

Factors Related to Women's Childbirth Satisfaction in Physiologic and Routine Childbirth Groups

Abstract

Background: Women's satisfaction with childbirth is an important measure of the quality of maternity care services. This study aims to address factors related to women's childbirth satisfaction in physiological and routine childbirth groups. **Materials and Methods:** This descriptive-analytical study was conducted among 340 women in physiological and routine childbirth groups in 2012. Women were selected through convenience sampling method in the routine group and by census in the physiological group. Data were collected using a 5-part questionnaire composed of demographic and obstetrics details, Mackey's Childbirth Satisfaction Rating Scale (CSRS), satisfied with birth setting, Labor Agency Scale (LAS), and Visual Analogue Scale (VAS), which was completed by interview 24 hours after childbirth. Data were analyzed using the Statistical Package for the Social Sciences version 18 software using Pearson correlation test, independent *t*-test, analysis of variance, and linear, multivariate regression model at the significant level of $P < 0.05$. **Results:** In both the physiological and routine childbirth groups, satisfaction was found related to the severity of pain ($P < 0.05$), self-control ($P < 0.0001$), and birth setting satisfaction ($P < 0.0001$). In the physiological group, satisfaction was significantly related to previous knowledge of childbirth ($P = 0.024$), attitude toward the recent pregnancy ($P = 0.007$), and perceived severity of pain ($P = 0.016$). However, in the routine group, satisfaction was related only to intentional pregnancy ($P = 0.002$). In neither group, satisfaction was related to demographic characteristics, maternal parity, and participation in pregnancy and childbirth classes or maternal feelings toward the onset of childbirth ($P > 0.05$). **Conclusions:** Improved physical structure and setting of birth room, nonmedical pain relief, mothers' involvement in the process of labor, and sense of being in control are associated with mothers' satisfaction.

Keywords: Iran, labor, labor pain, midwifery, parturition, patient satisfaction

Introduction

Childbirth is one the most important events in a woman's life, leaving her with profound psychological, physical, and social effects.^[1] Women's satisfaction with childbirth is an important measure of quality of reproductive health services and maternal care. Satisfaction with childbirth has immediate and long-term effects on women's health and quality of their relationship with their child.^[2] Mothers with pleasant childbirth experience have greater self-esteem, stronger relationship with their child, and positive expectations of their future childbirths.^[3] In contrast, dissatisfaction with childbirth leads to greater likelihood of postpartum depression, anxiety,^[4,5] posttraumatic stress disorder,^[6] impaired mother-infant bonding,^[4] fear of the next child birth,^[1] and choice of future caesarean section.^[3] Satisfaction with childbirth is a complex

concept with several dimensions and components, and no consensus exists for many of them.^[2,6] Pain is one of the first and most challenging factors,^[2] whose intensity and relief play a role in dissatisfaction with childbirth.^[7] A number of studies have shown that maternal satisfaction increases with reducing severity of labor pain.^[1,8] Yet, according to other studies, experiencing painful childbirth is not necessarily followed by women's dissatisfaction.^[2,9,10]

Demographic characteristics^[2] and environmental, cultural, and family factors have been reported to affect maternal satisfaction, with contradictory results.^[11]

Personal control has been suggested as one of the important component of childbirth satisfaction. However, the determinants of maternal control over labor are not well-recognized.^[12,13]

This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

For reprints contact: reprints@medknow.com

How to cite this article: Jafari E, Mohebbi P, Mazloomzadeh S. Factors related to women's childbirth satisfaction in physiologic and routine childbirth groups. Iranian J Nursing Midwifery Res 2017;22:219-24.

Received: February, 2016. **Accepted:** November, 2016.

Elham Jafari¹,
Parvin Mohebbi¹,
Saeideh
Mazloomzadeh²

¹Department of Midwifery, School of Nursing and Midwifery, Zanjan University of Medical Sciences, Zanjan, Iran, ²Social Determinants of Health Research Center, Zanjan University of Medical Sciences, Zanjan, Iran

Address for correspondence:

Mrs. Elham Jafari,
Faculty of Nursing and
Midwifery, Zanjan University of
Medical Sciences, Zanjan, Iran.
E-mail: elhamdjafari@gmail.com

Access this article online

Website: www.ijnmrjournal.net

DOI:
10.4103/1735-9066.208161

Quick Response Code:



Active maternal participation in the process and in decision-making have been proposed, however, not proven as factors involved in personal control and subsequent satisfaction.^[7]

Iran is currently in the transition from medical to physiological childbirth management.^[14] In this childbirth mode, attempt is made to have the least medical intervention, observe mother's privacy, use nonmedical pain reduction methods, allow presence of a relative and mother's freedom to eat and drink and move about,^[15] and emphasize maternal satisfaction and a pleasant childbirth experience.^[16] However, not many studies have been conducted on the outcomes of this project, including maternal satisfaction. Considering contradictions regarding factors affecting satisfaction with childbirth, cultural and social differences, and very few results from a physiological childbirth plan in Iran, this study was conducted with the aim to assess factors related to satisfaction with childbirth in routine and physiological childbirth groups.

Materials and Methods

This is a descriptive-analytical study that was conducted on 340 women attending Ayatollah Mousavi hospital in Zanjan in physiological and routine groups in 2012.

Women included in this study met the following conditions: 18 to 45 years of age, 38 to 42 weeks of gestational age based on the first day of last menstruation or ultrasound under 12 weeks, singleton pregnancy with cephalic presentation, low-risk pregnancy (no chronic diseases or history of maternal infertility, prolonged rupture of the amniotic sac, first trimester bleeding, intrauterine growth restriction, amniotic fluid volume, or preeclampsia), and infant weighing 2500–4000 grams. Two groups were matched in terms of the mother's age, gestational age, and parity.

According to $P1 = 0.3$, and $P2 = 0.45$, from similar studies,^[17,18] with $\alpha = 0.05$ and $\beta = 0.2$, sample size was determined as 340 women in two groups; 170 women in each. Samples were selected by census in physiological group, and by convenient sampling in routine group, 24 hours after childbirth. The census selection was done in a way that every day list of mothers were given physiologic birth in the last 24 hours was prepared, and then the samples were selected from among them.

Before commencing the study, approval was obtained from the head of the hospital. Then, we explained to the all participants the objectives, confidentiality of data, and voluntary participation; the participants were then asked to sign a written consent before collecting data by interviews and reviewing mothers' medical records. It should be noted that the results of this study were partly published under the title "Comparing women's satisfaction in physiological and routine groups."^[19]

In this study, we have used five part questionnaire for gathering data. Part one consisted of 11 sociodemographic and obstetric characters.

The second part of it included Mackey's Childbirth Satisfaction Rating Scale (CSRS) (29 questions) was scored based on 5-point Likert scale from totally dissatisfied (scoring 1 point) to totally satisfied (scoring 5 points), with an overall range of score varying from 29 to 145. Mackey's scales had already been translated into Persian and its reliability had been confirmed with Cronbach's alpha of 0.92.^[17]

The third part of the tool consisted of satisfaction with birth room setting (8 questions). Same as the second one, it was a 5-point Likert scale ranging from totally dissatisfied (1 point) to totally satisfied (5 points). Validity of this part was confirmed through content validity based on views expressed by eight faculty members of Zanjan University of Medical Sciences. Reliability was confirmed in a pilot study of 30 participants with Cronbach's alpha 0.86.

Personal control during labor, "The fourth part of questionnaire," was derived from labor agency scale, with scoring based on 5-point Likert scale from always (5 points) to never (1 point) in terms of positive and negative questions. Labor agency scales had already been translated into Persian and its reliability have been confirmed with Cronbach's alpha 0.94.^[17] Visual Analogue Scale (VAS) was used for the determination of severity of labor pain.

According to the protocol of the study hospital, participants in the physiological childbirth group were selected from mothers who had spent stages of physiological labor in private rooms supervised by a trained midwife. Participants in the routine group were selected from women receiving routine care.

Data were analyzed in the Statistical Package for the Social Sciences version 18 software using Pearson correlation test to examine the relationship between labor satisfaction with maternal age, pain severity, personal control, and satisfaction with labor room. Independent *t*-test was used for analyzing the relationship between satisfaction with wanted pregnancy, the mother's occupation, familiarity with the process of delivery, and participation in childbirth preparation classes. Analysis of variance (ANOVA) was used for analyzing the relationship between satisfaction with maternal parity, educational, mother's feelings toward onset of pain, Mother's perception of severity of pain and attitude to pregnancy. Finally, all variables that have significant relation with childbirth satisfaction in the linear regression, were examined in multivariate regression model at the significance level $P < 0.05$.

Ethical considerations

Before starting work, the aim and the method of study was explained for all patients and written testimonial was

taken. Also it was explained that all information would remain confidential. This study was approved by the Ethics Committee of Zanjan University of Medical Sciences (12/901232601).

Results

Mean age of mothers was found to be 25.84 (5.5) years in the routine group and 25.03 (4.9) years in the physiological group ($P = 0.154$). The majority of women had senior or junior high school education (58.8% in the physiological group and 47.1% in the routine group), and were mostly housewives (90.6% in the physiological and routine groups). Approximately 46.5% of women in the physiological group and 50% in the routine group were primiparous ($P = 0.515$). Mean gestational age was 38.96 (1.14) weeks in the routine group, and 38.91 (1.01) weeks in the physiological group ($P = 0.687$).

Regarding the relationship between childbirth satisfaction and demographic and obstetrics details, the present study results showed that satisfaction with the routine group was significantly related to the mother's age ($P = 0.023$) and the other results are tabulated in Table 1.

Regarding the relationship of satisfaction with other main parameters, in both the physiological and routine groups, mothers' satisfaction was found significantly related to personal control ($P < 0.001$ in both the groups), pain severity ($P < 0.001$ in both the groups), and satisfaction with labor room ambience ($P < 0.05$ and $P < 0.001$, respectively, in the physiologic and routine groups).

Results of the stepwise multivariate regression test showed that, in the routine group, satisfaction with labor was significantly related to the severity of pain, personal control, satisfaction with labor room ambience, and wanted pregnancy [Table 2]. In the physiological group, satisfaction was found significantly related to the severity of pain, personal control, satisfaction with labor room ambience, previous experience of childbirth, attitude toward recent pregnancy, and perception of pain intensity [Table 2].

Discussion

According to the present study results, in both the physiological and routine childbirth groups, satisfaction was found to be related to the severity of pain, personal control, and satisfaction with labor room ambience. In the physiological group, satisfaction with childbirth was also significantly related to previous knowledge of labor, attitude toward recent pregnancy, and perception of severity of pain. However, in the routine group, satisfaction was significantly related to wanted pregnancy.

In both the groups, satisfaction was found significantly related to the severity of pain and personal control, which agrees with the results obtained in other similar studies.^[2,9,20-23] For satisfaction with childbirth, mothers

do not merely seek pain management, but they seem to draw greater satisfaction through pain control achieved with self-control and self-confidence.^[24] Mother's control dramatically affects her assessment of pain and experience of childbirth,^[6,25,26] and cause satisfaction.^[12,17] In fact, mothers will be satisfied if they can establish the right relationship with personnel, be understood by them, receive appropriate information,^[27] and actively involved in decisions.^[1,24,28] These issues strongly support the results found in the present study. Although both groups suffered equal severity of pain, mothers in physiological childbirth group enjoyed personal control and greater satisfaction.^[19]

Other findings in the present study included the relationship of satisfaction with labor atmosphere, which is supported by results obtained in previous studies.^[17,29] A safe, quiet, and clean childbirth environment, respect for the privacy of the parturient, and avoiding unnecessary medical interventions can be effective in mother's satisfaction with childbirth.^[29]

In the physiological group, satisfaction with childbirth was found to be significantly related to previous labor experience, positive attitude toward recent pregnancy, and perception of severity of pain, whereas both groups were equally ready for childbirth. In a study by Kuo *et al.* planning and preparation for childbirth and realistic expectations had led to mothers' greater satisfaction and personal control.^[30] Positive attitude toward childbirth leads to a greater control, less use of medical pain relief methods,^[9] and greater satisfaction.^[31] Readiness for childbirth was related to satisfaction only in the physiological group, which may be due to the fact that, in the physiological group, mothers' knowledge about labor is assessed at admission, and they are reminded of their expectations and responsibilities in the course of labor. Hence, mothers who rate themselves are more capable in this regard feel greater self-confidence, and are more satisfied with their performance.

No relationship was found between childbirth satisfaction and participation in childbirth preparation classes in any of the groups. This finding is in contrast with others results.^[32-34] In the present study, ineffectiveness of preparation classes on women's satisfaction may be attributed to use of the Persian language in classes, in a city where people are mainly Turks. The majority of participants were educated to junior high school level and fluent in Turkish language, and thus, perhaps understanding many of the Persian terms was difficult for them. Hence, further studies are required in this area.

In neither group, satisfaction with childbirth was related to demographic characteristics. Studies conducted on patients' satisfaction have shown that demographic characteristics of people affect their satisfaction with medical services they receive, which appears to contradict their lack of effect on satisfaction with childbirth.^[4,10,17] Underlying factors appear to be more inconspicuous compared to other factors, and

Table 1: The relationship between demographic and obstetrics characteristics and childbirth satisfaction in routine and physiologic groups

Variable	Routine Group				Physiologic Group			
	Number	Mean (SD)	95% Confidence interval	P	Number	Mean (SD)	95% Confidence interval	P
Parity								
Primigravida	78	109.55 (12.79)	106.66-112.43	0.245	84	121.47 (10.79)	119.13-123.81	0.579
Gravid 2	66	110.45 (12.14)	107.46-113.43		66	123.10 (9.65)	120.73-125.47	
Gravid ≥ 3	23	114.39 (9.40)	110.32-118.45		18	123.22 (9.82)	118.33-128.10	
Education								
Illiterate/primary	67	112.20 (12)	109.28-115.13	0.148	44	120.84 (10.91)	117.52-124.15	0.228
Junior/Senior high school	80	108.66 (12.27)	105.93-111.39		99	122.21 (10.46)	120.12-124.29	
Higher education	20	112.75 (11.63)	107.30-118.19		25	125.24 (7.38)	122.19-128.28	
Mother's feelings toward onset of pain								
Fear, worry	122	109.36 (12.29)	107.26-111.46	0.026	122	121.32 (10.10)	119.51-123.13	0.080
Senseless	25	117.21 (8.43)	112.34-122.08		25	123.52(12.23)	118.47-128.56	
Happy	21	114.21 (11.73)	108.55-119.86		21	126.52 (7.12)	123.28-129.76	
Mother's perception of severity of pain								
Little	44	109.54 (10.29)	106.41-112.67	0.751	41	119.58 (11.84)	115.84-123.32	0.013
Moderate	37	111.59 (13.97)	106.93-116.25		35	120 (10.79)	116.29-123.70	
Severe	86	110.66 (12.31)	108.02-113.30		92	124.39 (8.78)	122.57-126.21	
Occupation								
Housewife	153	110.60 (12.31)		0.926	152	122.03 (10.31)		0.264
Practitioner	14	110.28 (10.75)			16	124.87(9.29)		
Wanted pregnancy								
Yes	120	112.21 (11.53)		0.005	129	122.55 (9.91)		0.559
No	47	106.38 (12.82)			39	121.46 (11.31)		
Mother's knowledge of labor process								
Yes	140	111.49 (12.14)		0.026	137	123.91 (9.07)		0.001
No	27	105.81 (11.30)			31	115.19 (12.04)		
Participation in childbirth preparation classes								
Yes	17	116.23 (9.34)		0.043	25	126.72 (7.60)		0.005
No	150	109.93 (12.30)			143	121.53 (10.45)		
Attitude toward recent pregnancy								
Negative	29	110.13 (12.66)		0.832	39	117.43 (11.19)		0.001
Positive	138	110.66 (12.10)			129	123.77 (9.48)		

they can be affected by other skills and attributes acquired from mothers.

In the routine group, satisfaction was significantly related to wanted pregnancy. Similar finding was reported by Tayelgn *et al.*^[35]

Study limitations included taking into account only mothers' views, hence, future studies should consider the views of the obstetrics team and midwives, and even relatives of parturient and doulas. One of the limitations in this study was conducting sampling in only one hospital owing to the established physiological childbirth project in only one hospital in Zanjan. Further studies on the role

of obstetrics team, obstetricians, and childbirth preparation classes in providing satisfaction and increasing mother's personal control are absolutely essential.

Despite the abovementioned limitations, the present study results could provide useful information for enhancing mothers' satisfaction with childbirth and promotion of natural childbirth.

Conclusion

This study showed that mothers' satisfaction with natural childbirth will be ensured with mothers' knowledge of the childbirth process, utilization of nonmedical pain

Table 2: Multivariate regression test results for childbirth satisfaction in routine and physiological groups

Groups	Variable	β	P
Routine group	Severity of pain	-0.153	0.013
	Satisfaction with labor room ambience	0.237	<0.0001
	Personal control	0.511	<0.0001
	Wanted pregnancy	-0.175	0.002
Physiologic group	Severity of pain	-0.138	0.013
	Satisfaction with childbirth setting	0.247	<0.0001
	Personal control	0.482	<0.0001
	Mother's knowledge of labor process	-0.127	0.024
	Attitude toward recent pregnancy	0.146	0.007
	Perception of severity of pain	0.130	0.016

relief techniques, and active involvement and maintaining control in the process of childbirth. Amid creating the right, safe, and quiet ambience is also among the most essential requirements to ascertain satisfaction with childbirth.

Acknowledgment

We hereby wish to extend our appreciation to the Research Deputy of Zanjan University of Medical Sciences for funding this project, and also personnel of maternity wards in Mousavi Hospital in Zanjan, as well as all participating women in this study.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

References

- Mohammad KI, Alafi KK, Mohammad AI, Gamble J, Creedy D. Jordanian women's dissatisfaction with childbirth care. *Int Nurs Rev* 2014;61:278-84.
- Goodman P, Mackey MC, Tavakoli AS. Factors related to childbirth satisfaction. *J Adv Nurs* 2004;46:212-9.
- Rostampy Z, Khakbazan Z, Golestan B. Effect of trained female relative on active phase length during Labor among low risk pregnancies. *J Guilan Univ Med Sci* 2010;19:79-85.
- Bertucci V, Boffo M, Mannarini S, Serena A, Saccardi C, Cosmi E, *et al.* Assessing the perception of the childbirth experience in Italian women: A contribution to the adaptation of the childbirth perception questionnaire. *Midwifery* 2012;28:265-74.
- Mohammad K, Gamble J, Creedy DK. Prevalence and factors associated with the development of antenatal and postnatal depression among Jordanian women. *Midwifery* 2011;27:238-45.
- Ford E, Ayers A, Wright DB. Measurement of maternal perceptions of support and control in birth (SCIB). *J Womens Health* 2009;18:245-2.
- Orange FA, Passini Jr R, Melo AS, Katz L, Coutinho IC, Amorim MM. Combined spinal-epidural anesthesia and non-pharmacological methods of pain relief during normal childbirth and maternal satisfaction: A randomized clinical trial. *Rev Assoc Med Bras* 2012;58:112.
- Akerman N, Dresner M. The Management of Breakthrough Pain during Labour. *CNS Drugs* 2009;23:669-79.
- Christiaens W, Verhaeghe M, Bracke P. Pain acceptance and personal control in pain relief in two maternity care models: A cross-national comparison of Belgium and the Netherlands. *BMC Health Serv Res* 2010;10:268.
- Hodnett ED. Pain and women's satisfaction with the experience of child-birth: A systematic review. *Am J Obstet Gynecol* 2002;186:S160-72.
- Robertson E, Johansson SE. Use of complementary, non-pharmacologic pain reduction methods during childbirth among foreign-born and Swedish-born women. *Midwifery* 2010;26:442-9.
- Fair CD, Morrison TE. The relationship between prenatal control, expectations, experienced control. *Midwifery* 2012;28:39-44.
- Chempf AH, Strobino DM. Drug use and limited prenatal care: An examination of responsible barriers. *Am J Obstet Gynecol* 2009;200:412.e1-10.
- Naghizadeh S, Sehhati F, Barjange S, Ebrahimi H. Comparing mothers' satisfaction from ethical dimension of care provided in labor, delivery, and postpartum phases in Tabriz's educational and non-educational hospitals in 2009. *J Res Health Sci* 2011;1:25-33.
- Health Ministry of Iran. [Mother's hospitals guideline]. Tehran: Mothers Health Department; 2006.
- Shakeri M, Mohamadian F, Shahnava A, Saremi F. Comparison Anxiety and satisfaction in physiologic and routine methods of delivery in nulliparous women. *J Zabol Univ Med Sci Health Serv* 2014;5:42-9.
- Dolatian M, Sayyahi F, Khoda Karami N, Simbar M. Satisfaction rate of normal vaginal delivery and It's relative factors among childbearing women in "Mahdiye, Tehran" and "Shaheed Chamran, Boroujerd" hospitals. *Pajoohandeh J* 2008;13:259-68.
- Sehati F, Naghizadeh S, Barzanje Atri SH, Ebrahimi H. Assessment of mothers Satisfaction with the care of maternal care during hospitalization for labor and delivery in Educational and Non-Educational Maternity Hospitals of Tabriz. *Nurs Midwifery J* 2009;13:29-36.
- Jafari E, Mohebbi P, Rastegari L, Mazloomzadeh S. The comparison of physiologic and routine method of delivery in mother's satisfaction level in Ayatollah Mosavai Hospital, Zanjan, Iran, 2012. *IJOGI* 2013;16:9-18.
- Lee SL, Liu CY, Lu YY, Gau ML. Efficacy of warm showers on labor pain and birth experiences during the first labor stage. *JOGNN* 2013;42:19-28.
- Green JM, Baston HA. Feeling in control during labor: Concepts, correlates, and consequences. *Birth* 2003;30:235-47.
- Christiaens W, Bracke P. Assessment of social psychological determinants of satisfaction with childbirth in a cross-national perspective. *BMC Pregnancy Childbirth* 2007;7:26.
- Klomp T, Mannien J, de Jonge A, Hutton EK, Lagro-Janssen AL. What do midwives need to know about approaches of women towards labour pain management? A qualitative interview study into expectations of management of labour pain for pregnant women receiving midwife-led care in the Netherlands. *Midwifery* 2014;30:432-8.
- Belle-Brown J, Beckhoff C, Bickford J, Stewart M, Freeman TR, Kaspersi MJ. Women and their partner's perceptions of the key roles of the labor and delivery nurse. *Clin Nurs Res* 2009;18:323-35.

25. Waldenström U, Hildingsson I, Rubertsson C, Radestad I. A negative birth experience: Prevalence and risk factors in a national sample. *Birth* 2004;31:17-27.
26. Rudman A, El- Khouri B, Waldenstrom U. Women's satisfaction with intrapartum care-A pattern approach. *J Adv Nurs* 2007;59:474-87.
27. Goberna-Tricas J, Banús-Giménez MR, Palacio-Tauste A, Linares-Sancho S. Satisfaction with pregnancy and birth services: The quality of maternity care services as experienced by women. *Midwifery* 2011;27:231-7.
28. Spaich S, Welzel G, Berlit S, Temerinac D, Tuschy B, Sutterlin M, *et al.* Mode of delivery and its influence on women's satisfaction with childbirth. *Eur J Obstet Gynecol Reprod Biol* 2013;170:401-6.
29. Kongnyuy EJ, Mlava G, Van den Broek N. Criteria- based audit to improve women-friendly care in maternity units in Malawi. *J Obstet Gynaecol Res* 2009;35:483-9.
30. Kuo SC, Lin KC, Hsu CH, Yang CC, Chang MY, Tsao CM, *et al.* Evaluation of the effects of a birth plan on Taiwanese women's childbirth experiences, control and expectations fulfilment: A randomized controlled trial. *Int J Nurs Stud* 2010;47:806-14.
31. Maggioni C, Margola D, Filippi F. PTSD, risk factors, and expectations among women having a baby: A two-wave longitudinal study. *J Psychosom Obstet Gynaecol* 2006;27:81-90.
32. Phipps H, Charlton S, Dietz HP. Can antenatal education influence how women push in labour? A pilot randomised controlled trial on maternal antenatal teaching for pushing in second stage of labour. *Aust N Z J Obstet Gynaecol* 2009;49:274-8.
33. Rastegari L, Mohebbi P, Mazlomzadeh S. The effect of childbirth preparation training classes on perceived self-efficacy in delivery of pregnant women. *Sci J Zanjan Univ Med Sci* 2013;21:105-15.
34. Hauck Y, Fenwick J, Downie J, Butt J. The influence of childbirth expectations on Western Australian women's perceptions of their birth experience. *Midwifery* 2007;23:235-47.
35. Tayelgn A, Zegeye DT, Kebede Y. Mothers' satisfaction with referral hospital delivery service in Amhara Region, Ethiopia. *BMC Pregnancy Childbirth* 2011;11:78.