

# Assessment of Women Satisfaction with Pregnancy Outcome and Using of Immediate Contraceptive Postnatal at Baghdad Maternity Hospitals

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## ABSTRACT

**Back ground:** Contraceptive following delivery or an induced abortion reduces the risk of an early unintended pregnancy and it's associated to adverse health consequences

**The Study aims** to assess the women satisfaction in the use of contraceptive devices in the period immediately following delivery or abortion and it's relation to pregnancy outcome.

**Patients and Methodology:** A randomized cross sectional descriptive study carried out In 2 maternity hospitals (AL-Elwiya maternity teaching hospital, AL-Karkh maternity hospital) from both sides of Baghdad. The study sample includes 434 cases of women who were in the labor and abortion wards in the period immediately following delivery or abortion before being discharged home. Data were collected during the period from the 1<sup>st</sup> of November 2015 to the end of April 2016.

**Results: revealed that** more than half (54.4%) of studied women were married in young age group (18-24 years) and 48.6% of them were at young age (18-24 years) at their first delivery, 36.4% were graduated from university, (90.3%) were living in urban areas . The pregnancy ended with delivery in 65.2% of the studied women and ended with miscarriage in 34.8% of them. A significant association was observed between young age of women and high satisfaction with immediate contraception ( $p=0.02$ ). The most common cause of non-satisfaction with contraception among studied women was not knowing about the possibility of contraception (97.67%), followed by their wish to increase their family size (39.5%), fear from complications (23.2%), economic causes (18.6%), un cooperation of the family (13.9%), bad effect on breast feeding (9.3%) and unavailability (6.9%). one third (31.1%) of the participants were satisfied with immediate contraception while it is about half (49.1%) of the delivered mothers were satisfied on immediate contraceptive with significant difference found between pregnancy outcome and the women's satisfaction.

**Conclusion:** 49.1% of the mothers were satisfied on immediate contraception after delivery while only 31.1% of the miscarried women were satisfied with immediate contraception. Women from low income families had higher satisfaction with contraception and significant association was found between types of pregnancy outcome and women satisfaction with immediate use of contraceptive devices.

**Keywords:** Assessment, Women Satisfaction, Pregnancy Outcome, Immediate Contraceptive, Postnatal

## INTRODUCTION

Women satisfaction is an important indicator with regard to the evaluation quality of care and is a test that enables health programs to assess the influence of their services on women. Thus it can be considered an integral part of the quality assurance surrounding healthcare delivery<sup>1, 2</sup>. Quality of an antenatal care which provided to women should be a cornerstone for women to safeguard their health outcomes & gives them an opportunity to be assessed and screened, provided with treatment and preventive measures and offered health education, advice and counseling<sup>3</sup>. Women that are satisfied with their care are more likely to use healthcare services adequately and adhere to the recommendations & treatment. However, poor women satisfaction with the healthcare can lead to poor outcomes<sup>3</sup>. Using contraceptive-related service is a component of the maternal health services which is necessary for the identification of complications and danger signs and to provide screening, and education during pregnancy with the aim of improving women health<sup>4</sup>. Contraception following delivery or an induced abortion reduces the risk of an early unintended pregnancy and its associated adverse health consequences. Unmet need for contraception during the postpartum period and contraceptive counseling and services following abortion have been the focus of an efforts for the last several decades and should be an integrated part for care of delivered woman or any abortion care or post-abortion care to help women to help women to help another unplanned or unwanted pregnancy and the risk, in many cases, of an unsafe abortion. Most of women when they are satisfied with their choice of immediate using of contraceptive the rates of problems and complications were relatively low & they made their decision to use a method of contraception during the antenatal period or before delivery, signifying the importance of counselling in the antenatal period and before delivery<sup>5</sup>. This study aims to assess the Iraqi women satisfaction in the use of contraceptive devices in the period immediately following delivery or abortion.

## METHODOLOGY

**Study Design:** Cross sectional descriptive study design

**Setting:** the study carried out In 2 maternity hospitals (AL-Elwiya maternity teaching hospital, AL-Karkh maternity hospital) from both sides of Baghdad.

**Sample and Sampling Technique and Data Collection Tool:**

**The study sample** includes 434 cases of women who were in the labor room and postpartum abortion wards in the period immediately following delivery or abortion before being discharged home, they were selected randomly. Moreover, a written consent was obtained from the women participated. While the scientific and ethical committee of Al Kindy College of Medicine the ministry of health & the two hospitals' administration which includes too was approved the study

**Data were collected** during the period from the 1<sup>st</sup> of November 2015 to the end of April 2016. The questionnaire forms were filled for 2-4 hours a day, one time per week by the investigator through interviewing & filling out the questionnaire formats which designed for the purpose of the study after reviewing of the previous studies & relevant literature and validated through the panel of experts in the field.

**Data analyzed** by using computerized statistical software; Statistical Package for Social Sciences IBM-(SPSS) version 21. Descriptive (frequencies, percentages & diagrams) & inferential statistics (Chi square test for goodness of fit) methods were used. Findings with P-value less than 0.05 considered significant<sup>(6,13)</sup>.

## RESULTS

A total of 434 women who were in the immediate postpartum & post-aborted period prior to discharge home were included in the present study. More than half (54.4%) of studied women were in young age group (18-24 years) at marriage and 48.6% of them were at younger age group (18-24 years) at first delivery. At time of study, 3 women were <18 years age, 21.4% of studied women were in age group 18-24 years, 36.4% of them were in age group 25-30 years and 41.5% of them were more than 30 years, (36.4%) were graduated from university, 33.6% of them completed primary

level and 30% of them completed secondary level. About half of women husbands were graduated from university, 33.2% of them completed primary level and 23% of them completed secondary level. Most of studied women (90.3%) were living in urban areas. The constant income was reported for 52.53% of studied women and 27.19% of studied women were employee. More than half of the studied women husbands were working in private jobs. The crowding rate (CR) for women was distributed as followings; 59% of women with CR <2, 36.9% with CR 2-5 and 4.1% of them with CR more than 5 (the crowding rate is the number of persons in one room, >2persons living in one room considered crowded) table 1.

Table 1: Distribution of studied women according to socio-demographic variables

Variable	No.	%	
Age of women at marriage	<18yr	64	14.7
	18-24 yr	236	54.4
	25-30	116	26.7
	>30	18	4.1
Age of women at first delivery	<18yr	33	7.6
	18-24 yr	211	48.6
	25-30	157	36.2
	>30	33	7.6
Age of women at time of study	<18yr	3	0.7
	18-24 yr	93	21.4
	25-30	158	36.4
	>30	180	41.5
Education of women	Primary	146	33.6
	Secondary	130	30
	University	158	36.4
Education of husbands	Primary	144	33.2
	Secondary	100	23
	University	190	43.8
Residency	Urban	392	90.3
	Rural	42	9.7
Constant income	Yes	228	52.53
	No	204	47.47
Women jobs	House wife	316	72.81
	Got job	118	27.19
Husband jobs	Private job	244	56.2
	Governmental job	190	43.8
Crowding rate	<2	256	59
	2-5	160	36.9
	>5	18	4.1

Table (2) shows that the pregnancy parameter revealed no infertility was reported for more than two thirds of studied women while 13.3% of them had primary infertility and 8.9% of them had secondary infertility. About two thirds of the women planned for their pregnancy, 24.2% of them had unplanned pregnancy and 9.5% of them were not sure about that. The craving was present among 61.5% of studied women. The pregnancy ended with delivery in 65.2% of 434 studied women and 34.8% of them ended in miscarriage. The prevalent type of delivery was normal vaginal delivery (54.77%) while; incomplete miscarriage was the prevalent type of miscarriage (56.29%).

Table 2: Distribution of Pregnancy parameter of the Study sample

Variable	No.	%	
Infertility	Primary	57	13.3
	Secondary	39	8.9
	No infertility	338	77.8
Wanted pregnancy	Yes	288	66.3
	No	105	24.2
	Unplanned	41	9.5
Craving	Yes	267	61.5
	No	167	38.5
Pregnancy complications	Yes	109	25.1
	No	325	74.9
Types of complication	Diabetes	50	45.9
	Bleeding	30	27.5
	Hypertension	29	26.6
Pregnancy outcome	Delivery	283	65.2
	miscarriage	151	34.8
Delivery types	Vaginal delivery	155	54.77
	C/S	128	45.33
Type of miscarriage	Incomplete	85	56.29

Recurrent	8	5.29
Missed	13	8.6
Complete	14	9.27
Septic	8	5.29
Inevitable	23	15.23

There was a significant association between women with delivery as pregnancy outcome and the high satisfaction with contraceptive methods (p=0.001) figure 1.

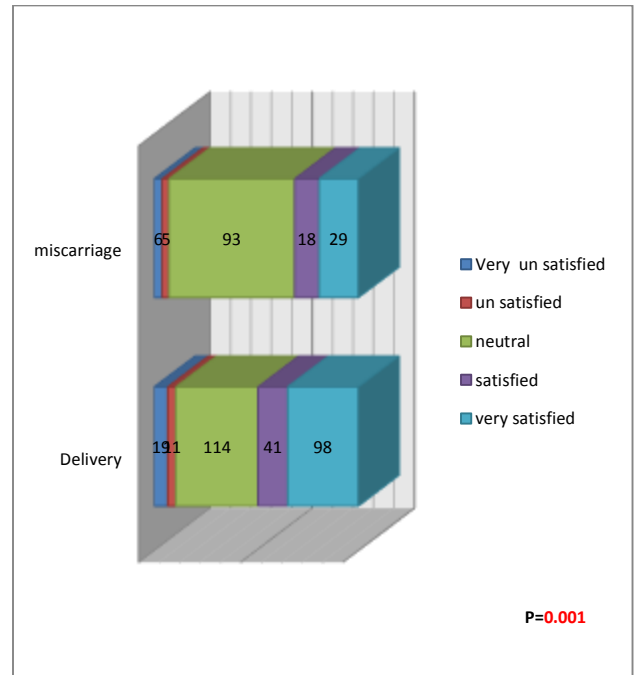


Figure 1: Distribution & association of satisfaction results according to pregnancy outcome

For the miscarriage 93(61.6%) of them were neutral, 5(3.3%) unsatisfied, 6(4%) very unsatisfied, 18(11.9%) satisfied and 29(19%) very satisfied.

While for those with delivery 114(40.2%) were neutral, 11(3.9%) unsatisfied, 19(6.7%) very unsatisfied, 41(14.5%) satisfied and 98 (34.6%) were very satisfied.

After the emerging of the unsatisfied and very unsatisfied group and make them one group of unsatisfaction and the emerging of satisfied and very satisfied group into one group of satisfaction the results were as follows: For the miscarriage; less than one third (31.1%) of the participant were satisfied with immediate use of contraception while it is about half (49.1%) of the delivered mothers were satisfied on immediate contraceptive with significant difference found between pregnancy outcome and the patients' satisfaction (Table 3).

Table 3: The association between current pregnancy outcome and satisfaction with immediate contraceptive

		Total	Unsatisfied	Neutral	Satisfied	P value
Miscarriage	No.	155	11	93	47	0.001
	%	100	7.28	61.6	31.1	
Delivery	No.	283	30	114	139	
	%	100	10.6	40.3	49.1	

There is an significant association between women's demographic and biological variables as age of women at first delivery , maternal education and husband education, sociocultural factors, occupational and economic factors(family income) in the current study with the satisfaction of contraception use (at p value 0.01 and 0.02) Table 4.

Table 4: Association between women's socio-demographic characteristics and their immediate satisfaction with the contraception use.

Variable		Women satisfaction regarding immediate contraception use						P value
		Total %	Very un satisfied	Un satisfied	neutral	satisfied	very satisfied	
Woman age at marriage	<18 years	64	3(4.7%)	2(3.1%)	29(45.3%)	11(17.2%)	19(29.7%)	0.396
	18-24	236	15(6.4%)	14(5.9%)	105(44.5%)	33(14.0%)	69(29.2%)	
	25-30	116	7(6.0%)	0(0.0%)	58(50.0%)	14(12.1%)	37(31.9%)	
	>30 years	18	2(11.1%)	0(0.0%)	11(61.1%)	2(11.1%)	3(16.7%)	
Woman age at first delivery	<18 years	33	3(9.1%)	0(0.0%)	19(57.6%)	3(9.1%)	8(24.2%)	0.029
	18-24	211	9(4.3%)	13(6.2%)	90(42.7%)	37(17.5%)	62(29.4%)	
	25-30	151	11(7.3%)	3(2.0%)	69(45.7%)	16(10.6%)	52(34.4%)	
	>30 years	39	4(10.3%)	0(0.0%)	25(64.1%)	4(10.3%)	6(15.4%)	
Woman age at time of study	<18 years	3	0(0.0%)	0(0.0%)	3(100.0%)	0(0.0%)	0(0.0%)	0.229
	18-24	93	2(2.2%)	6(6.5%)	51(54.8%)	11(11.8%)	23(24.7%)	
	25-30	158	8(5.1%)	4(2.5%)	73(46.2%)	23(14.6%)	50(31.6%)	
	>30 years	180	17(9.4%)	6(3.3%)	76(42.2%)	26(14.4%)	55(30.6%)	
Constant Income	Yes	53	20(9.7%)	2(1.0%)	101(49.0%)	30(14.6%)	53(25.7%)	0.001
	No	75	7(3.1%)	14(6.1%)	102(44.7%)	30(13.2%)	75(32.9%)	
Separate Home	yes	276	19(6.9%)	10(3.6%)	119(43.1%)	45(16.3%)	83(30.1%)	0.19
	No	158	8(5.1%)	6(3.8%)	84(53.2%)	15(9.5%)	45(28.5%)	
Crowding rate	<2	256	11(4.3%)	130(50.8%)	28(10.9%)	68(26.6%)	19(7.4%)	0.019
	2-5	160	5(3.1%)	66(41.2%)	27(16.9%)	57(35.6%)	5(3.1%)	
	>5	18	0(0.0%)	7(38.9%)	5(27.8%)	3(16.7%)	3(16.7%)	
Residency	Urban	392	24(6.1%)	14(3.6%)	183(46.7%)	52(13.3%)	24(6.1%)	0.71
	Rural	42	3(7.1%)	2(4.8%)	20(47.6%)	8(19.0%)	3(7.1%)	
Woman job	House wife	316	18(5.7%)	15(4.7%)	148(46.8%)	45(14.2%)	90(28.5%)	0.33
	Got job	118	9(7.6%)	1(0.8%)	55(46.6%)	15(12.7%)	38(32.2%)	
Husband job	private	244	11(4.5%)	16(6.6%)	119(48.8%)	33(13.5%)	65(26.6%)	0.002
	Governmental	190	16(8.4%)	0(0.0%)	84(44.2%)	27(14.2%)	63(33.2%)	
Women education	Primary	146	12(8.2%)	9(6.2%)	74(50.7%)	15(10.3%)	36(24.7%)	0.026
	Secondary	130	7(5.4%)	7(5.4%)	61(46.9%)	20(15.4%)	35(26.9%)	
	University	158	8(5.1%)	0(0.0%)	68(43.0%)	25(15.8%)	57(36.1%)	
Husbands education	Primary	144	10(6.9%)	11(7.6%)	69(47.9%)	14(9.7%)	40(27.8%)	0.018
	Secondary	100	8(8.0%)	3(3.0%)	40(40.0%)	21(21.0%)	28(28.0%)	
	University	190	9(4.7%)	2(1.1%)	94(49.5%)	25(13.2%)	60(31.6%)	

## DISCUSSION

Healthy timing and spacing of pregnancies (HTSP) improves the health of both mothers and their children<sup>14, 15</sup>. Risks of miscarriage, abortion, and maternal death are much greater when births are spaced less than 2 years apart. Preterm birth, low birth weight, stillbirth, and newborn death are also more likely when births are spaced too closely together<sup>16</sup>. The higher the level of education resulted in the higher the level of knowledge about contraception<sup>17</sup>. Al-Moktar et al<sup>18</sup> study in Iraq concluded that the women's knowledge regarding family planning generally were good, and there are no significant difference between women's knowledge and their demographic data except educational level. In same way, women living in low crowding rate conditions were significantly unsatisfied with contraception ( $p=0.01$ ). This finding coincides with that reported by Kidsley S study in Nepal<sup>19</sup>. There are many factors, which affect women utilization of family planning services. These factors mentioned as by Veres et al.,<sup>20</sup>; factors related to contraceptive methods as (safety of the method, effectiveness, availability and the cost of all contraceptive methods); Factors related to the couples using contraceptives includes (demographic and biological factors as age of women, maternal education and husband education, parity, sociocultural factors, occupational and economic factors, religious Women in current study with no miscarriage history were significantly satisfied with contraception ( $p=0.001$ ). This is consistent with results of Sok et al<sup>21</sup> study in USA. Indeed, women delivered by normal vaginal delivery were significantly satisfied with contraception ( $p=0.001$ ). This finding is in agreement with Hellerstedt et al<sup>22</sup> study in UK. The present study revealed that women with delivery as a pregnancy outcome had significantly higher satisfaction with contraception than women with miscarriage ( $p=0.001$ ). This finding is consistent with results of previous Najafi et al. study on a sample of Malaysian women<sup>23</sup>, minimal information exists on unintended health consequences following childbirth, particularly in relation to mode of delivery<sup>24</sup>.

## CONCLUSION

- 49.1% of the delivered mothers were satisfied on immediate contraceptive and only 10.6% of them were unsatisfied and 40.3% were neutral.
- Good percentage (31.1%) of the participant with miscarriage were satisfied with immediate contraceptive and only 7.28% were unsatisfied and 60.6% were neutral.
- Significant association was found between types of pregnancy outcome and women satisfaction with immediate use of contraceptive devices ( $p=0.001$ ).

## Recommendations

- Increasing public awareness for women through media on contraceptive methods, benefits and its side effects.
- Implementing interventional health educational programs on contraceptive methods, benefits and side effects in primary health care centers for women attending for antenatal care.
- Educational seminars on family planning for post aborted women in hospital should be encouraged

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