International Journal of Reproduction. Contraception. Obstetrics and Gynecology
Diallo BA et al. Int J Reprod Contracept Obstet Gynecol. 2025 Apr;14(4):1043-1048
www.ijrcog.org
pISSN 2320-1770 | eISSN 2320-1789

DOI: https://dx.doi.org/10.18203/2320-1770.ijrcog20250840

Original Research Article

Parturients' opinions on the quality of delivery care in the obstetrics and gynecology department: case of the municipal medical center of Coronthie-Conakry

Boubacar A. Diallo*, Ibrahima S. Sow, Ibrahima K. Bah, A. Oury Souare, Daniel A. Leno, Ibrahim S. Balde, Abdrahmane Diallo, Telly S. Y.

Department of Obstetrics and Gynecology, UGANC, CHU of Conakry, Guinea

Received: 07 January 2025
Revised: 10 February 2025
Accepted: 11 February 2025

***Correspondence:**
Dr. Boubacar A. Diallo,
E-mail: boubacardiallo2026@gmail.com.

ABSTRACT

Background: In Africa, childbirth care depends on routine practices to the detriment of quality. The aim of this study was to analyze parturients' opinions on the quality of childbirth care offered at the Coronthie Community Medical Center (CMC).
Methods: The study was carried out at the CMC of Coronthie. It was a cross-sectional, descriptive study lasting 6 months from 01 July to 31 December 2021. The study included parturients with a term ≥28 SA, and excluded those with a term <28 SA, or who refused to participate.
Results: The mean age of parturients was 28.60±5 years. Most parturients (89.76%) were married women with secondary education (35.08%). The majority of parturients (59.86%) had given birth by caesarean section. No maternal deaths were recorded, and the neonatal mortality rate was 20/1000. Parturients (43.36%) were referred to the service. Over 2/3 of patients (76.03%) said that staff were competent and available. Most patients (86.49%) felt their privacy had been respected, while 2.18% said the opposite. The majority were satisfied with the overall care provided. To improve the quality of care. 54.98% suggested improving the ownership of the premises and 21% the behaviour of the staff.
Conclusions: Improving ownership of premises and staff behaviour would help to improve quality.

Keywords: Opinion, Quality, Care, Delivery

INTRODUCTION

Childbirth is the set of physiological and mechanical phenomena that result in the exit of the fetus and its appendages from the maternal genital tract, once the pregnancy has reached the theoretical term of 22 weeks' gestation. This is a normal physiological process that can take place without complications for the majority of women and children.[1]

Skilled attendance at birth is the process by which a woman receives adequate care during labor, delivery and the postpartum period.[2] Poor-quality childbirth care is a factor contributing to the non-use of health services, and thus to the creation of an unfavourable patient opinion.

This quality requires both a qualified attendant and a supportive environment. Satisfaction is the gap between two evolving notions: perceived quality and expected quality. It is therefore an important indicator of the quality of care.

According to Guinea's national health development plan, reducing maternal mortality requires quality obstetric care to achieve sustainable development goals (PNDS Guinée 2015-2024).[3]

The assessment of patient satisfaction is influenced by several factors: information received, communication with caregivers, and cultural context.[4] It should be noted that very few studies on patient satisfaction have been carried out in Guinea, yet this type of work contributes to improving the quality of care. It should also be noted that, efforts to reduce maternal mortality in developing countries have often sought to increase the proportion of institutionalized deliveries, without improving the quality of obstetric care receiving the requisite attention from policy-makers and researchers.[5]

Objectives

Our objectives in carrying out this study were to: determine the proportion of quality deliveries, describe the sociodemographic profile of parturients; identify patients' opinions on the quality of care, list patients' suggestions for improving the quality of care in the department.

METHODS

The study was carried out in the gynecology-obstetrics department of the Center Medical Communal de Coronthie in Conakry. This is a level II referral hospital within the Guinean health pyramid. This was a quantitative, descriptive and analytical study lasting 6 months, from 01 July to 31 December 2021.

Inclusion criteria

All parturients admitted for deliveries with a term of ≥28 weeks' gestation were included, as well as all deliveries hospitalized in the department who agreed to participate in the study.

Exclusion criteria

Patients referred or evacuated to other departments prior to delivery or who refused to participate in the study were excluded.

Data collection

Data were collected by observation and interviews with patients. Data were collected using a questionnaire. Data were completed from patients' obstetric records, delivery registers and operative reports.

Sample size

This was calculated using the Lorenz formula given below.

$$N = Z\alpha^2 PQ/i^2$$

Where: N is acceptable sample size, Zα is constant=1.96; P is prevalence of childbirth in the department=48.7%; Q=1-P; and i is precision level=5%. We thus calculated a minimum size of 384 parturients.

Analysis and presentation of results

Data were entered and analyzed using Epi Info version 6 software. Data were then transferred to statistical package for the social sciences (SPSS) 21.0 for analysis.

Statistical test

Chi square was used, with significance set at $p<0.05$. Results were presented in the form of text, mono- and bi-variate tables.

RESULTS

Proportion of quality deliveries

Of the 535 births recorded, including 2.8% twin pregnancies, we observed 172 quality births, a proportion of 32.2%.

The mean age of our patients was 25.4 years, with extremes of 14 and 45 years. The most common age group was 21-25 with 38.3%, followed by 26-30 with 23.1%. Almost all parturients (98.5%) were married women. Most of our patients had no schooling or primary education, with proportions of 47.1% and 28.1% respectively. More than a third (42.5%) of our patients were self-employed (Table 1).

Table 1: Socio-demographic characteristics.

Variables	Number (n=520)	Percentage
Age range (years)		
≤20	98	18.85
21–25	199	38.27
26–30	120	23.08
31–35	62	11.92
>35	41	7.88
Marital status		
Married	512	98.46
Single	8	1.52
Education level		
No schooling	248	47.69
Primary level	147	28.27
Secondary	83	15.96
Higher	42	8.08
Profession		
Housewife	195	37.5
Liberal	221	42.5
Civil servant	30	5.77
Students	74	14.23

Average age=25.38 years, age extremes=14 and 45 years

Most of our patients were nulliparous, and pauciparous with frequencies of 30.6% and 28.1% respectively (Table 2).

Table 2: Distribution of patients by parity.

Parity	Numbers	Proportion (%)
Nulliparous	159	30.63
Primiparous	112	21.58
Pauciparous	146	28.13
Multiparous	103	19.80
Total	520	100.00

Most of our parturients (56.9%) gave birth by caesarean section. This proportion of caesarean sections is higher than the national average, and is justified by the fact that our department is a referral service for the basic health structures of the commune and those of certain communes in the capital. In a bi-variate analysis, the results showed that women with vaginal deliveries developed more complications than those with caesarean sections. However, the risk of complications appeared identical whatever the route of delivery p value=0.0001; and RR=0.085 [0.045-0.159] (Table 3).

Most patients (43.4%) consulted the service on the recommendation of others, for a variety of reasons. For some patients (31.1%), it was simply because they already knew a health care provider at the facility. For others, it was because of the competence of the providers. The remainder were evacuees from other health facilities for complications. Or residents living close to the medical center (Table 4).

Over 2/3 (76%) of patients said that staff were prompt, qualified and available. This satisfaction relates to their promptness and availability to provide quality care at all times. However, 2.2% of patients described the nursing staff as incompetent or misbehaving (Table 5).

Over 2/3 of patients (86.5%) stated that their privacy had been respected during the procedure. However, for 2.2% of patients, this privacy was only acceptable. They justified this by a number of factors, including the absence of parapenters between beds, and multiplicity of gyneco-logical examiners during labor and delivery (Table 6).

Table 3: Mode of delivery and maternal morbidity.

Delivery mode	Mother's condition (%)		Total (%)
	With complications	Without complications	
Caesarean section	13 (10.89)	291 (69.56)	304 (56.86)
Low track	103 (89.11)	128 (30.44)	231 (43.14)
Total	116 (21.53)	419 (78.47)	535 (100)

2.8% of twin pregnancies, p value=0.0001; RR=0.085 [0.045-0.159]

Table 4: Distribution of patients according to reasons for choosing this maternity hospital.

Reasons for choosing maternity	Number	Percentage
Recommendations	199	43.36
Know the medical staff	143	31.15
Referred/avoided	56	12.20
Staff competence	45	9.80
Proximity to service	16	3.49
Total	459	100

Table 5: Clients' opinions of nursing staff.

Opinions	Number	Percentage
Very good	349	76
Good	100	21.79
Poor	10	2.18
Total	459	100

The majority of patients (87.6%) said they wanted to return to this facility for the same reasons. The reasons given by new mothers were that the staff are competent and respectful. The remainder (12.2%) gave no opinion, or said they were not sure they would return for treatment at the same facility (Table 7).

Most patients (70.6%) were satisfied with the overall care they received, from admission to discharge. Of these patients, 21.6% had developed complications. Among these patients who had developed complications, 74.7% declared themselves satisfied. We found no correlation between the results of the treatment and the degree of satisfaction, as most of the patients who had developed complications declared themselves to be satisfied p=0.3299 (Table 8).

Table 6: Clients' opinions on privacy.

Respect for privacy	Number	Percentage
Highly respected	397	86.5
Respected	51	11.11
Acceptable	10	2.18
Not respected	1	0.22
Total	459	100

Table 7: Clients' opinions on continuity of subsequent care in the same department.

Continuity of subsequent care	Number	Percentage
Yes	402	87.58
I don't know	56	12.20
No	1	0.22
Total	459	100

Table 8: Correlation between satisfaction and maternal morbidity.

Satisfaction levels	With complications (%)		Uncomplicated (%)		Total	Percentage (%)
Satisfied	74	74.74	250	69.44	324	70.59
Very satisfied	23	23.23	102	28.33	125	27.24
Very dissatisfied	0		5	1.38	5	1.09
Not satisfied	2	2.02	3	0.8	5	1.08
Total	99	21.56	360	78.44	459	100

P value=0.3299

The main reasons for patient dissatisfaction in our series were inadequate ownership of the premises (55%) and inappropriate behaviour of some providers towards patients.

Patients suggested improving the behaviour of staff working on the ward, ownership of the premises, availability of inpatient cabins and cribs for newborns (Table 9).

Table 9: Suggestions for improving quality of care in the department.

Points for improvement	Numbers	Percentage
Improve property	215	55
Improve personal behaviour	82	20.9
Provide cabins and cribs for newborns	28	7.16
Select visiting hours	11	2.81
Improve quality of care	9	2.30
Increase staff competence	6	1.53
Consider patients	3	0.76
Reduce number of patients per room	8	0.20

DISCUSSION

Our proportion of quality deliveries of 32.2% is identical to the 33% reported by Hatem et al, in 2018 at I Deen National Hospital.[6] This low proportion could be explained by a number of factors including, among others, the low capacity of the service in relation to activities, shortcomings in the provision of care services, lack of hygiene.

Sociodemographic characteristics

The mean age of our patients was 28.6 years, with extremes of 15 and 42 years. However, the most represented age group was 25-30 years with a proportion of 33.8% followed by 20-25 years with 27.5% of cases. In research carried out in Guadeloupe in 2013 Butoria et al report an average age of 30 years with extremes of 18 and 44 years.[7]

This average age would be explained by the fact that this corresponds to a period of full genital activity whatever the country.

Marital status

Almost all parturients (89.8%) were married women. This result differs from that of Doucin, who reported that 54% of parturients were married women.[8]

This could be explained by the socio-cultural and religious requirements of our context, which make it difficult to conceive outside marriage, and marriage is the legal framework for procreation.

Level of education

Most of our patients had either secondary or higher education, with proportions of 35.08% and 34.4% respectively.

In a study carried out in South Africa on maternal health services and educational level, Sathiya et al found that use of antenatal care and delivery services was high in areas where educational level was higher.[9] A World Health Organization (WHO) global survey showed that fertility was inversely proportional to women's level of education. Women with no education have on average 2 times more children than those with 7 or more years of schooling.[10]

Profession

We found that 32% of our patients were professionals, and pupils and students represented 29.4%. This could be explained by the fact that more and more women are seeking to find an income-generating activity and reduce their dependence on husbands and family.

Obstetrical data

Parity

Most of our patients were pauciparous and primiparous, with frequencies of 43.8% and 36.6% respectively. Our result is identical to that of Diémé et al in Senegal in 2015 who reported that pauciparous were in the majority with 73.7% of cases with an average parity of three.[11]

Efforts must be made by health workers to minimize the risks incurred by these women. This high proportion of pauci pares could be explained by the young age of the patients and the early marriages in our conditions.

Mode of delivery and maternal morbidity

The results showed that after delivery, most patients did not develop complications, and were discharged with a good maternal prognosis. However, 21.7% had developed complications. The difference was statistically significant (p value=0.0001), although the route of delivery did not appear to increase the risk of complications (RR-IC=0.085 [0.045-0.159]).

Women's opinion of care services

Reasons for choosing the service

Most patients (43.4%) consulted the service on the recommendation of others, for a variety of reasons. For some patients (31.2%), it was simply because they already knew a health care provider at the facility. For others, it was because of the competence of the providers.

Clients' opinion of nursing staff

76% of patients said that staff were prompt, qualified and available. This satisfaction relates to their promptness and availability to provide quality care at all times. Our result remains lower than the 94% and 87.1% reported respectively by Ajavon et al in Togo and Nguyen Thi et al in Vietnam.[4,12]

Client opinion on privacy

Over 2/3 of patients (86.5%) said their privacy had been respected during the treatment procedure. However, for 2.2% of patients, this privacy was only acceptable. They justified this by a number of factors, including the absence of parapenters between beds, and the multiplicity of examiners during labor. In a Canadian study, Shiraz et al, reported that women were highly satisfied with the care they received from their providers. About three-quarters of women were "very satisfied" with the respect they received, the competence of the providers, the respect for their privacy and dignity, and their personal participation in decision-making. In addition, two-thirds of the women were "very satisfied" with the compassion, understanding and information they received.[13]

Clients' opinion of continuity of subsequent care in the same department

402 patients (77.3%) said they wanted to return to this facility for the same reasons. The reasons given by new mothers were that the staff are competent and respectful. The remainder (22.7%) gave no opinion, or said they were not sure they would return for treatment at the same facility. In a study carried out in Togo in 2021, Ajavon et al found that 6% of deliveries were not satisfied with the care they received. In the same study, they found that, of those satisfied, 96.7% said they might return to the same facility for the same reasons.[4]

Level of satisfaction

Most patients (70.59%) were satisfied with the overall care they received, from admission to discharge. Of these patients, 21.6% had developed complications. Of these patients who had developed complications, 74.7% declared themselves satisfied. We found no correlation between the results of the management and the degree of satisfaction, as most of the patients who developed complications declared themselves to be satisfied p=0.3299. Our satisfaction rate is lower than the 94% found in Togo by Ajavon et al, but higher than the 62% overall satisfaction found in Cameroon by Ngo et al in 2024.[4] However, they found a higher satisfaction score in the labor room (83.8%).[14] On the other hand, our satisfaction rate is close to 80%, expressed by the women interviewed in Canada by Shiraz et al. They were thus able to demonstrate that Canadian women had a "very positive" or "fairly positive" opinion of their overall experience of labor and delivery. They also showed that women giving birth for the second time or more were more satisfied than those giving birth for the first time.[13]

Clients' suggestions for improving services

The main reasons for patient dissatisfaction in our series were inadequate ownership of premises (55%) and inappropriate behaviour towards patients on the part of some providers. In addition, they suggested improving the behaviour of staff working in the department, ownership of the premises, availability of inpatient cabins and cribs for newborns.

CONCLUSION

During the course of the study, it was noted that the service offers a low proportion of quality care. However, it was noted that the majority of patients were satisfied with the care offered during their stay at the facility. This satisfaction relates to the promptness and availability of staff to provide quality care at all times. The majority of patients stated that their privacy was respected during the care process. However, some were dissatisfied with the lack of screens between beds, unsuitable premises, multiple gynecological examinations and inappropriate staff behaviour. To improve the quality of care, it would be necessary to plan strategies based on staff training and interventions tailored to patients' needs.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. World Health Organization. For childbirth to be a positive experience, individualized care is essential. 2020. Available at: https://www.who.int/news/item/15-02-2018-individualized-supportive-care-key-to-

positive-childbirth-experience-says-who. Accessed on 24 January 2025.
2. World Health Organization. Recommendations on intrapartum care for a positive birth experience. 2018. Available at: https://www.who.int/publications/i/item/9789241550215. Accessed on 24 January 2025.
3. P4H Social Health Protection Network. National Health Development Plan Guinea 2015-2024. 2015. Available at: https://p4h.world/en/documents/guineas-national-health-development-plan/#:~:text=Implementation%20of%20the%20PNDS%202015,in%20conjunction%20with%20all%20stakeholders. Accessed on 24 January 2025.
4. Ajavon DRD, Kakpovi K, Daketse YMS, Ketevi AA, Douaguibe B, Logbo-Akey KE, et al. Evaluation of the satisfaction of patients hospitalized after childbirth at the Maternity Hospital of Bè (Togo). Eur Sci J. 2021;17(29):210-22.
5. Kruk ME. Low quality of basic maternal care in primary health care facilities in sub-Saharan Africa: an analysis of national health systems surveys. Lancet Glob Health. 2016;4(11):845-55.
6. Hatem M, Halabi-Nassif H, Maroun M. Evaluation of Maternal and Neonatal Health Services sein Guinea-Conakry and Togo. Sante Publique. 2018;S1(HS):101-11.
7. Butori JB, Guiot O, Luperon JL, Janky E, Kadhel P. Assessment of imminence of unplanned out-of-hospital deliveries in Guadeloupe: experience of the mobile emergency and resuscitation service of Pointe-à-Pitre. J Gynecol Obstet Biol Reprod (Paris). 2014;43(3):254-62.
8. Doucin H. Evaluation of the efficacy of lateral decubitus delivery. State diploma in midwifery. University of Angers. J Midwifery Reprod Health. 2023;11(3):3759-66.
9. Susuman AS. Health care services and maternal education in South Africa. Scand J Public Health. 2015;4(7):673-6.
10. World Health Organization. Improving maternal and newborn health and survival and reducing stillbirth. 2013. Available at: https://iris.who.int/bitstream/handle/10665/367617/9789240073678-eng. Accessed on 24 January 2025.
11. Diémé Faye MÉ, Moreira P, Tamofo É, Diouf AA, Diouf A, Moreau JC. Monitoring pregnancy of women with a previous cesarean delivery: qualitative aspects and prognostic implications. Med Sante Trop. 2014;24(4):409-15.
12. Nguyen Thi PL, Lê TG, Emperor F, Briançon S. Satisfaction of hospitalized patients in Hô Chi Minh-Ville, Viet Nam. Public Health. 2012;4(14):345-60.
13. Moola S, Baxter H, Lallo SD, Handa M, Hanvey L, Jefferies AN, et al. Labour and delivery care public health agency of Canada. 2018. Available at: https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/healthy-living/maternity-newborn-care/soins-meres-nouveau-ne-lignes-directrices-nationales-chapitre-4-fra. Accessed on 24 January 2025.
14. Dingom MAN, Essiben F, Pemha G, Mboua BV, Fouogue TJ, Alima JM, et al. Evaluation of satisfaction with care during childbirth in pregnant women at Yaoundé Central Hospital. J SAGO. 2024;25(3):20-6.

Cite this article as: Diallo BA, Sow IS, Bah IK, Souare AO, Leno DA, Balde IS, et al. Parturients' opinions on the quality of delivery care in the obstetrics and gynecology department: case of the municipal medical center of Coronthie-Conakry. Int J Reprod Contracept Obstet Gynecol 2025;14:1043-8.