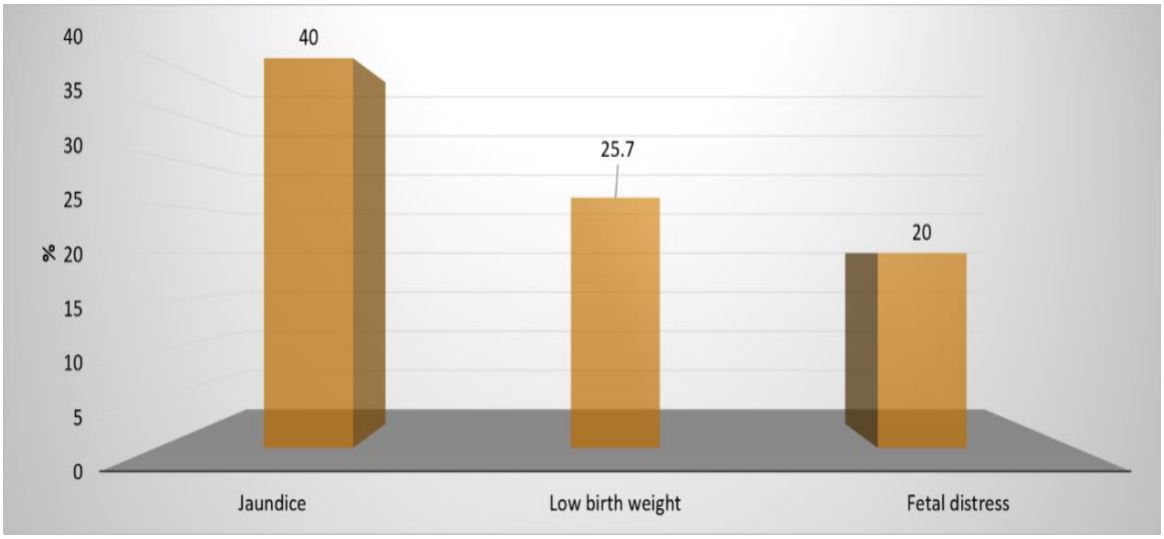


Table 3.The studied women's state of satisfaction with their overall delivery experience, participation in decision making, comfort level, ability to manage and control during delivery and their baby condition (n=243) .

Items	Satisfied		To some degree		Not satisfied	
	n	%	n	%	n	%
The overall delivery experiences	10	4.1	75	30.9	158	65.0
Level of participation in decision-making during delivery	15	6.2	76	31.3	152	62.6
The ability to manage contractions during labor (n=49)	18	36.7	19	38.7	12	24.5
The comfort level during delivery	91	37.4	114	46.9	38	15.6
The emotional control you had during delivery	69	28.4	140	57.6	34	14.0
The control you had over actions during delivery	83	34.2	115	47.3	45	18.5
The physical condition of the baby at birth	200	82.3	36	14.8	7	2.9
The length of time passed before first held the baby	24	9.9	80	32.9	139	57.2
The length of time passed before first fed the baby	29	11.9	77	31.7	137	56.4

Table 4. The studied women's state of satisfaction with nursing and medical staff care during delivery (n=243).

Satisfaction with nursing care	**N**	**%**	**n**	**%**	**N**	**%**
- The received physical care from the nursing staff during delivery	45	18.5	196	80.7	2	0.8
- The nursing staff's technical knowledge, ability and competence in delivery	5	2.1	52	21.4	186	76.5
- The amount of information provided by the nursing staff during delivery, including explanations.	23	9.5	69	28.4	151	62.1
- The nursing staff's interest and attention given you in delivery	46	18.9	191	78.6	6	2.5
- The nursing staff's assistance and support with breathing and relaxation during delivery	3	1.2	63	25.9	177	72.8
- The length of time the nurses stayed with you during delivery	5	2.1	45	18.5	193	79.4
- The nurses' attitude during delivery	59	24.3	173	71.2	11	4.5
- The nursing staff's sensitivity to needs during delivery	2	0.8	35	14.4	206	84.8
- Satisfaction with medical care						
- The received physical care from the medical staff during delivery	200	82.3	35	14.4	8	3.3
- The medical staff's technical knowledge, ability and competence during delivery	202	83.1	36	14.8	5	2.1
- The amount of information provided by the medical staff during delivery, including explanations.	16	6.6	54	22.2	173	71.2
- The medical staff's interest and attention given you in delivery	8	3.3	42	17.3	193	79.4
- The medical staff's assistance and support with breathing and relaxation during delivery	7	2.9	61	25.1	175	72.0
- The length of time the doctors stayed with you during delivery	7	2.9	57	23.5	179	73.7
- The attitude of the doctors in delivery	46	18.9	185	76.1	12	4.9
- The medical staff's sensitivity to needs during delivery	5	2.1	38	15.6	200	82.3

Figure 3. The studied women's satisfaction with the overall received care

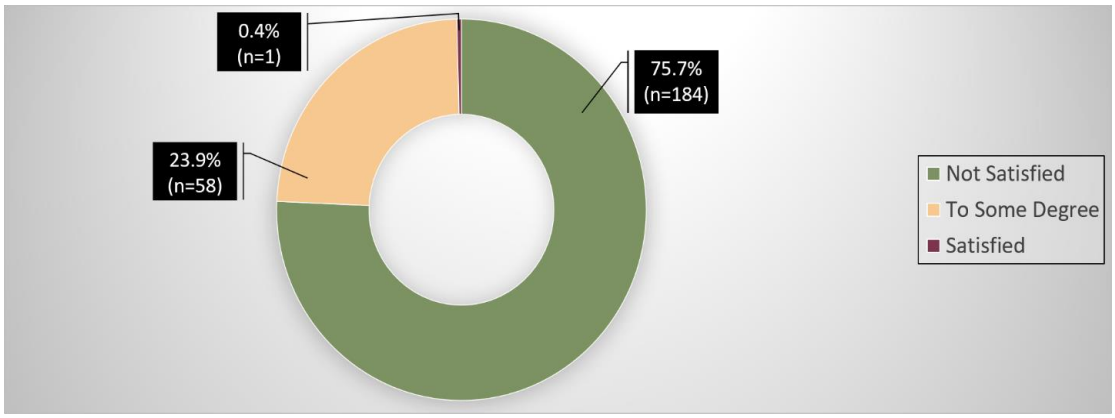


Figure4. Total score of the studied women's satisfaction with their birthing experience.

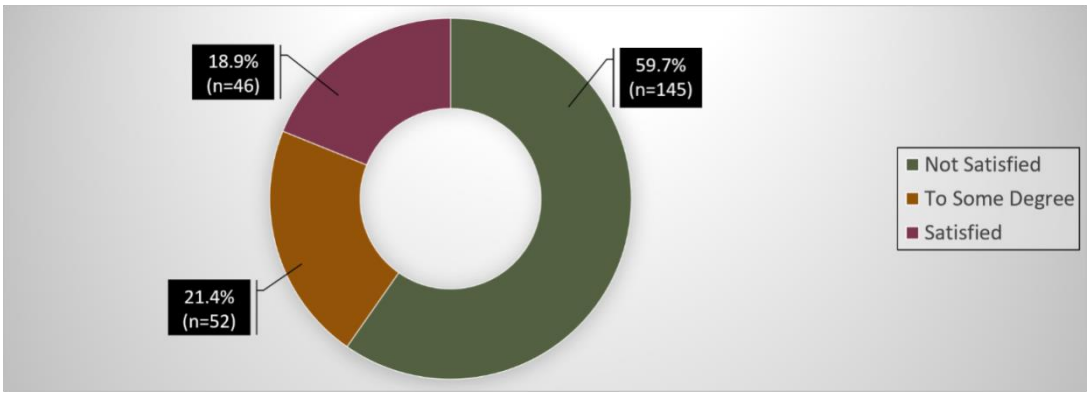


Table 5. Association between the studied women demographic characteristics & their satisfaction with birthing experience (n=243)

	n	**%**	**N**	**%**	**N**	**%**	**X^2**	**P**
Age								
< 25	73	50.3	28	53.8	16	34.8		
25 – 30	49	33.8	13	25.0	26	56.5		
> 30	23	15.9	11	21.2	4	8.7	11.916	0.017*
Level of education								
Cann't read and write	7	4.8	6	11.5	20	43.5		
Middle education	66	45.5	29	55.8	17	37.0		
High education	72	49.7	17	32.7	9	19.6	58.834	<0.001**
Occupation								
Working	80	55.2	6	11.5	5	10.9		
Housewife	65	44.8	46	88.5	41	89.1	48.221	<0.001**
Residence								
Rural	64	44.1	45	86.5	42	91.3		
Urban	81	55.9	7	13.5	4	8.7	49.762	<0.001**
Income								
Enough	11	7.6	6	11.5	8	17.4		
Not enough	134	92.4	46	88.5	38	82.6	3.750	0.153

Statistical significance (p < 0.05) *****Highly statistical significance (p < 0.001)***

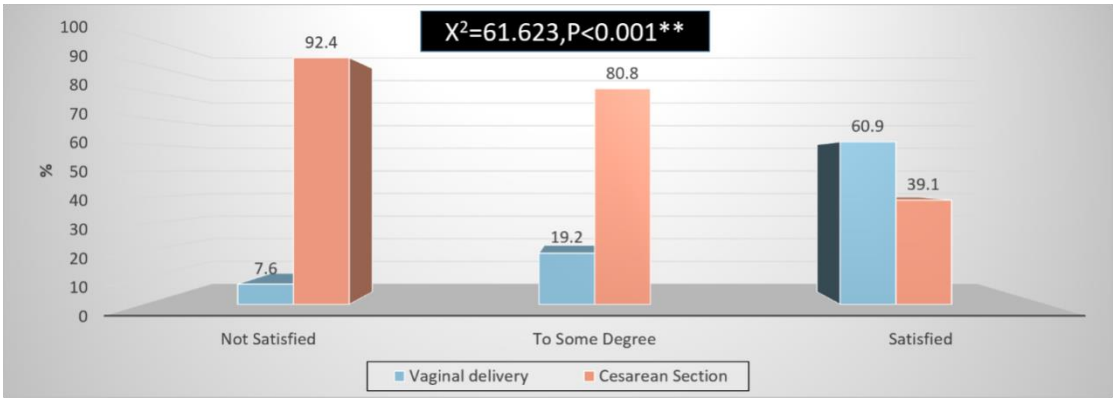
Table 6. Association between the studied women obstetric history and their satisfaction with birthing experience (n=243).

	N	**%**	**n**	**%**	**n**	**%**	**X^2**	**P**
Gestational age								
< 37 Weeks	73	50.3	34	65.4	4	8.7		
≥37 Weeks	72	49.7	18	34.6	42	91.3	34.766	<0.001**
Gravidity								
One	50	34.5	24	46.2	10	21.7		
Two	49	33.8	18	34.6	12	26.1		
Three or more	46	31.7	10	19.2	24	52.2	13.140	0.010*
Parity								
One	54	37.2	22	42.3	12	26.1		
Two	51	35.2	21	40.4	12	26.1		
Three or more	40	27.6	9	17.3	22	47.8	11.468	0.021*
Number of antenatal visits								
≤ 7 visits	112	77.2	34	65.4	14	30.4		
> 7 visits	33	22.8	18	34.6	32	69.6	34.025	<0.001**
Duration of normal labor(n=49)								
≥12 hour	15	57.7	3	18.8	2	28.6		
< 12 hour	11	42.3	13	81.2	5	71.4	6.725	0.034*
Intrapartum intervention								
Epidural analgesia	121	83.4	37	71.2	36	78.3	3.681	0.159
Oxytocin administration	38	26.2	5	9.6	6	13.0	8.332	0.016*
Episiotomy	17	11.7	3	5.8	2	4.3	3.174	0.205
Maternal complications during delivery								
Yes	24	16.6	9	17.3	2	4.3		
No	121	83.4	43	82.7	44	95.7	4.671	0.097
Fetal complications during delivery								
Yes	21	14.5	7	13.5	2	4.3		
No	124	85.5	45	86.5	44	95.7	3.391	0.184

Statistical significance (p < 0.05)

****Highly statistical significance (p < 0.001)***

Figure 5. Association between the studied women's mode of delivery and satisfaction with their birthing experience



5.Discussion

The present study aimed to assess women's satisfaction with their birthing experience. This aim was achieved through the present study findings which revealed that more than half of the studied women weren't satisfied with their birthing experience. There was statistical significant association between the studied women satisfaction with their birthing experience and their demographic characteristics, obstetric history and mode of birth. Therefore, the findings of the present study answered the research question which is; "What is the level of women's satisfaction with their birthing experience".

The present study findings revealed that more than half of the studied women weren't satisfied with their birthing experience, while a few percentage were satisfied. This may be due to services didn't meet women's expectations & needs, lack of support, explanation and sharing of decision making from medical and nursing staff.

In agreement with the present study findings, **Demirel, Kaya & Evcili (2022)** studied the impact of women's perceptions of control and support during labor on their anxiety of giving birth and their pleasure as mothers. They reported that the satisfaction with vaginal and C.S births was low. Moreover, parallel with the present study findings, **Öter, Bozkurt, Hadımlı, Yorulmaz & Daştı (2022)** studied variables influencing Turkish women's satisfaction with their births . They found that both normal and caesarean births had low rates of maternal satisfaction and that many factors including the use of vacuum or forceps, a woman's sense of control during labor, her social support during labor, her communication with medical staff, any health issues she or her baby had and postpartum discomfort could influence how satisfied she felt during labor.

Additionally, **Ahmed (2022)** examined the prevalence of women who have been abused during labor, the types of abuse, the percentage of satisfaction with birth care among abused women and the associated demographic and obstetric factors. He concluded that about half of the women in the study reported experiencing mistreatment and/or abuse during labor and delivery. The following types of mistreatment and abuse were most frequently reported: invasion of privacy, putting the blame on the woman, neglect, discontinuing to provide care, was confined in facilities and receiving non-consented care. Also, it was stated that more than half of the women in the study were dissatisfied with the verbal communication provided by medical personnel during labor.

In agreement with the present study findings, **Abdelati, Saadoon & Roshdi (2019)** evaluated the quality of caesarean nursing care at Mansura University Hospitals. More than half of the women in the study were unsatisfied with the continuity of care. All of the women in the study expressed dissatisfaction with their involvement in decision-making. Additionally, **Baranowska et al. (2019)** study entitled "is there respectful maternity care in Poland? women's views about care during labor and birth". They stated that the majority of the women in the study had been exposed to violence or abuse by medical personnel, which caused dissatisfaction. The most frequent kind of abuse is getting medical interventions done without consent.

Moreover, **Hussein, Dahlen, Ogunsiji & Schmied (2018)** studied women's experiences of newborn birth in Middle Eastern countries concluded that most studies reported that women felt mistreated and assaulted while giving birth. Also reported that more than half of women not being satisfied with the quantity and quality of information they were given by health care providers in these settings. Additionally, **Kabakian-Khasholian et al. (2017)** studied women's satisfaction and the labor's shorter duration in Egypt, Lebanon and Syria. They found that all of the sites had positive overall satisfaction ratings, with Egypt having the lowest.

The agreement between the study results about dissatisfaction may be due to women weren't allowed to have labor companion, type of delivery, lack of resources and unnecessary medicalization of care as episiotomy, analgesia and administration of oxytocin . Also may be due to the lack of choice in the care provided to women during labor and delivery , ignorance of other alternatives, overcrowding and lack of privacy .

While, the present study findings contradict with **Sarhan, Zaitoun & Atia (2022)** assessed satisfaction of mothers following caesarean delivery at Zagazig University Hospital in Egypt and found that most mothers reported that their overall satisfaction with hospital delivery services was high. Also, they concluded that birth outcomes, nurses' concern and attitude, the amount of time spent with the doctor during the examination, the care providers' precautions used to ensure privacy during the examination and the availability of

medications were all linked to women's satisfaction.

Moreover, **Bekele, Yirdaw, Abuhay & Gebremichael (2022)** studied satisfaction with immediate postnatal care and related variables among postpartum women in public health facilities in DebreMarkos Town, Northwest Ethiopia and revealed that almost two thirds of the women in the study were satisfied with immediate postnatal care. Also, **Ahmed (2022)** found that over half of the women were generally satisfied with the communication between midwives and doctors in the delivery room and that almost two thirds of the women were satisfied with nonverbal communication.

In contrary with the present study findings, **Manalu & Sutisna (2022)** studied Mothers' satisfaction with NICU room baby care at Sekarwangi Regional Medical Hospital and social assistance for mothers of premature babies and concluded that the majority of women were satisfied with newborn care in the NICU room of the Sekarwangi Regional General Hospital.

The disagreement between study results may be due to high quality of received physical and psychological care, continuous educational programs of health care providers, continuous psychological support from health care providers, paying attention to women physical and psychological needs and available services & resources in health care settings.

The present study findings showed that there was association that is statistically significant between the studied women's satisfaction with their birthing experience and their age, educational level, occupation & residence as women aged 25-30 yrs, cann't read and write, housewives and from rural areas were more satisfied with their birthing experience . This can be explained by younger women and women over 30 years are more liable to complications that affect their satisfaction. Also younger women were more likely to encounter any form of abuse physically or verbally, stigma and discrimination. Women who cann't read and write, from rural areas & housewives may have less expectations and satisfied with their experience.

In agreement with the results of this study, **Alfaro Blazquez et al. (2019)** study entitled "women's satisfaction with maternity care during preterm birth" found that women who had educated at university were typically less satisfied. Additionally, **Kabakian-Khasholian et al. (2017)** revealed that women with less education reported higher levels of satisfaction than their peers who had more education.

While the results of the current study were in disagreement with **Eboigbe et al. (2022)** studied satisfaction with care for abortion-related complications experienced among adolescents compared to older women. They reported that no evidence of an association between age group and satisfaction. Also, **Fumagalli et al. (2021)** investigated factors that affect mothers' satisfaction with newbornbirth care in Northern Italy. They found that demographic characteristics and maternal satisfaction weren't correlated.

The present study findings showed that there was a statistical significant association between the studied women's obstetric history and their satisfaction with birthing experience as women with pregnancy less than 37 weeks, with gravida & para one, had ≤ 7 antenatal visits, had ≥ 12 hrs labor duration and received oxytocin during intrapartum care weren't satisfied with their birthing experience. This may be due to women with gravida & Para one have lack of experience and have higher expectations, women less than 37 week and women with ≤ 7 antenatal visits are more liable to complications which lead to less satisfaction, women who had ≥ 12 hrs labor duration and received oxytocin have more pain and fatigue which lead to less satisfaction.

The present study findings agreed with **Bekele et al. (2022)** who reported that postnatal women having multiparity had higher likelihood of immediate postnatal care satisfaction. Additionally, **Fumagalli et al. (2021)** revealed that the degree of satisfaction increased in multiparous women and the intrapartum factors of epidural use, oxytocin administration and vacuum assisted birth significantly decreased maternal satisfaction. Also, it was observed that intrapartum interventions have a negative correlation with maternal satisfaction with birth. Women who had an intact perineum had higher satisfaction rates.

Moreover, **Kempe et al. (2020)** studied the impact of duration of labor on satisfaction of women with their labor and delivery experiences. They reported that the length of labor had an independent, statistically significant negative impact on satisfaction of women with their labor and delivery experiences as prolonged labor had negative effect on women's satisfaction and they reported that all different labor management techniques including oxytocin augmentation and epidural anaesthesia were linked to a bad birth experience.

In agreement with the present study findings, **Mollard et al. (2022)** studied birth satisfaction in women who gave birth in U.S. hospitals during the earliest months of the COVID-19 pandemic. They concluded that separation from the newborn, admission to the neonatal critical care unit and complications such as hypertension, preeclampsia, haemorrhage, depression and anxiety were all characteristics that were inversely correlated with birth satisfaction.

While the present study findings disagreed with **Öter et al. (2022)** they reported that the level of satisfaction was the same for primiparous and multiparous, for those who had interventions or not at birth and for those who had anaesthesia or not. Also, **Alfaro, Blazquez et al. (2019)** they reported that if a woman was pregnant for the first time, she felt more satisfied.

The disagreement between study results may be due to that the main factor that affect women's satisfaction in these studies is the outcome of birth which includes absence of complications for the mother and her newborn with no concern to what happened during labor.

The present study findings revealed that there was a highly statistically significant association between the studied women mode of delivery & their satisfaction with birthing experience as most of the studied women who had C.S weren't satisfied with their birthing experience while less than two thirds of the studied women who delivered vaginally were satisfied with their birthing experience .

In agreement with the present study findings **Kahalon et al. (2021)** study entitled "who benefits most from skin-to-skin mother-newborn contact after birth? survey findings on skin-to-skin and birth satisfaction by mode of birth". They reported that the majority of women who gave birth vaginally performed skin to skin contact and reported more satisfaction with their birth than women who experienced a caesarean section or an assisted birth.

Similar finding was reported by **Schantz et al.(2021)** study entitled "a C.S section is like you've never delivered a baby': a mixed methods study of the experience of newbornbirth among french women". They reported that the majority of women who gave birth vaginally were satisfied with their newbornbirth experience compared to those who delivered by C.S section .

Parallel with the present study findings **Karoni, Bantie, Azage, Kasa, Aynie & Tsegaye (2020)** reported that more than two thirds of mothers were satisfied with vaginal delivery care than C.S delivery.

The agreement between the studies results may be due to vaginal delivery is associated with faster postpartum recovery, shorter hospital stay, believing that it is easier to breastfeed their babies with a less painful postpartum period and avoidance of exposure to risks of anesthesia .

While the results of the current study were in contrast with **Öter et al . (2022)** they reported that in terms of overall satisfaction, there was no statistically significant difference between the groups of women who gave birth normally and those who underwent caesarean sections; however, women who gave birth naturally reported feeling more satisfied with the medical staff and their regard for privacy, whereas caesarean section womans reported feeling more satisfied with their hospital room and comfort. Also, **Spaich, Welzel, Berlit, Temerinac, Tuschy & Sütterlinetal (2013)** study entitled "mode of delivery and its influence on women's satisfaction with newbornbirth" reported that the satisfaction with birth did not differ depending on the delivery mode.

The disagreement between the study results may be due to that it's unknown how a woman's delivery choice will affect how satisfied she is with her birthing experience. Disruptions from the typical process such as secondary caesarean sections, operational vaginal interventions and in especially emergency situations like an emergency caesarean section appear to have a particularly stressful effect. Yet, it is also possible that the mode of birth may not have as much impact as thought and that other circumstances affect a woman giving birth.

Finally, It is essential to determine how satisfied women are with their birthing experiences since they are more likely to experience delivery as empowering, have a greater sense of self- esteem and a self-assured willingness to engage in healthy behaviours like breastfeeding. Poor maternal-newborn bonding and poor psychological consequences such as depression and posttraumatic stress disorders are linked to bad birth experiences.

6.Conclusion

According to the findings of the current study, it is concluded that more than half of the studied women were not satisfied with their birthing experience, while less than one quarter of them were satisfied. Three quarters of the studied women weren't satisfied with the overall care they received during delivery. There was a statistically significant association between the studied

women's satisfaction with their birthing experience and their demographics, obstetric history and mode of delivery.

7. **Recommendations**

- Effective supervision, guidance & monitoring should be given to provide high quality medical and nursing care for parturient women to increase their satisfaction.
- Encouraging health care providers to increase women level of decision-making participation during delivery, expressing their feelings and providing enough explanation for them .
- Encouraging obstetricians and nurses to increase personal interest & attention and the amount of time they spend with women during delivery.
- Giving detailed policies, manual posters or procedures at work about women safety practices during and after delivery, also application of WHO standard guideline of intrapartum care.

Further study: Developing health education program for training midwives and obstetricians about effective intrapartum care to develop the best practices & maintain safety of mothers and their newborns.

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9.Conflict of interest

The authors had no conflict to declare**.**

10.References

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