

Analysis of Lived Experiences of Postpartum Mothers with Obstetric Care in Selected Secondary Health Facilities in Ibadan Metropolis, Oyo State

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Abstract

Lived experience of postpartum mothers on obstetric care refers to the personal knowledge they gained through direct interaction and involvement with facility-based care rendered to them during pregnancy, labour and immediate postpartum period. The study explored the lived experiences of postpartum mothers with obstetric care in secondary health facilities in Ibadan metropolis of Oyo State, Nigeria. A descriptive phenomenological research design was adopted using Focus Group Discussion (FGDs). A convenient sampling method was used in selecting participant, the discussion included 3 groups of 7 participants and 7 groups of 8 participants with 2 FGDs in 3 facilities and 4 FGDs at the last centre and data saturation was achieved, making a total of 10 Focus Group Discussions held. Total numbers of 77 women participated in the study. A self-developed Focus Group Discussion guide was used and validated by expert in the field of nursing. It was concluded that mothers had different experiences during pregnancy and labour period. Therefore, the informative competence demonstrated by the health care provider should be reinforced and to improve on the areas where mothers were displeased, government and other relevant agencies should consider the improvement of maternal and child health care services by employing competent hands and equipping the health facilities.

Keywords: Antenatal, Lived experiences, Obstetric Care, Postpartum, Pregnancy,

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Introduction

The delivery of healthcare has become increasingly complex and fragmented. Since the 1960s, the growing focus on the measurement, recording, interpretation and analysis of people's experiences of healthcare has been described as an attempt to "address the imbalance of knowledge, skills, and research effort with the aim of making care more patient-centered" (Beecher, et al., 2019). People's experiences of care are now regarded widely as a fundamental component of healthcare quality assurance and improvement. This is evident within maternity services where the concept of women's experiences of their maternity care dominates discussions on the measurement of maternity care quality.

The provision of quality facility-based obstetric care is an important input in saving maternal lives and preventing disabilities. Thus, understanding the experiences and expectations of mothers across the continuum of antenatal, intrapartum, and postpartum care is important in assessing the quality of maternal health care and determining problematic areas that require improvement (Benova, et al 2019).

Lived experience of postpartum mothers on obstetric care refers to the personal knowledge they gained through direct interaction and involvement with facility-based care rendered to them during pregnancy, labour and immediate postpartum period. Postpartum women have a lot of lived experiences by the virtue of their contact with the health care system; these experiences include those from the ante-natal, intra-partum and immediate postpartum care. Consequently, different women have different experiences which in turn affect their re-use of the health care systems. This particular trend has been measured by different researchers all over the world and many factors have been implicated as the determinants of these lived experiences (Muleya, et al., 2019).

According to Shabila, Ahmed and Yasin, (2014), women's' experiences and perspectives of antenatal care services is particularly critical for enhancing effectiveness of services delivery and addressing women's needs and expectations. Childbirth is a crucial experience in women's life as it has a substantial psychological, emotional, and physical impact. A positive experience in childbirth is important to the woman, infant's health and well-being, and mother-infant relationship. Furthermore, it is useful for the care providers to guarantee the best preparation, health service, and support to childbearing women (Panth & Praveena, 2018). The memories and experiences of childbirth remain with the woman throughout her life.

All women have the right to woman-centred, dignified, respectful health care throughout pregnancy and childbirth as well as freedom from violence and discrimination and with evidence from a WHO-led study in four countries revealed that more than one-third of women experienced mistreatment during childbirth in health facilities. For example, a WHO qualitative study in Nigeria found that women and healthcare providers justified slapping a woman while she was in labour if it was done to encourage the woman to push (WHO, 2019).

Presently, deficient utilization of services of maternal health in Nigeria is a crucial factor adding to high levels of maternal mortality and morbidity (19%), (NPC, 2015). From the researcher point of view, it was believed that pregnancy is a thing of joy which prompt a married woman to present at the hospital for facility-based care but it was observed from the researcher's experience that women who present at the clinic for obstetric care outnumbered those that later delivered at the same hospital, while some will surface again when complication arises. What could have been the reason for the deficit in the utilization of health care facility, especially in the government centres. This prompted the researcher to

explore the experiences of postpartum mothers with obstetric care and reported factors affecting the experiences that prevent subsequent utilization of the facility.

The study therefore analyzed the lived experiences of postpartum mothers with obstetric care in secondary health facilities in Ibadan metropolis, Oyo State. The study specifically:

- i. explored the lived experiences of postpartum mothers during Antenatal Care; and
- ii. explored the lived experiences of postpartum mothers during labor care.

Research Questions

The following research questions were raised for this study

1. What are the lived experiences of postpartum mothers during antenatal care?
2. What are the lived experiences of postpartum mothers during labor care?

Methodology

A descriptive phenomenological research design was adopted for this study using Focus Group Discussion to explore lived experiences of mothers during antenatal and labour period with care given in four selected secondary health facilities, namely: Adeoyo Maternity Teaching Hospital, Ring Road State Hospital, Jericho specialist Hospital, Maternal and Child Hospital in Ibadan, Oyo State. The study population comprises of women at six (6) weeks postpartum, visiting State Government owned secondary healthcare facilities for postnatal check-ups and vaccination at six (6) weeks post- delivery. Focus was not based on where they had delivered their babies, but where they were met at point of postnatal visit.

Focus Group Discussion was used for this study; the discussion included 3 groups of 7 participants and 7 groups of 8 participants with 2 FGDs in 3 facilities and 4 FGDs at the last centre, data saturation was achieved, making a total of 10 Focus Group Discussion held. Total numbers of 77 women participated in the study. A convenient sampling technique was adopted for this study, as women were selected based on the inclusion criteria.

A structured Focus Group Discussion question guide was developed by the researcher to ensure the questions are asked in a coordinated and well-organized manner. The data needed for this study was collected using a voice recorder that captures contribution of all participants of the FGDs. The question guide was interpreted into local language (Yoruba) for effective focus group discussion. The researcher ensured credibility through the use of focus group discussions which allowed triangulation of findings, confidentiality was encouraged and the participants agreed not to share the discussion outside the group. This increased the credibility of the information produced.

All data were recorded on audiotapes and later transcribed for analysis using Atlas-ti, which was a computer program used in qualitative data analysis. The qualitative data analysis was conducted by developing and applying code, identifying themes, patterns and relationship.

Results

Research Question 1: What are the lived experiences of postpartum mothers during antenatal care?

Increased in knowledge on the importance of seeking maternal health care

Finding from the study revealed that mothers' encounter with health workers during antenatal increased their knowledge on the best way they should take care of themselves and their unborn child. This was evident from the remarks gathered from postpartum mothers interviewed at Adeoyo Maternity Teaching Hospital as follows;

“We were educated on different things which include; neatness, how to do things during pregnancy, also we were informed that those who haven’t used malaria drugs should get the anti-malaria drugs at the hospital, we also get immunization when the pregnancy is at 6months” -Mrs A, AMTH 1

“We were given injections, we were tested (stomach was pressed), we were educated on what to eat such as fruits.” -Mrs B, AMTH 1

“They teach us how to bath for our baby and for ourselves. They talked about the delivery, and they let us know the risky things in pregnancy. Then the way the labour might look like and different types of labour”- Mrs A, AMTH 2

“The lecture us on danger signs of pregnancy, labour, how to take care of the baby, how to breastfeed the baby”- Mrs B, AMTH 2

Mothers who attended Jericho Specialist Hospital further shared their lived experiences in relation to an increase in the level of enlightenment they have during antenatal especially the need to avoid self-medication but rather adhere to prescribed drugs by the health workers during pregnancy.

“They explained many things to us like things we might encounter during pregnancy like frequent urinating, sleeping among other things. They explained that we should not use any other drugs aside from the one they prescribed”- Mrs A, JSH 2

“And they also make sure we do exercise whenever we come for mothercraft. There is enough exercise like singing, dancing. And they make sure we take our drugs as prescribed and they advise us not to do self-medication, if there’s any complaint whether headache, stomach ache, we should come to the hospital rather than going to chemist or any center. And they said having hard labour at home is dangerous” Mrs B, JSH 2

Similar opinions were shared by postpartum mothers, who were interviewed at Maternal and Child Hospital (MCH), Apata, Ibadan and Ring Road State Hospital; who specifically emphasized on the increased in their knowledge pertaining to their diet intake during pregnancy in order to ensure healthy living for both mothers and the unborn child.

“They told us about the types of food we should eat and also, we should not drink cold water. We should not walk at night. Also, we should do exercise often, and not sit anyhow, but we should take care of ourselves and we should be neat”- Mrs A, MSH 1

“They educate us about if we’re feeling anything, we should rush to the hospital, and either back pain or maybe the baby is not moving well. They informed us of all the necessary things we need to do and the food to eat. They told us to eat fruits and we are eating it including fruits. And by the time we gave birth, the baby came out well”- Mrs C, MSH 1

“They made us know all the health talk we were supposed to know like, tetanus growth, and all the kinds of food we ought to eat. Our PCV, how it should not be low. Because at least it has to be like 30% before we enter into the labour room because if it is lower than 30% such person might have a bleeding delivery” Mrs A, RRSB 1

“We pray when we come do exercise, they will lecture us on food and what we should eat, and the kind of exercise we should do. They will tell us not to use drugs that are not prescribed. They tell us what to do and what not to do” Mrs B, RRSB 2

Proper care and check up

One of the remarkable lived experiences of postpartum mothers during antenatal care during pregnancy is the proper care received from the health workers as well as a constant checkup for mothers to ascertain the status of their health and the unborn child. Observation from this study revealed that postpartum mothers were frequently required to do different tests

including Packed Cell Volume (PCV). Mothers interviewed at Adeoyo Maternity Teaching Hospital reported that;

“They care for us, press our stomachs, measure our weights and other necessary things” **Mrs A, AMTH 2**

“They give us drugs we can use that will benefit us and the baby inside us. They press our stomach, and PVC”- **Mrs D, AMTH 2**

“We do a scan when it is needed and blood count and all those, they use to check it”- **Mrs B, AMTH 2**

Evidence from opinions gathered from postpartum mothers from Jericho Specialist Hospital and Maternal and Child Hospital on lived experiences during antenatal care also emphasized on the proper medical care and checkup enjoyed in ensuring healthy living. They reported that;

“When I came to book, they asked us to do some test like, HIV test”- **Mrs A, JSH 2**

“They took care of me well too. At least I received immunization like three times before I gave birth. Every time I go there, they check the pregnancy and how the baby is kicking. They are trying”- **Mrs B, MSH 1**

“They cared for us very well. For every ANC we go, they give us fruits that are already packaged in plates and they give us drugs too. And they don’t shout at us but they relate with us with respect at the private hospital”- **Mrs C, MSH 1**

“They took care of us very well. We do check up every antenatal. We check our weight, PCV and so on. The Nurses also gives us words of encouragement on how to give birth and what to do, When we are labour, what we can see when the child is about to come, and the food we’ll be eating”- **Mrs A, MSH 1**

“Every ANC visit, they do every test, they repeat every form of necessary test for me. They are very competent, it is owned by a consultant gynecologist so they are very competent there”- **Mrs D, MSH 1**

“The Nurses also gives us words of encouragement on how to give birth and what to do, When we are in labour, what we can see when the child is about to come, and the food we’ll be eating”- **Mrs D, MSH 1**

“We register first, then the nurses will measure our weights, check our PCV, we will lie down for them to check our stomachs to check how the baby is moving. We will be given drugs and injections if necessary”- **Mrs A, MSH 2**

“They will ask us to check our PCV and also our blood group and blood test to know the capacity of our blood. They will also check how the baby is doing”- **Mrs B, MSH 2**

Similar views were shared by postpartum mothers on the relevance of proper medical and checkup received during antenatal care from the health workers at Ring Road State Hospital as follows;

“They attend to us at the normal time. Anyone who has malaria symptoms will be given drugs. And they make sure everyone uses their drugs in their presence because they know that some will not use the drugs when they get home” **Mrs B, RRSB 1**

“They treat me well, after registering, when we come for antenatal we pay money every time we come, we drop our cards, we go for test, then we come back for antenatal activities. Before we finish antenatal, the result of the test we did would have been out. When we get it, we’ll check our PVC and blood status. If anyone has a problem, they attend to it on time. They told us we need to eat foods that will boost our blood. And they cared for us very well”- **Mrs A, RRSB 2**

“They use to check us when we come for ANC. Anyone with complaint will be referred to the doctor” **Mrs C, RRSB 2**

Attitude of health workers towards mothers during antenatal

The major part of the lived experiences of postpartum mothers during antenatal care is the attitude of health workers towards them at a different point in time. Findings from the study showed that many women were not comfortable with the attitude of nurses that attended to them during antenatal. Reports from the mothers on the attitude of health workers were narrated as follows;

“There were times they shout at us to go back especially when we are late. They embarrass people and talk anyhow. For instance, I came for antenatal one day, and I had catarrh that day. You need to see how they insulted me that day as if I was going to transfer catarrh to them. They had to put my card beneath, so attended to me on time, and shouted that I should go”- **Mrs C, AMTH 2**

“To me, with my experience of the private hospital before, you will not like the settings of this place because they nag, they shout, some of them are not caring”- **Mrs B, JSH 1**

“...for the ward, we experienced some challenges especially for us waiting outside. They will shout at us. They don’t behave the same and that’s human being for that”- **Mrs C, JSH 2**

“Not all nurses are ill-tempered. If you don’t do what you are supposed to do, they will get angry with you. They expect us to do all they ask us to do per time” -**Mrs B, MSH 2**

On the other hand, some mothers were in the opinion that some health workers were friendly and always ready to attend to them when need be

“When they are done with gisting, they will ask us if we’re ready before they attend to us”- **Mrs B, AMTH 2**

“They behaved well to us when we came to book, they spoke well and they were nice”- **Mrs A, AMTH 2**

“You know they are human beings. There are some times we have to question them, but they just shout on you to go and sit down”- **Mrs A, JSH 1**

Some of the mothers were of the opinion that, the attitude exhibited by health workers could be attributed to overwork loading, insufficient in the supply of facilities needed to provide medical service and times when mothers refuse to keep to time for antenatal care service

“When they are under stress or when the workload is much, they divert aggression. But, after some time of reactions, they cheer up with us because they don’t have a choice. They carry out all the necessary checking on the body including blood test”- **Mrs B, AMTH 1**

“...At times, it might be embarrassing especially when they have overworked. So, when you ask a question, they divert aggression (like saying; are you deaf? Can’t you hear when we gave the instruction?”- **Mrs A, JSH 2**

“Because they have different people on duty, sometime you may meet the friendly ones. And sometimes you pray that “God let me meet this aunty on the sit today” because there is a particular aunty that has been transferred that is so nice” **Mrs B, JSH 2**

“They are friendly except when you come late for ANC then they will show you the other side of them”- **Mrs A, RRSB 2**

Cost of health care services

Diverse opinions were shared by postpartum mothers on the cost of service at selected health facilities in Ibadan in the course of antenatal care service which formed their lived experiences. Many of the mothers were of the opinion that the cost of services at the facilities are affordable and cheaper as compared with the private-owned health facilities in Ibadan metropolis.

“For me, my transport fare is okay. And their charges are reasonable compared to private hospitals that are higher”- **Mrs B, AMTH 1**

“The cost was okay but there is a thing called a delivery pack, not that it is expensive but what is in it doesn't worth it. This pack includes two pads, 1 Jik, 1 detergent, it is too poor compared to the amount they sell it”- **Mrs B, JSH 2**

“We only pay money when they ask us to buy drugs. They don't ask for any other money from us. And the money is affordable”- **Mrs A, MSH 2**

“We will hold #200 for the test we will do, which includes, PVC, blood test and all. #200 is not much. When we gave birth too, the money was not much. It was okay” **Mrs D, MSH 2**

“We have not received treatment here before, except for immunization. But where I gave birth, their charges are affordable”- **Mrs A, RRSB 1**

“It is affordable here, but when it comes to private it's a bit expensive”- **Mrs A, RRSB 2**

Different from the above opinion are the views of some postpartum mothers who observed that the cost of service delivery for antenatal care from the selected secondary health facilities was expensive.

“Their money is much”- **Mrs A, AMTH 2**

“For booking we're going to pay #3,500, later we're going to pay #7000. The Governments own is more expensive than the mission houses or any other private hospitals”- **Mrs A, JSH 1**

“It is more expensive than private when you calculate the entire list that you need to buy and bring for delivery. But those private will not give you any list”- **Mrs B, JSH 1**

“What I observe is that the cost/charges for previous times that I delivered here were not expensive unlike now. Then when you buy everything they need or request, their cost will be around #1000 then, and now we pay like #6000. They even request for some unnecessary money like; money for stitches and all sorts. But their services are okay”- **Mrs C, RRSB 1**

Moreover, some postpartum mothers explained the possible reasons for an increase in the cost of service during antenatal care service and attributed it to failure of government in providing the necessary materials including gloves for health workers to carry out their responsibilities in which in most cases are requested from postpartum mothers.

“What I don't like about them is that, every time we come for visitation after registering, they collect money for a receipt every day. We pay #100 for gloves every day of visitation. I believe gloves should be provided for them to use. And they can use 1 glove for 5 people, whereas, all of us bought the gloves, which should not be so”- **Mrs D, AMTH 1**

“...After paying the money, I was asked to go and buy gloves, and they said the glove should not be more than #1000. When I got to the pharmacy, the glove was #7000. They did not use anything for me, I gave birth myself. Just that, I was allowed to enter the hospital at midnight. By the time they discharge us, they requested for gloves. Even everything, I brought was not used for me and they collected everything from me. Only the minor things were returned to me” **Mrs A, AMTH 2**

“But the government is the major problem because they are not providing needed. We are only one providing everything that we need such as gloves, needle, and cotton wool, everything we need”- **Mrs A, JSH 1**

Level of attendance at the clinic

The promptness in attendance of health workers to postpartum mothers during antenatal care formed a lived experience that is a worthy note. Some of the mothers observed that there are sometimes delay before attending to them and this delay and in turn affect their antenatal seeking behaviour.

“ANC is stressful, it is far from home, we have to wake early to attend and when we come we sit for a very long time before we are being attended to. They take care of themselves before attending to us. And at Adeoyo, we’re always plenty” **Mrs C, AMTH 1**

“Even though they see you in labour that the child is about to come, they won’t answer on time”- **Mrs B, JSH 1**

On the other hand, one of the mothers interviewed at Ring Road State Hospital was of the opinion that there is usually prompt attendance to postpartum mothers during antenatal care visitation.

“They don’t waste time during ANC and there is no stress seeing the doctor during the antenatal period”- **Mrs E, RRSB 2**

Furthermore, the study revealed that postpartum mothers enjoyed a high rate of privacy during their antenatal service especially at Adeoyo Maternity Hospital and Jericho Specialist Hospital. This was evident from the views of mothers shared as follows;

“Anything medical should be done with caution, because there are some microorganisms on our bodies, so while, they touch us with the same gloves, they transfer germs from one person to the other. But we don’t have a choice than to bear with them. They are trying at their jobs except what I observed”- **Mrs D, AMTH 1**

“Yes, there is privacy”- **Mrs A, JSH 1**

Staff competence

Part of the lived experience shared by postpartum mothers in the study is the views about the competence of health workers across the selected secondary health facilities in the Ibadan metropolis. Mothers’ perceptions on the competency of midwives and other health workers as reports shows that mothers were satisfied with the level of service delivery

“They are good but time is being wasted because there are plenty people to attend to”- **Mrs A, AMTH 1**

“The nurses here are trying because of my experience during labour, in fact, they are trying. They are excellent”- **Mrs D, JSH 2**

“I really appreciate the doctors even when we got home, they did do well. I thank God for that department” **Mrs C, JSH 2**

“I am satisfied with it. I gave birth to my firstborn there and that is where I have been giving birth” **Mrs A, MSH 2**

“They are trying, even their doctors. Because when I was in Labour and there was a need to call the attention of the doctor, in fact it was two doctors that came to my rescue and they really tried. Both the nurses and the doctors are good”- **Mrs B, RRSB 1**

“The nurses and the matrons are good”- **Mrs A, RRSB 2**

“Their antenatal here is okay. They attend to everybody well. And if you obey instructions and you buy everything they asked us to buy, then there is no problem”- **Mrs C, RRSB 2**

“They are competent in their job. They are very good and they are hardworking. We recite the hospital’s anthem and pledge. We pray and sing. I like the way they attend to people”- **Mrs D, RRSB**

Research Question 2: What are the lived experiences of postpartum mothers during labor care?

This study explores the lived experience of postpartum mothers during labour across the selected secondary health facilities in Ibadan metropolis. Observations and opinions from a group of mothers interviewed and analysis revealed diverse experiences ranging from the

attitude of health workers to the appearance of the labour room and those that assist in the child delivery.

Attitude of health worker

Some of the postpartum mothers observed a display of aggression by health workers to mothers during the period of pain in the course of child delivery.

“They know the woman is still in pain after childbirth, they tend to make her carry her child by force”- **Mrs A, AMTH 1**

“When you need any assistance, they don’t render it on time. Someone who has lied down for over 24hours should be carried up, my body was aching me since I have lied down for over an hour. And when I told them to help me up, they started diverting aggression on me. It was another nurse who entered the labour room and saw how I felt that later helped me up”- **Mrs B, AMTH 1**

“Their services are okay during the time of labour, but you know there are some times when you are in real pain in labour and you are shouting nurse, doctor. That time when you need them most, they don’t give attention, some of them will even say are you just giving birth? When you were doing it, were you not enjoying it? Something like that. I think that period in which people are in pain, they should be consoling people”- **Mrs A, JSH 1**

“They just talk to you shabbily like; you will just check it like that, bear it”- **Mrs C, JSH 1**

“(General hospital) I noticed that one of them was aggressive and abusive even if you are at the point of death. And they abuse you indirectly. She tells you to bear it, that they are coming, at least this is not your firstborn”- **Mrs A, MCH 1**

Experience shared by other women reported their views that the health workers are very friendly at attending to their patient

“They advised that we should sleep with the left side so that it will relieve pains. They did not divert aggression to us and they did well to us”- **Mrs A, RRSB 1**

“Some of the nurses were friendly while others were not. I think it is normal because of our individual differences. On the average, I will say it wasn’t that bad”- **Mrs B, RRSB 2**

“They are friendly to us, the ones that attend to me are very nice. You know they are set by set, but the ones that attend to me are very nice”- **Mrs C, MCH 2**

“Labour is always painful. But if it’s not time, they will tell you to be patient. And they often told us at ANC that pain cannot be reduced. And they are friendly while I was in labour”- **Mrs A, RRSB 2**

Standard of labour room

Postpartum mothers further expressed their views on the appearances of the labour room as reported below;

“The labour room is neat, there was electricity in the labour room”- **Mrs A, AMTH 1**

“The toilets are not conducive and the bathroom too. And another thing is that, I noticed that, two pregnant women cannot be in the labour room at the same time. They cannot afford to attend to two people at the same time in labour which is bad”- **Mrs A, AMTH 2**

“The environment is very clean, but there are mosquitoes”- **Mrs A, JSH 2**

“The labour room is spacious, the ward is okay. But the toilets and the bathroom is nothing to write home about”- **Mrs B, JSH 2**

“The labour room was okay, they have AC and after delivery, everywhere was tidy up. But it’s quite expensive and it’s affordable for me”- **Mrs A, MCH 2**

“The labour room is okay but after you are done with delivery, the ward they keep you is not okay at all. Mosquitoes are there and there is no net at all”- **Mrs A, RRSB 2**

“The delivery couch is too small and too short so it is not comfortable at all for delivery”- **Mrs B, RRSB 2**

“There is privacy, they did not merge us together and there is electricity around”- **Mrs D, RRSB 2**

Level of prompt attention

Moreover, Midwives were reported to be attending to women on time for safe delivery especially at Adeoyo Maternity Teaching Hospital Ibadan

“...When I came, I did not even feel the pains I used to feel those days again, the mid-wife attended to me on time and helped me out and she said, “It’s ready, oya enter”. And I have not experienced this before in this place and that’s why I don’t tell people to go to Jericho”- **Mrs B, AMTH 2**

Privacy

Postpartum mothers further shared their experiences on the level of privacy at the health facilities as relatives and third parties were not usually allowed to enter the labour room during labour in the selected secondary health facilities in Ibadan. This was evident in the observation and report shared by the mothers

“They did not allow anybody to enter the labour room”- **Mrs A, AMTH 2**

“They did not allow our husbands to stay with us. Even till we gave birth, they did not allow anybody to enter”- **Mrs A, JSH 2**

“For someone who just gave birth, they did not allow anyone to come in to check on her”- **Mrs B, JSH 2**

“They did not allow people to enter the labour room”- **Mrs A, MSH 2**

Different from others experience shared on the restriction; one of the mothers interviewed from Maternity and Child Hospital, Apapa Ibadan reported that;

“My husband was allowed to stay with me in the private hospital”- **Mrs A, MCH 1**

Shortage of staff

Moreover, postpartum mothers shared their views on the shortage of staff that attend to them during labour as reported below

“Those that are on duty at night are not always enough. The night is always terrible. When I was done with delivery, we were about 10 in the ward, but there were just two midwives, and another lady was also in labour. That lady might not have entered the theatre, but because she couldn’t get attention because the nurses were attending to other people that were in labour too. The work was too much for them. And for that lady, she did not have the strength again to push because she has screamed at the wrong time”- **Mrs A, JSH 2**

“You see, especially at night, only two people are on duty. Another woman had to come from OPD to help them that night, but despite that fact, one of the nurses is a matron, so sometimes she sits or sleeps. It is only the other woman that goes into the ward every time to check us. This is not to spoil them” **Mrs C, JSH 2**

“They are short-staffed. They need more hands but they are competent. But I won’t say they are because they are short-staffed”- **Mrs A, RRSB 2**

Discussion

Findings from the study revealed that postpartum mothers had displeasure (negative) and fulfillment (positive) experiences during antenatal care, labour and immediate postpartum periods. Evidence from the study showed that part of the lived experiences of postpartum mothers during antenatal was the fact that the mothers were more knowledgeable about how to take good care of themselves and their babies. Also, postpartum mothers experienced constant checkups during the antenatal visit for the purpose of

ascertaining the condition of their pregnancy. Moreover, tremendous efforts were made by the health care providers in ensuring that postpartum mothers were attended to without delay. This study further showed that some of the postpartum mothers reported the unfriendly attitude of some health care workers as well as the relatively high cost of health care services during antenatal. This formed part of the unpleasant lived experienced of the postpartum mothers during antenatal. Oprin, Puthussery and Davidson (2018) showed similar experiences of women during antenatal as abuse was identified as recurring challenges faced by many postpartum mothers.

The experience of postpartum mothers during labour was not totally different from their lived experienced during antenatal. The study found that only a few of the health workers were friendly as many of the health care workers displayed aggression to mothers during the period of pain in the course of child delivery. Mothers further observed that most of the labour rooms were not neat and conducive for healthy delivery as some lack of electricity and some other infrastructure amenities. Evidence from the lived experienced of postpartum mothers also showed that there was a high level of privacy at the health institutions as relatives of delivery mothers were not allowed to the labour room at the point of child delivery. Namujju et al., (2018) and Bohren et al., (2019) reported similar experienced as some women accessing modern institutional health care faced the same challenges including disrespectful, abusive, and inhumane ways of treatment, especially during labor and delivery processes.

Conclusion

The study concluded that mothers had different experiences during pregnancy and labour. Evidences were shown in the study that postpartum mothers had displeased (negative) lived experiences in the hands of the health workers which will take a long time to forget those experiences. Instances of transfer of aggression to mothers who were in pain during labour by health workers who supposed to be a source of relief. These in turn showed that quite a number of mothers might not likely re-use or recommend most of the state-owned hospitals to their relatives if they could afford private-owned health facilities for child delivery.

Additionally, most of the selected health facilities are not in good shape that could make postpartum mothers feel comfortable during antenatal and labour. This is evidence as considerable numbers of postpartum mothers were not content with the appearance of the surrounding of the health facilities especially the labour room that lack accessible toilet and bathroom. This showed that postpartum mothers were compelled by circumstances around them to use most of the state-owned health facilities for maternal and child health care services.

Recommendations

Following the findings and observation generated from this study, the following recommendations were made.

1. There is an urgent need to equipped and construct modern scanning centres in all the state-owned health facilities in order to reduce the stress most of the postpartum mothers undergo during antennal care services.
2. The attitude of health workers should be improved upon by teaching the workers how to be caring to pregnant women and anyone who seeks for maternal and child care services at any point of distress. By doing this, more postpartum mothers will be

encouraged to patronize state-owned health facilities for maternal and child health care services.

- Health care providers should provide more physical and psychosocial support to comfort, consolation and encouragement mothers at any point of visit for antenatal and child delivery.

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