

Maternal perception Regarding Nursing care during labor

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ABSTRACT

Background: The quality of intrapartum care, as well as the attitudes and behavior of the midwives assisting the birth, can significantly affect maternal perception of nursing care and support during childbirth. This perception can have a long-term positive or negative impact, influencing future expectations of childbirth and ensuring the best possible outcomes.

Objectives: This study aimed to assess maternal perceptions regarding nursing care during labor among postnatal women, to determine the relationship between maternal perception and socio-demographic variables, and to determine the relationship between maternal perception and obstetric history of postnatal women regarding nursing care during labor.

Methods and Material: A descriptive study was conducted in Bent Al-Huda and Al-Haboubi Teaching Hospitals in Al-Nasiriya city from October 1, 2023, to March 15, 2025.

Statistical Analysis: Data were collected using a questionnaire. The collected data were tabulated and analyzed using descriptive and inferential statistical approaches with Microsoft Excel (2016) and the Statistical Package for the Social Sciences (SPSS) version 26.0.

Results: The average age of the women was 20-24 years. Among the participants, 25.7% had completed primary school, 47.9% were first-time mothers, 25.7% had four or more pregnancies (gravida), 81.3% had never experienced an abortion, 97.1% had delivered vaginally in previous pregnancies, and 81.9% chose private clinics for their prenatal visits. The majority (83.5%) of mothers had a high perception of nursing care during labor.

Conclusions: The overall assessment of mothers' perceptions regarding nursing care during labor was high. Significant positive correlations were observed between overall perception and socio-demographic variables, while no significant relationship was found between maternal perception and obstetric history. Recommendations include continuous development programs for nursing staff, focusing on labor and delivery care. Future studies should be conducted on other nursing care situations to assist mothers in describing their feelings towards healthcare during labor..

Keywords: perception, nursing care, labor

1. INTRODUCTION

Childbirth, sometimes referred to as labor, parturition, and delivery, is the term used to describe the end of a pregnancy when one or more babies are delivered through birth canal. Childbirth are normal physiological, social, and cultural processes, but they can have complications that may necessitate immediate life-saving interventions. woman's delivery experiences and results are influenced by a complicated interaction between mistreatment and a lack of support (Hepsiba, 2023).

Child birth is an important event for most parents. women want for a pleasant and satisfying birthing experience. The perception of the birth experience, which has been called the first official task of motherhood, may have an impact on early parenting (Chabbert et al., 2021).

The delivery process in the life of women and their partners is a unique time. There are many varying and conflicting meanings in this instant. Women seek to adapt with the birthing environment and deal with the pains that come with it during the delivery process. The assistance of healthcare professionals, as well as family may be required for effective birth management and decision-making on birth practices and care (Shahveisi et al., 2023).

Understanding mothers' caring preferences during childbirth and' perception of mothers' caring needs may enhance more satisfying birth experiences and positive health outcomes. women with previous pregnancies may have expectations based on their earlier experiences, whether positive or negative. women with positive experiences may have a greater trust in nursing care and perceive it as more supportive and effective (Al-Maharma et al., 2021).

In healthcare systems, maternal health care services encompass a wide range of curative and preventive medical services that are especially vital to the well-being of women who are fertile and their offspring (Li et al., 2020).

Various factors, such as socio-demographic and obstetric characteristics, perception of birth, interventions applied during birth, birth environment, presence of social support, quality of intrapartum care, attitudes and behaviour of the midwife assisting the birth can affect maternal perception of nursing care and support during birth(Buback et al., 2022).

An essential component of providing optimal care and making use of healthcare resources is the respectful behavior a mother experiences during childbirth, including respect, privacy, and maintaining dignity. The health care system must work to maintain the mother's cultural norms and beliefs while promoting respectful, high-quality care (Maung et al., 2022).

previous positive child birth experience increases the mothers' perception of nursing care during labor, and impact of level educated women are more likely to get medical information.

Women point out that there is a lack of ongoing follow-up during labor, which goes beyond pleasure and exposes gaps in treatment. Not only does this reinforce the feeling that women are neglected in maternity hospitals, but it also makes women feel insecure because delayed care can have negative effects on childbirth, which can raise the rate of death for both mothers and newborns (Ayoubi et al., 2020).

According to a study done with 725 mothers in Turkey showed that the high level of perception of support and control at birth decreased the fear of birth and increased the satisfaction levels of puerperal women (Demirel et al., 2022).

In a study conducted with 2541 women in Sweden, it was determined that women's lack of sense of control during birth and women's loss of control over the birthing process and insufficient assistance from partners and healthcare providers were the most important risk factors for a negative birth experience. Negative birth experiences have been associated with Post-traumatic stress disorder, challenges in breastfeeding and mother–baby attachment, traumatic birth perceptions, and increased fear about future births(Viirman et al., 2023).

A low level of perception of nursing care during birth can lead to negative outcomes, such as inability to cope with labour pain, increased need for medical interventions and requests for caesarean section and negative birth experiences(Cevik et al., 2023).

Materials and methods

A descriptive study technique was designed in al Nasiriya City/Iraq from October 1, 2023, to March 15, 2025.

Study Sample:

Anon-probability (purposive sample) of (315) postnatal women. Data were gathered (215) from Bent Al Huda and (100) from Al-Haboubi Teaching Hospitals in Al- Nasiriya city in the recovery room in the labor ward for postnatal mother's perception regarding nursing care during labor.

Study Instrument

Part I: This section contains socio-demographic data about the women and includes five items (age, level of education, occupation, residency and income).

Part II: This section contains obstetric history, including four items (gravida, parity, abortion and prenatal visit).

Part III: A total of 13 items deals with perception of postnatal mother regarding nursing care during labor. Three Likert scale levels (agree, undecided, disagree) were used to build an instrument for assessing mothers' perception.

Data Collection

Data were collected after acquiring an official agreement from the Department of Development and Training using research instruments from (14th July to 1th oct 2024). Women who participated in the study were interviewed face-to-face by the researcher, who provided instructions and answered any questions they had regarding the form. Interviewing techniques were employed separately for (20-30) minutes per interview after completing the crucial steps that must be included in the study design.

Ethical Approval

1-The University of Babylon's College of Nursing Council's ethics committee gave its approval to the study on January 1st, 2024.

2- In order to carry out the study at Bint Al Huda Teaching Hospital and Al-Haboubi Teaching Hospital, approvals were also acquired from Training and Development Department of Thi-Qar Health Directorate.

3- Official approval has been obtained from the following sources: Bint Al Huda Teaching Hospital and Al-Haboubi Teaching Hospital.

4- Informed consent was obtained from all participants.

Data Analysis

The tabulation of collected data was analyzed using descriptive and inferential statistical approaches. Microsoft Excel (2016) and Statistical Package Program for Social Sciences (SPSS) version 26.0. The method used in this study aimed to determine descriptive and inferential statistics, such as frequencies, percentages, and valid percentages, and by entering data to achieve the objectives of the study.

Results:

Table 1: Distribution of socio-demographic characteristics of postnatal women

Characteristics		f	%
Age (year) M±SD= 24 ± 5	15 – 19	69	21.9
	20 – 24	125	39.7
	25 – 29	60	19
	30 – 34	46	14.6
	35 – 40	15	4.8
	<i>Total</i>	<i>315</i>	<i>100</i>
Level of education	Don't read and write	51	16.2
	Read and write	66	21
	Primary school	81	25.7
	Secondary school	72	22.8
	Diploma/Bachelor	45	14.3
	<i>Total</i>	<i>315</i>	<i>100</i>
Occupation	Unemployed	291	92.4
	Employee	24	7.6
	<i>Total</i>	<i>315</i>	<i>100</i>
Residency	Urban	236	74.9
	Rural	79	25.1
	<i>Total</i>	<i>315</i>	<i>100</i>
Perceived monthly income	Sufficient	35	11.1
	Barely sufficient	229	72.7
	Insufficient	51	16.2
	<i>Total</i>	<i>315</i>	<i>100</i>

Table1: showed the distribution of demographical data for (315) women who agree to participate in the study, which had the highest proportion (39.7%) were between 20-24 years age group, in related to education level (25.7%) of mothers having primary education, (92,4%) were unemployed, (74.9%) were urban and (72.7%) had barely sufficient income.

Table2: Distribution of reproductive history of the study sample

Characteristics		f	%
Gravida	1 st gravida	135	42.9
	2 nd gravida	55	17.5
	3 rd gravida	44	14
	4 th + gravida	81	25.7
	<i>Total</i>	315	100
Parity	1 st gravida	151	47.9
	2 nd gravida	52	16.5
	3 rd gravida	50	15.9
	4 th + gravida	62	19.7
	<i>Total</i>	315	100
Abortion	None	256	81.3
	One	45	14.3
	Two +	14	4.4
	<i>Total</i>	315	100
Prenatal visit	Hospital	9	2.9
	Health Care Center	48	15.2
	Private Clinic	258	81.9
	<i>Total</i>	315	100

Table2 showed (42.9%) were primigravida and (25.7%) between four or more pregnancies, Parity, shows that nearly half (47.9%) were first-time mothers, (81.3%) had never experienced an abortion and (81.9%) chose to attend private clinics for their prenatal visits.

Table (3): Assessment of Mothers' Perception regarding Nursing Care during Labor

List	Perception	Scale	f(%)	M	Assess
1	I feel happy with the way the nurses took care of me	Disagree	10(3.2)	2.77	High
		Undecided	53(16.8)		
		Agree	252(80)		
2	I feel the nurses have been very nice to me	Disagree	6(1.9)	2.80	High
		Undecided	50(15.9)		
		Agree	259(82.2)		
3	I received enough support from the nurses during labour	Disagree	11(3.5)	2.80	High
		Undecided	41(13)		
		Agree	263(83.5)		
4	I received enough support from the nurses during delivery	Disagree	11(3.5)	2.81	High
		Undecided	37(11.7)		
		Agree	267(84.8)		
5	I liked the way the nurses here always pay attention to my health care needs	Disagree	12(3.8)	2.76	High
		Undecided	53(16.8)		
		Agree	250(79.4)		
6	I believe the nurses here are very competent	Disagree	10(3.2)	2.72	High
		Undecided	67(21.3)		
		Agree	238(75.6)		

7	I felt the nurses have a good attitude towards patients	Disagree	10(3.2)	2.79	High
		Undecided	45(14.3)		
		Agree	260(82.5)		
8	I liked the way nurses encouraged and supported me during labour	Disagree	8(2.5)	2.82	High
		Undecided	41(13)		
		Agree	266(84.4)		
9	I dislike how nurses here are very respectful	Disagree	258(81.9)	1.24	Low
		Undecided	39(12.4)		
		Agree	18(5.7)		
10	I dislike the way the nurses verbally abused me	Disagree	248(78.7)	1.29	Low
		Undecided	43(13.7)		
		Agree	24(7.6)		
11	I liked how the nurses always explain their procedures to me before they perform them	Disagree	10(3.2)	2.75	High
		Undecided	59(18.7)		
		Agree	246(78.1)		
12	I felt encouraged with how nurses speak to me very kindly	Disagree	10(3.2)	2.78	High
		Undecided	50(15.9)		
		Agree	255(81)		
13	I feel the quality of care provided here is excellent	Disagree	8(2.5)	2.73	High
		Undecided	70(22.2)		
		Agree	237(75.2)		

Table 4: Overall Assessment of Mothers' Perception regarding Nursing Care during Labor

Perception	f	%	M	SD	Ass.
Low	8	2.5	33.06	3.898	High
Moderate	44	14			
High	263	83.5			
Total	315	100			

Table 4 showed that overall assessment of mothers' perceptions regarding nursing care during labor reveals a predominantly high level of perception at mean and Std 33.06 \pm 3.898.

Table (5): Relationship between Maternal Perception on Nursing Care and Sociodemographic Variables

Variables		Overall Perception				Relationship
		Low	Moderate	High	Total	
Age (year)	15 – 19	2	18	49	69	$r^s = .123$ P-value= .029 Sig= S
	20 – 24	3	13	109	125	
	25 – 29	2	5	53	60	
	30 – 34	1	6	39	46	
	35 – 40	0	2	13	15	
	Total	8	44	263	315	
Level of education	Doesn't read & write	1	15	35	51	$r^s = .129$
	Read and write	2	10	54	66	

	Primary school	2	7	57	66	P-value= .022 Sig= S
	Secondary school	0	5	61	66	
	Diploma/Bachelor	3	7	56	66	
	Total	8	44	263	315	
Occupation	Unemployed	6	41	244	291	r* = 024 P-value= .666 Sig= N.S
	Employee	2	3	19	24	
	Total	8	44	263	315	
Residency	Urban	5	30	201	236	r* = 048 P-value= .400 Sig= N.S
	Rural	3	14	62	79	
	Total	8	44	263	315	
Perceived monthly income	Sufficient	1	4	30	35	r ^s = - .190 P-value= .001 Sig= H.S
	Barely sufficient	5	26	198	229	
	Insufficient	2	14	35	51	
	Total	8	44	263	315	

rs: Spearman Correlation coefficient, r*: Biserial correlation coefficient, P: Probability, Sig: Significance, N.S: Not Significant, S: Significant, H.S: High Significant

Table 5 showed significant positive correlations are observed between women's perception and both age ($p = 0.029$), level of education ($p = 0.022$) and highly significant correlation between women's perception and monthly income ($p = 0.001$). No significant correlation found based on occupation ($p = 0.666$) or residency ($p = 0.400$).

Table (6): Relationship between Maternal Perception on Nursing Care and Reproductive history Variables

Variables		Overall Perception				Relationship
		Low	Moderate	High	Total	
Gravida	1 st gravida	5	29	101	135	r ^s = .049 P-value= .391 Sig= N.S
	2 nd gravida	0	4	51	55	
	3 rd gravida	3	4	37	44	
	4 th + gravida	0	7	74	81	
	Total	8	44	263	315	
Parity	1 st gravida	5	30	116	151	r ^s = .040 P-value= .476 Sig= N.S
	2 nd gravida	1	4	47	52	
	3 rd gravida	2	7	41	50	
	4 th + gravida	0	3	59	62	
	Total	8	44	263	315	
Abortion	None	7	38	211	256	r ^s = .006 P-value= .909 Sig= N.S
	One	1	3	41	45	
	Two +	0	3	11	14	
	Total	8	44	263	315	
Prenatal visit	Hospital	0	1	8	9	r ^s = .039 P-value= .496 Sig= N.S
	H.C Center	0	11	37	48	
	Private Clinic	8	32	218	258	
	Total	8	44	263	315	

Table6 showed non-significant relationship between women's perception and gravida status ($p = 0.391$), parity ($p = 0.476$),

abortion history ($p = 0.909$) and prenatal visits ($p = .496$)

Discussion:

Socio-demographic characteristics of the respondents

According to Table 1, the study's 315 participating women's sociodemographic data revealed that a two fifth of group (20–24) years old, predominantly young population. The result of this study is inconsistency with (Mukerenge et al., 2025) done in Africa who found the majority of mothers considered from 18 and 45 years. Also inconsistency with (Silesh & Lemma, 2021) in Ethiopia who found three quarters of respondents were between 20 and 34 years of age. These results give the impression that the majority of mothers are young. This is anticipated because it is the normal age of childbearing.

Regarding the level of education, the highest percentage of mothers were graduated from primary. This result supportive with (Panth & Kafle, 2018) in Nepal shows that majority of postnatal mothers were primary school. The result of this study inconsistency with (Ali et al., 2022) who found greater than half of the participants had secondary level of education. May be due to the fact that these women were haven't the opportunity to continue their education properly. Regarding occupation status, the study indicated that vast majority of women are show they are unemployed. The results of this study consistence with (Hajimam et al., 2023) in the Kurdistan who found vast majority of participants were housewives. Because early teenage marriage and subsequent pregnancy outcome, it was found that the majority of the study sample were housewives.

Regarding to residency, the study indicated that three quarters of mothers living in urban areas. The result of this study is inconsistency with (Kidane et al., 2023) in Ethiopia who found the majority of participants were from rural areas. This may be due to of the distribution of its clinics and hospitals as well as the selection of the research sample.

Related to income of the study participants revealed less three quarters of mothers report their income as "barely sufficient," and less one quarter as "insufficient". The result of study inconsistency with (Asif, 2019) in Nepal who found a very large majority of mothers live in households that barely sufficient than the average household income.

Reproductive History of the study sample

In Table 2, the study in terms of gravidity, showed that less than half of mothers was first-time pregnant (primigravida). The results of this study inconsistency with (Hajimam et al., 2023) in the Kurdistan who found Most were multigravida. Regarding Parity, which measures the number of live births, shows that nearly half were first-time mothers. The result of this study is consistence with (Lewis et al., 2016) in Australian who found that nearly half were primipara and inconsistency with (Ali et al., 2022) in Nigeria who found more than two thirds were multiparous.

Regarding to Abortion of the study showed the data on abortion history reveals that the majority of mothers had never experienced an abortion. These result consistence with (Mukerenge et al., 2025) in Africa who found the majority of women hadn't had previous abortion. Regarding to Prenatal visit the finding of the present study revealed a significant majority of mothers chose to attend private clinics for their prenatal visits. This result inconsistency with (Pathak & Ghimire, 2020) in Nepal who found most of the respondents had visited a health facility for their recent childbirth.

The assessment of mothers' perceptions regarding nursing care during labor.

Table 3, regarding mothers' perceptions of nursing care during labor, the study shows the majority of mothers expressing positive experiences. Most mothers felt well-supported, respected, and encouraged by the nursing staff, as reflected in the high mean scores for positive statements. The result of this study is consistence with (Cicek & Mete, 2018) in Turkey, who found that most mothers wanted physiological support needs, respected and encourage and provision of support to cope with pain. The result of this study is inconsistency with (Mitra et al., 2021) in India who found half women's perception about the role of nursing care are respect and support. Another study inconsistency with (Asef & Bekele, 2015) in Ethiopia who found were recorded to have been left alone or unattended by the care provider.

Overall assessment of mothers' perceptions regarding nursing care during labor.

As shown in table 4, Overall assessment of mothers' perceptions regarding nursing care during labor was high, with the majority of mothers expressing positive experiences. The result of this study is inconsistency with (Owigho & Isara, 2022) in Nigeria who found one third had poor perception of care. Another result of this study is inconsistency with (Pathak & Ghimire, 2020) in Nepal, revealed less than half had a poor perception when they access delivery services. The researcher opinion in present study that revealed high perception because nurse midwife meets the expectations and needs and positive women feeling. These studies found that with increased knowledge of labor and delivery comes higher expectations for events to happen in a certain order led to positive childbirth experience.

Relationship between Maternal Perception on Nursing Care and Sociodemographic Variables:

Related to Table 5, the present study showed that socio-demographic factors (age, education level and income) were significantly positive correlations different in overall perception while no significant correlation in maternal perception are

found based on occupation ($p = 0.666$) or residency ($p = 0.400$). The result of this study is in the same line with (Hajimam et al., 2023) in Nepal who found level of perception was significantly associated with education. The result of this study is inconsistent with (Pathak & Ghimire, 2020) who found the result does not show the statistical association between maternal perception of care and sociodemographic and inconsistent with (Oyediran et al., 2022) in Nigeria who found no relationship between Socio demographic Characteristics and Perception of Nursing Care. The researcher believes increases the mothers' awareness of nursing care during labor, and educated women are more likely to get medical information.

Relationship between Maternal Perception on Nursing Care and Reproductive History Variables:

Table 6, shows a non-significant relationship between women's perception and gravida status ($p = 0.391$), parity ($p = 0.476$), abortion history ($p = 0.909$), prenatal visits ($p = .496$). However, a significant positive correlation is found with previous delivery type ($p = 0.018$). The result of this study is consistent with who found not demonstrate a significant correlation and inconsistent with (Oyediran et al., 2022) in Nigeria who found parity was significantly associated with the perception of nursing care during labor { $p = 0.04$ }.

2. CONCLUSION

The overall assessment of women's perception regarding nursing care during labor was high, and there was a significant positive correlation between women's perception both age and level of education, monthly income, and not significantly associated with reproductive history variables.

Recommendations

Continuous development programs should be for nursing staff. focusing on labor and delivery care. More studies should be conducted on other nursing care situations to evaluate health care system and assisting mothers to describe their feelings towards health care during labour. Ministry of Health should be trained midwives to helping women understand the reasons for certain medical interventions or procedures.

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Conflict of Interest

The authors declare that they have no conflict of interests.

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