Original Article

Bayero Journal of Nursing and Health Care
bjnhc.nur@buk.edu.ng
Volume 1 Issue 2,
November 2019 Pages 223 -232

Patients' Experience with Intrapartum Care Provided by Nurse-Midwives in Civil Service Hospital, Ilorin, Kwara State

[1]Onasoga, Olayinka A., [1]Olabode, Opeoluwa O., [1]Aluko, Joel O. & [2]Adamolekun Modupe M.

[1]Department of Nursing Sciences, Faculty of Clinical Sciences,
College of Health Sciences, University of Ilorin,
Ilorin, Kwara State, Nigeria.
[2]University of Medical Sciences, Nigeria.
Corresponding Author: Onasoga, Olayinka A
***Corresponding Email*:** yinka_onasoga@yahoo.com

Abstract
Approximately, 140 million births that occur globally every year are amid women with risk factors for complications to themselves or their babies at the start pregnancy and throughout labour. Exploring patients' experience is an important factor in measuring the quality of care received in the health facility. This study attempted to explore patients' experience with intrapartum care provided by nurse-midwives in Civil Service Hospital, Ilorin, Kwara State. This is to enhance understanding of patients' perception and values of pregnant women during childbirth in order to guide nurse-midwives towards providing quality care and reduce maternal child mortality. A qualitative exploratory research design was used and 16 mothers who had just delivered in Civil Service Hospital, Ilorin, Kwara State were purposively selected for the study. Semi-structured interview guide was used for data collection and the data were analysed using thematic analysis. Findings from the study revealed that the participants had a mixed feeling about the intrapartum care receive despite affirming that the nurse-midwives are competent in providing quality obstetric care. Nevertheless, the overall experience of mothers about the intrapartum care received was found to be satisfactory. The study also revealed that participants were not pleased with the state of hospital environment especially the toilet and water supply facilities. Furthermore, participants believed that labour pain is natural and must be endured. This should be discouraged during health education programmes and labour analgesia should be offered to women routinely, because it is the right of every woman to have adequate pain relief during labour in order to improve women's childbirth experience.

Keywords: *Patients, Experience, Intrapartum care, Nurse-Midwives, Kwara State.*

Introduction

Motherhood is a great obligation and it is a woman's utmost crown of honour, sustaining good health during pregnancy is very important, mainly in the present stressful life. Pregnancy and childbirth place a woman at a higher risk of morbidity and mortality, though a fair degree of success has been achieved in reducing maternal deaths and improving maternal care (Geller, Koch, Garland, MacDonald, Storey, & Lawton, 2018; Arba, Darebo, & Koyira, 2016). Therefore, caring for a patient is the sole aim of health care services, and if there is a hitch in this, the

health facility has failed in its responsibility irrespective of structures and process. Thus, the output or outcome in terms of patients' experience and satisfaction is essential.

Over time, there has been a regulatory and clinical care response to the concept of patient's satisfaction and experience. Also, at a period when reimbursement and performance policy is becoming a thing of need, patient s' experience and satisfaction is one of the ways of assessing and measuring the quality of care received in the health facility. Patients' experience is multifaceted and is linked with the patient's satisfaction. However, negative experience brings about poor satisfaction and positive experience leads to a high level of satisfaction with services been provided by health care professionals (Berkowitz, 2016).

National Institute for Health and Care Centre Excellence (NICE, 2014) posited that childbirth is a life-changing event and the care a woman receives during labour has the potential to affect her both physically and emotionally, as well as the health of the baby. Establishing rapport, trust support, empathy, good communication between healthcare providers and the expectant mother, as well as having her needs respected can help her feel in control and contribute significantly to positive childbirth experience (Iravani, Zarean, Janghorbani, & Bahrami, 2015).

Women's experience with regard to maternity care received requires continued exploration across the various region in the country. This is because such identified information can be significant in suggesting robust and long-term maternal health care interventions befitting different women at the national level thus, ensuring the quality of maternal health care service delivery across the country (Machira, & Palamuleni, 2018).

Quality maternity care is defined as the degree to which maternal health services for individuals and populations increase the likelihood of timely and appropriate treatment to achieve desired outcomes that are both consistent with current professional knowledge and uphold basic reproductive rights (Hulton, Matthews & Stones, 2000; Avortri & Modiba, 2018). Experience of care is a critical aspect of guaranteeing high-quality labour, childbirth care and improved woman-centred outcomes, and not just complementary to providing routine clinical practices.

A positive childbirth experience is a substantial endpoint for all women going through labour. A positive childbirth experience is defined as one that fulfils or exceeds a woman's prior personal and socio-cultural beliefs and expectations, including giving birth to a healthy baby in a clinically and psychologically safe environment with continuity of practical and emotional support from a birth companion(s) and empathic, technically competent clinical staff (McGowan, 2018). It is based on the basis that most women want physiological labour and birth, and to have a sense of personal achievement and control through participation in decision-making, even when medical interventions are needed, which is consistent with the recent antenatal care guideline (McGowan, 2018).

WHO (2018), stated that the majority of approximately 140 million births that occur globally every year are amid women without risk factors for complications for themselves or their babies throughout labour. However, the timing of birth is critical to the survival of women and their babies, as the risk of morbidity and mortality could rise greatly if complications arise. In line with the targets of Sustainable Development Goal 3 – ensure healthy lives and promote well-being for all at all ages – and the new Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), global agendas are intensifying their concentration to ensure that women and their babies not only survive labour complications if they occur but try as

much as possible to attain their full potential for health and life.

Irrespective of considerable debates and research that have been ongoing for several years, the concept of "normality" in labour and childbirth is not general or standardized. There has been a significant increase over the last two decades in the use of a range of labour practices to initiate, accelerate, terminate, regulate or monitor the physiological process of labour, to improve outcomes for women and babies. This increasing medicalisation of childbirth processes tends to demoralise the woman's own capability to give birth and negatively influences her childbirth experience (WHO, 2018). In addition, Nilsson, Lundgren, Karlström, and Hildingsson (2012), stated that women's perception of the overall birth experience as negative seems to be more important for explaining subsequent fear of childbirth than a mode of delivery. Therefore, it is necessary to explore patients' experience(s) during delivery and factors influencing their experience with intrapartum care provided by nurse-midwives in Civil Service Hospital, Ilorin, Kwara State.

Patients' Experience with Intrapartum Care Provided in Civil Service Hospital, Ilorin, Kwara State

Materials and Methods

A descriptive qualitative design was adopted to explore patients' experience with intrapartum care provided by nurse-midwives in Civil Service Hospital, Ilorin, Kwara State. The target population comprised of postnatal women who gave birth in the selected hospital. In-depth interviews (IDIs) were used as an instrument of data collection for this study. The in-depth interview is a qualitative research tool that involves conducting intensive individual interviews with a small number of respondents to explore their viewpoint on a particular idea, programme, or situation.

A total of 16 women who just delivered were interviewed using a semi-structured interview guide. The sample size was determined based on data saturation for qualitative data (Polit & Beck, 2018). The sample size decision was made by the researchers when no new information or themes could be gleaned by a further interview on the study questions. Purposive sampling technique was used for enlisting the 16 women who just delivered. The choice of such a sampling method is consistent with the exploratory nature of the study (Brink, Van der Walt, & Van Rensburg, 2016). Only women who agreed to participate were interviewed inside room of the ward while they were still in the hospital. The setting was most appropriate because it was convenient, comfortable and conducive for discussion. The interview was conducted as soon as the patient became more stable and the duration of the interview does not exceed 45 minutes. The interviews were audio-recorded and then transcribed. The transcribed data include field notes and non-verbal behaviours which were analysed through content analysis. Various themes emerged and were coded into major themes and sub-themes, then interpreted and summarised.

To ensure the trustworthiness of the data collection in this study, the four criteria for supporting and substantiating qualitative studies which include credibility, transferability, dependability, and conformability were employed in this study. To enhance credibility, the researchers audio-taped all the interviews which were then transcribed verbatim. The researchers also consulted with experts and senior colleagues who are knowledgeable and experience in the qualitative research for their inputs. The researchers kept an audit trail of the research process to enhance dependability and confirmability of the study. To this end, the researcher used senior researchers, as well as peers to check the process of data collection, possible inconsistencies in the process and data analysis techniques. Data were collected for five days in the selected hospital.

Ethical clearance was obtained from the selected hospital and informed consent was obtained from all participants involved in the study. The researchers ensured voluntary participation, and that the participants were not harmed in any way and counselling was provided during interviews where necessary. Participants were given detailed information about the study without withholding information or giving false information concerning the study. Confidentiality and anonymity of participants were maintained since no actual names were used.

Results

The findings from the in-depth interviews were clustered into themes and sub-themes. Two main themes and nine sub-themes were generated from the analysis of the data, and the content of each theme is described and, where required, relevant quotes are included. Table 1 indicates the themes and sub-themes that emerged from patients' in-depth interviews.

Table 1: Themes and Sub-Themes that Emerged from Adolescents' In-Depth Interviews

Themes	Categories
1. Patients' experience(s) during delivery	The attitude of nurses during labour
	Skills of Nurse-midwives
	Providing Information during ANC and how it Helped during Delivery
	Patient's reception into the labour ward
	Patient's involvement in the care provided
	Communication between patient and Nurse-midwives
	Reaction to hospital infrastructures
2. Factors influencing patients' experience with intrapartum care provided by Nurse-midwives	Professional skills of Nurse-midwives:
	Poor pain management

.

Patients' Experience(s) During Delivery

1. The Attitude of Nurses During Labour

Nurses' attitude is a contributing factor to patients' experience. It goes a long way in providing a soothing relieve. The participants reported various attitudes of the nurses; some were pleasant, while some were unpleasant. The participants had a pleasant experience with nurses during labour and delivery in the selected hospital. A 24-year-old woman, thus:

"*uhh! It was okay. They were nice; they attended to me nicely. I was treated well, no harsh word at all,*

Another woman aged 26 corroborated the above comment by saying

'*….they are good at their work. Alhamdulillahi, it was easy."*

However, two of the participants expressed divergent views saying:

"em…..some of them shout at you when you scream in pain…..em *one of them told me to stop shouting…..em… that am not the only one in labour "*

"...they don't really give me the adequate attention and treatment as when needed ."

"one of nurses shouted at me and asked my mother and sister to go out of the ward….em she was rude",

2. Skills of Nurse-Midwives

While commenting on the competence of the nurse-midwives, the participants emphasised that skills are required to provide optimum

care and prevent complications during labour and childbirth. Majority of the women described the nurses as being proficient and knowledgeable in what they do. Particularly a 30-year-old woman captured it thus:

"Nurses are capable. They took care of us very well. They attended to us very well".

Similarly, two participants corroborated the impression made by the former by saying:

"…they are trained to be skilful; it is their field (midwives). They know more about it because the result is here, we delivered safely."

"*yes, they know their work because of the way they attended to me. They are not abusing. They are not harsh, they don't shout, they are nice and okay."*

However, another participant differed a little from the others when she said categorically in the quote below that, not all the nurses are skilled:

"..not all the nurses are skilful… well and some don't know how to tear (perform episiotomy), they will just tear anyhow, and they don't know how to stitch (repair episiotomy) too."

3. Providing Information During ANC and how it Helped During Delivery

Concerning the provision of health information, all the women said they were given adequate information during antenatal clinic about pregnancy and labour. The majority said they were given health talks on diet, exercises, and personal hygiene during pregnancy. Most of the women were able to remember what they were told. The quotes below confirm their claims:

"*yes, we are taught how to take care of ourselves during pregnancy, types of clothes and shoes to wear, how to take care of our private part so that infection will enter, as well as what to eat during pregnancy."*

"*yes, they gave health talks on things to buy in readiness for the baby and also signs that labour has started and what we should do"*

" .....I was told to come to the hospital immediately with my baby things if my water broke (rupture of membrane) or when I see mucus stained with blood coming from my private part (show) or severe waist pain (uterine contraction)" that like we should be coming when we see water, they said we should not fear and we should prepare."

"*hmm, they did. Some nurses said that when you reach the labour ward, you just have to endure, is just a little time."*

4. Patient's Reception into the Labour Ward

"The first impression lasts longer"; says an adage. A lot of women are anxious not knowing the outcome of their delivery, a warm reception is important, most especially with regards to this. The mothers affirmed that they were received warmly into the ward. e The participants in varying descriptions captured this welcome approach. For instance, a 30-year-old woman said thus:

"*When I came, I was checked. They checked the number of cm I was. ……. I was received very well.*"

Another participant corroborated the former by saying:

"*hummmm…, the nurse that was on duty was very nice to me ……, she did not sleep throughout the midnight as I was in labour …. she was very kind and understanding ."*

5. Patient's Involvement in the Care Provided

Patients are key stakeholders in making decisions about their health and matters relating to it. It is imperative to update women during childbirth about the progress of their labour and what is expected of them at this critical time. The respondents said that they

were carried along during labour and childbirth; that the nurses informed them about the progress of labour and provided answers to their questions. The statement by a 24 years old participant in the quote below describes this:

"em…… *yes, when I was in labour, they were just telling me the progress, and when I was about to deliver, they were like, be prepared o, you are about to deliver,….. now push o…..em….open mouth…em breath with your mouth ….stop pushing…."*

Another respondent corroborated the above-quoted statement thus:

"*yes, they tell me anything they want to do for me."*

6. Communication between Patient and Nurse-Midwives

A therapeutic communicating skill is an important skill required by a nurse-midwife in other to provide quality care to the patients. This helps to allay anxiety and further help to build trust in the nurse. Majority of the participants did not have the opportunity to talk to their nurses because the situation doesn't even permit.

A 26-year-old respondent that

"I could not speak to the nurses because of the pain."

A 32-year-old woman expressed the communication that went on between her and the nurses thus:

"…*whenever I told them (nurses) that the baby was coming, they came and check, and they said that it is not yet time for me to push…,that I should still wait."*

Another participant had a different experience, and she expressed it in the quote below:

"*ehnn, they told me. Even, if I forget, I will ask them again… how many cm (cervical dilatation)….they will tell me. Even, they allowed me to call my pastors. Ehnn….they allowed me to call my pastor that prayed for me that day…."*

7. Reaction to Hospital Infrastructures

Florence Nightingale stressed the importance of using the environment to care for patients. A healthy and conducive hospital environment helps in influencing a quick recovery, experience in the hospital and satisfaction. Majority of the participants were not pleased with the hospital environment, especially the poor state of the toilet and water supply. They complained about the following:

"…….*Although I forgot, the toilet was not nice at all. We could easily get infected…… You know dirty toilet can cause infection, especially for me that had a tear (episiotomy)."* (IDIs 2, 28year old).

"em…all of us are using one toilet….em….the toilet should be more than one" (IDIs 8, 26yr old)

"….*after I gave birth, I wanted to bath, and the cleaner (hospital attendant) said that there is no water, no hot water just to clean up and my sister-in-law that came with me had to go and look for water"* (IDIs 9, 28yr old).

Factors Influencing Patients' Experience with Intrapartum Care Provided by Nurse-Midwives

1. ***Professional Skills of Nurse-midwives****:*

The Participants agreed that the nurses are skilful because of the way they were treated or received and that actually influences their experience about the care received. Some of them, while describing their experience, said:

"*the hospital was recommended for me by a friend, and I can beat my chest and recommend it for others…. The nurses here are good"* (IDIs 6, 25yr old).

"I don't think that there is something that they are supposed to do for me that they did not do……em I am okay, and my baby is also fine,

so I can say that they know their work very well" (IDIs 16, 32yr old).

"*They did what they are expected to do for me o, I don't know of another person"* (IDIs 13, 38year old).

"Well, they are capable… but normally, they will say they are trying but God heals" (IDIs 8, 26yr old).

Another woman stated without mixing words that:

"…they are capable and responsible, especially when one wants to give birth because if it were to be another hospital, they will be shouting at someone. But they are greeting in a special way."

2. ***Poor Pain Management***

It was observed that most of the participants do not know about pain relief measures during labour. One of the respondents said:

"*nothing like that."*

While two other participants stated that:

"*no o, I was not given any drug to relieve pain but one of the nurses helped me to massage my back when the pain was much……I wished my husband was allowed in* (IDIs 8, 26yr old)

"I was not given anything until after I gave birth, they wrote drugs for me to go and buy." (IDIs 13, 38yr old).

However, some of the participants had different views as stated by one below:

"well ..this is not my first baby and labour pain is normal, and there is no need for drugs."

"It is natural and necessary in order to give birth to healthy baby"

Also, some women had bad experience concerning giving of episiotomy and its repair. This is captured in the next quote:

"*…here o, they don't give injection when they stitch…. You will go through serious pain".*

" when they cut me (episiotomy), I did not feel the pain, but I was told…but when they were stitching, I saw hell, no pain relief was given". (IDIs 9, 28year old)

Discussion

WHO (2019), stated that the presence of skilled midwives before, during and after childbirth can save the lives of both women and newborns. Majority of the women described the competencies of nurses who attended to them in the health facility as being capable and knowledgeable based on the attitudes and skills demonstrated by the nurses towards them during clinic visits and childbirth. This corresponds with a study carried out by Odetola, *et al*., (2018) in Ibadan, Nigeria, where the majority (97%) of the respondents agreed that midwives were very competent.

The participants have expressed both satisfaction and dissatisfaction on the attitude of nurse-midwives; however, majority of the participants described the nurse-midwives attitude as being friendly and caring, as most of the participants testified that they were received warmly into the ward without any delay. This is contrary to the findings from previous studies conducted in Nigeria and South Africa, where participants described the attitude of midwives to be unfriendly, rude, aggressive and abusive (Odetola *et al*., 2018; Oluyemisi, Oyadiran, Ijedimma, Akinlabi, & Adewale, 2014; Adeyemo, 2013; Kruger & Schoombee, 2010).

Majority of the participants expressed satisfaction with the information given about the progress of labour, examinations and procedures during delivery. This is contrary to the findings from two studies which were conducted in Iran and Malawi, where most of

the women received inadequate information about labour and childbirth (Iravani, et.al, 2015; Malata & Chirwa, 2011). Furthermore, Bohren *et.al* (2017) stated that women disliked it when health care professionals failed to explain about their condition during examinations and labour to them. They expressed the desire to understand better how they were progressing through labour, what to expect in the subsequent hours, and what the health worker expected her to do. Although, majority of the participants said that they were not able to communicate with the nurse-midwives during delivery because of the pain. Majority of the patients stated that most of the nurses gave them soothing words and encouraged them which is similar to a study carried out by Odetola and Fakorede (2018) in Ibadan, Nigeria where the majority of the respondents agreed that the midwives provided encouragement and support for them during labour and delivery.

In this study, the majority of the participants were not pleased with the hospital environment, especially the poor state of the toilet and water supply. This was consistent with a study carried out by Kifle, Ghirmai, Berhe, Tesfay, Weldegebriel, & Gebrehiwet (2017) in Eritrea where majority of the respondents were dissatisfied with toilet cleanliness and lack of continuous water supply but inconsistent with the study conducted by Khumalo, (2014) where ninety per cent of the respondents were satisfied with the cleanliness of the environment including toilet and water supply.

Generally, women experience and cope with labour pain differently. In this study, participants endured the labour process without any form of analgesia despite the severity of labour pain. This may be due to the fact that many hospitals in Nigeria do not offer obstetric analgesia routinely and the women perception of labour pain. According to the study participants, labour pain is natural and necessary in order to give birth to a healthy baby. Various studies have shown that ignorance of existing pain relief by women and cultural prejudice accounts for poor demand for labour pain relief (Akadri, & Odelola, 2018; Obuna, & Umeora, 2014). Therefore, there is need for adequate health education on pain management in labour.

Conclusion and Recommendation

Patient's experience, when understood by health care providers, especially nurse-midwives, helps to provide quality obstetric care to patients. This study revealed that the participants had a mixed feeling about the intrapartum care receive despite affirming that the nurses are competent in providing quality obstetric care. Nevertheless, the overall experience of mothers about the intrapartum care received was found to be satisfactory. In addition, the majority of the participants were not pleased with the hospital environment especially the inadequate toilet and water supply facilities. Furthermore, the belief that labour pain is natural and must be endured should be discouraged during health education programmes and labour analgesia should be offered to women routinely because it is the right of every woman to have adequate pain relief during labour in order to improve women's childbirth experience.

Conflict of Interest

The authors declare no conflict of interest

References

Adeyemo, F. O. (2013). Comparative Analysis of Health Institutions on the Attitude and Practice of Midwives Towards Pregnant Women During Child Delivery In Ogbomoso, Oyo State, Nigeria. *IOSR J Nurs Heal Sci*, *1*(3), 14-9.

Akadri, A. A., & Odelola, O. I. (2018). Labour pain perception: experiences of Nigerian mothers. *Pan African Medical Journal*, *30*(1), 288 doi:10.11604/pamj.2018.30.288.16672

Arba, M. A., Darebo, T. D., & Koyira, M. M. (2016). Institutional delivery service utilisation among women from rural districts of Wolaita and Dawro zones,

southern Ethiopia; a community-based cross-sectional study. *PloS one*, *11*(3), e0151082.

Asha, N., (2015). A study to assess the childbirth experiences and the level of satisfaction regarding nursing care during labour among primipara mothers in selected PHC's at Bangalore**.** [M.Sc. Dissertation, Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore]

Avortri, G. S., & Modiba, L. M. (2018). Women's perspective of facility-based childbirth services in Ghana: A qualitative study. *African journal of primary health care & family medicine*, *10*(1), 1-8.

Berkowitz, B. (2016). The patient experience and patient satisfaction: measurement of a complex dynamic. *Online J Issues Nurs*, *21*(1).

Bohren, M. A., Titiloye, M. A., Kyaddondo, D., Hunter, E. C., Oladapo, O. T., Tunçalp, Ö., ... & Fawole, B. (2017). Defining quality of care during childbirth from the perspectives of Nigerian and Ugandan women: A qualitative study. *International Journal of Gynaecology & Obstetrics*, *139*, 4-16.

Brink, H., Van der Walt, C. & Van Rensburg, G. (2016). *Fundamentals of research methodology for health-care professionals* (3rd ed.). Cape Town: Juta & Company Ltd.

Geller, S. E., Koch, A. R., Garland, C. E., MacDonald, E. J., Storey, F., & Lawton, B. (2018). A global view of severe maternal morbidity: moving beyond maternal mortality. *Reproductive Health*, *15*(1), 98.

Hulton, L., Matthews, Z., & Stones, R. W. (2000). A framework for the evaluation of the quality of care in maternity services.

Iravani, M., Zarean, E., Janghorbani, M., & Bahrami, M. (2015). Women's needs and expectations during normal labour and delivery. *Journal of Education and Health Promotion*, 4, 6. doi:10.4103/2277-9531.151885.

Khumalo, N. (2013). *Factors that influence patients' satisfaction with peripartum care in Germiston Hospital maternity unit* [M.Sc. dissertation, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg]. http://wiredspace.wits.ac.za/bitstream/handle/10539/14586/NONHLANHLA%20KHUMALO%20404141%20SEPT.pdf?sequence=1&isAllowed=y

Kifle, M. M., Ghirmai, F. A., Berhe, S. A., Tesfay, W. S., Weldegebriel, Y. T., & Gebrehiwet, Z. T. (2017). Predictors of Women's Satisfaction with Hospital-Based Intrapartum Care in Asmara Public Hospitals, Eritrea. *Obstetrics and gynaecology international*

Kruger, L. M., & Schoombee, C. (2010). The other side of caring: abuse in a South African maternity ward. *Journal of Reproductive and Infant Psychology*, *28*(1), 84-101

Machira, K., & Palamuleni, M. (2018). Women's perspectives on quality of maternal health care services in Malawi. *International journal of women's health*, *10*, 25.

Malata, A., & Chirwa, E. (2011). Childbirth information feeds for first time Malawian mothers who attended antenatal clinics. *Malawi Medical Journal*, *23*(2), 42-46.

McGowan K., (2018). New intrapartum Care Guidelines from the World Health Organisation Focuses on a Positive Childbirth Experience. *Maternal Health Task Force***,** https://www.mhtf.org/2018/02/15/new-intrapartum-care-guidelines-from-the-world-health-organisation-focus-on-a-positive-childbirth-experience/

National Institute for health and care centre excellence, (2014)**.**www.who.int/reproductivehealth/

Nilsson, C., Lundgren, I., Karlström, A., & Hildingsson, I. (2012). Self-reported fear of childbirth and its association with women's birth experience and mode of delivery: a longitudinal population-based study. *Women and Birth*, *25*(3), 114-121.

Obuna, J. A., & Umeora, O. U. J. (2014). Perception of labour pain and utilisation of obstetric analgesia by Igbo women of Southeast Nigeria. *Journal of Obstetric Anaesthesia and Critical Care*, *4*(1), 18.

Odetola, T. D., & Fakorede, E. O. (2018). Assessment of Perinatal Care Satisfaction Amongst Mothers Attending Postnatal Care in Ibadan, Nigeria. *Global Health*, *84*(1), 36-46.

Oluyemisi, A. F., Oyadiran, G. O., Ijedimma, M. O., Akinlabi, B. O., & Adewale, A. J. (2014). Perception of pregnant women towards midwives: attitude and practice during child delivery in health institutions in Ogbomoso, South-West, Nigeria. *Epidemiology, Biostatistics and Public Health*, *11*(2).

Polit, D.F., & Beck, C.T. (2017). *Nursing research: generating and assessing evidence for nursing practice.* (10th ed.). Philadelphia: Wolters Kluwer Health.

World Health Organisation. (2018). WHO recommendations: intrapartum care for a positive childbirth experience. Geneva: World Health Organisation. License: *CC BY-NC-SA 3.0 IGO. d Joint United Nations statement on ending discrimination in health care settings. Joint WHO/UN statement.* Retrieved from google.com

World Health Organisation. (2019). *Maternal mortality Fact sheet* [https://www.who.int/news-room/fact-sheets/detail/maternal-mortality]