



ORIGINAL RESEARCH – QUALITATIVE

'I really needed help': What mothers say about their post-birth care in Queensland, Australia



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ABSTRACT

Background: Australian mothers consistently rate postnatal care as the poorest aspect of their maternity care, and researchers and policymakers have widely acknowledged the need for improvement in how postnatal care is provided.

Aim: To identify and analyse mothers' comments about postnatal care in their free text responses to an open ended question in the Having a Baby in Queensland Survey, 2010, and reflect on their implications for midwifery practice and maternity service policies.

Methods: The survey assessed mothers' experiences of maternity care four months after birth. We analysed free-text data from an open-ended question inviting respondents to write 'anything else you would like to tell us'. Of the final survey sample ($N = 7193$), 60% ($N = 4310$) provided comments, 26% ($N = 1100$) of which pertained to postnatal care. Analysis included the coding and enumeration of issues to identify the most common problems commented on by mothers. Comments were categorised according to whether they related to in-hospital or post-discharge care, and whether they were reported by women birthing in public or private birthing facilities.

Results: The analysis revealed important differences in maternal experiences according to birthing sector: mothers birthing in public facilities were more likely to raise concerns about the quality and/or duration of their in-hospital stay than those in private facilities. Conversely, mothers who gave birth in private facilities were more likely to raise concerns about inadequate post-discharge care. Regardless of birthing sector, however, a substantial proportion of all mothers spontaneously raised concerns about their experiences of inadequate and/or inconsistent breastfeeding support.

Conclusion: Women who birth in private facilities were more likely to spontaneously report concerns about their level of post-discharge care than women from public facilities in Queensland, and publicly provided community based care is not sufficient to meet women's needs. Inadequate or inconsistent professional breastfeeding support remains a major issue for early parenting women regardless of birthing sector.

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1. Introduction

The maternity care experiences of women in Australia are substantially shaped by the country's stratified health care system,

characterised by parallel public and private sectors. Approximately 70% of Australian women birth in the public system¹ where they receive either midwifery or medically led care, according to their risk profile. The remainder give birth in the private sector, generally under the care of a specialist obstetrician. Birth in the private sector is associated with higher rates of instrumental delivery, caesarean birth, induction of labour, episiotomy and epidural analgesia.¹ The median length of hospital stay for women who birth in the private sector is 4 days compared with 2 days in the public sector.¹ In Queensland, women who birth in the public

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but not the private sector are eligible for a home visit or telephone call from a health care professional within the first 10 days following their birth.²

Women consistently rate postnatal care as the poorest aspect of their maternity care in Australia.^{3–5} While policy makers and researchers highlight the need to improve this aspect of maternity care, few mechanisms are available for large samples of mothers to voice their opinions about their care experience, and how it might be improved. In this paper, we describe analysis of women's free-text responses in a survey about their maternity care. We examine their comments about the quality of their postnatal care both in hospital and in the early weeks following birth, and in relation to the sector of their birth facility.

2. Method

2.1. Participants

Participants in this study were respondents to the *Having a Baby in Queensland Survey, 2010*.³ The sampling frame was databases of compulsory birth notification and registration records, held by the *Queensland Registry of Births, Deaths and Marriages*. All women who had a live birth in Queensland, Australia in a four-month period (February–May 2010), and who were not found to have had a baby that died since birth, were eligible to be surveyed. These women were contacted by mail four months after birth and invited to complete the survey by mail, online or via a telephone interview.³ Four months was chosen as the time period for follow-up to allow sufficient time since birth for post-birth outcomes to be reported (e.g. 3-month breastfeeding rates), and based on formative research to determine acceptability of follow-up time with women.

2.2. Survey instrument

The survey instrument retrospectively assessed care received during pregnancy, labour and birth, and after birth, as well as maternal demographics and reproductive history. Responses to the final free-text open-ended question, 'If there is anything else you'd like to tell us about having your baby, please write here', were used in the current study.

2.3. Data analysis

Women's comments were typed into a word-processing package, and the third author read all comments to extract only those that included mention of postnatal care. This same researcher then re-read all of the comments pertaining to postnatal care and developed an initial set of codes for the range of issues identified. All co-authors reviewed much of the raw data and met regularly to discuss its meaning and develop consensus on the appropriate classification of codes and the emerging themes and sub-themes. Using this iterative process, all comments were coded and enumerated. NVivo 9 was used to assist with the management and analysis of verbatim text related to the thematic nodes.

The enumeration refers to the number of instances of postnatal care issues raised by the women who wrote comments. Many women wrote lengthy responses, some of which touched on multiple issues and themes. We enumerated all issues and themes, and treat these as the units of analysis. For example, if a woman commented on three aspects of her postnatal care (such as breastfeeding support, duration of hospital stay, and waiting time to get an appointment with child health), each aspect of care commented on was enumerated as a separate instance, which was coded and categorised as part of a relevant theme or sub-theme.

Given the stratification in care provision by birthing sector, we conducted separate analyses of responses from women who

birthed in public and private birthing facilities, and compared the types of issues raised by women birthing in each sector. Extracted comments were differentiated according to whether they mentioned care in hospital or at home. We then provide illustrative examples of the women's comments relating to key themes discussed in the paper.

Chi-square analyses were used to compare the socio-demographic attributes (age, parity, income, education, country of birth, indigenous identification, and birthing sector) of women who did and did not provide comments related to postnatal care.

Ethics approval for the *Having a Baby in Queensland Survey, 2010* was obtained from the Behavioural and Social Sciences Ethical Review Committee of the University of Queensland.

3. Results

3.1. Participants

The final respondent sample for the *Having a Baby in Queensland Survey, 2010* was 7193 women. Of these women, 4310 (60%) responded to the final question, and 1100 of those (26%) included comments related to postnatal care in hospital or following discharge. Like many previous studies,^{6,7} women who provided free text responses in this survey were more likely to be older, having their first baby, and have a university degree. They were also less likely to have birthed in the public sector, identify with being Aboriginal or Torres Strait Islander, and to have been born in a country other than Australia. Of the 1100 mothers who wrote comments about their postnatal care, 559 had birthed in the public sector, and 541 in the private sector.

4. Findings

The concerns about postnatal care that were most frequently reported by the mothers in this sample were categorised into three primary themes: quality and duration of in-hospital care, lack of adequate care following discharge from hospital, and lack of adequate support with breastfeeding (both in hospital and following discharge). [Table 1](#) shows the frequency and proportion of women birthing in public and private facilities who spontaneously commented on each of the 3 primary themes, and their related sub-themes.

As shown in [Table 1](#), the sub-themes relating to breastfeeding include the need for more information, help and support, and the need for more consistent advice. These concerns were reported widely. Of the women who birthed in the private sector, approximately one third (34%, $N = 182$) made comments about the need for improved breastfeeding advice and/or support. A similar proportion of women from the public sector also expressed concerns about the quality and/or availability of breastfeeding advice and support (27%, $N = 153$).

A substantial level of maternal concern was also expressed in comments relating to the need for more or better access to home-based support and care. Follow up care after discharge from hospital was a particular issue for women who birthed in the private sector, a substantial majority of whom (59%, $N = 320$) raised concerns about their post-discharge care. A smaller proportion, though close to half of women birthing in the public sector (47%, $N = 263$) also raised issues relating to the transitions of care from hospital to home and community. For many mothers, concerns related to not having enough information about how to care for and manage their baby, nor how to get help for themselves (64 comments from women in the public sector, and 93 from women in the private sector). Private sector women were not only more likely to express concerns about inadequate information following discharge from hospital, but were also substantially more likely to indicate that they wanted more care

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