

DOI: <http://dx.doi.org/10.33846/hn41003>
<http://heanoti.com/index.php/hn>



RESEARCH ARTICLE

URL of this article: <http://heanoti.com/index.php/hn/article/view/hn41003>

Satisfaction Level Among Obstetric Clients to the Delivery of Basic Emergency Obstetric and Newborn Care Services

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ABSTRACT

The Department of Health launched a special program called Basic Emergency Obstetric and Newborn Care (BEmONC) that aims to reduce at maternal and fetal mortality. The purpose of this study is to determine the satisfaction level among obstetric clients on the delivery of BEmONC services at the Rural Health Unit-Angadanan. A descriptive-inferential method was used. A survey questionnaire was administered to the 26 respondents, who consulted and delivered at the Rural Health Unit-Angadanan from the month of December 2014. The results revealed that the respondents were immensely satisfied with the services such as assessing and monitoring vital signs, essential newborn care and counseling on exclusive breast feeding, proper nutrition and essential neonatal care. However, respondents were not so satisfied with the times allotted in availing maternal services and to the administration of steroids for premature labor. Those respondents who are older and those with lower income tend to have higher satisfaction rate. Community-based practice should focus on providing the fastest possible time in availing the needed maternal care and explaining emergency procedure to the clients to increase their awareness.

Keywords: obstetric; newborn

INTRODUCTION

Department of Health reports that more Filipino mothers are dying during childbirth, underscoring their unmet need for modern family planning services in the year 2012.

Health Secretary Enrique Ona said that mortality rate for Filipino mothers have increased to 221 per 100,000 live births in 2011, from 162 per 100,000 live births in 2009. Under the Millennium Development Goals, the global set of targets for reducing poverty, the Philippines must lower the maternal mortality rate to 52 per 100,000 live births⁽¹⁾.

The Department of Health (DOH) launched a special program called Basic Emergency Obstetric and Newborn Care (BEmONC) aimed at reducing maternal and fetal mortality by giving birth in lying in hospital or birthing center and prohibiting home delivery. The BEmONC strategy entails the establishment of facilities that provide emergency obstetric care for every 125,000 population and which are located strategically⁽²⁾.

Asadi-Lari⁽³⁾ states that the goal of the Rural Health Unit is to provide the best possible health care services to clients. It should provide a broad range of medical services and employ staffs who are equipped with knowledge and skills to deliver optimum care to the entire satisfaction of the client. Since clients are the ultimate consumer, it follows that the client's satisfaction is one of the cornerstones to measure the success and effectiveness of rural health care services delivery. Client satisfaction is defined as the clients' personal evaluation of health care services and providers. It is about the way how the patient is treated and the facilities offered to her while under medical care. Thus, it is an important determinant of the quality of health care service delivery of an institution. More so, patients' reports of their hospital experiences is an invaluable tool that can be used for the development of action plans for the improvement of services, safety and care provided to the public.

As modern medicine begins to unfold, it is important to recognize the perspectives of the clients in the health care and understand the relationship of clients' health care perspectives to the level of health care satisfaction especially if the goal of the institution is to develop and deliver quality health care service to all⁽⁴⁾.

According to Renzi⁽⁵⁾ patient satisfaction is an important indicator in evaluating the quality of the patient care. In the context of total quality, serving the customers or patients does not simply mean satisfying them. It implies

satisfying their needs in conformance to their requirements, and the specifications have to be stated explicitly by the customers to be satisfied.

Maternal satisfaction is one of the most frequently reported outcome measures for quality of care, and it needs to be addressed to improve the quality and efficiency of health care during pregnancy, childbirth, and puerperium to provide quality maternal-friendly services.

Quality of care is the degree to which maternal health services for individuals and populations increase the likelihood of timely and appropriate treatment for the purpose of achieving desired outcomes. The use of services and outcomes are the result not only of the provision of care but also of women's experience of that care. The quality of care received by mothers and babies in developing countries is often reported as poor⁽⁶⁾. Client satisfaction is an important indicator for assessment of the quality of care provided⁽⁷⁾.

According to Sawyer, et.al⁽⁸⁾, and Bitew et al.⁽⁹⁾, assessment of satisfaction with maternity services is crucial and helps in future utilization of service. Understanding a woman's perspective and her needs during childbirth and addressing them as part of quality-improvement programme can make delivery care safe, affordable, and respectful⁽¹⁰⁾.

Childbirth is a crucial experience in women's life as it has a substantial psychological, emotional, and physical impact. A positive experience in childbirth is important to the woman, infant's health and well-being, and mother-infant relationship. Furthermore, it is useful for the care providers to guarantee the best preparation, health service, and support to childbearing women⁽¹¹⁾. The memories and experiences of childbirth remain with the woman throughout her life. Clearly, the support and care they receive during this period is critical⁽¹²⁾.

In any new emergency setting 15 percent of pregnant women can be expected to develop complications during pregnancy or delivery and will require emergency obstetric care. Therefore, while some humanitarian actors are focusing on prioritizing displaced populations access to adequate shelter, food, water and sanitation and on preventing of infectious disease outbreaks, attention must also be given to the needs of pregnant women and infants from the earliest days of a new emergency to prevent maternal and perinatal morbidity and mortality.⁽¹³⁾ Emergency preparedness for safe motherhood should include planning for the rapid distribution of clean delivery supplies, essential medicines and equipment for obstetric care at health facilities as well as ensuring the presence of personnel qualified to provide EmOC to existing or new temporary health facilities. The focus of care in the early days and weeks of new emergencies is to ensure all visibly pregnant women receive clean delivery supplies; midwives and health facility have adequate equipment and supplies for safe deliveries and emergency obstetric care; and women have safe access to an emergency referral system 24 hours per day, 7 days per week.⁽¹⁴⁾

METHODS

The descriptive-inferential method of research was used in the study. For the purpose of the study, the researcher selected Angadanan, Isabela. The data-gathering instrument that was used in the research study is through a survey using questionnaire based on Memorandum Circular 2009 of the Basic Emergency Obstetric and Newborn Care (BEmONC). The questionnaire consists of respondents profile and their level of satisfaction regarding the services of the BEmONC.

The following were done in conducting the research study. The researcher first identified the locale of the study where it took place in Angadanan, Isabela. After identifying the locale of the study the researcher wrote a letter addressed to Dra. Belinda M. Vispo, the municipal health officer, asking permission to get the list of the obstetric clients who had availed the services under BEmONC program from December 1 to December 31, 2013. There were 50 obstetric clients of Angadanan, Isabela who availed the BeMONC services. After getting the list of their names, the researcher did a house-to-house visit to gather data from the respondents using survey questionnaire after she was permitted to do so. The researcher found twenty six (26) clients and they were the subjects to the study. Four (4) obstetric clients who availed the BEmONC services were not found. After explaining the content of the consent, the researcher let the respondents rate the different BEmONC services according to their satisfaction level.

After the collection of data, the researcher computed the mean and identified the descriptive equivalent of each BEmONC service. Thereafter, the researcher correlates the level of satisfaction to their profile.

After the collection of data, the researcher sorted, grouped and placed the data in tables. The researcher treated the data using frequency counts and percentage distribution. To determine the relationship among variables or data, the researcher used Kendall's Tau-C and to determine the difference, the researcher used T-test and F-value. In analysing the data, the researcher utilized the Statistical Package for Social Sciences (SPSS). Additional data noted were supplemented to the discussion of the study.

RESULTS

Profile of the Respondents

The profile of the respondents in terms of age, marital status, occupation, number of consultation and monthly income are presented. Table 1 shows that out of twenty six (26) respondents, 15 of them were 21 to 30 years old, which is 57.7 percent; six (6) or (23.1%) were 20 years old and below; four (4) or (15.4%) were 31 to 40 years old; and only one (1) or (3.8%) was 41 years old and above.

It also shows that majority of the respondents were married which is twenty six (26) or 88.5% while those single were only three (3) or 11.5%.

In terms of occupation, twelve (12) or 46.2% were farmer; are the other seven (7) or 26.9% were vendor. We also identified that majority, 17 or 65.4% of the respondents, took up prenatal consultation for four (4) times in the entire period of pregnancy; four (4) or 15.4% respondents took up pre-natal check-up for five (5) times; three (3) or 11.5% took up pre-natal check-up three (3) times; and only one (1) or 3.8% took up pre-natal consultation for six (6) times.

In terms of monthly income, twelve (12) or 46.2% of the respondents, which is the majority, were earning P2,000 and below; ten (10) or 38.5% were earning P2,001 to P4,000; and four (4) or 15.4% were earning P4,001 and above.

Table 1. Frequency and percentage of the profile of the respondents

| Profile of the Respondents | Frequency (n=26) | Percentage |
|-------------------------------|------------------|------------|
| Age | | |
| 20 years old and below | 6 | 23.1 |
| 21 – 30 years old | 15 | 57.7 |
| 31 – 40 years old | 4 | 15.4 |
| 41 years old and above | 1 | 3.8 |
| Marital Status | | |
| Single | 3 | 11.5 |
| Married | 23 | 88.5 |
| Occupation | | |
| House Keeper | 12 | 46.2 |
| Farmer | 7 | 26.9 |
| Vendor | 7 | 26.9 |
| Number of Consultation | | |
| 3 | 3 | 11.5 |
| 4 | 17 | 65.4 |
| 5 | 4 | 15.4 |
| 6 | 1 | 3.8 |
| 7 | 1 | 3.8 |
| Monthly Income | | |
| 2,000 and below | 12 | 46.2 |
| 2,001 to 4,000 | 10 | 38.5 |
| 4,001 and above | 4 | 15.4 |

Satisfaction Level of the Respondents

Table 2 shows the mean and descriptive equivalent of the Basic Emergency and Obstetric Newborn Care services. It determines the level of satisfaction of the respondents in terms of times required in availing the needed maternal services, pre-pregnancy package, complete pre-natal package, complete childbirth package and complete post-partum package.

Services under the allotted time for availing the needed maternal services were rated as "Satisfactory". In terms of the BEmONC pre-pregnancy package, health teaching and counselling on family planning was rated as "Satisfactory", and the rest was rated as "Very Satisfactory".

In BEmONC complete pre-natal package, monitoring height, weight and other vital signs and informing the findings and performing Leopold's Maneuver, measuring fundic height and listening and counting for fetal heart tone was rated as "Outstanding". This implies that the delivery of these services made the respondents greatly satisfied. This implies that the delivery of these services made the respondents greatly satisfied. Thus, delivery of these services must be continued; promotion of exclusive breastfeeding prevention and management of pregnancy danger signs, early detection and management of pregnancy complication were rated as "Very Satisfactory". Home-visits, follow-up check-ups and support on transportation services were rated as "Satisfactory".

In terms of BEmONC childbirth package, monitoring vital signs and the progress of labor using partograph, implementing rooming-in for the family bonding and implementation of exclusive breast feeding, immediate drying of the baby, putting the baby on the abdomen of the mother (skin-to-skin contact) and initiation of breastfeeding within the first twenty four (24) hours after birth yield a descriptive equivalent of "Outstanding". This implies that the respondents were immensely satisfied with the delivery of these services. Administration of anti-convulsant, anti-biotics and steroids if necessary yields a descriptive equivalent of "Satisfactory" and the rest was rated as "Very Satisfactory".

In terms of BEmONC complete post-partum and post-natal package, counseling on exclusive breastfeeding, proper nutrition and essential neonatal care was rated as "Outstanding", while the rest of the services was rated as "Very Satisfactory".

Table 2. Mean and descriptive equivalent of the BEmONC services

| BEmONC Activities | | Mean | Descriptive Equivalent |
|-------------------|---|------|------------------------|
| A. | Allotted time for availing of the needed maternal services | | |
| 1. | It takes 5 minutes for the nurses or midwives to accomplish the Home-Based Maternity Record (HBMR) | 2.85 | Satisfactory |
| 2. | It takes 8 minutes to avail pre-natal examination such as: Leopold's Maneuver, health education on pregnancy danger signs, proper nutrition and health care. | 2.85 | Satisfactory |
| B. | BEmONC Pre-Pregnancy Package | | |
| 1. | Micronutrient supplementation consisting of important minerals and vitamins such as Zinc, Iodine, Calcium, Vitamin A capsules and Iron tablets. | 3.77 | Very Satisfactory |
| 2. | Tetanus Toxoid immunization following the recommended schedule | 4.04 | Very Satisfactory |
| 3. | Health teaching and counseling on Family Planning. | 3.46 | Satisfactory |
| 4. | Promotion of healthy lifestyle including smoking cessation, healthy diet, moderate exercise and moderate alcohol. | 3.92 | Very Satisfactory |
| 5. | Prevention and management of lifestyle diseases and Cardiovascular diseases. | 3.88 | Very Satisfactory |
| C. | BEmONC Complete Pre-Natal Package | | |
| 1. | Monitoring height, weight and vital signs and informing the findings. | 4.81 | Outstanding |
| 2. | Promotion of exclusive breastfeeding. | 4.38 | Very Satisfactory |
| 3. | Prevention and management of pregnancy danger signs. | 4.15 | Very Satisfactory |
| 4. | Early detection and management of signs of complications of pregnancy. | 4.35 | Very Satisfactory |
| 5. | Performing Leopold's Maneuver, measuring fundic height and listening for fetal heart tone. | 4.81 | Outstanding |
| 6. | Home visits and follow up check-up. | 2.85 | Satisfactory |
| 7. | Transportation and communication Support service. | 3.32 | Satisfactory |
| D. | Complete Childbirth Package | | |
| 1. | Monitoring vital signs and the progress of labor using partograph | 4.58 | Outstanding |
| 2. | Identification of early signs and symptoms and administration of appropriate management of prolonged labor, hypertension, abnormal presentation and bleeding. | 4.27 | Very Satisfactory |
| 3. | Active management of placental separation. | 4.38 | Very Satisfactory |
| 4. | Implementing rooming-in for the family bonding and implementation of exclusive breastfeeding. | 4.65 | Outstanding |
| 5. | Immediate drying of the baby. | 4.62 | Outstanding |
| 6. | Putting the baby at the abdomen of the mother (skin-to-skin contact). | 4.62 | Outstanding |
| 7. | Initiation of breastfeeding within the first 24 hour after birth | 4.77 | Outstanding |
| 8. | Administration of Oxytocin before placental separation. | 4.15 | Very Satisfactory |
| 9. | Administration of anti-convulsant if necessary. | 2.73 | Satisfactory |
| 10. | Administration of anti-biotics if necessary. | 2.69 | Very Satisfactory |
| 11. | Supportive care during the phases of labor and delivery. | 4.19 | Very Satisfactory |
| 12. | Manual removal of placenta. | 3.77 | Very Satisfactory |
| 13. | Administration of steroids for premature labor | 2.69 | Satisfactory |
| 14. | Administration of Intravenous fluids (IVF), blood volume expander or blood transfusion if necessary. | 3.42 | Satisfactory |
| 15. | Doing intervention to prevent complication to the newborn. | 4.27 | Very Satisfactory |
| E. | Complete Post-Partum and Post-Natal Package | | Satisfactory |
| 1. | Identification and management of early symptoms and of signs complications. | 4.46 | Very Satisfactory |
| 2. | Giving Iron and Folate supplementation post-partum | 4.46 | Very Satisfactory |
| 3. | Post-natal care within 24 hours after birth. | 4.35 | Very Satisfactory |
| 4. | Counseling on exclusive breastfeeding, proper nutrition and essential neonatal care | 4.50 | Outstanding |
| 5. | Giving information about contraceptive methods and family planning. | 4.00 | Very Satisfactory |
| 6. | Counseling giving schedules for checkup and immunization for the newborn about post-partum stage. | 4.08 | Very Satisfactory |

Table 3 shows that under the BEmONC complete pre-natal package, the promotion of exclusive breast feeding shows a positive significant result with a τ_c value of 0.233. this implies further that the older the respondent is, the higher the satisfaction level would be.

It concurs to a cross-sectional study conducted in 3 Primary Health Centers, affiliated to Riyadh Military Hospital RMH, Riyadh, Kingdom of Saudi Arabia, over 2 months period by Al-Sakkak et al. (2008) showed that patients of older age were more satisfied with Primary Health Care (PHC) services than their younger counterparts and patients with lower education level were more satisfied than those with higher educational level. Patients' satisfaction was inversely related to their average annual frequency visit to PHC centers.

Table 4 shows that taking only five (5) minutes for the nurses or midwives to accomplish the Home-Based Maternity Record which is under the time allotted for availing the needed maternal service. It shows a positive significant result. It implies further that the higher the income, the higher the satisfaction rate.

Under BEmONC Complete Pre-natal Package, which is the administration of intravenous fluid, blood volume expander or blood transfusion if necessary, shows a negative significant result with T value of -0.225; and under the BEmONC complete post-partum and post-natal package which is giving information about contraceptive methods and family planning, shows a negative significant result with t, value -0.355.

It implies that, the higher the income, the lower satisfaction level. It implies further that the results shown coincide to the study of the patients' satisfaction with primary health care centers services in Kuwait Al-Doghaier et al. (2001). According to the study, those with lower income, lower education levels and the unemployed have higher mean satisfaction scores.

Table 3. Relationship of age and BEmONC services

| BEmONC Activities | | Kendall's Tau-C Value | Probability |
|-------------------|---|-----------------------|-------------|
| A. | Allotted time for availing of the needed maternal services | | |
| 1. | It takes 5 minutes for the nurses or midwives to accomplish the Home-Based Maternity Record (HBMR) | -0.129 ^{ns} | 0.428 |
| 2. | It takes 8 minutes to avail pre-natal examination such as: Leopold's Maneuver, health education on pregnancy danger signs, proper nutrition and health care. | 0.085 ^{ns} | 0.555 |
| B. | BEmONC Pre-Pregnancy Package | | |
| 1. | Micronutrient supplementation consistingg of important minerals and vitamins such as Zinc, Iodine, Calcium, Vitamin A capsules and Iron tablets. | 0.091 ^{ns} | 0.490 |
| 2. | Tetanus Toxoid immunization following the recommended schedule | 0.231 ^{ns} | 0.176 |
| 3. | Health teaching and counseling on Family Planning. | -0.039 ^{ns} | 0.809 |
| 4. | Promotion of healthy lifestyle including smoking cessation, healthy diet, moderate exercise and moderate alcohol. | 0.028 ^{ns} | 0.839 |
| 5. | Prevention and management of lifestyle diseases and Cardiovascular diseases. | -0.032 ^{ns} | 0.847 |
| C. | BEmONC Complete Pre-Natal Package | | |
| 1. | Monitoring height, weight and vital signs and informing the findings. | -0.004 ^{ns} | 0.955 |
| 2. | Promotion of exclusive breastfeeding. | 0.233 [*] | 0.030 |
| 3. | Prevention and management of pregnancy danger signs. | 0.099 ^{ns} | 0.583 |
| 4. | Early detection and management of signs of complications of pregnancy. | 0.047 ^{ns} | 0.759 |
| 5. | Performing Leopold's Maneuver, measuring fundic height and listening for fetal heart tone. | -0.040 ^{ns} | 0.648 |
| 6. | Home visits and follow up check-up. | 0.085 ^{ns} | 0.617 |
| D. | Complete Childbirth Package | | |
| 1. | Monitoring vital signs and the progress of labor using partograph | -0.0138 ^{ns} | 0.200 |
| 2. | Identification of early signs and symptoms and administration of appropriate management of prolonged labor, hypertension, abnormal presentation and bleeding. | -0.080 ^{ns} | 0.634 |
| 3. | Active management of placental separation. | -0.043 ^{ns} | 0.746 |
| 4. | Implementing rooming-in for the family bonding and implementation of exclusive breastfeeding. | 0.009 ^{ns} | 0.947 |
| 5. | Immediate drying of the baby. | -0.055 ^{ns} | 0.542 |
| 6. | Putting the baby at the abdomen of the mother (skin-to-skin contact). | 0.047 ^{ns} | 0.681 |
| 7. | Initiation of breastfeeding within the first 24 hour after birth | 0.124 ^{ns} | 0.418 |
| 8. | Administration of Oxytocin before placental separation. | 0.028 ^{ns} | 0.861 |
| 9. | Administration of anti-convulsant if necessary. | 0.142 ^{ns} | 0.437 |
| 10. | Administration of anti-biotics if necessary. | -0.048 ^{ns} | 0.776 |
| 11. | Supportive care during the phases of labor and delivery. | -0.036 ^{ns} | 0.824 |
| 12. | Manual removal of placenta. | 0.033 ^{ns} | 0.826 |
| 13. | Administration of steroids for premature labor | 0.055 ^{ns} | 0.677 |
| 14. | Administration of Intravenous fluids (IVF), blood volume expander or blood transfusion if necessary. | -0.118 ^{ns} | 0.455 |
| 15. | Doing intervention to prevent complication to the newborn. | 0.011 ^{ns} | 0.939 |
| E. | Complete Post-Partum and Post-Natal Package | | |
| 1. | Identification and management of early symptoms and of signs complications. | -0.058 ^{ns} | 0.723 |
| 2. | Giving Iron and Folate supplementation post-partum | 0.022 ^{ns} | 0.899 |
| 3. | Post-natal care within 24 hours after birth. | 0.111 ^{ns} | 0.544 |
| 4. | Counseling on exclusive breastfeeding, proper nutrition and essential neonatal care | 0.200 ^{ns} | 0.146 |
| 5. | Giving information about contraceptive methods and family planning. | 0.016 ^{ns} | 0.921 |
| 6. | Counseling giving schedules for checkup and immunization for the newborn about post-partum stage. | 0.033 ^{ns} | 0.832 |

Legend: (^{ns}) Not Significant (^{*}) Significant

Table 4. Relationship of monthly and BEmONC services

| BEmONC Activities | | Kendall's Tau-C Value | Probability |
|-------------------|--|-----------------------|-------------|
| A. | Allotted time for availing of the needed maternal services | | |
| 1. | It takes 5 minutes for the nurses or midwives to accomplish the Home-Based Maternity Record (HBMR) | 0.285 [*] | 0.045 |
| 2. | It takes 8 minutes to avail pre-natal examination such as: Leopold's Maneuver, health education on pregnancy danger signs, proper nutrition and health care. | 0.129 ^{ns} | 0.462 |
| B. | BEmONC Pre-Pregnancy Package | | |
| 1. | Micronutrient supplementation consistingg of important minerals and vitamins such as Zinc, Iodine, Calcium, Vitamin A capsules and Iron tablets. | -0.189 ^{ns} | 0.295 |
| 2. | Tetanus Toxoid immunization following the recommended schedule | -0.075 ^{ns} | 0.668 |
| 3. | Health teaching and counseling on Family Planning. | -0.174 ^{ns} | 0.356 |
| 4. | Promotion of healthy lifestyle including smoking cessation, healthy diet, moderate exercise and moderate alcohol. | -0.237 ^{ns} | 0.181 |
| 5. | Prevention and management of lifestyle diseases and Cardiovascular diseases. | -0.205 ^{ns} | 0.242 |
| C. | BEmONC Complete Pre-Natal Package | | |
| 1. | Monitoring height, weight and vital signs and informing the findings. | -0.093 ^{ns} | 0.571 |
| 2. | Promotion of exclusive breastfeeding. | -0.087 ^{ns} | 0.610 |
| 3. | Prevention and management of pregnancy danger signs. | -0.209 ^{ns} | 0.116 |
| 4. | Early detection and management of signs of complications of pregnancy. | -0.193 ^{ns} | 0.203 |
| 5. | Performing Leopold's Maneuver, measuring fundic height and listening for fetal heart tone. | 0.151 ^{ns} | 0.226 |

| BEmONC Activities | | Kendall's Tau-C Value | Probability |
|-------------------|---|-----------------------------|-------------|
| 6. | Home visits and follow up check-up. | 0.129 ^{ns} | 0.458 |
| 7. | Transportation and communication Support service. | -0.137 ^{ns} | 0.387 |
| D. | Complete Childbirth Package | | |
| 1. | Monitoring vital signs and the progress of labor using partograph | 0.185 ^{ns} | 0.162 |
| 2. | Identification of early signs and symptoms and administration of appropriate management of prolonged labor, hypertension, abnormal presentation and bleeding. | -0.249 ^{ns} | 0.123 |
| 3. | Active management of placental separation. | -0.205 ^{ns} | 0.182 |
| 4. | Implementing rooming-in for the family bonding and implementation of exclusive breastfeeding. | 0.022 ^{ns} | 0.904 |
| 5. | Immediate drying of the baby. | 0.134 ^{ns} | 0.314 |
| 6. | Putting the baby at the abdomen of the mother (skin-to-skin contact). | 0.012 ^{ns} | 0.929 |
| 7. | Initiation of breastfeeding within the first 24 hour after birth | -0.022 ^{ns} | 0.871 |
| 8. | Administration of Oxytocin before placental separation. | -0.260 ^{ns} | 0.087 |
| 9. | Administration of anti-convulsant if necessary. | 0.166 ^{ns} | 0.312 |
| 10. | Administration of anti-biotics if necessary. | 0.085 ^{ns} | 0.615 |
| 11. | Supportive care during the phases of labor and delivery. | -0.036 ^{ns} | 0.827 |
| 12. | Manual removal of placenta. | -0.144 ^{ns} | 0.285 |
| 13. | Administration of steroids for premature labor | -0.078 ^{ns} | 0.610 |
| 14. | Administration of Intravenous fluids (IVF), blood volume expander or blood transfusion if necessary. | -0.225 [*] | 0.058 |
| 15. | Doing intervention to prevent complication to the newborn. | -0.081 ^{ns} | 0.562 |
| E. | Complete Post-Partum and Post-Natal Package | | |
| 1. | Identification and management of early symptoms and of signs complications. | 0.067 ^{ns} | 0.693 |
| 2. | Giving Iron and Folate supplementation post-partum | -0.058 ^{ns} | 0.710 |
| 3. | Post-natal care within 24 hours after birth. | -0.071 ^{ns} | 0.696 |
| 4. | Counseling on exclusive breastfeeding, proper nutrition and essential neonatal care | 0.217 ^{ns} | 0.206 |
| 5. | Giving information about contraceptive methods and family planning. | -0.355 [*] | 0.012 |
| 6. | Counseling giving schedules for checkup and immunization for the newborn about post-partum stage. | -0.174 ^{ns} | 0.222 |

Legend: (^{ns}) Not Significant (^{*}) Significant

Table 5 shows that there is no significant relationship between the number of consultation of the respondents and their level of satisfaction to the delivery of Basic Emergency Obstetric and Newborn Care Services. This implies that we accept the hypothesis and rejects the alternative hypothesis. It implies further that the number of consultation doesn't affect the respondents' level of satisfaction.

Table 5. Relationship of the number of consultation and BEmONC

| BEmONC Activities | | Kendall's Tau-C Value | Probability |
|-------------------|---|-----------------------------|-------------|
| A. | Allotted time for availing of the needed maternal services | | |
| 1. | It takes 5 minutes for the nurses or midwives to accomplish the Home-Based Maternity Record (HBMR) | 0.037 ^{ns} | 0.767 |
| 2. | It takes 8 minutes to avail pre-natal examination such as: Leopold's Maneuver, health education on pregnancy danger signs, proper nutrition and health care. | 0.166 ^{ns} | 0.287 |
| B. | BEmONC Pre-Pregnancy Package | | |
| 1. | Micronutrient supplementation consisting of important minerals and vitamins such as Zinc, Iodine, Calcium, Vitamin A capsules and Iron tablets. | 0.020 ^{ns} | 0.875 |
| 2. | Tetanus Toxoid immunization following the recommended schedule | 0.166 ^{ns} | 0.287 |
| 3. | Health teaching and counseling on Family Planning. | -0.170 ^{ns} | 0.213 |
| 4. | Promotion of healthy lifestyle including smoking cessation, healthy diet, moderate exercise and moderate alcohol. | 0.075 ^{ns} | 0.613 |
| 5. | Prevention and management of lifestyle diseases and Cardiovascular diseases. | 0.051 ^{ns} | 0.696 |
| C. | BEmONC Complete Pre-Natal Package | | |
| 1. | Monitoring height, weight and vital signs and informing the findings. | 0.124 ^{ns} | 0.152 |
| 2. | Promotion of exclusive breastfeeding. | 0.110 ^{ns} | 0.471 |
| 3. | Prevention and management of pregnancy danger signs. | 0.110 ^{ns} | 0.426 |
| 4. | Early detection and management of signs of complications of pregnancy. | 0.178 ^{ns} | 0.81 |
| 5. | Performing Leopold's Maneuver, measuring fundic height and listening for fetal heart tone. | 0.138 ^{ns} | 0.133 |
| 6. | Home visits and follow up check-up. | -0.174 ^{ns} | 0.161 |
| 7. | Transportation and communication Support service. | -0.100 ^{ns} | 0.502 |
| D. | Complete Childbirth Package | | |
| 1. | Monitoring vital signs and the progress of labor using partograph | 0.067 ^{ns} | 0.534 |
| 2. | Identification of early signs and symptoms and administration of appropriate management of prolonged labor, hypertension, abnormal presentation and bleeding. | 0.151 ^{ns} | 0.309 |
| 3. | Active management of placental separation. | 0.14 ^{ns} | 0.449 |
| 4. | Implementing rooming-in for the family bonding and implementation of exclusive breastfeeding. | 0.027 ^{ns} | 0.849 |
| 5. | Immediate drying of the baby. | 0.043 ^{ns} | 0.700 |
| 6. | Putting the baby at the abdomen of the mother (skin-to-skin contact). | -0.039 ^{ns} | 0.654 |
| 7. | Initiation of breastfeeding within the first 24 hour after birth | 0.044 ^{ns} | 0.719 |
| 8. | Administration of Oxytocin before placental separation. | 0.099 ^{ns} | 0.438 |
| 9. | Administration of anti-convulsant if necessary. | -0.166 ^{ns} | 0.245 |

| BEmONC Activities | Kendall's Tau-C Value | Probability |
|--|-----------------------|-------------|
| 10. Administration of anti-biotics if necessary. | 0.011 ^{ns} | 0.942 |
| 11. Supportive care during the phases of labor and delivery. | -0.134 ^{ns} | 0.377 |
| 12. Manual removal of placenta. | 0.000 ^{ns} | 1.000 |
| 13. Administration of steroids for premature labor | -0.141 ^{ns} | 0.273 |
| 14. Administration of Intravenous fluids (IVF), blood volume expander or blood transfusion if necessary. | -0.047 ^{ns} | 0.739 |
| 15. Doing intervention to prevent complication to the newborn. | -0.107 ^{ns} | 0.462 |
| E. Complete Post-Partum and Post-Natal Package | | |
| 1. Identification and management of early symptoms and of signs complications. | 0.022 ^{ns} | 0.896 |
| 2. Giving Iron and Folate supplementation post-partum | 0.093 ^{ns} | 0.532 |
| 3. Post-natal care within 24 hours after birth. | -0.133 ^{ns} | 0.284 |
| 4. Counseling on exclusive breastfeeding, proper nutrition and essential neonatal care | -0.08 ^{ns} | 0.506 |
| 5. Giving information about contraceptive methods and family planning. | 0.012 ^{ns} | 0.947 |
| 6. Counseling giving schedules for checkup and immunization for the newborn about post-partum stage. | -0.011 ^{ns} | 0.945 |

Legend: (ns) Not Significant (*) Significant

Table 6. Difference of occupation and BEmONC services

| BEmONC Activities | F -value | Probability |
|--|---------------------|-------------|
| A. Allotted time for availing of the needed maternal services | | |
| 1. It takes 5 minutes for the nurses or midwives to accomplish the Home-Based Maternity Record (HBMR) | 0.866 ^{ns} | 0.434 |
| 2. It takes 8 minutes to avail pre-natal examination such as: Leopold's Maneuver, health education on pregnancy danger signs, proper nutrition and health care. | 0.197 ^{ns} | 0.823 |
| B. BEmONC Pre-Pregnancy Package | | |
| 1. Micronutrient supplementation consisting of important minerals and vitamins such as Zinc, Iodine, Calcium, Vitamin A capsules and Iron tablets. | 0.331 ^{ns} | 0.722 |
| 2. Tetanus Toxoid immunization following the recommended schedule | 0.023 ^{ns} | 0.978 |
| 3. Health teaching and counseling on Family Planning. | 0.701 ^{ns} | 0.506 |
| 4. Promotion of healthy lifestyle including smoking cessation, healthy diet, moderate exercise and moderate alcohol. | 0.175 ^{ns} | 0.840 |
| 5. Prevention and management of lifestyle diseases and Cardiovascular diseases. | 0.526 ^{ns} | 0.598 |
| C. BEmONC Complete Pre-Natal Package | | |
| 1. Monitoring height, weight and vital signs and informing the findings. | 0.428 ^{ns} | 0.657 |
| 2. Promotion of exclusive breastfeeding. | 0.356 ^{ns} | 0.704 |
| 3. Prevention and management of pregnancy danger signs. | 0.138 ^{ns} | 0.872 |
| 4. Early detection and management of signs of complications of pregnancy. | 0.870 ^{ns} | 0.432 |
| 5. Performing Leopold's Maneuver, measuring fundic height and listening for fetal heart tone. | 1.071 ^{ns} | 0.359 |
| 6. Home visits and follow up check-up. | 0.317 ^{ns} | 0.731 |
| 7. Transportation and communication Support service. | 1.207 ^{ns} | 0.317 |
| D. Complete Childbirth Package | | |
| 1. Monitoring vital signs and the progress of labor using partograph | 1.186 ^{ns} | 0.323 |
| 2. Identification of early signs and symptoms and administration of appropriate management of prolonged labor, hypertension, abnormal presentation and bleeding. | 0.662 ^{ns} | 0.525 |
| 3. Active management of placental separation. | 1.743 ^{ns} | 0.197 |
| 4. Implementing rooming-in for the family bonding and implementation of exclusive breastfeeding. | 0.245 ^{ns} | 0.785 |
| 5. Immediate drying of the baby. | 0.636 ^{ns} | 0.538 |
| 6. Putting the baby at the abdomen of the mother (skin-to-skin contact). | 2.319 ^{ns} | 0.121 |
| 7. Initiation of breastfeeding within the first 24 hour after birth | 1.676 ^{ns} | 0.209 |
| 8. Administration of Oxytocin before placental separation. | 0.548 ^{ns} | 0.585 |
| 9. Administration of anti-convulsant if necessary. | 0.288 ^{ns} | 0.73 |
| 10. Administration of anti-biotics if necessary. | 0.769 ^{ns} | 0.475 |
| 11. Supportive care during the phases of labor and delivery. | 0.298 ^{ns} | 0.745 |
| 12. Manual removal of placenta. | 0.807 ^{ns} | 0.458 |
| 13. Administration of steroids for premature labor | 0.055 ^{ns} | 0.677 |
| 14. Administration of Intravenous fluids (IVF), blood volume expander or blood transfusion if necessary. | 0.590 ^{ns} | 0.562 |
| 15. Doing intervention to prevent complication to the newborn. | 0.303 ^{ns} | 0.742 |
| E. Complete Post-Partum and Post-Natal Package | | |
| 1. Identification and management of early symptoms and of signs complications. | 0.918 ^{ns} | 0.414 |
| 2. Giving Iron and Folate supplementation post-partum | 0.108 ^{ns} | 0.898 |
| 3. Post-natal care within 24 hours after birth. | 4.401 [*] | 0.024 |
| 4. Counseling on exclusive breastfeeding, proper nutrition and essential neonatal care | 5.155 [*] | 0.014 |
| 5. Giving information about contraceptive methods and family planning. | 0.493 ^{ns} | 0.671 |
| 6. Counseling giving schedules for checkup and immunization for the newborn about post-partum stage. | 0.237 ^{ns} | 0.791 |

Legend: (ns) Not Significant (*) Significant

Table 6 shows that the two services under post-partum and post-natal package which are the post-natal care within twenty four (24) hours after birth and counseling on exclusive breastfeeding, proper nutrition and essential neonatal care presents a difference between respondents' occupation and satisfaction level.

As shown in the study of the patients' satisfaction of service quality in Saudi Hospitals conducted by Al-Borie and Damanhour (2013) showed that sex, education, income and occupation were statistically significant, thereby influencing in-patient satisfaction.

Table 7. Difference of marital status and BEmONC services

| BEmONC Activities | | Single | Married | T-value | Probability |
|-------------------|---|--------|---------|----------------------|-------------|
| A. | Allotted time for availing of the needed maternal services | | | | |
| 1. | It takes 5 minutes for the nurses or midwives to accomplish the Home-Based Maternity Record (HBMR) | 2.33 | 2.91 | -1.317 ^{ns} | 0.238 |
| 2. | It takes 8 minutes to avail pre-natal examination such as: Leopold's Maneuver, health education on pregnancy danger signs, proper nutrition and health care. | 2.33 | 2.91 | -1.406 ^{ns} | 0.224 |
| B. | BEmONC Pre-Pregnancy Package | | | | |
| 1. | Micronutrient supplementation consisting of important minerals and vitamins such as Zinc, Iodine, Calcium, Vitamin A capsules and Iron tablets. | 3.33 | 3.83 | -1.293 ^{ns} | 0.277 |
| 2. | Tetanus Toxoid immunization following the recommended schedule | 3.00 | 4.17 | -1.936 ^{ns} | 0.169 |
| 3. | Health teaching and counseling on Family Planning. | 3.00 | 3.52 | -2.642 [*] | 0.015 |
| 4. | Promotion of healthy lifestyle including smoking cessation, healthy diet, moderate exercise and moderate alcohol. | 3.00 | 4.04 | -4.699 [*] | 0.000 |
| 5. | Prevention and management of lifestyle diseases and Cardiovascular diseases. | 3.00 | 4.00 | -4.592 [*] | 0.000 |
| C. | BEmONC Complete Pre-Natal Package | | | | |
| 1. | Monitoring height, weight and vital signs and informing the findings. | 5.00 | 4.78 | 1.553 ^{ns} | 0.135 |
| 2. | Promotion of exclusive breastfeeding. | 4.33 | 4.39 | -0.083 ^{ns} | 0.940 |
| 3. | Prevention and management of pregnancy danger signs. | 4.00 | 4.17 | -0.028 ^{ns} | 0.798 |
| 4. | Early detection and management of signs of complications of pregnancy. | 4.33 | 4.35 | -0.037 ^{ns} | 0.972 |
| 5. | Performing Leopold's Maneuver, measuring fundic height and listening for fetal heart tone. | 5.00 | 4.78 | 2.011 [*] | 0.057 |
| 6. | Home visits and follow up check-up. | 1.67 | 3.00 | -2.996 [*] | 0.024 |
| 7. | Transportation and communication Support service. | 1.67 | 3.43 | -3.902 [*] | 0.007 |
| D. | Complete Childbirth Package | | | | |
| 1. | Monitoring vital signs and the progress of labor using partograph | 5.00 | 4.52 | 2.554 [*] | 0.018 |
| 2. | Identification of early signs and symptoms and administration of appropriate management of prolonged labor, hypertension, abnormal presentation and bleeding. | 3.67 | 4.35 | -0.981 ^{ns} | 0.416 |
| 3. | Active management of placental separation. | 3.67 | 4.48 | -1.172 ^{ns} | 0.47 |
| 4. | Implementing rooming-in for the family bonding and implementation of exclusive breastfeeding. | 5.00 | 4.61 | 2.859 [*] | 0.09 |
| 5. | Immediate drying of the baby. | 5.00 | 4.57 | 2.328 [*] | 0.030 |
| 6. | Putting the baby at the abdomen of the mother (skin-to-skin contact). | 5.00 | 4.57 | 2.328 [*] | 0.030 |
| 7. | Initiation of breastfeeding within the first 24 hour after birth | 5.00 | 4.74 | 2.313 [*] | 0.030 |
| 8. | Administration of Oxytocin before placental separation. | 2.67 | 4.35 | -2.391 ^{ns} | 0.115 |
| 9. | Administration of anti-convulsant if necessary. | 1.67 | 2.87 | -2.462 [*] | 0.038 |
| 10. | Administration of anti-biotics if necessary. | 1.33 | 2.87 | -3.37 [*] | 0.013 |
| 11. | Supportive care during the phases of labor and delivery. | 3.33 | 4.30 | -1.076 ^{ns} | 0.356 |
| 12. | Manual removal of placenta. | 3.67 | 3.78 | -0.163 ^{ns} | 0.883 |
| 13. | Administration of steroids for premature labor | 1.33 | 2.87 | -3.313 [*] | 0.013 |
| 14. | Administration of Intravenous fluids (IVF), blood volume expander or blood transfusion if necessary. | 2.67 | 3.52 | -0.691 ^{ns} | 0.554 |
| 15. | Doing intervention to prevent complication to the newborn. | 4.00 | 3.54 | -0.485 ^{ns} | 0.663 |
| E. | Complete Post-Partum and Post-Natal Package | | | | |
| 1. | Identification and management of early symptoms and of signs complications. | 4.33 | 4.48 | -0.390 ^{ns} | 0.722 |
| 2. | Giving Iron and Folate supplementation post-partum | 4.00 | 4.52 | -3.425 [*] | 0.002 |
| 3. | Post-natal care within 24 hours after birth. | 4.33 | 4.35 | -0.039 ^{ns} | 0.972 |
| 4. | Counseling on exclusive breastfeeding, proper nutrition and essential neonatal care | 5.00 | 4.43 | 3.725 [*] | 0.001 |
| 5. | Giving information about contraceptive methods and family planning. | 3.00 | 4.13 | -1.868 ^{ns} | 0.181 |
| 6. | Counseling giving schedules for checkup and immunization for the newborn about post-partum stage. | 3.33 | 4.17 | -2.045 ^{ns} | 0.102 |

Legend: (^{ns}) Not Significant (^{*}) Significant

Table 7 shows the difference between the respondents' marital status and their level of satisfaction to the delivery of BEmONC services. Health teaching and counseling on family planning, promotion of healthy lifestyle including smoking cessation, healthy diet, moderate exercise and moderate alcohol, prevention and management of lifestyle and cardiovascular diseases which are under the BEmONC pre-pregnancy package shows a difference between the marital status and the respondents' satisfaction level; likewise, to services under BEmONC complete pre-natal package such as, performing Leopold's Maneuver, measuring fundic height and listening for fetal heart tone, home visits and follow up check-up, transportation and communication support service.

Monitoring vital signs and the progress of labor using partograph, implementing rooming-in for the family bonding and implementation of exclusive breastfeeding, immediate drying of the baby, putting the baby on the abdomen of the mother (skin-to-skin contact), initiation of breastfeeding within the first twenty four hours (24) after birth, administration of anti-convulsant, anti-biotics or steroid if necessary which are all services under complete childbirth package shows a significant difference.

Services under complete post-partum and post-natal package such as, giving Iron and Folate supplementation, counseling on exclusive breastfeeding, proper nutrition and essential neonatal care also shows a difference with the respondents' marital status. Similar to a cross-sectional study of patients discharged from four acute general hospitals in Spain conducted by Quintana (2006) the study shows that older patients tend to

have higher satisfaction scores. Those with no education or only primary education have higher satisfaction scores, those married or cohabitating tend to have higher satisfaction scores.

CONCLUSION

Majority of the respondents were in the age ranges from 31-30 years old; twenty three (23) out of twenty six (26) were married; twelve (12) were housekeeper, and majority of them earns two thousand pesos (P 2,000) and below a month; seventeen (17) respondents had taken pre-natal check-up four (4) times within the first to third trimester of pregnancy.

Services under BEmONC complete pre-natal package, monitoring height weight and vital signs and informing the findings and performing Leopold's Maneuver, measuring fundic height and listening to fetal heart tone were interpreted as Outstanding. It implies that the respondents were immensely satisfied with the delivery of these services. Administering steroids for pre-mature labor was interpreted as Satisfactory, among other BEmONC services, this service, earned the lowest computed mean. It implies that the delivery of this service doesn't meet the highest level of satisfaction of the respondents. Further study regarding factors affecting their level of satisfaction must be conducted.

Based on the foregoing conclusions and findings, the researcher highly recommends the following: There should be larger number of respondents to have better conclusive findings. For the health care providers, provide fastest possible time to acquire needed maternal services. Community based practice should also focus on home-visits and follow-up check-ups, health teaching and counseling on family planning and explaining all necessary procedure to the clients especially the emergency procedures in order to increase their awareness. Further study regarding the factors affecting the Level of Satisfaction of Obstetric Clients to the delivery of Basic Emergency Obstetric and Newborn Care must be conducted. This study may be utilized for further inquiries by the researchers and they can use it to enhance future studies regarding Basic Emergency Obstetric and Newborn Care Services.

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