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Women's satisfaction with the childbirth experience: a descriptive research

Zadovoljstvo žensk s porodno izkušnjo: opisna raziskava

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Key words: birth; patient satisfaction; perinatal support; healthcare professionals

Ključne besede: rojstvo; zadovoljstvo pacientov; obporodna podpora; zdravstveni delavci

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ABSTRACT

Introduction: Satisfaction is a complex concept, which we often come across when evaluating the childbirth experience. The purpose of the research was to find out the childbirth experiences of women in Slovenia with regard to their level of satisfaction with the provided perinatal care.

Methods: The Slovenian version of the Birth Satisfaction Scale – Revised was used in a non-experimental quantitative descriptive research (Cronbach α = 0.81). The data were collected through an online questionnaire in February 2017. Convenience sampling was used and 301 women, who gave birth in 2016 in Slovenia, participated. Data were analysed with descriptive statistics, the Mann-Whitney U test and Spearman's correlation coefficient.

Results: The results of the study have shown that the number of births (U = 6802, p = 0.150), education (U = 7493, p = 0.317), age (U = 5142, p = 0.061) and presence of birth partner (U = 2841, p = 0.730) are not statistically significantly correlated with the assessment of childbirth satisfaction. A lower level of satisfaction was also found in cases of caesarean sections of primiparous, in comparison with multiparous, women (U = 430, p = 0.001). A statistically significant difference was established in the correlation between satisfaction and respondents' residential environment (U = 7029, p = 0.039), professional communication, and level of anxiousness of birthing mothers (r_s = 0.397, p = 0,000).

Discussion and conclusion: The results have shown that healthcare professionals who are present in childbirth are the key factor in contributing to a positive birth experience. The obtained results open up an opportunity for further research on the communication and attitude of health professionals towards birthing mothers.

IZVLEČEK

Uvod: Zadovoljstvo je kompleksen pojem, ki ga velikokrat zasledimo pri ocenjevanju porodne izkušnje. Namen raziskave je bil ugotoviti, kakšne so izkušnje žensk v Sloveniji z vidika zadovoljstva z nudeno obporodno obravnavo.

Metode: V neeksperimentalni kvantitativni raziskavi je bila uporabljena slovenska verzija anketnega vprašalnika Birth Satisfaction Scale – Revised (Cronbach α = 0,81). Zbiranje podatkov je potekalo s pomočjo spletnega anketnega vprašalnika v februarju 2017. V priložnostnem vzorcu je bila zajeta 301 ženska, ki je v letu 2016 rodila v Sloveniji. Podatki so bili analizirani z deskriptivno statistiko, Mann-Whitneyevim U-testom in Spearmanovim korelacijskim koeficientom.

Rezultati: Ugotovitve kažejo, da število porodov (U = 6802, p = 0,150), izobrazba (U = 7493, p = 0,317) in starost (U = 5142, p = 0,061) ter prisotnost obporodnega partnerja (U = 2841, p = 0,730) niso statistično pomembno povezani z ocenjevanjem zadovoljstva. Vpliv števila porodov je bil ugotovljen le v povezavi z izvedenim carskim rezom, pri tem je bila ugotovljena nižja stopnja zadovoljstva pri prvorodnicah v primerjavi z mnogorodnicami (U = 430, p = 0,001). Statistično pomembne razlike na ravni celotnega vzorca smo ugotovili v povezavi zadovoljstva in kraja bivanja, bolj zadovoljne so bile ženske, ki živijo na podeželju (U = 7029, p = 0,039). Medsebojno zmerno statistično povezanost smo ugotovili tudi za profesionalno komunikacijo in manjšo zaskrbljenost porodnice (r_s = 0,397, p = 0,000).

Diskusija in zaključek: Ugotovitve kažejo, da so zdravstveni delavci, prisotni pri porodu, ključni dejavnik za dosego pozitivne porodne izkušnje. Pridobljeni rezultati odpirajo priložnost za nadaljnje raziskave v smeri komunikacije in odnosa zdravstvenih delavcev s porodnico.

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Introduction

Satisfaction with childbirth is a complex issue, as has been demonstrated by several studies (Hodnett, 2002; De Orange, et al., 2011; Spaich, et. al., 2013; Hollins Martin, 2014; Hinic, 2015; Macpherson, et al., 2016), whose results are often diametrically opposed to each other. The complexity of satisfaction with childbirth is often affected by subjectivity in evaluating perinatal care. Satisfaction depends on various criteria including lifestyle, past experiences, expectations, values, personality and the society in which the individual lives (Drglin, 2007). Birth is an intimate life event, of which every woman wishes to have pleasant memories. Every woman has her own expectations about the course of childbirth and if her expectations and wishes are considered, then the satisfaction associated with childbirth increases (Hollins Martin, 2014). Hinic (2015) has found that the following parameters affect childbirth satisfaction: quality of healthcare, including the support and communication style of healthcare professionals, participation in the decision-making process, stress (due to unexpected complications and medical interventions), as well as the gap between expectations and real or realised course of childbirth. A particularly negative impact on childbirth is the result of feeling powerless, not having enough social support, unmet expectations, an emergency caesarean section and other operative vaginal procedures performed at childbirth, as well as past traumatic experiences with childbirth and sexual experiences (Hinic, 2015). Hollins Martin (2014) has demonstrated that the following factors affect women's satisfaction with childbirth: being comfortable, being heard, receiving the requested pain relief therapies, cooperating well with the staff during childbirth, a feeling of independence, being well prepared, receiving minimal childbirth injuries and selecting a birth method of her own choice. Levels of satisfaction also change with the time that has passed from childbirth as birthing mothers evaluate their satisfaction differently immediately after childbirth compared to one year afterwards (Mivšek, 2007).

Nilsson and colleagues (2013) emphasise that a few years ago healthcare was more focused on complications and risks related to infants and birthing mothers, but was neglecting to consider the experiences felt by women. Childbirth is one of the most important events in a woman's life and its experience is severely individually conditioned. In order to secure a positive experience, healthcare professionals should focus more on the mental and social aspect without neglecting healthcare safety (Nilsson, et al., 2013). The psychological aspect of the childbirth experience is the focus of increasingly more research in obstetrics and midwifery. Feelings of the birthing mother and their views of the childbirth experience are essential for evaluating the success of the care. Research shows that a negative childbirth experience may have psychological consequences such as feeling stressed and powerless, suffering from postnatal depression and posttraumatic stress syndrome (Prosen, 2016, pp. 216, 263). All these factors may also have a negative effect on the mother-child bonding and the next pregnancy, or on the decision whether to have another pregnancy (Carquillat, et al., 2016). The research conducted by Waldenström (2006) found that every tenth woman sought professional help due to her fear of childbirth. Fear is mostly the result of stories related to childbirth that women have heard or read on the internet, as well as previous traumatic childbirth experiences. Before childbirth, women are most often worried for their and their baby's health, actions of healthcare professionals, future family life and the potential need for a caesarean section or complications that might occur during this procedure (Waldenström, 2006; Nilsson, et al., 2013).

Factors of satisfaction with childbirth

Satisfaction with childbirth is therefore the result of several factors. The findings of authors of various research works do not match, thus proving how individual satisfaction with childbirth is. The research conducted by Spaich and colleagues (2013) showed that women's satisfaction was most affected by the possibility to participate in deciding on the course of childbirth, getting support from a person that the birthing mother trusts and appropriate pain-relief therapy. Macpherson and colleagues (2016) have found that the most important indicator of satisfaction with childbirth is a professional approach and attitude of healthcare professionals toward the birthing mother. The other significant factor was their partner's participation in the childbirth process. According to the data by the National Institute of Public Health, the share of partners who are present at childbirth in Slovenia has been on the increase. In 2002, 60.7 % of partners were present at childbirth, but by 2015 this number had increased to 77.9 % (National Institute for Public Health, 2017). Drglin and Šimnovec (2009) have found that the support women receive from their birth partner strongly affects their level of satisfaction. Women can be accompanied by their partner, family member, a birth companion (a doula) and others. It has been demonstrated that continuing support decreases the need for analgesics, anaesthesia and procedures such as forceps or vacuum birth and caesarean section (Drglin & Šimnovec, 2009).

The research conducted by Macpherson and colleagues (2016) has shown that feeling pain or absence of analgesia only exert a negligible influence on childbirth satisfaction. On the other hand, some other authors (Hodnett, 2002; De Orange, et al., 2011) have found the contrary; that the level of satisfaction is significantly related to pain and pain relief methods. Unsatisfactory and a highly negative experience results in women being afraid, angry and in pain, which may

affect them for several years after childbirth (Hodnett, 2002; De Orange, et al., 2011), including their decision of whether or not to conceive again (Prosen, 2016).

Other authors (Nilsson, et al., 2013; Prosen, 2016) have also found that one of the major factors of childbirth experience and the created image of it being positive or negative is the support given by healthcare professionals participating in perinatal care. This support most affects how women experience childbirth, and consequently the perceived satisfaction in primiparas (Nilsson, et al., 2013; Prosen, 2016). Macpherson and colleagues (2016) have also found that the most important factors that affect the satisfaction with childbirth are individual care and continuing care. Some authors (Sršen, 2007; Bryanton, et al., 2008; Prosen, 2016) have found that the type of birth is strongly related to the childbirth experience. Bryanton and colleagues (2008) even claim this to be the decisive factor related to childbirth satisfaction.

Dimensions of satisfaction with childbirth or childbirth experience are varied and complex, which demonstrates how unique the perception of satisfaction with the childbirth experience is and how various factors affect it. Rare publications on this issue such as the research conducted by Drglin and colleagues (2007) point to the fact that measurement of women's satisfaction with childbirth in Slovenia has thus far not been sufficiently researched.

Aims and objectives

The aim of the study was to find out what kind of childbirth experiences women in Slovenia have with regard to their satisfaction with the provided perinatal care. The goal of the study was to use a validated questionnaire to study or identify the factors related to women's satisfaction with childbirth. To reach the goals the following hypotheses were set:

H1: Primiparas are less satisfied with the childbirth experience than multiparas.

H2: Evaluations of satisfaction with the childbirth experience statistically significantly differ between demographic groups in terms of the level of education, age or place of residence (urban vs. rural).

H3: Professional communication between healthcare professionals and the birthing mother not only decreases her level of anxiousness, but also increases her level of satisfaction.

H4: Among birthing mothers who have had a caesarean section, primiparas are less satisfied than multiparas.

H5: Women who had a birth partner present at childbirth are more satisfied with childbirth than those who had no one present.

Methods

A descriptive and exploratory non-experimental method of empirical research was used.

Description of the research instrument

An online questionnaire composed of three sets was used in the study. The first set that included 12 open and closed type questions referred to social and demographic data on childbirth. The second section included the Birth Satisfaction Scale – Revised (BSS-R) questionnaire, in Slovenian '*Lestvica zadovoljstva s porodom 2*', that has been verified (Cronbach coefficient alfa was 0.79 in the original version) and used in some similar studies (Hollins Martin, 2014; Hollins Martin & Martin, 2015). The BSS-R questionnaire is composed of 10 questions, whereby 1 is the lowest and 5 is the highest level of agreement. It is directed at the quality of healthcare (4 questions), personal characteristics of women (2 questions) and stress that women experienced during childbirth (4 questions). The last set of the questionnaire was an open question where the respondents could express their opinions or talk about their childbirth experience.

The BSS-R questionnaire was translated from English by the first author and to verify the translation corresponded with the original, it was also translated by the second author (World Health Organization, 2017) and finally both authors adjusted the Slovene text to the Slovene cultural context. The questionnaire was designed using the 1KA survey tool. Before publishing the questionnaire, we conducted a pilot study, in which 10 women participated, which was conducted to evaluate the clarity and legibility of the questionnaire. According to these results, two corrections of the text were made. The Cronbach coefficient alpha was 0.81 for the entire sample of the study for the Slovene version of the BSS-R questionnaire, which points to a high level of reliability (Takavol & Dennick, 2011). The author of the questionnaire, who also supplied instructions for using it and the analysis of results, gave written permission to use the BSS-R questionnaire (Hollins Martin, 2014).

Description of the research sample

A convenience sample of women (n = 301) who gave birth in Slovene maternity hospitals, was used. The average age of respondents was 29 years (s = 4.660). The majority (n = 126, 41.9 %) had secondary school qualifications. More than one half of the respondents (n = 161, 53.5 %) lived in rural setting. Table 1 gives demographic information in great detail.

Description of the research procedure and data analysis

After the conducted pilot study the questionnaire was published in social media and some of the more popular Slovene web forums (www.medover.net and www.ringaraja.net) between 5 and 23 February 2017.

Table 1: *Demographic data of respondents*
Tabela 1: *Demografski podatki o anketirankah*

Demographic data/ Demografski podatki	***n***	***%***
Respondents' age (years)		
16–20	7	2.3
21–25	51	16.9
26–30	137	45.5
31–35	56	18.6
36–40	27	9.0
41–45	2	0.7
46–50	1	0.3
No answer	20	6.6
Level of qualifications		
Primary school	2	0.7
Secondary school	126	41.9
Short-cycle college	34	11.3
Professional study programmes	56	18.6
Academic study programmes	63	20.9
Masters	18	6.0
PhD	2	0.7
Place of residence		
Urban	139	46.2
Rural	161	53.5
No answer	1	0.3

Legend/Legenda: n – number/število; % – percentage/odstotek

The respondents were presented with the purpose and aim of the study. They were also assured that participation was voluntary and anonymous.

Data were analysed using the SPSS version 22.0 (SPSS Inc., Chicago, IL, USA). In addition to the basic descriptive statistics (frequency, minimum, maximum, median value, average and standard deviation) the Mann-Whitney U-test and Spearman correlation coefficient were also used. The considered level of statistical significance was 0.05.

Results

Table 2 shows data on pregnancy and the course of childbirth as given by the respondents. In terms of the reasons for their choice of hospital, the respondents could select several answers. They most often chose a maternity hospital that was close to their home (n = 219, 72.8 %), multiparas also because they had already given birth there (n = 62, 20.6 %). A few women (n = 26, 8.6 %) opted for a certain maternity hospital based on other reasons: the most frequent ones were a better response in the case of complications, more qualified and professional staff, previous hospitalisation due to problems during pregnancy in that hospital, advice from a gynaecologist or previously known hospital staff and the fact that they themselves were born there. One respondent gave birth at home at her own wish.

Most respondents (n = 180, 59.8 %) were primiparas followed by women who gave birth the second time (n = 93, 30.9 %) while for 6.6 % (n = 20) this was the third or more birth. With most (n = 211, 70.2 %) pregnancy lasted between 36 and 40 gestation weeks. Methods and techniques of childbirth pain relief varied among the respondents: the majority (n = 166, 55 %) selected pharmacological pain relief; others (n = 69, 22.8 %) that answered the questions chose non-pharmacological pain relief. Most (n = 226, 75.1 %) birthing mothers had a partner present at birth, while 0.7 % (n = 2) of women had a birth companion (doula) present. According to the respondents, childbirth took 4 hours on average (s = 6.472); with 54.8 % (n = 165) of respondents childbirth lasted less than 5 hours,

Table 2: *Data related to pregnancy and childbirth*
Tabela 2: *Podatki o nosečnosti in poteku poroda*

Childbirth and pregnancy data/ Podatki o nosečnosti in porodu	***n***	***%***
Selection of maternity hospital		
Proximity of home	219	7.8
Recommendations by others	46	15.3
Birth options	25	8.3
Own childbirth experience	62	20.6
Good attitude by staff	31	10.3
Other	26	8.6
No answer	6	2.0
Consecutive childbirth		
First	180	59.8
Second	93	30.9
Third or more	20	6.6
No answer	8	2.7
Duration of pregnancy (gestation weeks)		
Less than 36	20	6.6
36–40 weeks	211	70.1
More than 40	62	20.6
No answer	8	2.7
Place of birth		
Maternity hospital	275	91.3
Outside the hospital	2	0.7
No answer	24	8.0
Pain relief methods		
Pharmacological	166	55.2
Non-pharmacological	69	22.9
No answer	66	21.9
Birth companion		
Partner	226	75.0
Doula	2	0.7
Other	37	12.3
No answer	36	12.0
Duration of childbirth (hours)		
Less than 5	165	54.8
6–10	59	19.6
11–15	16	5.3
16–20	6	2.0
21–25	2	0.7
More than 26	7	2.3
No answer	46	15.3
Type of birth		
Spontaneous vaginal	132	43.9
Episiotomy	36	12.0
Vacuum extraction	4	1.4
Planned caesarean section	36	12.0
Emergency caesarean section	54	17.8
Other	11	3.7
No answer	28	9.2

Legend/Legenda: n – number/število; % – percentage/odstotek

followed by 19.6 % (n = 59) of respondents with whom childbirth took 6 to10 hours. The most women (n = 132, 43.9 %) had a spontaneous, vaginal birth; 17.9 % (n = 54) of respondents had an emergency caesarean section; 12 % (n = 36) of women had a planned caesarean section; 12 % (n = 36) of women had an episiotomy performed during vaginal birth.

The results related to women's satisfaction with childbirth and various situations related to it are depicted in Table 3. Women agreed with the statement "I came through childbirth virtually unscathed" since most (n = 94, 31.2 %) agreed with it completely (mark 4), followed by 20.9 % (n = 63) of those that awarded mark 1. The statement "I thought my labour was excessively long" was evaluated with the lowest mark (1) by 46.2 % (n = 139). Women agreed with the statement that healthcare professionals encouraged them towards independent decision-making, whereby the most (n = 93, 30.9 %) awarded this statement with the highest mark (5). Women did not agree with the statement that they were not anxious during childbirth: the most (n = 86, 28.6 %) awarded mark 1, followed by 20.9 % (n = 63) of those who awarded mark 2. The biggest share of respondents (n = 135, 44.9 %) completely agreed (mark 5) that healthcare professionals provided strong mental and physical support. Also, women agreed that healthcare professionals communicated well with them during childbirth as most women (n = 148, 49.2 %) awarded this statement with mark 5. Women did not agree with the statement "I found giving birth a distressing experience": most women (n = 84, 27.9 %) awarded this statement mark 1, followed by those (n = 66, 21.9 %), who awarded this statement mark 2. They also did not agree with the statement "I felt out of control during my birth experience": 25.9 % (n = 78) of respondents did not agree with this at all. The statement "I was not distressed at all during labour" was awarded with the lowest mark (1): 45.2 % (n = 136) of respondents did not agree with this at all. Most women completely agreed with the last statement that the birth room was clean and hygienic as most women (n = 190, 63.1 %) awarded this statement mark 5.

In verifying the first hypothesis that primiparas are less satisfied with the childbirth experience than multiparas, we used the Mann-Whitney U-test to establish that there is no statistically significant difference between the two average values (U = 6802, p = 0.150), so the hypothesis cannot be confirmed.

The second hypothesis finding out whether the selected demographic data (level of education, age, place of residence urban/rural) are linked to the level of satisfaction was tested with the Mann-Whitney U-test. The results do not show a statistically significant correlation between the variables of education and the level of satisfaction (U = 7493, p = 0.317), so the hypothesis that women with lower qualifications were more satisfied during childbirth than those with higher qualifications, has been rejected. We also checked whether older women were any less satisfied with childbirth than younger ones. The results of the Whitney U-test do not show any statistically significant differences (U = 5142, p = 0.061), so the hypothesis on the correlation between age and the level of satisfaction has also been rejected. However, statistically significant difference was confirmed in regard to place of residence and childbirth satisfaction. Women that live in the rural areas are more satisfied with childbirth than those living in urban areas (U = 7029, p = 0.039).

The third hypothesis related to the fact that good communication of healthcare professionals with the birthing mother results in the birthing mother being less anxious, and was tested with a Spearman's rank correlation coefficient. We have found that there is a statistically significant correlation between the variables (r_s = 0.397, p = 0.000), so the hypothesis has been confirmed. For the analysis of the fourth hypothesis which tested whether primiparas who had a caesarean section were less satisfied than multiparas, the Mann-Whitney U-test was used. The results showed statistically significant differences between

Table 3: *Women's satisfaction with childbirth*
Tabela 3: *Zadovoljstvo žensk s porodom*

BSS-R scale/Lestvica zadovoljstva s porodom 2	$\bar{x}$	***s***
I came through childbirth virtually unscathed.	3.32	1.614
I thought my labour was excessively long.	2.10	1.428
The delivery room staff encouraged me to make decisions about how I wanted my birth to progress.	3.51	1.456
I felt very anxious during my labour and birth.	2.61	1.504
I felt well supported by staff during my labour and birth.	4.06	1.226
The staff communicated well with me during labour.	4.19	1.176
I found giving birth a distressing experience.	2.65	1.551
I felt out of control during my birth experience.	2.77	1.548
I was not distressed at all during labour.	2.16	1.501
The delivery room was clean and hygienic.	4.63	0.772

Legend/Legenda: $\bar{x}$ – average/povprečje; s – standard deviation/standardni odklon

the variables (U = 430, p = 0.001), so this hypothesis can be confirmed. The last hypothesis tested whether women who had a birth partner present at childbirth are more satisfied with childbirth than those who had no one present. The Mann-Whitney U-test showed no statistically significant differences (U = 2841, p = 0.730), so this hypothesis can be rejected.

Discussion

The subject of the study was factors that are related to the satisfaction of women with childbirth. Previous research has shown that women's satisfaction is particularly related to the quality of care including the support and communication of healthcare professionals, followed by participation in the decision-making process, level of stress (due to unexpected complications or medical interventions) and discrepancies between the expected and actual course of childbirth (Hinic, 2015).

The study verified how the selected demographic characteristics (age, education, place of residence) and the number and type of childbirth are linked to women's satisfaction with childbirth. Previous research has shown that the number of births is in some cases related to women's satisfaction with the birthing experience and that multiparas are more satisfied (Ferrer, et al., 2016). In our case satisfaction proved not to be the decisive factor as the results of the analysis did not show any connection between the number of births and the level of satisfaction with the childbirth experience. In the research conducted by Hollins Martin and Martin (2015) with the same measuring instrument (BSS-R) this connection was demonstrated. 228 women who had given birth no longer than 10 days ago were included in the study. It was found that multiparas who had an experience with childbirth were more satisfied than primiparas (Hollins Martin & Martin, 2015). Nilsson and colleagues (2013) think that it is very important that the experience of the first childbirth is a positive one as it affects women's self-image, positive feelings towards the child, easier adjustment to the role of the mother and the future childbirth experience.

Satisfaction with childbirth may also be connected to certain personal characteristics of a woman such as age, qualifications and place of residence. In our research the level of satisfaction is only influenced by the place of residence as women coming from the rural areas expressed a higher level of satisfaction that those that come from the urban areas. It has not been demonstrated that the respondents' level of education and age affect their level of satisfaction. Moreover, studies conducted with the same measuring instrument conducted by Hollins Martin (2014), and Hollins Martin and Martin (2015) showed that age had no effect on the level of satisfaction with childbirth.

Our research has found a strong connection between the level of satisfaction with the childbirth experience and the attitude and communication of the healthcare professionals with the birthing woman. Some women were satisfied with the attitude of healthcare professionals, while others had negative experiences related to this. Some were so marked by the attitude of healthcare professionals and a negative childbirth experience to the extent that they were reconsidering whether or not to have another child. On the contrary, those with whom healthcare professionals established good communication, were more satisfied than others.

Communication is highly significant as women wish to know what is happening to them, which interventions will be performed and want to be thoroughly informed. Communication of healthcare professionals with the birthing woman is important also in making decisions related to pain relief therapy. Birthing mothers wish to be involved and it is important for them to receive support and advice from healthcare professionals (Nilsson, et al., 2013). In the research that included 559 Slovene birthing mothers, Mivšek (2007) found that more than one half of the respondents were not satisfied with how they were being informed about pain relief therapies. Professional communication should be established at the first contact with the birthing woman as this is the only way to successfully support her through the childbirth (Nilsson, et al., 2013). Women included in the Slovene study (Mivšek, 2007) thought that the communication of healthcare professionals was inefficient and lacking as only one half of the birthing mothers were informed about the procedures during childbirth. Many also received pain relief therapies unknowingly.

Satisfaction with childbirth in our research was also affected by the type of childbirth. We have demonstrated that primiparas who have had a caesarean section were generally less satisfied, especially those who wanted to give birth naturally. Caesarean section in multiparas is not as closely related to their levels of satisfaction since they had either had a caesarean section, which did not surprise them to a great extent, or they had given birth naturally and had experienced what most primiparas wish to experience.

A caesarean section may have a negative effect on the childbirth experience with primiparas and multiparas (Hinic, 2015). In the research conducted by Carquillat and colleagues (2016), which included 291 respondents, it was found that women who had an emergency caesarean section had many problems later. They felt as if they had failed and regretted that they had to give birth in that way. They also regretted that they had not experienced such first contact with their child that they wanted (Carquillat, et al., 2016). A similar study (Hollins Martin, 2014) where the same measuring instrument was used (BSS-R) compared the level of satisfaction between those that gave birth vaginally and those that gave birth with

a caesarean section. It was found that there were statistically significant differences between these two groups in terms of satisfaction with childbirth only in evaluating the level of anxiousness (those who gave birth vaginally were less anxious). The study conducted on birthing mothers in Scotland (also with the BSS-R questionnaire) showed that women who had a spontaneous vaginal birth were a lot more satisfied with childbirth as those who gave birth with a caesarean section (Hollins Martin & Martin, 2015).

The literature (Drglin & Šimnovec, 2009; Holloway & Kurniawan, 2010; Yuenyong, et al., 2011) mentions many positive effects of perinatal support on the birthing woman, which however, was not confirmed by our study. Also, women without the support listed in the literature as being suitable perinatal support, were satisfied with the childbirth. In addition, some birthing mothers that had such support were actually a little less satisfied with the experience of childbirth, as in some cases, the person who was present at birth proved not be supportive. We did not predict such results since many studies show a great influence of perinatal support. Holloway and Kurniawan (2010) found in their research that nearly all respondents had the continuous support of the birth partner during childbirth. Mostly, it was their partners who were present, but some also had their parents, siblings or a grandmother present, while others were without a birth partner. Women with a birth partner used pharmacological pain relief less often and had a higher level of satisfaction with the childbirth experience (Holloway & Kurniawan, 2010). Also, Yuenyong and colleagues (2011) showed that women with additional support provided by an accompanying female person (mother, sister or female friend) reported on a shorter active labour stage, less anxiety and childbirth pain, and related higher levels of satisfaction with childbirth in general. Due to such deviations from most other studies, a more detailed study and analysis on accompanying person at childbirth would be needed.

The limitations of the present study are especially the size and random structure of the sample. Partially a limitation is also some questions, which are not precise enough, however, the questionnaire is still highly standardised and reliable. Despite these limitations, the study gives an important insight into women's satisfaction with childbirth and the childbirth experience in Slovenia. There are possibilities for further qualitative and quantitative research of this topic, such as testing and validation of various measuring instruments for measuring satisfaction. Moreover, additional research studies in certain areas of our study (e.g. communication, perinatal support, independent decision-making, detailed analysis of differences between the birthing mothers from the rural and urban settings) based on which relevant strategies related to the education of employees, including employee training, and the implementation of new practices that have proven inappropriate, would be needed.

Conclusion

Women's satisfaction with childbirth is difficult to measure due to its complex nature. Most scales for measuring satisfaction differ significantly. Some focus on the attitude of healthcare professionals towards the birthing woman, while others emphasise the perinatal support, the presence of pain, the environment or the first contact with the infant. To be able to measure the holistic satisfaction with childbirth, several of the mentioned parameters should be joined together. The BSS-R questionnaire used in our study emphasises the attitude of healthcare professionals towards the birthing woman, women's personalities and stress that women experienced during childbirth. The results have shown that women in Slovenia are relatively satisfied with the overall experience of childbirth in all the mentioned areas. They were most satisfied with their relationship with healthcare professionals, the possibility of making decisions and receiving information, which should also be addressed in clinical practice as satisfaction with childbirth significantly influences motherhood and consequently also the image of childbirth for other women.

Slovenian translation/Prevod v slovenščino

Uvod

Zadovoljstvo s porodom je kompleksen pojem, na kar kažejo različne raziskave (Hodnett, 2002; De Orange, et al., 2011; Spaich, et. al., 2013; Hollins Martin, 2014; Hinic, 2015; Macpherson, et al., 2016), katerih rezultati so si med seboj pogosto diametralno nasprotni. Prav tako na njegovo kompleksnost vpliva subjektivnost pri ocenjevanju obporodnega varstva. Zadovoljstvo je odvisno od različnih dejavnikov, med katere spada posameznikov življenjski stil, njegove pretekle izkušnje, pričakovanja, vrednote in osebnost ter družba, v kateri živi (Drglin, 2007). Porod je intimni, življenjski dogodek, na katerega vsaka ženska želi imeti lepe spomine. Vsaka si izoblikuje lastna pričakovanja o poteku poroda. Če so njihova pričakovanja in želje upoštevane, se zadovoljstvo s porodom zvišuje (Hollins Martin, 2014). Hinic (2015) ugotavlja, da na zadovoljstvo s porodom vplivajo: kakovost obravnave, vključno s podporo in komunikacijo zdravstvenih delavcev, možnost soodločanja, doživljen stres (zaradi nepričakovanih zapletov oz. medicinskih intervencij) ter neskladje med pričakovanji in realnim oz. uresničenim potekom poroda. Negativni vpliv na porodno izkušnjo imajo predvsem občutja nemoči, premalo socialne podpore, neizpolnjenost pričakovanj, urgentni carski rez in ostale izhodne porodniške

operacije ter pretekle travmatične izkušnje s porodom in spolnostjo (Hinic, 2015). Hollins Martin (2014) je dokazala, da na zadovoljstvo s porodom vplivajo naslednji elementi: uživati udobje, biti uslišana, prejeti zahtevana protibolečinska sredstva, dobro sodelovati z osebjem med porodom, imeti stvari v svojih rokah, biti dobro pripravljena, prejeti minimalne obporodne poškodbe in doseči želeno vrsto poroda. Občutek zadovoljstva se spreminja tudi s časom, ki je minil od poroda, saj porodnice svoje zadovoljstvo drugače vrednotijo takoj po porodu kot eno leto za tem (Mivšek, 2007).

Nilsson in sodelavci (2013) poudarjajo, da so se pred leti v zdravstvu veliko osredotočali na komplikacije in tveganja za novorojenca in porodnico, pozabljali pa so na izkušnjo, ki jo doživlja ženska. Porod je eden izmed najpomembnejših dogodkov v življenju ženske, njegova izkušnja pa je močno individualno pogojena. Da bi zagotovili kar se da pozitivno izkušnjo, se morajo zdravstveni delavci posvetiti psihosocialnemu vidiku, pri tem pa seveda ne smejo zanemariti zdravstvene varnosti (Nilsson, et al., 2013). Psihološki vidik porodne izkušnje vedno več obravnavajo tudi raziskovalci v porodništvu in babištvu. Bistvenega pomena za ocenjevanje uspešnosti obravnave so tudi občutki porodnice in njihov pogled na porodno izkušnjo. Raziskave kažejo, da so ob negativni porodni izkušnji pri ženskah zaznane psihološke posledice, kot so občutki stiske in nemoči, poporodna depresija in posttravmatski stresni sindrom (Prosen, 2016, pp. 216, 263). Vse to lahko negativno vpliva na navezovanje matere na otroka ter posledično na razvoj dojenčka, prav tako lahko vpliva tudi na naslednjo nosečnost oz. predvsem na odločitev zanjo (Carquillat, et al., 2016). V raziskavi, ki jo je opravila Waldenström (2006), je bilo ugotovljeno, da je strokovno pomoč zaradi strahu pred porodom poiskala vsaka deseta ženska. Strah se večinoma pojavi zaradi porodnih zgodb, ki jih nosečnice slišijo od drugih ali preberejo na internetu, nanj pa lahko vplivajo tudi predhodne travmatične izkušnje s porodom. Pred porodom se najbolj bojijo za svoje zdravje in zdravje otroka, dejanj zdravstvenih delavcev, kasnejšega družinskega življenja in potrebe po izvedbi carskega reza oz. komplikacij, ki se ob njegovi izvedbi lahko pojavijo (Waldenström, 2006; Nilsson, et al., 2013).

Dejavniki zadovoljstva s porodom

Zadovoljstvo s porodom torej sooblikujejo različni dejavniki, pri čemer se ugotovitve avtorjev različnih raziskav med seboj ne ujemajo, kar dokazuje, kako individualno je doživljanje zadovoljstva s porodno izkušnjo. V raziskavi, ki so jo izvedli Spaich in sodelavci (2013), so z anketiranjem žensk po porodu ugotovili, da je na njihovo zadovoljstvo najbolj vplivala možnost odločanja o poteku poroda, podpora s strani nekoga, ki mu ženska zaupa, in ustrezno lajšanje bolečin. Macpherson in sodelavci (2016) ugotavljajo, da je najpomembnejši kazalnik zadovoljstva s porodno izkušnjo profesionalni pristop in odnos zdravstvenih delavcev do porodnice. Kot drugo bistveno postavko zadovoljstva navajajo vključitev partnerja v proces poroda. Po podatkih Nacionalnega inštituta za javno zdravje se delež pri porodu prisotnih partnerjev v Sloveniji z leti zvišuje. Leta 2002 jih je bilo pri porodu prisotnih 60,7 %, leta 2015 je ta številka narasla na 77,9 % (Nacionalni inštitut za javno zdravje, 2017). Drglin in Šimnovec (2009) ugotavljata močan vpliv podpore, ki jo ženske prejmejo od izbranega spremljevalca, na njihovo zadovoljstvo. Spremlja jih lahko partner/partnerka, družinski član, porodna spremljevalka (doula) ali drugi. Dokazano je, da kontinuirana podpora zmanjšuje potrebo po analgetičnih sredstvih, anesteziji in posegih, kot so kleščni in vakuumski porod ter carski rez (Drglin & Šimnovec, 2009).

Raziskava, ki so jo izvedli Macpherson in sodelavci (2016), dokazuje, da imata na zaznano zadovoljstvo s porodom bolečina in neprejemanje analgetičnih sredstev le manjši vpliv. V primerjavi z njimi nekateri drugi avtorji (Hodnett, 2002; De Orange, et al., 2011) ugotavljajo nasprotno, in sicer, da je stopnja zadovoljstva močno povezana z občutenjem bolečine in metodami lajšanja bolečin. Nezadovoljiva in zelo negativna izkušnja pri ženskah izzove občutke strahu, jeze in bolečine, kar vpliva nanje še več let po porodu (Hodnett, 2002; De Orange, et al., 2011), pri čemer lahko utrpijo drastične posledice, tudi takšne, ki vplivajo na odločitev o naslednji nosečnosti (Prosen, 2016).

Drugi avtorji (Nilsson, et al., 2013; Prosen, 2016) ugotavljajo tudi, da je eden izmed ključnih dejavnikov, ki vplivajo na doživljanje poroda in ustvarjeno podobo pozitivne oz. negativne porodne izkušnje, podpora zdravstvenih delavcev, ki sodelujejo v obporodni obravnavi. Ta podpora najbolj zaznamuje doživljanje poroda in posledično zaznano zadovoljstvo pri prvorodnicah (Nilsson, et al., 2013; Prosen, 2016). Macpherson in sodelavci (2016) so ugotovili, da sta bila najpomembnejša dejavnika, ki sta vplivala na zadovoljstvo s porodno izkušnjo, prav individualna obravnava in kontinuirana skrb. Nekateri avtorji (Sršen, 2007; Bryanton, et al., 2008; Prosen, 2016) ugotavljajo, da je tudi vrsta poroda močno povezana z zaznano porodno izkušnjo. Bryanton in sodelavci (2008) celo pravijo, da naj bi bil to najbolj ustrezen napovedovalec zadovoljstva s porodom.

Dimenzije zadovoljstva s porodom oz. porodno izkušnjo so očitno raznovrstne in zapletene, kar dokazuje, kako edinstveno je zaznavanje zadovoljstva s porodno izkušnjo in delovanje različnih dejavnikov na le-to. Področje merjenja zadovoljstva žensk s porodno izkušnjo v Sloveniji ni dovolj raziskano, na kar kažejo do sedaj le redke objave, npr. objava raziskave Drglin in sodelavcev (2007).

Namen in cilji

Namen raziskave je bil ugotoviti, kakšne so porodne izkušnje žensk v Sloveniji z vidika zadovoljstva z nudeno obporodno obravnavo. Cilj raziskave je bil s pomočjo validiranega vprašalnika preučiti oz. identificirati dejavnike, ki so povezani z zadovoljstvom žensk s porodom. Za dosego tako zastavljenih ciljev so bile postavljene naslednje hipoteze:

H1: Prvorodnice so s porodno izkušnjo manj zadovoljne kot mnogorodnice.

H2: Ocene zaznanega zadovoljstva s porodno izkušnjo se med posameznimi demografskimi skupinami glede na stopnjo izobrazbe, starost oz. kraj bivanja (mesto ali podeželje) statistično pomembno razlikujejo.

H3: Profesionalna komunikacija zdravstvenih delavcev v interakciji s porodnico zmanjšuje njeno zaskrbljenost in povečuje njeno zadovoljstvo.

H4: Med porodnicami, pri katerih je porod dokončan s carskim rezom, so prvorodnice manj zadovoljne kot mnogorodnice.

H5: Ženske, pri katerih je bil med porodom prisoten spremljevalec/spremljevalka, so s porodno izkušnjo bolj zadovoljne kot tiste brez spremljevalca/spremljevalke.

Metode

Uporabljena je bila opisna in eksplorativna neeksperimentalna metoda empiričnega raziskovanja.

Opis instrumenta

V raziskavi je bil uporabljen spletni anketni vprašalnik, sestavljen iz treh sklopov. Prvi sklop, ki je vključeval 12 vprašanj odprtega in zaprtega tipa, se je nanašal na socialnodemografske podatke in podatke o porodu. Drugi sklop je vključeval vprašalnik Birth Satisfaction Scale – Revised (BSS-R), v slovenskem prevodu Lestvica zadovoljstva s porodom 2, ki je preverjen (Cronbachov koeficient alfa je v originalni verziji vprašalnika dosegel vrednost 0,79) in že uporabljen v podobnih raziskavah (Hollins Martin, 2014; Hollins Martin & Martin, 2015). Vprašalnik BSS-R je sestavljen iz 10 vprašanj, pri katerih je za vrednotenje zadovoljstva uporabljena petstopenjska lestvica strinjanja, kjer 1 pomeni najnižjo in 5 najvišjo stopnjo strinjanja. Usmerjen je na kakovost zdravstvene oskrbe (4 vprašanja), osebne značilnosti žensk (2 vprašanji) in stres, ki so ga ženske doživele med porodom (4 vprašanja). Zadnji sklop vprašalnika je predstavljalo odprto vprašanje, kjer so anketiranke lahko izrazile svoje mnenje oz. zaupale svojo porodno izkušnjo.

Vprašalnik BSS-R je prva avtorica iz angleščine prevedla v slovenščino, za namen preverjanja skladnosti z izvirnikom ga je nato drugi avtor ponovno prevedel v angleščino (World Health Organization, 2017), končno slovensko besedilo sta avtorja prilagodila slovenskemu kulturnemu kontekstu. Pred objavo vprašalnika, oblikovanega s pomočjo orodja 1KA, sta na podlagi ugotovitev pilotne študije, v kateri je sodelovalo 10 žensk in je bila izvedena z namenom oceniti jasnost in razumljivost vprašalnika, narejena dva popravka besedila. Cronbachov koeficient alfa je za slovensko verzijo vprašalnika BSS-R pri celotnem vzorcu raziskave znašal 0,81, kar kaže na visoko stopnjo zanesljivosti (Takavol & Dennick, 2011). Uporabo vprašalnika BSS-R je pisno dovolila avtorica vprašalnika (Hollins Martin, 2014), ki je posredovala tudi navodila za njegovo uporabo in analizo rezultatov.

Opis vzorca

V raziskavi je bil uporabljen priložnostni vzorec žensk (n = 301), ki so v letu 2016 rodile v slovenskih porodnišnicah. Povprečna starost anketirank je bila 29 let (s = 4,660). Največ (n = 126, 41,9 %) jih je zaključilo srednješolsko izobraževanje. Več kot polovica anketirank (n = 161, 53,5 %) je prihajala s podeželja. Podrobnejše demografske podatke prikazuje Tabela 1.

Tabela 1: *Demografski podatki o anketirankah*
Table 1: *Respondents demographic data*

Demografski podatki/ Demographic data	***n***	***%***
Starost anketiranih (v letih)		
16–20	7	2,3
21–25	51	16,9
26–30	137	45,5
31–35	56	18,6
36–40	27	9,0
41–45	2	0,7
46–50	1	0,3
ni odgovora	20	6,6
Stopnja dosežene izobrazbe		
osnovna šola	2	0,7
srednja šola	126	41,9
višja šola	34	11,3
visoka šola	56	18,6
univerzitetna izobrazba	63	20,9
magisterij	18	6,0
doktorat	2	0,7
Kraj bivanja		
mesto	139	46,2
podeželje	161	53,5
ni odgovora	1	0,3

Legenda/Legend: n – število/number, % – odstotek/percentage

Opis poteka raziskave in obdelave podatkov

Po izvedeni pilotni študiji je bil vprašalnik med 5. in 23. februarjem 2017 objavljen na družbenih omrežjih, tudi na nekaterih bolj obiskanih slovenskih spletnih forumih (www.medover.net in www.ringaraja.net). Sodelujočim v raziskavi so bili predstavljeni namen in cilji raziskave ter poudarjena prostovoljnost sodelovanja z zagotovljeno anonimnostjo izpolnjevanja.

Podatki so bili analizirani s programom SPSS verzija 22.0 (SPSS Inc., Chicago, IL, USA). Poleg

osnovne deskriptivne statistike (frekvenca, minimum, maksimum, srednja vrednost, povprečje in standardni odklon) sta bila v analizi uporabljena tudi Mann-Whitneyev U-test in Spearmanov koeficient korelacije. Upoštevana stopnja statistične značilnosti je bila 0,05.

Rezultati

Tabela 2 prikazuje podatke o nosečnosti in poteku poroda, ki so jih podale anketirane. Pri razlogih za izbiro porodnišnice so anketiranke lahko izbrale več ponujenih odgovorov. Porodnišnico so najpogosteje izbrale zaradi bližine doma (n = 219, 72,8 %), mnogorodnice tudi zaradi dejstva, da so tam že rodile (n = 62, 20,6 %). Nekaj žensk (n = 26, 8,6 %) se je za porodnišnico odločilo na podlagi drugih razlogov; med najpogostejšimi so navedle boljše ukrepanje ob pojavu zapletov, bolj usposobljeno in strokovno osebje, tamkajšnjo predhodno hospitalizacijo zaradi težav v nosečnosti, nasvet ginekologa ali poznanega zdravstvenega osebja in razlog, da so se tam rodile tudi same. Ena izmed anketirank je na svojo željo rodila doma.

Tabela 2: *Podatki o nosečnosti in poteku poroda*
Table 2: *Data related to pregnancy and labour*

Podatki o nosečnosti in porodu/ Labour and pregnancy data	***n***	***%***
Izbira porodnišnice		
bližina doma	219	72,8
priporočila drugih	46	15,3
možnosti rojevanja	25	8,3
tamkajšnja lastna porodna izkušnja	62	20,6
dober odnos osebja	31	10,3
drugo	26	8,6
ni odgovora	6	2,0
Zaporedni porod		
prvi	180	59,8
drugi	93	30,9
tretji ali več	20	6,6
ni odgovora	8	2,7
Trajanje nosečnosti (v tednih gestacije)		
manj kot 36	20	6,6
36–40	211	70,1
več kot 40	62	20,6
ni odgovora	8	2,7
Kraj poroda		
porodnišnica	275	91,3
izven porodnišnice	2	0,7
ni odgovora	24	8,0
Metode lajšanja bolečin		
farmakološko	166	55,2
nefarmakološko	69	22,9
ni odgovora	66	21,9
Porodni spremljevalec/-ka		
partner	226	75,0
doula	2	0,7
drugo	37	12,3
ni odgovora	36	12,0
Trajanje poroda (v urah)		
manj kot 5	165	54,8
6–10	59	19,6
11–15	16	5,3
16–20	6	2,0
21–25	2	0,7
več kot 26	7	2,3
ni odgovora	46	15,3
Tip poroda		
spontani vaginalni	132	43,9
epiziotomija	36	12,0
vakuumski porod	4	1,4
načrtovani carski rez	36	12,0
urgentni carski rez	54	17,8
drugo	11	3,7
ni odgovora	28	9,2

Legenda/Legend: n – število/number, % – odstotek/percentage

Največ anketirank (n = 180, 59,8 %) je bilo prvorodnic, sledijo drugorodnice (n = 93, 30,9 %), za 6,6 % (n = 20) žensk je bil to tretji porod ali več. Pri večini (n = 211, 70,2 %) je nosečnost trajala med 36 in 40 tednov gestacije. Metode in tehnike lajšanja porodne bolečine so bile med anketirankami raznolike: največ (n = 166, 55 %) jih je izbralo farmakološko lajšanje bolečin; preostale (n = 69, 22,8 %), ki so odgovorile na vprašanje, so izbrale nefarmakološke oblike lajšanja bolečin. Pri porodu je bil pri večini (n = 226, 75,1 %) porodnic prisoten partner, porodno spremljevalko (doulo) je imelo le 0,7 % (n = 2) žensk. Povprečno je porod, po oceni anketirank, trajal 4 ure (s = 6,472); pri 54,8 % (n = 165) anketirankah je porod trajal manj kot 5 ur; sledi 19,6 % (n = 59) anketirank, pri katerih je porod trajal 6 do10 ur. Največ (n = 132, 43,9 %) žensk je rodilo spontano, vaginalno; pri 17,9 % (n = 54) anketiranih je bil opravljen urgentni carski rez; pri 12 % (n = 36) žensk načrtovani carski rez; pri 12 % (n = 36) žensk je bila pri vaginalnem porodu opravljena epiziotomija.

Rezultati zadovoljstva žensk s porodom in različnimi situacijami, ki ga spremljajo, so prikazani v Tabeli 3. S trditvijo »Rodila sem praktično brez kakršnihkoli porodnih poškodb« so se ženske strinjale, saj se jih je največ (n = 94, 31,2 %) s tem popolnoma strinjalo (ocena 5), sledi pa jim 20,9 % (n = 63) tistih, ki so podale oceno 1. Trditev »Menim, da je porod absolutno predolgo potekal« je 46,2 % (n = 139) žensk ocenilo z najnižjo oceno (1). Ženske so se strinjale s trditvijo, da so jih zdravstveni delavci med porodom spodbujali k samostojnemu odločanju, pri čemer jih je največ (n = 93, 30,9 %) to trditev ocenilo z najvišjo oceno (5). S trditvijo, da so bile med porodom zelo zaskrbljene, se ženske niso strinjale: največ (n = 86, 28,6 %) jih je podalo ocena 1, sledi pa jim 20,9 % (n = 63) tistih, ki so podale oceno 2. Največji delež anketirank (n = 135, 44,9 %) se je popolnoma strinjal (ocena 5) s tem, da so jim zdravstveni delavci v času poroda nudili močno psihofizično podporo. Prav tako so se ženske strinjale s tem, da so zdravstveni delavci med porodom z njimi vzpostavili dobro komunikacijo, saj je njihov največji del (n = 148, 49,2 %) tej trditvi namenil oceno 5. Ženske se niso strinjale s trditvijo »Porod je bil zame stresna izkušnja«: največ (n = 84, 27,9 %) žensk je tej trditvi

Tabela 3: *Zadovoljstvo žensk s porodom*
Table 3: *Women's satisfaction with childbirth*

Lestvica zadovoljstva s porodom 2/BSS-R scale	$\bar{x}$	***s***
Rodila sem praktično brez kakršnihkoli porodnih poškodb.	3,32	1,614
Menim, da je porod absolutno predolgo potekal.	2,10	1,428
Zdravstveni delavci so me med porodom spodbujali k samostojnemu odločanju.	3,51	1,456
Med porodom sem bila zelo zaskrbljena.	2,61	1,504
Čutila sem, da so me zdravstveni delavci v času poroda močno podpirali.	4,06	1,226
Med porodom so zdravstveni delavci z mano vzpostavili dobro komunikacijo.	4,19	1,176
Porod je bil zame stresna izkušnja.	2,65	1,551
Med porodom sem imela občutek, da nimam nadzora nad dogajanjem.	2,77	1,548
Med porodom nisem čutila nobenih bolečin.	2,16	1,501
Porodna soba je bila čista in urejena.	4,63	0,772

Legenda/Legend: $\bar{x}$ – povprečje/average; s – standardni odklon/standard deviation

pripisala oceno 1, sledijo jim tiste (n = 66, 21,9 %), ki so trditev ocenile z oceno 2. Prav tako se niso strinjale s trditvijo »Med porodom sem imela občutek, da nimam nadzora nad dogajanjem«: s tem se nikakor ni strinjalo (ocena 1) 25,9 % (n = 78) anketirank. Najslabše so anketiranke ocenile trditev »Med porodom nisem čutila nobenih bolečin«: s tem se nikakor ni strinjalo (ocena 1) 45,2 % (n = 136) anketirank. Z zadnjo trditvijo, da je bila porodna soba čista in urejena, pa so se ženske popolnoma strinjale, saj jih je večina (n = 190, 63,1 %) trditev ocenila z oceno 5.

Pri testiranju prve hipoteze, ki pravi, da so prvorodnice s porodno izkušnjo manj zadovoljne kot mnogorodnice, smo z uporabo Mann-Whitneyevega U-testa ugotovili, da med povprečnima vrednostma ni statistično pomembne razlike (U = 6802, p = 0,150), zato hipoteze ne moremo sprejeti.

Tudi drugo hipotezo, pri kateri smo ugotavljali, kako so izbrani demografski podatki (stopnja izobrazbe, starost, kraj bivanja mesto/podeželje) povezani z zadovoljstvom, smo testirali s pomočjo Mann-Whitneyevega U-testa. Statistično pomembne povezanosti med spremenljivkama izobrazba in stopnja zadovoljstva rezultati ne kažejo (U = 7493, p = 0,317), zato predpostavke, da so ženske z nižjo izobrazbo s porodom bolj zadovoljne kot tiste z višjo izobrazbo, ne sprejmemo. Preverjali smo tudi, ali so starejše ženske s porodom manj zadovoljne kot mlajše. Rezultati Mann-Whitneyevega U-testa statistično pomembnih razlik med spremenljivkama ne kažejo (U = 5142, p = 0,061), zato predpostavke o povezavi starosti in stopnje zadovoljstva, ne sprejmemo. S statistično značilno povezavo pa smo potrdili, da so ženske, ki živijo na podeželju, s porodom bolj zadovoljne kot tiste, ki prihajajo iz mesta (U = 7029, p = 0,039), zato lahko ta del hipoteze sprejmemo.

Tretjo hipotezo o tem, da dobra komunikacija zdravstvenih delavcev s porodnico zmanjšuje njeno zaskrbljenost, smo testirali s pomočjo Spearmanovega koeficienta korelacije ranga. Ugotovili smo, da med spremenljivkama obstaja zmerna statistična povezanost (r_s = 0,397, p = 0,000), zato smo hipotezo sprejeli. Za analizo četrte hipoteze, kjer smo ugotavljali, ali so med porodnicami z izkušnjo carskega reza prvorodnice manj zadovoljne kot mnogorodnice, smo uporabili Mann-Whitneyev U-test. Rezultati so pokazali obstoj statistično pomembnih razlik med spremenljivkama (U = 430, p = 0,001), zato hipotezo lahko sprejmemo. Zadnja hipoteza pravi, da so ženske, ki so med porodom imele spremljevalca, s porodno izkušnjo bolj zadovoljne kot tiste brez spremljevalca. Mann-Whitneyev U-test pri tem ni pokazal statistično pomembnih razlik (U = 2841, p = 0,730), zato hipotezo lahko zavrnemo.

Diskusija

V raziskavi smo se ukvarjali s preučevanjem dejavnikov, ki so povezani z zadovoljstvom žensk s porodom. Predhodne raziskave kažejo, da je z zadovoljstvom žensk povezana predvsem kakovost obravnave, vključno s podporo in komunikacijo zdravstvenih delavcev, sledijo možnost soodločanja, stopnja doživljenega stresa (zaradi nepričakovanih zapletov oz. medicinskih intervencij) ter neskladje med pričakovanim in realnim oz. uresničenim potekom poroda (Hinic, 2015).

V raziskavi smo preverjali, kako so izbrane demografske značilnosti (starost, izobrazba, kraj bivanja) ter število in vrsta poroda povezani z zadovoljstvom žensk s porodno izkušnjo. Predhodne raziskave ugotavljajo, da je število porodov v nekaterih primerih povezano z zadovoljstvom s porodno izkušnjo, zadovoljnejše so mnogorodnice (Ferrer, et al., 2016). V našem primeru se je izkazalo, da za zadovoljstvo to ni bil odločilen dejavnik, saj rezultati analize niso pokazali povezanosti med številom porodov in stopnjo zadovoljstva s porodno izkušnjo. V raziskavi, ki sta jo z istim merskim inštrumentom (BSS-R) opravila Hollins Martin in Martin (2015), je bila ta povezava dokazana. V njihovo raziskavo je bilo vključenih 228 žensk, pri katerih od poroda ni minilo več kot 10 dni. Ugotovili so, da so mnogorodnice s porodno izkušnjo bile bolj zadovoljne kot prvorodnice

(Hollins Martin & Martin, 2015). Nilsson in sodelavci (2013) pravijo, da je zelo pomembno, da je izkušnja prvega poroda za žensko pozitivna, saj to vpliva na samopodobo žensk po porodu, pozitivne občutke do otroka, lažjo prilagoditev na vlogo matere in na naslednjo porodno izkušnjo.

Zadovoljstvo s porodom je lahko povezano tudi z določenimi osebnimi značilnostmi žensk, kot so starost, izobrazba in kraj bivanja. Izmed teh treh dejavnikov je s stopnjo zadovoljstva s porodom v naši raziskavi povezan le kraj bivanja, in sicer so ženske, ki prihajajo s podeželja, navajale višje zadovoljstvo kot tiste, ki prihajajo iz mesta. Pri stopnji izobrazbe in starosti anketirank povezava s stopnjo njihovega zadovoljstva ni bila dokazana. Ravno tako v raziskavah, izvedenih z istim merskim inštrumentom, ki so jih opravili Hollins Martin (2014) ter Hollins Martin in Martin (2015), ugotavljajo, da starost ne vpliva na stopnjo zadovoljstva s porodom.

V naši raziskavi smo pri anketirankah ugotovili močno povezavo med stopnjo zadovoljstva s porodno izkušnjo ter odnosom in komunikacijo zdravstvenih delavcev s porodnico. Nekatere so bile z odnosom zdravstvenih delavcev zadovoljne, spet druge pa prav glede tega navajajo negativne izkušnje. Nekatere je njihov odnos in negativna porodna izkušnja celo tako zaznamovala, da razmišljajo o tem, če si sploh še želijo še kakšnega otroka. Tiste, s katerimi so zdravstveni delavci vzpostavili dobro komunikacijo, so bile s porodom bolj zadovoljne kot ostale.

Komunikacija je zelo pomembna, saj si ženske želijo vedeti, kaj se z njimi dogaja in katere intervencije bodo izvedene, skratka želijo biti obveščene. Komunikacija zdravstvenih delavcev s porodnico je pomembna tudi pri odločanju o prejetih protibolečinskih sredstvih. Porodnice pri tem vsekakor želijo sodelovati, pomembno pa je tudi, da dobijo vso podporo in nasvete zdravstvenih delavcev (Nilsson, et al., 2013). Mivšek (2007) je v raziskavi, v katero je bilo vključenih 559 slovenskih porodnic, ugotovila, da več kot polovica anketiranih ni bila zadovoljna z obveščanjem o različnih možnostih lajšanja bolečin. Dobro komunikacijo je treba vzpostaviti že ob prvem stiku s porodnico, saj le-to samo tako lahko nadaljujemo in porodnico uspešno spremljamo skozi porod (Nilsson, et al., 2013). Ženske, vključene v slovensko raziskavo (Mivšek, 2007), so bile mnenja, da je bila komunikacija zdravstvenih delavcev neučinkovita in pomanjkljiva, saj je bila s postopki med porodom seznanjena le polovica porodnic. Veliko jih je tudi brez lastne vednosti prejelo protibolečinska sredstva.

Zadovoljstvo s porodom je v naši raziskavi sooblikovala tudi vrsta poroda. Dokazali smo, da so prvorodnice z izvedbo carskega reza načeloma manj zadovoljne, sploh tiste, ki so si močno želele roditi na naraven način. Izvedba carskega reza pri mnogorodnicah z njihovim zadovoljstvom ni toliko povezana, saj so bodisi že imele kakšen carski rez in jih ta ni toliko presenetil ali pa so že rodile na naraven način in so že doživele tisto, kar si večina prvorodnic želi.

Carski rez ima lahko na porodno izkušnjo, tako za prvorodnice kot tudi mnogorodnice, negativen vpliv (Hinic, 2015). V raziskavi, ki so jo opravili Carquillat in sodelavci (2016) z 291 anketirankami, so ugotovili, da so imele ženske, ki so rodile z urgentnim carskim rezom veliko težav tudi kasneje. Počutile so se, kot da jim je spodletelo, in so obžalovale, da so morale roditi na ta način. Žal jim je bilo tudi, da niso doživele takšnega prvega stika z otrokom, kot so si ga želele (Carquillat, et al., 2016). V podobni raziskavi (Hollins Martin, 2014) so z istim merskim inštrumentom (BSS-R) ugotavljali, kako se ocenjevanje zadovoljstva razlikuje med tistimi, ki so rodile normalno vaginalno, in tistimi, ki so rodile s carskim rezom. Ugotovili so, da so med tema dvema skupinama glede zadovoljstva s porodom statistično pomembne razlike samo pri ocenjevanju zaskrbljenosti (tiste, ki so rodile normalno vaginalno, so bile zaradi poroda manj zaskrbljene). Raziskava, opravljena pri porodnicah na Škotskem (prav tako z vprašalnikom BSS-R), pa je pokazala, da so bile ženske, ki so rodile spontano vaginalno, s porodom mnogo bolj zadovoljne, kot tiste, ki so rodile s carskim rezom (Hollins Martin & Martin, 2015).

Literatura (Drglin & Šimnovec, 2009; Holloway & Kurniawan, 2010; Yuenyong, et al., 2011) navaja mnogo pozitivnih učinkov obporodne podpore na porodnico, kar pa v naši raziskavi ni bilo potrjeno. S porodom so bile zadovoljne tudi porodnice brez podpore, ki je sicer v literaturi navajana kot primerna obporodna podpora. Prav tako so bile tudi nekatere med porodnicami, ki so tako podporo sicer imele, z izkušnjo poroda le manj zadovoljne – v nekaterih primerih se ob porodu prisotna oseba namreč ne izkaže v podporo. Takih rezultatov nismo predvidevali, saj za obporodno podporo veliko raziskav dokazuje velik vpliv. Holloway in Kurniawan (2010) sta v svoji raziskavi ugotovila, da so skoraj vse anketiranke med porodom imele konstantno oporo spremljevalca. Večinoma so bili prisotni njihovi partnerji, nekatere so ob sebi imele svoje starše, sorojence, prijatelje ali babico, nekaj pa jih je bilo tudi brez spremljevalca. Ženske s spremljevalcem so veliko manj posegale po farmakološkem lajšanju bolečin, navedle pa so tudi višje zadovoljstvo s porodno izkušnjo kot ostale (Holloway & Kurniawan, 2010). Tudi Yuenyong in sodelavci (2011) so dokazali, da so ženske z oporo spremljevalke (mama, sestra ali prijateljica) navedle krajšo fazo aktivnega poroda, manj tesnobe in porodnih bolečin ter s tem povezano višje zadovoljstvo s porodom. Zaradi takšnih odstopanj od večine tujih raziskav, bi bilo treba narediti bolj podrobno raziskavo in analizo o spremljevalcih pri porodu v našem okolju.

Izpostaviti moramo tudi omejitve raziskave, ki se kažejo predvsem zaradi uporabljenega vzorca, tako njegove velikosti kot tudi priložnostne strukture. Deloma omejitev predstavljajo tudi posamezna ne zelo podrobno zastavljena vprašanja uporabljenega vprašalnika,

vendar gre kljub vsemu za standardiziran in visoko zanesljiv vprašalnik. Kljub tem omejitvam raziskava daje pomemben vpogled v zadovoljstvo žensk s porodom in porodno izkušnjo v Sloveniji. Odprte so možnosti za nadaljnje kvalitativne ali kvantitativne raziskave omenjene tematike, tudi npr. za preizkušanje in validacijo različnih merskih inštrumentov merjenja zadovoljstva. Potrebne bi bile tudi dodatne raziskave za posamezna področja v naši raziskavi (npr. komunikacija, obporodna podpora, avtonomija odločanja, podrobnejša analiza razlik med porodnicami s podeželja oz. mesta), na podlagi katerih bi lahko izoblikovali ustrezne strategije, usmerjene bodisi v izobraževanje in usposabljanje zaposlenih bodisi v spreminjanje nekaterih praks, ki bi se ali so se morda že izkazale kot neustrezne.

Zaključek

Zadovoljstvo s porodom je zaradi svoje kompleksnosti težko merljivo. Večina lestvic za merjenje zadovoljstva se med seboj pomembno razlikuje. Nekatere se osredotočajo na odnos zdravstvenih delavcev do porodnice, spet drugi v ospredje postavljajo obporodno podporo, bolečino, okolje ali prvi stik z novorojenčkom. Če želimo vsaj do neke mere izmeriti celostno zadovoljstvo s porodom, moramo skupaj združiti več izmed naštetih parametrov zadovoljstva. Vprašalnik BSS-R, ki smo ga uporabili v naši raziskavi, izpostavlja predvsem odnos zdravstvenih delavcev do porodnice, osebne lastnosti žensk in stres, ki so ga ženske doživele med porodom. Ugotovitve kažejo, da so na vseh omenjenih področjih ženske v Sloveniji s svojo porodno izkušnjo relativno zadovoljne. V ospredju so bili njihovi medosebni odnosi z zdravstvenimi delavci, možnost odločanja, profesionalna komunikacija in posredovanje informacij, kar bi veljajo ustrezno nasloviti tudi v klinični praksi, saj zadovoljstvo s porodno izkušnjo pomembno oblikuje prehod v materinstvo in posledično vpliva na predstavo o porodu in porodni izkušnji pri drugih ženskah.

Conflict of interest/Nasprotje interesov

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Ethical approval/Etika raziskovanja

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Author contributions/Prispevek avtorjev

The first author conducted the research and prepared the first draft of the article. The co-author contributed in drafting the methodological concept of the research, prepared a critical review of the article and completed the final version of the article./Prva avtorica je opravila raziskavo in pripravila prvi osnutek članka. Soavtor je sodeloval pri metodološki zasnovi raziskave, opravil kritični pregled osnutka in dopolnil končno različico članka.

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