

Unmet Needs for Healthy Newborns' Mothers in Hospital Care: A Qualitative Study

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Abstract

Background

The first hours and days of birth are considered as the most sensitive time for mothers and newborns which require complete and high-quality care and services. To improve the quality of cares, recognizing the needs of service receivers is considered one of the most important approaches. We aimed to identify the unmet needs of healthy newborns' mothers in hospitals.

Materials and Methods: This qualitative study was carried out through recording and implementing 14 in-depth, semi-structured interviews at the discharge time with healthy newborns' mothers about their most important expectations and unmet needs in terms of newborns' care in several hospitals in Tehran, Iran. Purposeful sampling was used. Then, directional content-analysis was performed using the Grundheim and Lundman approach and the main research themes were identified.

Results: Unmet needs of mothers in terms of cares provided for their newborns in hospitals were included in two main themes: 1) Unmet services required for mothers of healthy newborns including three categories: mental, and psychological services and cares, the continuous presence of companion patience and the need for proper and timely services; and 2) Required information for healthy newborns' mothers including two categories of the need for receiving complete information about health status of the newborn and the need for receiving additional information and more training related to healthy newborn care.

Conclusion: According to the study, healthy newborns' mothers have unmet needs in hospital including support services and sufficient information. Therefore, appropriate services and information should be provided to mothers to care for their healthy newborns. This not only increases the satisfaction of mothers but also improves the quality of healthy newborn care in hospital.

Key Words: Health Care, Health Services, Mother, Newborn, Needs, Qualitative Study.

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1- INTRODUCTION

Identifying and understanding maternal needs are platforms to improve the quality of care and the reproductive health and reproductive rights of mother and newborn, and whenever women and newborns are at our service center, the quality of care and service is more critical and important (1). In the fifth goal of the Millennium Development Goals, improving the health of mothers and newborns as a vulnerable group has special significance (2). However, the experiences related to health cares and international health indicators show that there are still inadequate health cares for mothers and newborns (3). Quality of health care is the degree of services provided for individuals and societies that is related to update professional knowledge and protection of women's reproductive rights and that increases the likelihood of desired outcomes (4). According to this definition, most mothers and infants from low-income and middle-income countries do not receive qualitative and desired care during this period, and this is the single most important factor associated with mortality (5). According to the latest statistics released by World Health Organization (WHO), newborn mortality rate in Iran is 9.1 per 1,000 live births (6).

In Iran, infants are provided with optimal care, however to increase their health level, quality of care provided to them must be considered. Having access to this care is necessary but not sufficient. Certainly, the quality of the cares from the initial steps of the delivery to the discharge is vital in the maintenance and promotion of newborn's health (1). Providing high quality care in this period can prevent two-thirds of child mortality in the world (7). In order to achieve the desired outcomes in the newborn care, it is necessary to improve the newborns quality through performing a chain of cares (8).

Studies confirmed that some parts of the qualities related to the newborn cares depend on the viewpoints and needs of the service recipients, namely the newborns' mothers (9). In designing and planning the routine care related to birth, the cares focus on newborn and his/her needs. However, providing all needs of mothers and newborns requires not only high availability of routine obstetric care and neonatal services but also more understanding and efforts to improve care qualities based on the expectations of mothers (10). Indeed, if some part of these cares related to the healthy newborn in hospital is considered as newborn-centered and the other part as mother-centered, unmet needs of mothers are mother-centered, which have been neglected and care providers pay more attention to provide direct care for newborns.

However, from the viewpoint of service receivers, the care is qualitative if care providers consider their needs (11). There is a general agreement that women should be at the center of all quality care initiatives and understanding the quality of their views is essential for implementing appropriate strategies (12). The healthy newborns' mothers have some unmet needs related to newborn cares in hospital, which must be recognized and met to increase the quality of cares of healthy newborns. So, to meet mothers' needs, efforts must be made to improve the quality of care for the mother and the infant in the hospital (13). The current study was carried out to identify unmet needs of mothers in terms of healthy newborn cares in hospital.

2- MATERIALS AND METHODS

2-1. Study design

The current study was carried out using qualitative research design and directed content analysis method. This qualitative study was carried out through the in-depth, semi-structured, face-to-face interviews with healthy newborns'

mothers. After receiving all routine cares along with their healthy newborns, the participants were discharged from hospital. Data gathering and voice recording by digital voice recorder and word-for-word implementation of conversations were carried out along with taking notes. The first author who holds a medical education degree conducted interviews. During the interview, the researcher questioned the mothers about the needs of them in terms of healthy newborn care services from admission to discharge and she also asked them about their most important unmet needs and expectations related to their newborn cares in the delivery room, caesarian section, and postpartum.

The interviews are initiated by these guidance questions: what did you need for your healthy newborn care at the hospital? What needs for your healthy newborn care in the hospital were not met? How could care providers meet your needs? And the questions continued based on the mother's answers. Interviews were conducted with the agreement of the hospital management in the mothers' postpartum room and depending on the status of the mother and newborn and mothers' consent, interviews lasted between 30 and 45 minutes. After interview, a gift was presented to the mothers for appreciation.

The sample size was not expectable at first, and thus, sampling continued until data saturation. Although data were saturated after 12 interviews, two other interviews were carried out to confirm the saturation. After the implementation of interviews, the text of each interview was inserted as an analytical unit to the analytical software of qualitative data (MAXQDA 10). The directed content analysis was carried out, and semantic units of each interview and the main codes were determined according to the Grundheim and Lundman method (14). The research team extracted the study classes and themes after collecting and

analyzing the content of all interviews and measuring for achieving trustworthiness. The scientific validity of this qualitative study was evaluated using four criteria including credibility, transferability, dependability, and confirmation, according to Guba and Lincoln's theory (15). In order to achieve the credibility, sampling was carried out based on the maximum diversity in participants in terms of age, education, number and type of delivery in several private and public hospitals.

The sampling continued until saturation of data, and the most appropriate semantic unit was selected. Several participants reviewed the text of interview and the extracted codes, and member checking modified ambiguities in the answer of participants. The dependability was provided through asking one-topic question using help questions. The confirmation was carried out through Peer Check throughout the process. Two persons of the research team checked the coding and primary classes of interviews. In order to facilitate the transferability, the researcher provided an obvious description about the process of collecting and analyzing data. This case provides the possibility of using these data by other researchers for interpretation in other situations. Moreover, the findings are also accompanied by appropriate quotes.

2-2. Ethical considerations

Ethics Committee Shahid Beheshti University of Medical Sciences, Tehran, Iran (IR.SBMU.PHNM.1394.281), granted ethical approval for this study. Participants that agreed to participate in the study signed an informed consent form. Participation in the study was voluntary and participants were assured that anonymity would be observed at all times. Confidentiality of participants was maintained by using numbers on both the recorded interviews and the transcripts.

3- RESULTS

Totally, 14 qualitative, in-depth, semi-structured interviews were carried out with healthy newborns' mothers. Characteristics of the participants are shown in **Table.1**. Using data content analysis, main research themes and categories were identified.

Based on the obtained results, these unmet needs were assigned to the two themes including "the unmet services of mothers with healthy newborn" and "required information for mothers with healthy newborn" (**Table.2**).

Table-1: Baseline characteristics of participants (n =14).

Characteristic	Number
Age group, year	
20-25	2
25-29	4
30-34	6
34≥	2
Education level	
Primary	3
Secondary	4
Academic education	7
Parity in childbirth	
Primiparity	8
Multiparity	6
Type of childbirth	
Natural vaginal delivery	8
Cesarean section	6
Type of hospital	
Public	9
Private	5

Participants: healthy newborns' mothers.

Table-2: Unmet needs of mothers in healthy newborn care, the result of data analysis.

The unmet services of mothers with healthy newborn
<ul style="list-style-type: none"> • Mental and psychological services and cares for newborns mothers • The continuous presence of companion patients from admission to discharge • The need for proper and timely services.
Required information for mothers with healthy newborn
<ul style="list-style-type: none"> • The need for receiving complete information and ensuring the health status of the infant • Require additional information and more training about neonatal care at home.

3-1. The unmet services of mothers with healthy newborn

The services needed for the mothers which were not met in the hospital care of healthy newborn included mental and psychiatric cares and services, permanent attendance of a companion of her choice from

admission to discharge, and need for the appropriate and on time service.

3-1-1. Mental and psychological services and cares

The necessary maternal cares included health service providers support to

communicate with newborn, maternal anxiety and the need for more attention. Most of the mothers stated that the maternal mental status was neglected in healthy newborn care. Some of these mothers had problems to communicate with their newborn, or thought they were bored with newborn care and were not ready in this case. Half of mothers felt loneliness in spite of rooming with their own newborns and expected that care providers should pay attention to their concern and anxiety related to their readiness of newborn care. Some complaints of mothers including no attention from care providers to their physical and mental pain and condition, no attention to the second-time mothers, and leaving mother and her newborn alone, indicated mental and psychological unmet needs of mothers in terms of healthy newborn care. Participants 1 and 8 explained as follows:

"I did not have any patience... I was not in the mood for dealing with a newborn ... I was annoyed and wanted to be comfortable"(Participant #1).

"Doctors cannot always stand by the mother, the mother is afraid of being alone in the room, because she feels forgotten... I wish that care providers paid enough attention and care to the mother and newborn...they ignored the mental and physical condition of the mother" (Participant #8).

3-1-2. The continuous presence of companion patience from admission to discharge

More mothers expressed that they required the support and attendance of a companion of choice or a midwife throughout their hospitalization for better newborn care. However, to protect newborns during hospital stay, continuous presence of their expected companions was not available. Most mothers stated that they required the support of their spouse (which is not usual

in most Iranian hospitals) or a companion of her choice during delivery and postpartum to be assured in terms of newborn care. Some mothers confirmed that they require the midwife companion in the delivery room (in addition to obstetrician) and cesarean section. Participant # 6 who had cesarean delivery said:

"At this time, couldn't handle my newborn. Let us take our mother or our companion, it would be much better"!

3-1-3. The need for proper and timely services

This category had some subclasses including providing the condition and possibility of breastfeeding in the first hour of delivery and cesarean section, as well as the need for care on time. Some mothers complained about the long waiting time for responsiveness or receiving services; most mothers asked for assuring timely newborn care, and announced that the care providers were not on time when their assistance was required in the newborn care. In addition, some mothers stated that, in spite of their high tendency, they failed to breastfeed their newborns at birth (with neither natural vaginal delivery nor cesarean section), because immediate breastfeeding requires proper assistance of care providers in cesarean and delivery room that was not met. Thus, the need of providing condition and breastfeeding in the first hour of delivery and cesarean was classified as an unmet need of proper and on-time services. Another participant #3 described her care as:

"My baby was born, a nurse who was with me took the baby but I needed to breastfeed. I did not feed my baby when it was born. I told the woman who was responsible for the neonatal ward that I want to breastfeed my newborn baby, and I need your help".

3-2. Required information for mothers with healthy newborn

Maternal required information includes: The need for receiving complete information and ensuring the health status of the newborn and the need for receiving additional information and more training about healthy newborn care.

3-2-1. The need for receiving complete information and ensuring the health status of the newborn

In interviews, all mothers asked for receiving proper information about the health status of their infants, both at the time of birth and during hospitalization. Some mothers complained about infants' medical examination being performed in another room and thought that they were not completely informed about the results of the medical examinations. Thus, they asked for the medical examinations to be performed in their presence and the results of examinations and daily health status of their newborn being reported with enough explanation. Participant # 2 shared as follows:

"The doctor came to check the baby completely... It must be said whether this is the problem or not. He did not say anything! He just did his job. Make our minds comfortable. Explain more and say that the baby is healthy. It's easy to get it. No more stress and anxiety".

3-2-2. Require additional information and more training about neonatal care at home

In addition to usual instructions provided in the hospital, some mothers asked for additional training. Some of them asked that the training in newborn care should be carried out along with their companion especially their husband. In addition, half of mothers announced the need for more training in appropriate newborn care, which was not provided in the hospital

thoroughly. For instance, first-time mothers confirmed the need of more instructions, and some others announced that they were not ready for baby bathing, and required more training in terms of the bath and the care of umbilical cord of the newborn. Some mothers worried that they did not learn warning symptoms of jaundice and supplements necessary for newborns. Regarding cultural and religious beliefs, some mothers believed that adequate information about the appropriate time for circumcision and piercing the girl's ears prior to hospital discharge is necessary, however they complained that it was not met. Two participants shared these experiences:

It is important that you teach the baby's father this care too. Absolutely!" (Participant # 4). *"Because I do not know anything and I do not even have a baby. The more we learn about caring for the baby the better, for example, what to do so the baby does not cry?"* (Participant # 10).

4- DISCUSSION

For the first time, this study asked mothers to identify their unmet needs for healthy newborn care in hospitals. The present study showed that mothers have some unmet needs in terms of newborn care at discharge time, this provides the potential to increase care quality. These unmet needs were assigned to maternal required services and maternal required information, more than what was provided for them. Some of these studies target the general population of mothers (16-19), and other studies focused on all mothers whereas others evaluated a specific population of mothers such as HIV-positive women (20), asylum seeker (21) or women with walking disabilities (22). The present study was specifically conducted on the mothers with healthy child, who did not receive additional treatment interventions and only received routine care in the hospital. The first main

theme in the present study was the unmet needs for mothers of healthy child, expressed by most participants. This study showed that most mothers require mental and psychological services related to the childcare. Regarding that physical needs of mothers and newborn are very vital, the mental needs may be forgotten. It should be noted that the attention to these needs affects the health of newborn. Sauls showed that psychological protection and attention to the needs of mothers not only increases their satisfaction, but also, has more positive effects on their newborns' health (23). Simbar and colleagues evaluated the quality of cares during the natural childbirth of hospitalized mothers, and found that the least quality level of care was related to mental and psychological support (24).

Araban et al. determined the qualitative level of midwifery cares in the maternity ward of hospital, and reported that the quality level of mental and psychological support was average (25), in agreement with the needs of mothers in the present study. Moreover, similar to the present study, in the qualitative study carried out by Kumbani et al., the mothers from Malawi asked health care staff to provide appropriate psychological and mental support (17).

Fenwick and colleagues found that one of factors contributing in low quality of the cares provided for mothers from Western Australia was poor relationship with care providers and lack of emotional support (18). Results of a randomized control trial study carried out in Nigeria showed that continuous mental support during hospitalization of mothers not only leads to good results, such as shortening active phase of delivery, lowering cesarean and pain but also shortens the beginning time of breastfeeding and has better satisfactory experiences for mothers (26). These findings confirm mothers' needs. In the present study, the permanent presence and

support of companion of her choice from admission to discharge was another main category of unmet services for mothers with healthy newborns. Some of them were more alone during hospitalization and the companions and even their spouse were not allowed to be there. Mothers believed that they required a companion in childcare. Various studies confirmed these services for mothers. The world health organization (WHO) (1985) announced that the first-time mothers should have the right to choose a companion during delivery, and various studies confirmed this matter (27).

According to the recommendations of WHO, the companion should be a person the mother prefers and is more comfortable with (28). In a study in Iran, Samieizadeh Toosi et al. (2011) showed that in spite of excluding companions from the presence in the delivery section and sometimes postpartum, continuous support of midwife results in shortening delivery, beginning breastfeeding, and improving the relationship between newborn and mother without medical interventions. They suggested that companion continuous support is a costless and suitable strategy for mother's health (29).

Studies assessing the quality of cares provided for mothers in Iran showed that the presence of a companion in the maternity ward of hospitals for increasing the quality level of mental and psychological cares can promote the qualitative level of cares and finally leads to the improvement of health and the increased satisfaction of the recipients (24, 25). The need for appropriate and timely service was another unmet need in the present study. Some mothers complained about the long waiting time to hear a response from care providers or to receive newborn care services, which is in agreement with findings of a descriptive-analytical study carried out on 600 primiparous and multiparous women with

natural *vaginal delivery* in Iran who had healthy newborns. In this study, 59% and 42% of participants were primiparous and multiparous, respectively; whose healthcare providers did not pay attention to their needs at the right time (30). In the qualitative study, which was carried out on mothers from Malawi, mothers complained about the delay in providing care, inappropriate cares and inaccessibility of the delivery crew, which is in agreement with the present study (17).

The World Health Organization (2006) embedded providing on time, appropriate and customer-focused healthcare, involving the necessary services and social cultures, in the comprehensive definition of quality domains in health care (31). The second main theme of the present study was the information needed for mothers of healthy newborn. All mothers expressed the need for comprehensive information and assurance about the status of healthy child. Moreover, some mothers require additional training proportionate to their needs. Cooke and Stacey evaluated the quality of cares provided by midwives.

Many mothers claimed that they did not receive the necessary information, and all primiparous women and two thirds of multiparous women demanded more practical assistance, training and information about the newborn care (32), which is in agreement with the present study. Renfrew and colleagues showed that mothers expected appropriate healthcare on time and with respectful behavior, and received information with high quality, training proportionate to cultural and personal needs (31).

Amsalu et al. in their study confirmed that delivery of newborn care education to mothers can improve newborn practice (34). In the present study, mothers wanted fathers to also receive this training in hospitals to assist them in newborn cares. In a clinical trial study, Tafazoli et al. showed that the father's training increases

their cooperation in newborn cares (35). Generally, these studies about mothers and their needs indicate that all mothers need safety and honor, and want to be ensured that their infants have high qualitative services (11). According to the Lancet Series on Midwifery, women tend to receive clinical cares with respect. High qualitative communication, appropriate behavior, receiving the appropriate information, having the right of choice and authority, and participating in newborn cares are important for them. Regarding their viewpoint, the care is qualitative if their personal and cultural needs are considered (11, 36). Endeavors related to improving the quality of cares for mother and newborn should provide the needs of mothers along with respectful behavior (13). All these findings and reports confirm the unmet needs of mothers reported in the present study.

5- CONCLUSION

The care of healthy newborn has a good coverage in Iran, however, attention to these needs and viewpoints of service users is one effective factor in the quality, and providing these needs is an important step toward improving healthy newborn care. This study identified unmet needs of healthy newborns' mothers, which are effective on newborn cares in the hospital. By paying more attention to mothers' emotional and psychological needs and training interaction and having an appropriate relationship with healthcare providers, some of the needs can be provided. Appropriate and timely services can be achieved through quality of care and competent personnel. Some other mothers' needs in the case of companion presence and giving enough information to mothers can be provided related to mothers' rights as the service receiver. This issue requires some changes in the management policies of hospitals. By reviewing and communicating applicable guidelines in hospitals, health managers

can address these needs. Finally, preparing and designing training and service packages appropriate to cultural and religious beliefs related to mothers in each area can meet their unmet needs and can increase and maintain their ability about healthy newborns care.

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7- CONFLICT OF INTEREST: None.

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