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Research Article

Women Dissatisfaction with Immediate Postnatal Care, Pure Qualitative Study

Bacha Merga Chuko[1, *], Zufela Sime Gari[2], Fikru Assefa Kibrat[3], Gada Edea[4], Tilahun Fufa[5], Nebiyu Taye[6]

[1]Department of Maternity and Neonatology, Ameya Primary Hospital, Waliso, Ethiopia
[2]Department of Midwifery, Waliso General Hospital, Waliso, Ethiopia
[3]Department of Anaesthesia, Waliso General Hospital, Waliso, Ethiopia
[4]Department of Nursing, College of Health Sciences, Ambo University, Ambo, Ethiopia
[5]Department of Public Health, College of Health Sciences, Jimma University, Jimma, Ethiopia
[6]Department of Laboratory, Waliso health Centre, Waliso, Ethiopia

Abstract

Back-ground: The immediate postnatal period refers to the time just after delivery to the first 24 hours. A large proportion of maternal and neonatal deaths occur during the first 24 hours after delivery. Giving immediate postnatal care, irrespective of the context around their birth reduce maternal and neonatal deaths and morbidity. There was a little study done on immediate postnatal women dissatisfaction among mothers who gave birth at Public Hospital, in South West Shewa by using qualitative study approach. *Objectives:* To explore the enables of women`s dissatisfaction with immediate post natal care among mothers who gave birth at Public Hospitals, in South West Shewa Zone, Ethiopia, 2023. *Methods:* A pure qualitative study was conducted 17 women who gave birth and 6 workers at Public Hospitals, South West Shewa Zone, Ethiopia. Purposive sampling technique was used to select study participants. Qualitative data was analyzed thematically. The results were presented using text and table. *Results:* Inadequate care given, inadequate information and counseling, Lack of Cleanliness and availability of infrastructure in the health facility and Lack of laboratory test, drugs and medical supply was identified as enables of women dissatisfaction with immediate postnatal care. *Conclusion and Recommendation:* Greater than half of women were dissatisfied with overall immediate postnatal care. Health facilities managers and health care providers should work hard together to improve immediate postnatal women dissatisfaction.

Keywords

Women Dissatisfy, Immediate Postnatal Care, Public Hospital and SouthWest Shewa

[*]Corresponding author: bachamerga11@gmail.com (Bacha Merga Chuko)

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1. Introduction

The immediate postnatal period described as the time just after delivery to the first 24 hours, during which the infant's physiology adapts, and the risks to the mother and other significant morbidities are highest [1]. Postnatal care service aims at provision of appropriate care for both mothers and newborns. In addition, it protects against complications which endanger their lives [2, 3].

Dissatisfaction is difficult to define conceptually because it is affected by a variety of factors. Expectations of women, which might vary across women due to differences in a context such as their socioeconomic background, education level, and individual preferences, are among the various elements that affects this level of pleasure [4].

Women dissatisfaction refers to a mother's feelings of not joy as a result of comparing a service provided for her to her expectations in a health facility, and the ability of services provided to meet their expectation, which is a vital factor in the decision of a health facility, compliance with services and follow-ups, and continuation of the health care [5].

Women's dissatisfaction with immediate post-natal care is a broad concept that involves one's contentment, the physical environment of the postnatal ward, and the degree of care delivered. Women's satisfaction during postnatal is the beneficial reported criterion for evaluating the quality of birth care services [6]. Physical environment and infrastructure, continuity of service provided to mothers, access, information, and attention to psychological issues are all factors that can influence women satisfaction [7, 8].

At first postnatal contact, giving the woman the opportunity to talk about her birth experience, and deliver information about relevant support and birth reflection services makes them happy with their postnatal care [9, 10].

Mothers' satisfaction is an outcome gauge of quality and efficiency of care services in the health care systems, health professional care being an important indicator of overall clients' satisfaction (10). A large proportion of maternal and neonatal deaths happen during the first 24 hours after delivery [11]. Giving immediate postnatal care, heedlessly of the context around their birth reduce maternal and neonatal deaths and morbidity [9].

A study done in Spain, Iran and India shows that 5.46%, 8% of and vaginal birth 31.3%, and Caesarean section 20.8% of women were dissatisfied with childbirth and postnatal care services respectively [12-16]. Women's postnatal care dissatisfaction among women who gave birth in African nations was 49.1% in Egypt (15), and 73.8% in Zambia (16). However, in Ethiopia, the proportion of women who were dissatisfied with immediate postnatal care ranged from 37% to 39.1% [2, 3].

Long waiting time, improper availability of drugs and supplies, disrespectful care, not keeping privacy, poor cleanliness of health facility, bad healthcare professional behavior, unplanned pregnancy, and complicated feta-maternal birth outcome were factors that associated with women dissatisfaction with immediate postnatal care [5, 18-23].

The findings of study done at Bahir Dar, Ethiopia and Tanzania disclosed that dissatisfaction of mothers with childbirth services was an important barrier to women seeking institutional delivery [24, 25]. Mothers who starved of the friendly approaching behavior of the Health care provider during childbirth preferred traditional birth attendance [26, 27].

As the results of study conducted in Eritrea and Zambia revealed that women who were dissatisfied with the quality of care during delivery and post-natal care were prefer their future childbirth in-home [28-30].

The majority of studies done in Ethiopia on immediate postnatal care women dissatisfaction were done by using only a quantitative study approach. Therefore using only quantitative methods of study design does not assess detailed factors that affect women feelings and expectations toward immediate postnatal care. There was little study done on immediate postnatal care women dissatisfaction among women who gave birth at Public Hospital, in South West Shewa Zone by using qualitative approach. Therefore, this study aimed to assess factors that dissatisfy women with immediate postnatal care at Public Hospitals, in South West Shewa Zone, Ethiopia.

2. Methods and Materials

2.1. Study Area, Study Period and Study Design

The study was conducted at public hospitals in South West Shewa Zone, Oromia region, Ethiopia. Southwest Shewa Zone is found to the south of Addis Ababa. South West Shewa Zone is bordered on the south by the Southern nation and nationality people region, on the north by West Shewa Zone and Addis Ababa city, on the west-by-West Shewa Zone, and on the east-by-East Shewa Zone. Southwest Shewa Zone comprised five government hospitals named Tullu Bollo General Hospital, Waliso General Hospital, Ameya Primary Hospital, Bantu Primary Hospital, and Leman Primary Hospital, and one non-government hospital called Lukas Catholic Hospital which is found in Waliso, the capital city of the South West Shewa Zone. The study was conducted from April 15 - May 20, 2022. A qualitative phenomenological study design was used by using in-depth interviews (IDIs) and KII to explore enables of immediate postnatal care women dissatisfaction.

2.2. Population

Mothers who gave birth by C/S, SVD, and assist instrumental delivery, mothers who came from both urban and rural, and those who were primiparous and multiparous, and their current pregnancy was planned and unplanned, interviewed at the time of health care provider decide to discharge, but before leaving the hospital.

2.3. Eligibility Criteria

2.3.1. Inclusion Criteria

Women who gave birth, and were discharged from the hospitals by health care providers were and Delivery head, medical director and hospital manager were selected for KII (Key informatics interview) included in study.

2.3.2. Exclusion Criteria

Mothers who were critically ill and unable to communicate in-depth interviews at the time of data collection were excluded from the study. Women who were referred to another hospital and women who gave stillbirth not complain health facility services were excluded from the study.

2.4. Sample Size Determination and Sampling Procedure

Sample size was determined after ideas of mothers were got saturated for IDI and 17 women were included in study at both Hospitals and 6 sample size for KII was included in the study from both Hospitals.

Sample size was determined after ideas of mothers were got saturated, with guiding and propping question and twenty-eight mothers who gave birth in four hospitals were included in the study. Purposive sampling technique was used to select moms for IDI based on mothers' willingness to participate in IDI and Delivery head, medical director and hospital manager were selected for KII (Key informatics interviews).

2.5. Data Collection Instrument and Technique

Data was collected by using a semi-structured interview guide with probing questions linked to maternal satisfaction aspects. During the in-depth interview, voice recorded and notes were taken. The questionnaires contain 4 guiding questions and 18 probing questions.

Face-to-face interviews were used to gather data, and three master's degree holders in health who are proficient in the local tongue conducted IDIs and KII. An audio tape recorder, field notes, and an interview guide were used to gather data. The duration of the interviews varied from 25 to 45 minutes, depending on the participants' perceived levels of saturation. The responders were able to complete the IDIs and KII in a convenient, quiet, and private setting. The exact responses of every participant were captured on an audio cassette, and the data were transcribed and translated exactly from that recording. Four master's-level health workers who are proficient in the local languages.

2.6. Data Quality Control (Assurance)

To maintain uniformity, the semi-structured interview guide was first developed in English, translated into Afan-Oromo, the local tongue, and then back into English. Lastly, data was gathered using the Afan Oromo version of the interview guide. The data collectors received one days of training on the study's goal, data collection techniques, and ethical issues prior to beginning actual data collection. The interviewers employed tape recording and note taking regarding each guiding question and probing question during the interviews. The IDIs and KII were conducted in a salient and private setting at the health facilities. Experts in qualitative research assessed and checked the interview instructions and questions and verified that the tools' content was valid.

2.7. Data Processing and Analysis

Qualitative data were analyzed thematically by transcribing recorded audio and notes taken during the Interviews. The recorded audio was first transcribed word by word into Afan Oromo, and then translated into English by the language translator. The transcribed data into English was coded manually (color-coded) with similar ideas with the same code. Then, the narrated qualitative information was organized and categorized according to their similar ideas to form sub-themes. Sub-themes emerged together to form the main themes. Then, the study participant's comment was written in quotes. Ideas related to the objective of the study and commonly indicated by study participants were taken and written in quotes. The result was presented using text, tables, and charts.

3. Results

A total of 17 women who gave birth in public hospitals, South West Shewa (Tullu Bollo General, and Waliso General Hospital) participated in in-depth interviews. The results of the qualitative study showed that among17 women, the age of women ranged from 18-39 years old. Greater than half of the women 9(52.9%) who participated in IDI were living in urban areas. Concerning the mode of delivery 7(41.18%) of women gave birth through cesarean section. More than half, 9(52.9%) of respondents primiparous while 8(47.1%) of them was multiparous. More than half, 9(52.9%) of women were not planned their current pregnancy and Six KII were participated in the study from both hospitals.

The finding of the qualitative study revealed that the barrier to women satisfaction with immediate postnatal care was identified by using interview guide questions with probing questions. Eight sub-themes were formed based on similarities of women`s opinions. Then, the sub-theme was merged together, and four main themes were formed (see table 1).

Table 1. *Themes of qualitative study analysis of women satisfaction with immediate postnatal care among women who gave birth in public hospitals, South West Shewa Zone, Ethiopia, 2024.*

Main Theme	Sub-theme
Inadequate Care given	in Inadequate Care given by family Inadequate Care given by health care providers
Inadequate information and counselling given by health care provider	Inadequate information given by health caregivers Lack of counselling by caregivers
Lack of Cleanliness and availability of infrastructure in the health facility	Poor cleanliness of health facility Lack of availability infrastructure in the health facility
Lack of laboratory test, drugs and medical supply	Shortage of laboratory test Shortage of drugs and medical supply

Main theme1: Inadequate care given by health care providers

In this study barrier to women satisfaction with immediate postnatal care was identified by the qualitative study. Women who participate in IDI and KII pointed out that there were factors that affect the level of satisfaction of mothers during immediate postnatal period. These were inadequate care given by health care providers and inadequate care given by family barrier of women satisfaction with immediate postnatal care regarding care received during immediate postnatal period.

Sub-themes1: Inadequate care given by health care providers

Women were dissatisfied when health care providers didn`t stay with them during postnatal period and labored along. This was supported by the result from IDI*:*

"… The midwives were not stay with me after I gave birth; they didn't come quickly when I called them to help me. Also, I labored for a long time (one and half days), the way I gave birth was very disgusting [dissatisfied]. *Why health professional serves mothers like this" (WR2, 26 years old)*

"Health caregivers' didn`t stay with me, they didn`t gave me care when I wanted, they decided to give birth via surgical operation [cesarean section] after I labored for two days, and I got tired [long labor duration]. After I gave birth by surgical operation I was sick and stayed one week in this hospital…" (WR4, 27 years old)

In addition, the respondents were dissatisfied with the care given by health care providers during immediate postnatal period. Women who were not helped while breast feed her baby were not satisfied with immediate postnatal care. The following were some of the women`s' sentiments:

"*…I got discomfort after I gave my baby. I asked one health profession to feed my newborn my breast. She refused me by saying she will feed by herself gave your breast frequently. So my baby stayed for four hours without eating anything. If she helped me while I breast fed my baby she was not stayed for long hour without feeding. For other women its good if gave assistance while stayed in hospital" (WR11, 24 years old)*

"This was my first birth. So my breast didn`t expel to feed my baby. I feared to inform this, but I saw that when they push breast of others mother by something (breast sucker) after some time her breast milk start to eject. They didn`t gave that services for me. If they treat every mother equally it would be fantastic" (WR8, 22 years old)

"After I gave birth by reproductive organ (spontaneous vagina delivery) my baby was couldn`t feed my breast timely. I bored with that situation..." (WR5, 18 years old)

Moreover, some women were not happy with the services they received regarding managing pain and got complications during immediate postnatal period. Participants narrated:

"*…They* [health care providers] *didn't give me anything when pain suffered me, they simply look me. Finally they saw that my reproductive organ* [perineal] *was lacerated when I gave birth …this made me unhappy to give birth at this hospital" (WR12, 23 years old)*

"... They [midwife] *gave me a bed and assessed me, leaving me alone, they didn`t manage my pain. When I gave birth my baby couldn`t breathes, and also I was bleeding a lot…" (WR9, 18 years old)*

Sub-themes2: Inadequate care given by Family

Women were not happy with the services they received from their families during immediate postnatal period. Assistance and stayed with them during immediate postnatal period were not fulfill women expectation from their families. Participants narrated:

"*…They* [Family] *didn't give me anything when my breast didn`t expel. They simply look me. Finally they Advices me to bought formula milk for my newborn I didn't think the service I received is very good* [women didn`t happy with family care] *…" (WR5, 18 years old)*

"I gave birth by operation, then, my husband went to buy drugs from other pharmacy out of this hospital. I was staying for along alone…" (WR6, 18 years old)

Theme2: Lack of information and counseling given by health care provider

The finding of the present qualitative study showed that the respondents were dissatisfied with information and the counsel given during immediate postnatal period by health care providers.

Sub-theme1: Inadequate of information given by health care provider

Women who were not informed about the result of their examination, and baby's condition were very dissatisfied with immediate postnatal services. The following were some of the women`s ideas:

"...Midwives didn`t tell when vaccine my baby, how to keep myself clean, how to breastfeed newborn. I didn't think the ways they served me is very good [women dissatisfied with

information received] *…" (WR5, 18 years old)*

"The health care providers did not inform me the results of my tests [laboratory test], *my labor progress, and the condition of my newborn. I was very sick after seven hour delivery. I was dissatisfied with their information..." (WR10, 30 years old)*

"...Midwives didn`t tells me the result of my laboratory test, they simply bring, and attached in a medical folder. Doctors also didn't tell me the health of me and my baby; they simply examined me and go away. After that, I didn`t feel well. …" (WR13, 27 years old)

Sub-theme2: Lack counseling given by health care provider

Women who were not counseled properly were very dissatisfied with immediate postnatal services. The following were some of their sentiments:

"...Midwives didn`t counsel me the advantage of early walking after delivery, how to breastfeed my newborn, and advantage of first milk for the newborn. I am not happy with their counseling." (WR6, 18 years old)

"… Health care providers didn`t tell me the progress of my condition after examination and the condition of my baby`s, they just checked me and left me alone without any advice." (WR10, 30 years old)

"*As soon as I arrived at the postnatal ward. First midwives assessed me, then they told me saying you are bleeding let we consult the doctor. Then, the doctor came and assessed me, and simply he got out. He didn`t tell me about myself. After that, I didn`t feels better…" (WR15, 28 years old)*

Theme3: Lack of Cleanliness and availability of infrastructure of the health facility

This study revealed that women who didn`t get unclean facility and didn`t get infrastructure in the health facility were unhappy with services received during immediate postnatal.

Sub-theme1: Lack of Cleanliness

Women who didn`t get a clean toilet, clean delivery ward, and linen were less satisfied with immediate postnatal care. This was narrated:

"… The toilet has no water and it was dirty, not cleaned totally that day, the postnatal room was also not cleaned, and had a bad smell and was soaked with blood, that postnatal room is so disgusting. Some beds of moms don`t have linen and night cloth, and mothers who came empty-handed were exposed to cold. Some linen was soaked with blood and not changed for mother daily …" (WR10, 30 years old)

"The midwife gave me a bed. The bed has no linen and night cloth [blanket]. *I was sleeping on a bare bed. The Postnatal room was clean, but after a little while, it got dirty. The cleaners didn't clean it again and again. The toilet is a little bathroom and unclean…" (WR2, 28 years old)*

"*…The bed that women sleep on it was not particularly tidy. It is not constantly cleaned. I don't like the smells in the delivery room, even after they transport me there. Why this place isn't kept tidy? " (WR16, 26 years old)*

"I get really dirty when I use the bathroom during labor and postnatal period. The hospital's bathing facilities should not be used. It gets dull to use the bed because it isn't cleaned frequently enough. In case it's better if cleaned for upcoming moms…" (WR11, 24 years old)

Sub-theme2: Lack of availability of infrastructure of the health facility

Women who didn`t get a linen, water, bathroom and blanket were less satisfied with immediate postnatal care. This was narrated:

"…I arrived at this hospital as soon as my labor began. I was subsequently brought to the labor room, but I was unable to sleep there because of the cold. The hospital didn`t have linen and blanket at that time. It's good if it gets better." (WR2, 28 years old)

"*There is water at that day; the postnatal room was not cleaned. Bath room was also closed due to shortage of water…." (WR4, 27 years old)*

Theme 4: lack of laboratory test, drugs and medical supply

The result from the in-depth interviews of mothers indicates that drugs and medical supply shortage were barriers of women satisfaction with immediate postnatal care.

Sub-theme 1: lack of drugs and medical supply

The results of qualitative study were indicated that shortage of drugs and medical supply was the others barriers of women satisfaction with immediate postnatal care. The major moms stated that:

"…. They sent my husband to buy drugs and water [distilled water] *from outside, he went to buy distilled water, but he didn't get drugs from this town and sent another person to Waliso town, this drug was also not available at Waliso town, then left it came back. " (WR13, 27 years old)*

"...Health caregivers sent my sister to the pharmacy to buy drugs, but the pharmacy has no nothing, then she went private pharmacy and bought the prescribed drugs costly. How do mothers come for delivery served in this hospital?" (WR8, 22 years old)

Sub-theme 2: lack of laboratory test

The results of qualitative study were indicated that shortage of laboratory test was the others barriers of women satisfaction with immediate postnatal care. Moms who didn't get sent laboratory requests in the health facility disliked the service the hospital provided for mothers during immediate postnatal period. This was evident by:

"...The doctor decided and told me that you give birth through C/S. Then, the midwife sent my blood to the laboratory for the test, but there was no reagent in the hospital. So my blood was tested at a private clinic." (WR13, 27 years old)

"...The midwife sent my urine and blood to the lab [laboratory], *but only urine test was available in the hospital at that time…" (WR3, 39 years old)*

4. Discussion

Women dissatisfaction with immediate postnatal service is

an important outcome measure for the quality of care and provision of services. This study aimed to explore enables of women dissatisfaction with immediate postnatal care at public hospitals, South West Shewa.

The results of current qualitative study indicated that inadequate care during immediate postnatal period was factor that dissatisfies women with immediate postnatal care. Inadequate care given by health care providers and inadequate care given by family barrier of women satisfaction with immediate postnatal care regarding care received during immediate postnatal period. This implies that exhaustion from labor pain, loneliness, and not getting what women expect from health facilities during immediate postnatal period make women more dissatisfied with immediate postnatal period care.

This study found that women who were not normal during immediate postnatal period were more likely dissatisfied with immediate postnatal care. It is similar to a study conducted in Awi Zone hospitals, Ethiopia [17]. This is due to the fact that women who experience complications may be unhappy with the ways they served which may end in dissatisfaction. The other probable justification might be due to women with complications blame the service of the hospitals and give a negative response to services they received. The other reason could be women who got complications during immediate postnatal period may believe that it is the fault of the healthcare givers who attended me or the hospitals in general, resulting in increases dissatisfaction due to poor follow up by health care providers.

The present study revealed that women whose labor persists for 12 hours and less were more likely satisfied with immediate postnatal care compared with women whose labor persisted for >12 hours. This was similar to the previous study conducted in Wolaita Sodo University Teaching and Referral Hospital, Ethiopia (30) and in Nekemte Specialized Hospital in Western Ethiopia [5]. This may be due to the fact that laboring for a longer period of time can wear a woman out and subject her to repeated obstetric procedures like vaginal examinations, and as time passes, tension about the birth's outcome may also increase, leading to a decrease in women satisfaction with immediate postnatal care. The other reason could be women who came to health facility were expect short labor duration. If she labor longer she expect as health care providers didn`t understood women suffering with labor this ending with immediate postnatal care dissatisfaction.

Similarly, Women who were not helped while breast feed her baby were not satisfied with immediate postnatal care and women who were not started feeding of their newborn was not happy with immediate postnatal care. This was similar with study conducted in Greek [31], in Mashhad, Iran [12] and Porto Alegre, southern Brazil [32]. This result can be interpreted as during skin-to-skin contact, mothers provide tactile and verbal stimulation to their newborn baby and this practice improves breastfeeding behaviors of healthy infant as well as hormone secretion and lower immediate postnatal period maternal complication, ending with immediate postnatal care satisfaction. The other reason could be mothers stated breast feeding with one hour perceived health facility gave for me and for my baby good care and health care providers gave for me good attention.

Furthermore, in this study women who didn`t get adequate information and counsel were unhappy with delivery services. This was similar with study conducted in Asrade Zewude Memorial Primary Hospital in Bure, West Gojjam, and Ethiopia [20]. This implies that didn`t get adequate information and counsel would tension women about their birth outcome, women consider their results to have abnormal findings, and health care providers didn`t give attention to women and newborn.

Similarly, lack of cleanliness and inadequate infrastructure in the health facility was found that a enable to immediate postnatal care women dissatisfaction. Women who didn`t get clean toilets, clean delivery ward, linen, and night cloth during delivery and postnatal care were more dissatisfied with immediate postnatal care. This was similar with study conducted in Nepal (33) This implies that loss of what mothers expect from the health facilities, laboring in the not attractive environment, and fear of infection made mothers very dissatisfied with immediate postnatal care.

In addition, unavailable prescribed drugs, and sent laboratory tests in the hospitals were some enables of women dissatisfaction. This was similar with study conducted in Harari regional state, Ethiopia [34].and in Nepal [33]. This implies that women who didn`t get prescribed drugs and sent laboratory requests in the hospitals were exposed to additional expenses, and didn`t get treatment timely, this made women dissatisfaction with immediate postnatal care.

5. Conclusion

The result of current study was concluded inadequate care given, inadequate information and counseling, lack of cleanliness and availability of infrastructure in the health facility and lack of laboratory test, drugs and medical supply was enables of women dissatisfaction with immediate postnatal care. Work on cleanliness of delivery ward, availing drugs and water to decreases women dissatisfaction with immediate postnatal care and provide linen for women who delivered at health facility. Improve care given for immediate postnatal women to reduce women dissatisfaction with immediate postnatal care.

6. Recommendation

Health care providers work hard on immediate postnatal

care and providing information for women to reduce women dissatisfaction with immediate postnatal care and closely following-up of laboring mothers and take appropriate intervention when their labor is prolonged. Initiate breastfeeding within one hour to improve women satisfaction with immediate postnatal care.

What Already Known on This Topic

Magnitude of immediate postnatal care satisfaction of women's.

This Study Adds

Identify a factor that enables women dissatisfaction with immediate postnatal care.

Author Contribution

Bacha Merga Chuko: Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing - original draft, Writing - review

Fikru Assefa Kibrat: Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing - original draft, Writing - review, Formal Analysis, & editing

Zufala Sime: Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing - original draft, Writing - review, Formal Analysis, & editing

Geda Edea: Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing - original draft, Writing - review, Formal Analysis, & editing

Tilahun fufa: Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing - original draft, Writing - review, Formal Analysis, & editing

Nebiyu Taye: Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing - original draft, Writing - review, Formal Analysis, & editing

Consent

Informed consent was taken from every study participant before the actual data collection started.

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There was no fund to conduct this study.

Data Availability

The corresponding author is willing to provide the dataset that was used in this study based upon reasonable request.

Conflicts of Interest

The authors declare no conflicts of interest.

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