*IOSR Journal of Nursing and Health Science (IOSR-JNHS)*
*e-ISSN: 2320–1959.p- ISSN: 2320–1940 Volume 9, Issue 3 Ser. IX (May - June 2020), PP 45-51*
*www.iosrjournals.org*

# Birth satisfaction of womendeliveredat CMC, Vellore

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***Abstract:***
***Background:*** *Childbirth is a unique experience for every woman whether first or last. Various factors contribute to this experience while many may cause dis-satisfaction. Negative experiences increase the risk for maternal postpartum depression and may affect attitudes to future pregnancies and births. Patients' satisfaction is an important measure of the quality of health services. It is a complex multidimensional measure, affected by a number of clinical and technical factors, as well as by expectations and personal characteristics. Hence it needs to be addressed so as to improve the quality and efficiency of health care provided during pregnancy, childbirth, and puerperium.*
***Materials and Method:****Descriptive research design was used in this study, and using total enumeration sampling technique 710 women who delivered live fetus either by normal vaginal or by instrumental delivery and could read and write english/ tamil/ telugu were included. Data was collected using a self-administered questionnaire consisting of two parts. Part: A consisted of demographic variables and clinical variables. Part: B consisted of a scale measuring the birth satisfaction of women adopted from Mohammed et al. women's satisfaction with hospital based intrapartum care – a Jordanian study. This tool measured satisfaction in relation to the three dimensions of intrapartum care such as "interpersonal care, information and decision making and physical birth environment". Satisfaction was rated on a five-point Likert scale from strongly disagree to strongly agree. Data was analyzed and interpreted using descriptive statistics, frequency tables, Paired t test,Mann-Whitney U test and Chi-square.*
***Results:*** *The total mean satisfaction score was 58.94 (SD ± 6.16), and in regard to the three subscales the mean of interpersonal care was 23.20 ± 2.344 SD, mean for information and decision making was 13.71 ± 3.61 SD and mean for physical birth environment was 22.02 ± 2.94. The findings of this study revealed that majority of the women were satisfied with their birth experience. The study also revealed that 24.1% of women were not satisfied with "during labour/ birth decisions were made without taking my wishes into account, 20,8% felt pressured to have the baby quickly and 16.1% of them felt labour was taken over by strangers and machines". 44.1% of the women were not satisfied with the level of noise.*
***Conclusion:****Health care professionals need to plan and implement appropriate strategies to develop satisfying birth experience for women who deliver in the health care facility. Involving the women in decision making, reducing their pressure to deliver the baby quickly and improving personal communication with the women during labour/ birth will help in improving the satisfaction of the women to a great extent*
***Key Words*:** Birth satisfaction, Women.

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Date of Submission: 10-06-2020 Date of Acceptance: 27-06-2020

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## I. Introduction

Childbirth is a unique experience for every woman whether it is first or last. Various factors such as pain, support, midwifery care received, experience of earlier deliveries, so on and so forth contribute to this experience while many other things may cause dissatisfaction to the woman. First-time mothers are particularly vulnerable for negative experiences that increase the risk for maternal postpartum depression and may negatively affect attitudes to future pregnancies and births. Therefore, knowledge of factors affecting maternal satisfaction is important in order to improve childbirth care. Patients' satisfaction and experience are important measures of the quality of health services. In this regard, studies have shown its importance not only for the health and well-being of both mothers and children, but also for service providers and decisionmakers. However, satisfaction has been recognized as a key construct. Hence this study was designed to assess the level of birth satisfaction among the women who delivered in the labour room of CMC, Vellore with the following objectives:

1) To assess the level of birth satisfaction among the women who delivered in CMC, Vellore

2) To find the association between the level of birth satisfaction and the selected demographic and clinical variables

## II. Materials and Methods

This descriptive research was carried out in the labour room and the postnatal wards of the Department of Obstetrics and Gynaecology at a tertiary care teaching hospital, Vellore, a city in the state of Tamil Nadu in the southern part of India. The study was carried out from December 2019 to January 2020. A total of 710 women who delivered a live fetus either by normal vaginal or by instrumental delivery and could read and write english/ tamil/ telugu were includedin this study.

**Study Design:**Descriptive research design

**Study Location:**This was a tertiary care teaching hospital-based study carried out in labour room and postnatal wards of the Department of Obstetrics and Gynaecology located at Vellore, a city in the southern state of Tamil Nadu, India.

**Study Duration:** December 2019 – January 2020

**Sample Calculation:**Based on the study provided in the reference, the mean (SD) of overall satisfaction with intrapartum care (Number of items 14) was 36.12(8.88). Assuming precision level 0.66 with a 95% confidence level, the required number of the study would be around 700.

**Subjects and Selection method:**Total enumeration sampling technique was used and 710 women who delivered a live fetus either by normal vaginal or by instrumental delivery and could read as well as write english/ tamil/ telugu were included.

**Inclusion criteria:**

1) All the women who delivered a live fetus in CMC, Vellore either by Normal vaginal delivery or by instrumental delivery will be included in the study.
2) All women who read and write English and Tamil and Telugu will be included for the study.

**Exclusion criteria:**

1) Women who delivered by caesarean section.
2) Women who are critically
3) Women who delivered sick baby/ intrauterine death/ still birth

**Procedure methodology:**

A daily list of all the women who delivered was prepared from the birth register kept in Labour room. The women who fulfilled the inclusion criteria were then selected and visited within 24 – 48 hours after delivery either in Labour room or in the Obstetrical wards. Privacy was provided. Written informed consent was obtained from them followed by the data on birth satisfaction. Data was collected using a self-administered questionnaire consisting of two parts. Part: A consisted of demographic variables such as age, educational qualification, occupation, income, residential locality and clinical variables such as parity, gestational age at delivery, type of delivery, duration of labour, induction/ augmentation done, sex of the baby, condition of the baby at birth, complications developed during delivery, name of the complication, place of previous delivery and social support person during delivery. Part: B consisted of a scale measuring the birth satisfaction of women adopted from Mohammed et al. women's satisfaction with hospital based intrapartum care – a Jordanian study. This tool measured satisfaction in relation to the three dimensions of intrapartum care. Subscale one consisted of 5 items related to "interpersonal care" provided by the doctors and the midwives. The second subscale consisted of 4 items relating to "information and decision making" and the third subscale consisted of 5 items relating to "physical birth environment". Satisfaction was rated on a five-point Likert scale from 1= strongly disagree to 5 = strongly agree. Three items "during labour and or birth decisions were made without taking my wishes into account, I felt pressured to have the baby quickly and I felt labour taken over by strangers and machines" were reversed scored. Overall satisfaction of the women was considered with a score of $\geq 45$ and scores of $\geq 15$, $\geq 14$, $\geq 15$ were considered with subscales 1,2 and 3 respectively. The tool was translated in two Indian local languages such as tamil and telugu.

**Statistical analysis:**

Data was entered using EPIDATA software and screened for outliers and extreme values using Box-Cox plot and histogram (for shape of the distribution). Summary statistics was used for reporting demographic and clinical characteristics. All categorical variables were reported using frequencies and percentages and continuous variables were expressed in terms of mean ± sd or Median (IQR). For statistical comparisons between the means from two groups t-test with normally distributed data and Mann-Whitney U test for data with non- normal distribution was used. The categorical variables were compared using the chi-square test or the

Fisher exact test. Differences were considered to be significant at $p<0.05$. All the statistical analysis was performed using SPSS 25.0.

## III. Results

The findings of the study are presented in the following order:
Table 1: Distribution of woman based on socio-demographic variables.
Table 2: Distribution of woman based on clinical variables.
Table 3: Descriptive analysis of overall birth satisfaction of woman.
Table 4: Descriptive analysis of birth satisfaction of woman related to interpersonal care, information and decision making and physical birth environment.
Table 5: Association between birth satisfaction of woman with socio-demographic and clinical variables.
Table: 1 shows that majority (40.56%) of the women were in the age group of 20 – 25 years, 37.18% of them are with an educational background of postgraduation and above, while 88.30% of them are house wives. 50.56% of the women come from a family with an annual income of □10000 and above and 55.21% of them have their homes in the urban locality

**Table no:1** Distribution of woman based on socio-demographic variables

| Socio-Demographic Variables | Frequency | Percentage |
|---|---|---|
| Age (Years) | | |
| Less than 20 | 28 | 3.94 |
| 20-25 | 288 | 40.56 |
| 26-30 | 276 | 38.87 |
| 31-35 | 102 | 14.37 |
| 36-40 | 14 | 1.97 |
| 41 and above | 2 | 0.28 |
| Education | | |
| None | 2 | 0.28 |
| Primary School | 30 | 4.23 |
| Secondary School | 157 | 22.11 |
| Undergraduate | 257 | 36.20 |
| Postgraduate and above | 264 | 37.18 |
| Occupation | | |
| House wife | 627 | 88.30 |
| Professional | 77 | 10.85 |
| Non-professional | 6 | 0.85 |
| Income | | |
| Less than 2000 | 58 | 8.17 |
| 2000-5000 | 91 | 12.82 |
| 5001-10,000 | 202 | 28.45 |
| 10,001 and above | 359 | 50.56 |
| Locality | | |
| Urban | 392 | 55.21 |
| Rural | 318 | 44.79 |

Table: 2 shows that 55.07% of the women included in the study were primiparous and majority (83.80%) of them were at term gestational age. 82.39% of the women had normal vaginal delivery and 86.34% of the deliveries were conducted by doctors. Large proportion (83.24%) of the women have had a total duration of their labour extending between 2 hours to 18 hours with 72.39% of them having had induction or augmentation of their labour. It's an interesting fact to see that the sex of the baby delivered by these women have been almost equal. 97.89 % of women had their babies delivered in good condition. It is very a significant finding that only 8.73% of women developed complications following delivery of which majority (46.77%) of them had postpartum haemorrhage. 84.95% of women have had their previous child birth in the tertiary hospital where this study was conducted. As the cultural norms in the society warrants the mother to be the social support person for a women during labour the study reveals the fact in majority (61.13%) of women.

**Table no: 2**Distribution of woman based on clinical variables

| Clinical Variables | Frequency | Percentage |
|---|---|---|
| Parity | | |
| Primiparous | 391 | 55.07 |
| Multiparous | 301 | 42.39 |
| Grand multiparous | 18 | 2.54 |
| Gestational age at delivery | | |
| Preterm | 55 | 7.75 |
| Term | 595 | 83.80 |
| Post term | 60 | 8.45 |
| Type of Delivery | | |
| Normal vaginal | 585 | 82.39 |
| Instrumental | 125 | 17.61 |
| Delivery Conducted by | | |
| Doctor | 613 | 86.34 |
| Midwife | 97 | 13.66 |
| Duration of labour | | |
| Less than 2 hours | 29 | 4.08 |
| 2 – 18 hours | 591 | 83.24 |
| 18 – 24 hours | 90 | 12.68 |
| Induction/Aumentation of labour done | | |
| Yes | 514 | 72.39 |
| No | 196 | 27.61 |
| Baby sex | | |
| Boy | 343 | 48.31 |
| Girl | 367 | 51.69 |
| Baby condition | | |
| Active and good | 695 | 97.89 |
| Depressed at birth | 15 | 2.11 |
| Complications developed during labour | | |
| Yes | 62 | 8.73 |
| No | 648 | 91.27 |
| Comp if yes | | |
| Postpartum haemorrhage | 29 | 46.77 |
| Perineal tears | 23 | 37.10 |
| Birth asphyxia of the baby | 2 | 3.22 |
| Shoulder dystocia | 0 | 0 |
| Others | 8 | 12.90 |
| Place Of Previous Delivery (319) | | |
| CMC | 271 | 84.95 |
| Outside | 48 | 15.05 |
| Social Support Person During Labour | | |
| Spouse | 21 | 2.96 |
| Mother | 434 | 61.13 |
| In – laws | 129 | 18.17 |
| Others | 126 | 17.74 |

Table:3 reveals that majority of the women in this study were found to be satisfied with their birth experience. However findings also revealed that women were not satisfied with certain aspects such as "During labour and or birth, decisions were made without taking my wishes into account (24.15), I felt pressured to have the baby quickly (20.8%), I felt labour was taken over by strangers and or machines and The level of noise was appropriate(44.1%)

**Table no:3** Satisfaction with subscales and item percentage

| Characteristics | Frequency | Percentage |
|---|---|---|
| Interpersonal Care | | |
| When you arrived at the hospital, staff were friendly and welcoming | 440 | 62.0 |
| Doctors and midwives were encouraging and reassuring | 458 | 64.5 |
| During labour and / or birth, the midwives / nurses were helpful | 514 | 72.4 |
| During labour and / or birth, the doctors were helpful | 523 | 73.7 |
| The overall care during labour and or birth was good | 497 | 70.0 |
| Information and Decision Making | | |
| The midwives and doctors always kept me informed about what was happening during labour and or birth | 400 | 56.3 |
| During labour and or birth, decisions were made without taking my wishes into account | 171 | 24.1 |
| I felt pressured to have the baby quickly | 148 | 20.8 |
| I felt labour was taken over by strangers and or machines | 114 | 16.1 |
| Physical birth environment | | |

| | | |
|---|---|---|
| The level of light was adequate | 409 | 57.6 |
| The room was spacious and adequate for my needs | 395 | 55.6 |
| The level of noise was appropriate | 313 | 44.1 |
| Trays and other equipment were clean | 443 | 62.4 |
| I was able to find the supplies I needed | 376 | 53.0 |

Table no:4 showed that overall birth satisfaction mean was 58.94 (SD ± 6.16). Among the three subscales the mean of Interpersonal Carehas the highest meanof 23.20 (SD± 2.34) and Information & Decision making has the lowest mean of 13.71 (SD±3.61).

**Table no:4** Descriptive analysis of overall birth satisfaction of woman

| Variables | Mean | SD |
|---|---|---|
| overall | 58.94 | 6.16 |
| Interpersonal Care | 23.20 | 2.34 |
| Information & Decision making | 13.71 | 3.61 |
| Physical birth environment | 22.02 | 2.94 |

Figure 1 showed that among the three subscales showed the Interpersonal Carehas the highest percentage of satisfaction (99.4%) and Information & Decision making has the lowest mean (51.3%).

**Figure no: 1**Descriptive analysis of birth satisfaction of woman related to interpersonal care, information and decision making andPhysical birth environment

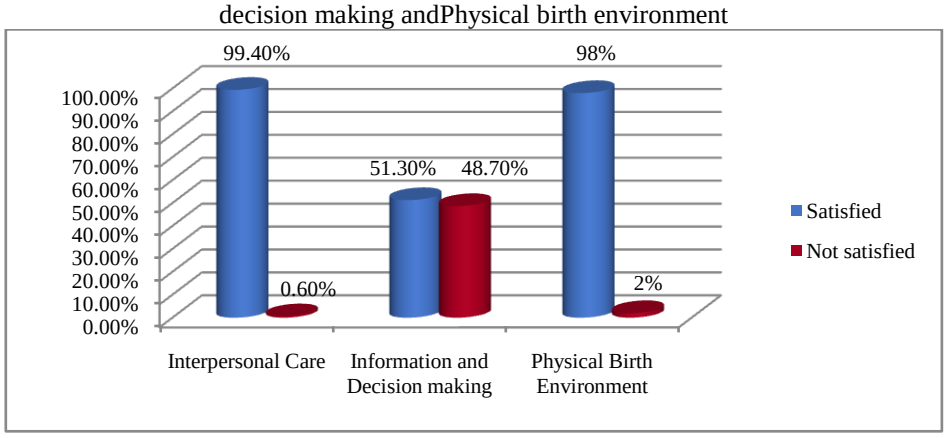


Table:5shows that there is no significant association between birth satisfaction of women and their socio-demographic variables

**Table 5:** Association between overall birth satisfaction of woman with socio-demographic variables.

| Socio-Demographic Variables | Satisfied | | Not Satisfied | | Total | $\chi^2$ | p value |
|---|---|---|---|---|---|---|---|
| | n | % | n | % | | | |
| Age (Years) | | | | | | | |
| Less than 20 | 27 | 96.4 | 1 | 3.6 | 28 | 2.783 | 0.733 |
| 20-25 | 284 | 98.6 | 4 | 1.4 | 288 | | |
| 26-30 | 273 | 98.9 | 3 | 1.1 | 276 | | |
| 31-35 | 101 | 99 | 1 | 1 | 102 | | |
| 36-40 | 13 | 92.9 | 1 | 7.1 | 14 | | |
| 41 and above | 2 | 100 | - | - | 2 | | |
| Education | | | | | | | |
| None | 2 | 100 | - | - | 2 | 1.448 | 0.836 |
| Primary School | 30 | 100 | - | - | 30 | | |
| Secondary School | 155 | 98.7 | 2 | 1.3 | 157 | | |
| Undergraduate | 254 | 98.8 | 3 | 1.2 | 257 | | |
| Postgraduate and above | 259 | 98.9 | 5 | 1.9 | 264 | | |
| Occupation | | | | | | | |
| House wife | 619 | 98.7 | 8 | 1.3 | 627 | 0.880 | 0.644 |
| Professional | 75 | 97.4 | 2 | 2.6 | 77 | | |
| Non-professional | 6 | 100 | - | - | 6 | | |
| Income | | | | | | | |
| Less than 2000 | 57 | 98.3 | 1 | 1.7 | 58 | 0.538 | 0.911 |
| 2000-5000 | 90 | 98.9 | 1 | 1.1 | 91 | | |
| 5001-10,000 | 200 | 99 | 2 | 1 | 202 | | |
| 10,001 and above | 353 | 98.3 | 6 | 1.7 | 359 | | |
| Locality | | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Urban | 387 | 98.7 | 5 | 1.3 | 392 | 0.111 | 0.739 |
| Rural | 313 | 98.4 | 5 | 1.6 | 318 | | |

Table:6 reveals that there is no significant association between birth satisfaction of women and their clinical variables, however there is a significant association ($p<0.05$) between complications developed in women and birth satisfaction.

**Table 6:** Association between overall birth satisfaction of woman with selected clinical variables.

| Clinical Variables | Satisfied | | Not Satisfied | | Total | $\chi^2$ | p value |
|---|---|---|---|---|---|---|---|
| | n | % | n | % | | | |
| Parity | | | | | | | |
| Primiparous | 385 | 98.5 | 6 | 1.5 | 391 | 0.316 | 0.854 |
| Multiparous | 297 | 98.7 | 4 | 1.3 | 301 | | |
| Grand multiparous | 18 | 100 | - | - | 18 | | |
| Gestational age at delivery | | | | | | | |
| Preterm | 54 | 98.2 | 1 | 1.8 | 55 | 0.106 | 0.948 |
| Term | 587 | 98.7 | 8 | 1.3 | 595 | | |
| Post term | 59 | 98.3 | 1 | 1.7 | 60 | | |
| Type of Delivery | | | | | | | |
| Normal vaginal | 578 | 98.8 | 7 | 1.2 | 585 | 0.931 | 0.335 |
| Instrumental | 122 | 97.6 | 3 | 2.4 | 125 | | |
| Delivery Conducted by | | | | | | | |
| Doctor | 605 | 98.7 | 8 | 1.3 | 613 | 0.309 | 0.578 |
| Midwife | 95 | 97.9 | 2 | 2.1 | 97 | | |
| Duration of labour | | | | | | | |
| Less than 2 hours | 28 | 96.6 | 1 | 3.4 | 29 | 1.21 | 0.546 |
| 2 – 18 hours | 584 | 98.8 | 7 | 1.2 | 591 | | |
| 18 – 24 hours | 88 | 97.8 | 2 | 2.2 | 90 | | |
| Induction/Augmentation of labour done | | | | | | | |
| Yes | 506 | 98.4 | 8 | 1.6 | 514 | 0.313 | 0.576 |
| No | 194 | 99 | 2 | 1 | 196 | | |
| Baby sex | | | | | | | |
| Boy | 339 | 98.8 | 4 | 1.2 | 343 | 0.280 | 0.596 |
| Girl | 361 | 98.4 | 6 | 1.6 | 367 | | |
| Baby condition | | | | | | | |
| Active and good | 686 | 98.7 | 9 | 1.3 | 695 | 1.64 | 0.20 |
| Depressed at birth | 14 | 93.3 | 1 | 6.7 | 15 | | |
| Complications developed during labour | | | | | | | |
| Yes | 59 | 93.7 | 4 | 6.3 | 63 | 7.20 | 0.007* |
| No | 641 | 99.1 | 6 | 0.9 | 647 | | |
| Supported by | | | | | | | |
| Spouse | 21 | 100 | - | - | 21 | 0.001 | 0.978 |
| Mother | 428 | 98.6 | 6 | 1.4 | 434 | | |
| In – laws | 126 | 97.7 | 3 | 2.3 | 129 | | |
| Others | 125 | 99.2 | 1 | 0.8 | 126 | | |

## IV. Discussion

The demographic characteristics reveal that majority (40.56%) of the women were in the age group of 20 – 25 years and 38.87% of them were in the age group of 26 – 30 years. 37.18% of them were postgraduates and above and 36.20% of them were undergraduates. Majority (88.30%) of the women were house wives and 10.85% of them were employed professionals. 50.56% of the women come from a family with an annual income of □10001 and above 28.45% of them had family income ranging between □5001 - □10000. 55.21% of them have their homes in the urban against 44.79% of them in the rural locality.

The clinical characteristics of the women in this study revealed that 55.07% of the women were primiparous, 42.39% multiparous and 2.54% grand-multiparous. This finding is similar to the study conducted by Jha P et al where <6% of the respondents were grandmultiparas.The study also revealed that majority (83.80%) of them delivered at term gestational age while about 8.45% and 7.75% of the delivered at post term and preterm respectively. 82.39% of the women had normal vaginal delivery and the rest 17.61% instrumental. 86.34% of the deliveries were conducted by doctors and 13.66% was done by midwives. This is in contrast to a study conducted by Mohammad et alshowed that 51% of women were primarily assisted by a midwife only while 12.8% of them were assisted by medical staff. Large proportion (83.24%) of the women had a total duration of their labour extending between 2 – 18hours, 12.68% was 18 – 24 hours and 4.08% was less than 2 hours. 72.39% of them had induction or augmentation of their labour against 27.61% who delivered spontaneously. It's an interesting fact to find that the sex of the baby delivered by these women were 48.31%

boys and 51.69% girls. Majority (97.89 %) of babies were in good condition at the time of birth while 2.11% of them were depressed at birth. It is very a significant finding that 91.27% of women did not develop any complications following delivery against 8.73% who developed.Majority (46.77%) of them who developed complications following delivery had postpartum haemorrhage and 37.10%had perineal tears. 84.95% of women have had their previous child birth in the tertiary hospital where this study was conducted and only 15.05% elsewhere. As the cultural norms in the society warrants the mother to be the social support person for a woman during labour, this study also reveals the fact in majority (61.13%) of women.

In regard to the satisfaction of women with each aspect of their birth experience it was found that 62% were satisfied with the staff being friendly and welcoming on arrival at the hospital. 64.5% of them said that the doctors and midwives were encouraging and reassuring. 72.4% felt satisfied with the nurses help during labour/ birth, while 73.7%with doctors help and 70% of the women were satisfied with the overall care. The study revealed that only 56.3% of the women were satisfied with alwaysbeing kept informed about what was happening during labour/ birth by the midwives and doctors. Women also expressed satisfaction with level of adequate light (57.6%), adequate room space (55.6%), clean equipments and trays (62.4%), finding supplies and needs (53%). 24.1% of women were not satisfied with "during labour/ birth decisions were made without taking my wishes into account, 20,8% felt pressured to have the baby quickly and 16.1% of them felt labour was taken over by strangers and machines". 44.1% of the women were not satisfied with the level of noise.

This study also revealed that the total mean satisfaction score was 58.94 (SD ± 6.16), a similar study done by Mohammad et al in his study found that the total mean satisfaction score was 36.12 (SD ±8.88). Among the three subscales themean of interpersonal care was 23.20 ± 2.344 SD, mean for information and decision making was 13.71 ± 3.61 SD and mean for physical birth environment was 22.02 ± 2.94. Mohammad et al in his study found that the mean subscale for interpersonal care was 11.28 (SD ± 3.62), mean with information and decision making was 10.87 (SD ± 3.03) and the mean for physical birth environment was 11.54 (SD ± 4.21). The findings of the present study showed that majority of the women were satisfied with their birth experience.

Previous studies related to this topic have revealed that there is no straightforward association between socio-demographic variables and birth satisfaction. This study also reveals that there is no significant association between birth satisfaction and the socio-demographic variables as well as clinical variables of the women. However, a significant association ($p<0.05$) between complications developed in women and birth satisfaction has been identified. This could be because the women who developed complications had unmet needs and high expectations with added psychological and financial stress due to the increased period of hospital stay.

## V. Conclusion

Health care professionals need to plan and implement appropriate strategies to develop satisfying birth experience for women who deliver in the health care facility. Involving the women in decision making, reducing their pressure to deliver the baby quickly and improving personal communication with the women during labour/ birth will help in improving the satisfaction of the women to a great extent.

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DorathyDevakirubai.T, et. al. "Birth satisfaction of womendeliveredat CMC, Vellore." *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, 9(3), 2020, pp. 45-51.