

**ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
SCHOOL OF PUBLIC HEALTH**



**ASSESSMENT OF QUALITY OF MIDWIFERY CARE IN TEACHING
AND NON- TEACHING HOSPITALS IN ADDIS ABABA, ETHIOPIA**

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Acronyms

FMOH	Federal Ministry of Health
Q o C	Quality of Care
SPHMMC	St, Paul Hospital Millennium Medical College
ENT	Eye Nose Throat
ICU	Intensive Care Unit
ART	Anti Retro viral Therapy
ALERT	All Africa Leprosy, Tuberculosis and Rehabilitation Training
NICU	Neonatal Intensive Care Unit
WHO	World Health Organization

Abstract

Background: Quality of midwifery care improves health outcomes by providing technically sound care for clients (1). This quality may be affected by teaching and learning process. Some literature says that teaching learning process has positive influence on quality of midwifery care (14) but other studies done in Iran say that quality of maternity care is poor in teaching hospital than non-teaching hospital (20). In our country Ethiopia no study is done on hospital teaching status affects quality of midwifery care. As this study is new and fill the evidence gap on issue.

Objective: To assess the quality of midwifery care in teaching and non-teaching hospital by comparing the two types of hospitals and measuring satisfaction, Addis Ababa, Ethiopia.

Methodology: Facility based cross-sectional comparative study was conducted on 416 mothers who had received labor and delivery service in St. Paul Hospital Millennium Medical College and All Africa Leprosy, Tuberculosis and Rehabilitation Training Hospital which are teaching and non-teaching hospitals respectively. A systematic random sampling technique was employed to select mothers who were admitted for delivery and gave birth in the study ward. Data collection was done by administering structured questionnaire and using standard observation checklist. In the analysis, descriptive statistics was used and multivariate and bivariate analysis for significance and association were carried out. Ethical approval for the study was obtained from Addis Ababa University School of Public Health and St Paul Hospital millennium Medical College Ethical Review Committee and permission letter obtained from All Africa Leprosy, Tuberculosis and Rehabilitation Training Hospital.

Results: It was found that mothers in the non-teaching hospital were 5.4 times more likely to be satisfied than in the teaching hospital (**COR (CI) (5.46 (3.39, 8.31) p value 0.001)**) and quality of midwifery care was 1.49 times more likely good in non-teaching hospital than in teaching; (**COR (CI) (1.49 (1.018, 2.206) P value 0.040)**).

Conclusion: In conclusion the quality of midwifery care is affected by teaching learning process which is quality carries higher in the non-teaching hospital compared with the teaching hospital. From bivariate logistic regression finding, mothers in the non-teaching hospital were 5.4 times more likely to be satisfied than in the teaching hospital.

1. Introduction

1.1 Background

Quality midwifery care improves health outcomes by providing clients with respectful and technically sound care, delivered according to standards (1). Quality midwifery care is safe, effective, patient-centered, timely, efficient, and equitable care. For such quality care, women and midwives should be fully involved in the design, delivery and evaluation of the services. However, the first principle that all midwives should ‘be with the woman’ is sometimes forgotten due to high pressure and load of daily work (2). This principle is less practiced in university teaching hospitals.

According to a comparative study done in Islamic Republic of Iran by Khorram Abad, the quality of maternity care in the non-teaching hospital was higher than the teaching hospital in terms of facilities, processes of maternal and newborn care and outcomes (mother's satisfaction).

With this regard, even though some preliminary reports and complaints are common, a formal study have never been done on how teaching-learning process affects the quality of midwifery care in Ethiopia. Observation and information heard from complaints indicates that most of the hospitals are overcrowded by students and privacy of mothers are not respected services are provided just for a teaching purpose and clients have fear about the skills of the students in providing care.

1.2 Statement of the problem

In teaching public hospitals of Addis Ababa, it is common to observe overcrowd bedside teachings and learning processes. This overcrowding of the students will have negative influence on the privacy of the clients, sometimes irrelevant investigations are ordered by the student’s; which may expose clients for miss-diagnosing and extra cost. Moreover, each additional hospital stay of the client and repeated unnecessary manual examination (for learning purpose) by different health providers will dissatisfaction mothers.

Studied shows that (3) the quality of clinical service could be improved by the effect of teaching learning process For example: first, increased expertise of clinical teaching staff, the availability of additional resources and induction of new innovative evidence based practice. On the other side, there are other studies showing that the quality of care will be affected by the teaching learning process (20).

Even though no study done in Ethiopia this study will try to fill the evidence gap about the effect of teaching learning on the quality of midwifery care by comparing teaching and non teaching hospitals quality of midwifery care in Addis Ababa ,

1.3 Significant of the study

This study will help the policy makers to have a clue about how quality of midwifery service affected by the teaching learning process, and students fully engagement as service provider in teaching hospital and this study shows that the way to develop new approach how clinical education and clinical teaching-learning process practiced without compromising the quality of midwifery care .Also the study is significant to indicates the teaching hospitals to revise their teaching learning process,

2. Literature review

2.1 Definition of quality of midwifery care

Quality of midwifery care is a care given to a woman during her reproductive period. The care should be safe, effective, patient-centered, timely, efficient, and equitable. From the autonomy of the mother's point of view, by the law, every woman has the right to refuse medical treatment and must give informed consent for treatment, except in a small number of cases where women lack mental capacity. All the options must be fully discussed with every woman, her choices must be respected, and her human rights always upheld (1).

High quality maternity care should not harm people who use the service or those that provide it; it is responsive and creates no delay when complications occur; it is organized to maximize efficient use of resources including the maternity care workforce; it provides evidence based care; it is women and family centered which involves facilitating informed decision making, women and families feeling safe, respected, treated with dignity and having their voices listened and responded to; it is organized so that services that some women find hard to reach are accessible and equitable (2).

A healthy mother, a healthy baby and family integrity must be the focus of high quality maternity services. High quality care encompasses midwifery-led care for normal pregnancy, birth and the postnatal period. All women need midwifery care at every stage we need to listen to Women, put their interests first and treat them with respect, protect and promote staff health and wellbeing and ensure the development of a learning environment, good governance and strong midwifery leadership. Every woman should always be heard and heeded, and involved in decisions about her care. Women should be fully involved in the design, delivery and evaluation of maternity services, using a coherent and focused approach with tested tools to create simple, sustainable solutions. The first principle that all midwives should 'be with the woman' is sometimes forgotten in the pressure of daily work. Many units fail to find effective ways of helping women and staff routinely to share their ideas on improving women's experiences, and to introduce changes.(4)

In teaching hospital mothers in maternity unit are not satisfied because of busy maternity units, it is often difficult for midwives to give such one-to-one support and majority of mothers reported being left alone in labor and shortly after the birth and unhappy about it. (4)

One of the measurements of quality of care is client satisfaction that explained by women centered care which mean that the woman must be the focus of maternity care. She should be able to feel that she is in control of what is happening to her and able to make decisions about her care, based on her needs, having discussed matters fully with the professionals involved.(6)

2.2 Clinical teaching and learning

Clinical teaching—learning is exposing students on actual situation to deal with human being, it focused on real problems in the context of professional practice. Learners are motivated by its relevance and through active participation. Professional thinking, behavior, and attitudes are “modeled” by teachers. It is the only setting in which the skills of history taking, physical examination, clinical reasoning, decision making, empathy, and professionalism can be taught and learnt as an integrated whole. Despite these potential strengths, clinical teaching has been much criticized for its variability, lack of intellectual challenge, and haphazard nature. In other words, clinical teaching is an educationally sound approach, all too frequently undermined by problems of implementation. Common problems of implementation of clinical teaching in resource limited setting are; lack of clear objectives and expectations, focus on factual recall rather than on development of problem solving skills and attitudes, teaching pitched at the wrong level (usually too high), passive observation rather than active participation of learners, inadequate supervision and provision of feedback, little opportunity for reflection and discussion, “teaching by humiliation”, informed consent not sought from patients, lack of respect for privacy and dignity of patients, lack of congruence or continuity with the rest of the curriculum(6).

There are also challenges in clinical teaching like; time pressures, competing demands clinical especially when needs of patients and students conflict); administrative; research, often opportunistic makes planning more difficult, increasing numbers of students, fewer patients (shorter hospital stays; patients too ill or frail; more patients refusing consent),often under-

resourced, clinical environment not “teaching friendly” (for example, hospital ward), rewards and recognition for teachers poor.

Things should be practiced in clinical teaching –learning process but not practiced are stated in this literature as;- think carefully about which parts of the teaching session require direct patient contact is it necessary to have a discussion at the bedside, always obtain consent from patients before the students arrive, ensure that students respect the confidentiality of all information relating to the patient, verbal or written, brief the patient before the session, purpose of the teaching session, level of students' experience, how the patient is expected to participate, if appropriate, involve the patient in the teaching as much as possible, ask the patient for feedback about communication and clinical skills, attitudes, and bedside manner, debrief the patient after the session they may have questions, or sensitive issues may have been raised (6).

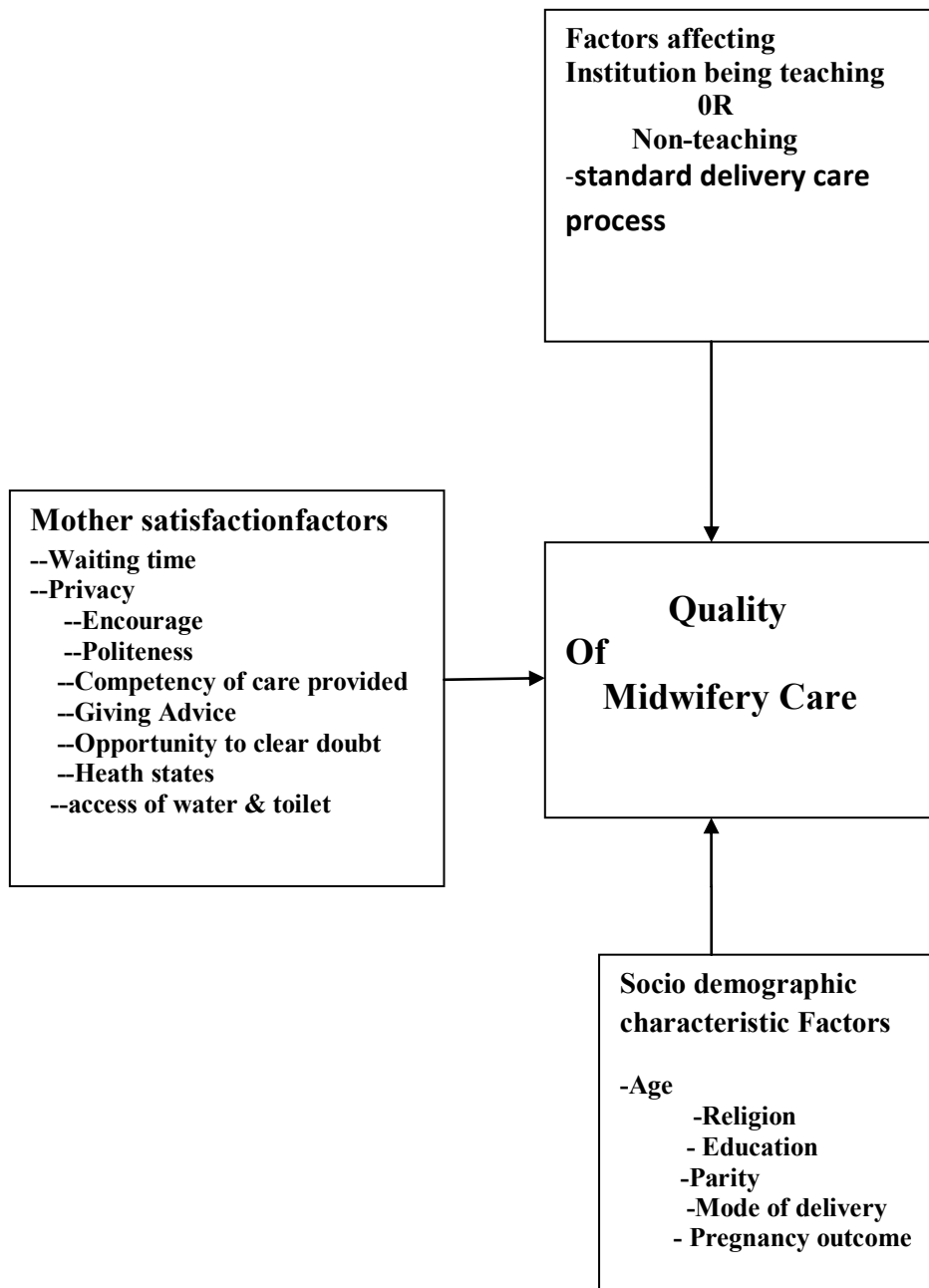
The clinical sit should be prepared before the student assigned, preceptors, staff, clients, students, and faculty must all prepare for the student’s entry into the clinical setting. Plans should be made for getting to know the student, finding out how she/he learns best, orienting him/her to the site, and clarifying expectations and responsibilities of the education program, the student, and the clinical preceptor. These studies suggest that what students learn in the classroom may not translate into the real world of clinical practice. It is of interest that the incongruence appears to be related to the affective aspects of clinical practice how the clinician relates to the client. Does this matter? It does, indeed. Evidence-based practice is composed of best scientific evidence, clinical expertise, and the skill and ability to acknowledge and express the wishes and desires of the client. (7)

The mentors then take students to the hospital wards for weekly bedside teaching sessions interspersed with monthly organ-system-specific advanced-exam teaching sessions. At each bedside teaching session, two students interview and examine hospitalized patients under their mentor’s supervision and then present their patients at the bedside. The other four students observe the bedside presentation and provide feedback. Through the year, each student independently interviews, examines, and performs bedside presentations on six hospitalized patients and observes their peers’ presentations on 30 additional patients. Faculty mentors

Provide additional teaching and skills modeling for the group at the bedside. The emphasis on focused teaching of clinical skills at the bedside with direct observation and feedback by Faculty physicians enable role modeling, careful monitoring of skills development, and personalized feedback. Specific skills targeted by the curriculum include patient communication, history taking, physical exam, oral case presentations, write ups, professional values, and introduction to clinical reasoning (8) this literature pt (clients) have no room to participate on the teaching – learning process

3. Conceptual framework

The conceptual framework shows that quality of midwifery care affected by factors institution being teaching or non teaching on quality of midwifery care, Socio demographic characteristic, and mother's satisfaction.



4. Objectives

4.1 General objective

The general objective of this study was to assess the quality of midwifery care in teaching and non-teaching hospital by comparing the two types of hospitals and measuring satisfaction, Addis Ababa, Ethiopia.

4.2 Specific objectives

- To identify factors that affects quality of midwifery care in teaching and non- teaching hospital.
- To assess mothers satisfaction who received maternity care in teaching and non-teaching hospital.
- To compare teaching and non-teaching hospitals in terms of quality of midwifery care delivered in their maternity unit

5. Methods

5.1 Study design and period

Institution-based cross-sectional comparative study was conducted from August -June 2015/16 at St Paul Hospital Millennium Medical College and ALERT Hospital, Addis Ababa, Ethiopia

5.2 Study area

The study was done in Addis Ababa the capital of Ethiopia. The population of Addis Ababa as of 2007 is 3,384,569.

The study was conducted in two hospitals of Addis Ababa, St. Paul Hospital Millennium Medical College which is teaching hospital and ALERT Hospital on teaching hospital;

St. Paul Hospital Millennium Medical College which is a referral hospital in Addis Ababa functioning under the Ethiopia Federal Ministry of Health (FMOH) started medical training in the year 2007,

Its core services are medical care, teaching and research; and are still under the Federal Ministry of Health and governed by a board. Currently it has 1300 staffs that provide medical specialty services to an estimated 200,000 people annually who are referred from all over the

country. From those 1300 staffs 47 are midwives with BSC degree with additional and 2 diploma holders there are 15 Gyn/Obs specialist. An average of 650 patients and clients visit the hospital as outpatient and emergency daily and 34,562 mothers received delivery services in 2007 EFY. St Paul HMMC provides health care through its different clinical departments

Currently, the college has more than 500 medical, 36 nursing and 46 Gyn/Obs postgraduate students.

ALERT Hospital; is a referral on teaching hospital (for maternity service only) in Addis Ababa functioning under the Ethiopia Federal Ministry of Health (FMOH). It is established 1932, the hospital serves as teaching hospital in dermatology and Ophthalmology services but not in maternity.

Currently has 16 Midwives and 1 Gyne&Obs specialist staff that provide maternity services for an estimated 4000 mothers annually who were referred from its 7 catchment areas ; number of mothers received delivery services in 2007 EFY. Were 2000 and the average delivery service in a month was about 220, ALERT Hospital provides health care through its different clinical departments.

5.3 study population

5.3.1. Source population

The source of population of this study was all reproductive age women visiting for maternity services in Sent Paul Hospital Millennium Medical College and ALERT Hospital.

5.3.2 Study population

The study population of this study was mothers, who have received delivery service in St. Paul Hospital Millennium Medical College and ALERT Hospital maternity ward,

5.4 Sample size

In this study, samples were taken out of the indicated study population of mothers who have received delivery services. Sample size was calculated using Epi Info software .considering previous study done in Northwest Ethiopia (5) which is p value(67.1%) of mother satisfaction ,

confidence level (95%), (2) sample size was 379, 10% non-respondent calculated and 416 was total sample size.

5.5 Inclusion criteria

Mothers who were received labor and delivery service in the SPHMMC and ALERT Hospital during data collection period /March-April 2016 were including in the study.

5.6 Exclusion criteria

Those mothers receive labor and delivery service but were seriously ill and unable to communicate and C/S mothers were not included on the observation because the observation check list has no items on C/S and the study objective is not to observe different types of mode of deliveries ; mothers not willing to participate in the study were excluded.

5.7 Sample technique

The selection technique was every 2nd delivery in SPHMMC and every 1 delivery in ALERT Hospital were taken because; number of delivery in SPHMMC an average per month was 800 where as in ALERT Hospital 250 per month; by calculated number of delivery needed sample size was obtained; and mothers who were admitted and gave birth in the study area maternity wards during study period were selected and invited for interview.

5.8 Data collection procedure

After having the informed consent agreed, mothers were interviewed using a structured questionnaire which was adopted from WHO mother's satisfaction assessment tool and quality of maternity care assessment tool; administered at discharge time for those willing mothers after receiving services at SPHMMC and ALERT Hospital maternity ward. Data collectors were 8 (B.sc midwives) working in the unit.

In addition; observation during admission, labor, delivery, immediate newborn care and postnatal care was undertaken using standard observation checklist A structured questionnaire was in English language and translated to Amharic and pretested on 5% of the sample size at the different place and revised. The Amharic version was used for actual interview. Observation was done by principal investigator from admission of the mother till postnatal period not being recognized.

5.9 Data quality control

One day training on how to collect data was given to data collectors by the principal investigator supervision was conducted, by observing how data collectors administer the questions to the respondents to assure the quality of the data every day; all of the collected data was reviewed by principal investigator.

5.10 Data analysis

Data entry, cleaning, and analysis were managed using Epi Data and SPSS Descriptive statistics was used, mean and standard deviation for continuous variables and frequency for categorical variables. Tests of significance of association were carried out using Odd Ratio. To measure the strength of association OR and 95%CI was used and multivariate and bivariate analysis was performed.

5.11 Study variable

Dependent variable

Quality of midwifery care:

Independent variable

Socio demographic characteristic

- Age
- Religion
- Education
- Parity
- Mode of delivery
- Pregnancy outcome

Satisfaction of the mother

- Waiting time
- Privacy
- Encourage
- Politeness
- Competency of care provided
- Giving Advice
- Opportunity to clear doubt-Heath states

- Hygiene

-Being teaching and non teaching institution

-Standard delivery care process

5.12. Ethical consideration

Ethical Approval was obtained from Addis Ababa University, School of Public Health, St Paul Hospital and permission was given ALERT Hospital. Then, study permit with the letter from the hospital, written consent was asked from each informant prior to the interviews. Data was collected anonymously to ensure confidentiality. Informants were assured that the data was handled exclusively by the investigators and no one was able to recognize them in the report.

5.12, Operational definition:

Quality of Midwifery care: care given to a woman in maternity ward by the professionals who work there during labor, delivery and postnatal period, the care should be safe, effective, patient-centered, timely, efficient, and equitable.

Teaching Hospital: is a hospital or medical center that provides clinical education and training to the health students in maternity service.

Non Teaching Hospital: is a hospital or medical center that is not provides clinical education and training to the health students in maternity service.

Mother satisfaction: overall client's perception towards the service provided.

5.13. Dissemination and utilization of the Result

The result of the study will be submitted to Addis Ababa University, school of public health, for FMOH, FMOE, St Paul Hospital Millennium Medical College and ALERT Hospital It will be disseminated to other governmental and non Governmental stakeholders farther the findings will be presented in conferences and published in scientific journals,

6. RESULTS

6.1 Socio demographic characteristics

From total of 416 mothers who were admitted and gave birth in labor and delivery ward of teaching and non-teaching hospitals, all of them responded to the study questionnaires; which is 100% respondent rate; the mean age of participants was 27.10(SD=4.74) and the minimum age was 18 and the maximum was 40 (18, 40).

As shown in table 1 below, the majority of the respondents were orthodox Christian (47%) by religion in teaching hospital and Muslims (49.5%) in non-teaching hospital. Respondents were similar in teaching and non-teaching hospitals in terms of their educational level. The majority of the respondent in both hospitals were multipara- 58.6% in teaching and 53.4% in nonteaching. Pregnancy outcome of alive baby delivery in teaching and non-teaching hospital were almost equal which was 96% and 92% respectively. Caesarian Section(C/S) was performed on 43% of mothers in teaching hospital compared to 22% in nonteaching hospital which is less by half from the teaching hospital. Delivery managed by Spontaneous Vaginal delivery (SVD) in teaching hospital was 36.7% while it was 59.7% in non-teaching hospital which is greater than from teaching hospital by 25%.

Table 1, Socio demographic data of mothers in teaching and non-teaching hospitals Addis Ababa, 2016

Variables	Teaching Hospital		Non-Teaching Hospital		
	Frequency	Percent	Frequency	Percent	
Age	15-25	91	43.3	88	42.7
	26-35	105	50	112	54.4
	>=35	14	6.7	6	2.9
Religion	Orthodox	99	47.1	83	40.3
	Muslim	78	37.1	102	49.5
	Protestant	29	13.8	21	10.5
	Others	4	1	0	0
Education	Illiterate	34	16.3	34	16.1
	Primary	81	38.5	80	38.8
	Secondary	65	31.1	59	28.6
	Diploma and above	30	14.3	33	16
Parity	Primipara	83	41.4	96	46.6
	Multipara	123	58.6	110	53.4
Pregnancy out come	Alive	202	96.2	191	92.7
	Dead	8	3.8	15	7.3
Mode of delivery	SVD	77	36.7	123	59.7
	Instrumental	42	20	36	17.5
	C/S	91	43.3	47	22.8

6.2 Quality of midwifery care

Twenty questions were administered for quality of midwifery care process factors. The average mean of quality of midwifery care question were (26.89) below the mean was coded 1; as good quality and above the mean was coded 0 as poor. Therefore, it was found that in teaching hospital the quality of midwifery care was described by 119(56.6%) of the mothers as poor while in non-teaching hospital it was only 96(46.6%) of the mothers who have said that the service was poor.

The result in table 2 below shows that 95.7% in the teaching hospital and 81% in non-teaching hospital professionals were not introducing themselves to mothers during midwifery care process. Similarly 92.9% of the mothers have stated that they were checked and managed (receiving care) by different professionals during their labor time in teaching hospital and while 44.7% of the mothers in non-teaching hospital were checked and managed by different professionals during their labor time.

Table 2, quality of midwifery care in relation to standard delivery care process in teaching and non-teaching hospital, Addis Ababa, 2016

Quality assessment questioners		Teaching Hospital		Non-teaching Hospital	
		Frequency	Percent	Frequency	Percent
Professionals introduce themselves to you	Yes	9	4.3	39	18.9
	No	201	95.7	167	81
Get chance to ask question about your case	Yes	105	50	152	73.8
	No	105	50	54	26.2
You left alone during your labor time	Yes	97	46.2	97	47.6
	No	113	53.8	48	23.3
Receive service by specialist as your choose?	Yes	120	57.1	158	76.7
	No	90	42.9	48	23.3
Explain to you what they are going to do	Yes	139	66.2	169	81.1
	No	71	33.8	39	18.9
Allow to walking during labor	Yes	63	30	126	61.2
	No	147	70	80	38.8
Chance to choose delivery position	Yes	48	22.9	76	36.9
	No	162	77.1	130	63.1

Allow Family with you during labor and birth	Yes	13	6.2	29	14.1
	No	197	93.8	177	85.9
Access drugs that ordered for you	Yes	103	49	56	27.2
	No	107	51	150	72.8
Your permission when they perform procedure	Yes	51	24.3	78	37.9
	No	159	57.7	128	62.1
Explain to you the progress of labor	Yes	182	86.7	184	89.3
	No	28	13.3	22	10.7
Checked regularly after you gave birth	Yes	148	70	183	88.8
	No	62	29.5	23	11.2
Baby gave to you immediately after gave birth	Yes	144	68.6	162	78.6
	No	66	31.4	44	21.4
professional confidence when provide care	Yes	168	80	186	90.3
	No	42	20	20	9.7
managed by different professionals	Yes	139	92.9	92	44.7
	No	17	7.1	144	55.3
has blanket on the bed that you labor	Yes	139	66.2	150	72.8
	No	71	33.8	56	27.2
delivery bed was clean	Yes	149	70	151	73.3
	No	63	30	55	26.7
delivery room was clean	Yes	170	84	146	70.9
	No	32	15.2	60	29.1
Professionals communicate you by calling your name	Yes	177	84.3	164	79.6
	No	33	15.7	42	20.6

6.3 Mothers Satisfaction on quality of midwifery care,

Mothers' satisfaction questionnaire was sum up together and average mean satisfaction found that (23.08) and above the mean was coded as; satisfied=1 and below the mean coded as dissatisfied= 0, and it. In table 2 below mothers' satisfaction with the midwifery care is shown. From 210 respondents in the teaching hospital 68(32.38) were satisfied whereas 142(67.6%) were dissatisfied. On the other hand from 206 respondents in the non-teaching hospital 149(82%) were satisfied and 57(27.6 %) were dissatisfied.

Table 3, Mothers satisfaction on quality of midwifery care in teaching and non-teaching hospitals in Addis Ababa, 2016

Variables		Teaching hospital		Non-teaching hospital	
		Frequency	percent	Frequency	percent
Waiting time to receive services	Satisfied	87	41.4	130	63.1
	Dissatisfied	67	31.9	3	1.5
Privacy during care	Satisfied	18	9	101	49.1
	Dissatisfied	60	28.6	8	3.9
Encourage the mother on labor	Satisfied	100	47.6	151	73.3
	Dissatisfied	10	4.8	2	1
Respect shown by the provider	Satisfied	117	55.7	159	77.2
	Dissatisfied	4	1.9	1	0.5
Skill of professionals	Satisfied	154	73.3	154	74.8
	Dissatisfied	6	2.9	2	1
Advice given to the mother	Satisfied	60	28.8	126	61.2
	Dissatisfied	67	31.9	8	3.9
Newborn health perception	Satisfied	136	64.8	136	66
	Dissatisfied	16	7.6	8	3.9
Mothers health perception	Satisfied	162	77.1	129	62.6
	Dissatisfied	2	1	3	1.5
Water access	Satisfied	10	4.8	25	12.1
	Dissatisfied	145	59.0	88	42.7
Toilet Access	Satisfied	10	4.8	20	9.7
	Dissatisfied	150	71.4	97	47.1

Table 4 below shows the bivariate analysis which was performed to reveal association between institution and mothers' satisfaction in relation to the quality of midwifery care they received in teaching and nonteaching hospitals. It was found that mothers in the non-teaching hospital were 5.4 times more likely to be satisfied than in the teaching hospital

Table 4, Summary of bivariate logistic regression finding of mothers' satisfaction in teaching and non-teaching hospitals in Addis Ababa, 2016

Variable	Satisfaction with midwifery care		COR(CI)	P value
	Dissatisfied	Satisfied		
Teaching	142(67.6%)	57(27.6%)	1.00	
Non-teaching	68(32.38%)	149(82%)	5.46(3.59, 8.31)	<0.001

Bivariate analysis was performed (see table 5 below) factors affecting quality of care in relation to mother's satisfaction and type of hospital, and association was found between quality, type of institution and mothers' satisfaction, it shows that quality of midwifery care was 1.49 times more likely good in non-teaching hospital than in teaching; and quality of midwifery care 3.46 times more likely to be perceived good in those mothers who are satisfied than those dissatisfied.

Table 5, Summary of factors affecting quality of midwifery care in relation to mother's satisfaction and type of hospital (teaching and non teaching), AddisAbaba,2016

Variable	Quality of midwifery care		COR(CI)	P value
	Poor	Good		
Type of Institution				
Teaching	119(58.6%)	91(43.3%)	1.00	
Non-teaching	96(46.6%)	110(53.3%)	1.49(1.018,2.206)	0.040
Satisfaction				
Dissatisfied	134(62.3%)	65(32.3%)	1.00	
Satisfied	81(37.7%)	136(67.7%)	3.46(2.310.5.186)	<0.001

Table 6, bivariate analysis finding on quality of midwifery care in relation standard delivery care process in teaching and non teaching hospitals, Addis Ababa, 2016

Variables	Quality of midwifery care		COR	P value	
	poor	good			
Teaching Hospital					
Professionals introduce themselves	Yes	2(22.2%)	7(77.8%)	.205(.045,.1.012)	.074
	No	117(58.2%)	84(41.8%)		
Chance to ask what she feels	Yes	39(37.1%)	66(62.9%)	.185(.101,.336%)	.000
	No	80(76.2%)	25(23.8%)		
Mother left alone during labor	Yes	48(49.5%)	49(50.5%)	.579(.334,1.006)	0.71
	No	71(62.2%)	42(37.3%)		
Specialist by choose	Yes	46(38.3%)	74(61.7%)	.145(.076,.275)	.000
	No	73(81.3%)	17(18.8%)		
Explain the procedure	Yes	63(45.3%)	76(54.7%)	.222(.115,.420)	.000
	No	65(78.7%)	15(21.1%)		
Allow to walk during labor	Yes	23(36.5%)	40(63.5%)	.305(.165,.565)	.000
	No	96(65.3%)	51(34.7%)		
Chance to choose delivery Position	Yes	12(25.0%)	36(75.0%)	.171(.083,.355)	.000
	No	107(66.0%)	55(34.0%)		
Allowed family to accompany during labor delivery	Yes	1(7.7%)	12(92.3%)	.056(.007,.438)	.001
	No	118(59.9%)	79(40.1%)		
Drug access	Yes	42(40.8%)	61(59.2%)	.268(.151,.477)	.000
	No	77(72.0%)	30(28.0%)		
Asked permission before procedure	Yes	11(21.6%)	40(78.4%)	.130(.062,.274)	.000
	No	108(67.9%)	51(32.1%)		
Progress of labor explained	Yes	96(52.7%)	86(47.3%)	.243(.088,.666)	.007
	No	23(82.1%)	5(17.9%)		
Checked regularly after delivery	Yes	68(54.9%)	80(51.1%)	.183(.089,.379)	.000
	No	51(82.3%)	11(17.7%)		
Baby was given immediately after delivery	Yes	73(50.7%)	71(49.3%)	.447(.241,.830)	.015
	No	46(69.7%)	20(30.3%)		
Health provider confidence	Yes	89(53.3%)	79(47.0%)	.451(.216,.940)	.047
	No	30(71.4%)	12(28.6%)		
Managed by different health providers	Yes	107(54.9%)	88(45.1%)	.304(.083,.1.111)	.105
	No	12(80.0%)	3(20.0%)		
Blanket access	Yes	61(43.9%)	78(56.1%)	.175(.088,.349)	.000
	No	58(81.7%)	13(18.3%)		
Bed cleanness	Yes	66(44.9%)	81(55.1%)	.154(.073,.325)	.000
	No	53(84.1%)	10(15.9%)		
Room cleanness	Yes	89(50.0%)	89(50.0%)	.067(.015,.287)	.000
	No	30(93.8%)	2(6.3%)		
Mothers name called by health providers during care	Yes	92(36.6%)	88(48.0%)	.241(.095,.611)	.003
	No	27(81.2%)	6(18.2%)		
Non Teaching Hospital					
Professionals introduce themselves	Yes	14(35.9%)	25(64.1%)	.580(.282,.1.194)	.109
	No	82(49.1%)	85(50.9%)		
Chance to ask what she feels	Yes	50(32.9%)	102(67.1%)	.085(.037,.194)	.000
	No	46(85.2%)	8(14.8%)		
Mother left alone during labor	Yes	33(34.4%)	64(66.8%)	.376(.214,.663)	.001
	No	63(57.8%)	46(42.2%)		

Specialist by choose	Yes	53(33.3%)	105(66.5%)	.059(.022,.157)	.000
	No	43(89.6%)	5(10.4%)		
Explain the procedure	Yes	61(36.5%)	106(63.5%)	.66(.022,.194)	.000
	No	35(89.7%)			
Allow to walk during labor	Yes	41(32.5%)	85(67.5%)	.219(.129,.400)	.000
	No	55(68.8%)	25(31.3%)		
Chance to choose delivery Position	Yes	25(32.9%)	51(67.1%)	.4077(.222,.735)	.004
	No	71(54.6%)	59(45.6%)		
Allowed family to accompany during labor delivery	Yes	7(24.1%)	22(75.9%)	.315(.128,.774)	.016
	No	89(50.3%)	88(49.7%)		
Drug access	Yes	15(26.8%)	41(73.2%)	.312(.159,.611)	.001
	No	81(54.0%)	69(48.0%)		
Asked permission before procedure	Yes	24(30.8%)	54(69.3%)	.346(.191,.626)	.001
	No	72(56.3%)	56(43.8%)		
Progress of labor explained	Yes	78(42.4%)	106(57.8%)	.164(.053,.502)	.001
	No	18(81.8%)	4(18.2%)		
Checked regularly after delivery	Yes	77(42.1%)	106(57.9%)	.153(.050,.468)	.001
	No	19(82.6%)	4(17.4%)		
Baby was given immediately after delivery	Yes	70(43.2%)	92(56.8%)	.527(.268,1.036)	.087
	No	26(59.1%)	18(40.9%)		
Health provider confidence	Yes	81(43.5%)	105(56.5%)	.257(.090,.737)	.015
	No	15(75.0%)	5(25.0%)		
Managed by different health providers	Yes	34(37.0%)	58(63.0%)	.492(.280,.862)	.019
	No	62(54.4%)	52(45.6%)		
Blanket access	Yes	45(36.0%)	96(64.0%)	.188(.094,.374)	.000
	No	42(75.0%)	14(25.0%)		
Bed cleanness	Yes	51(33.8%)	100(66.2%)	.133(.053,.243)	.000
	No	45(81.8%)	10(53.4%)		
Room cleanness	Yes	43(29.5%)	103(70.5%)	.055(.023,.131)	.000
	No	53(46.6%)	7(11.7%)		
Mothers name called by health providers during care	Yes	60(36.6%)	104(63.4%)	.096(.038,.2410)	.000
	No	36(85.7%)	6(14.3%)		

Multivariate analysis was performed in terms of standard quality care process as table 7 below mothers who allowed walking during labor were 7.2 more likely perceive the quality of midwifery care as good than those mother were not allow to walk during labor time **AOR(95%CI) 7.349(3.387,15.946)**. Mothers who checked regularly after delivery were 7.3 more likely perceive quality of midwifery care as good than those mother who didn't checked regularly after delivery **AOR (95%CI) 7.390(3.523, 15.501)** mothers who told progress of labor were 4.3 times more likely perceive quality of midwifery care as good than those mothers were not told the progress of labor

Table 7, Multivariate analysis on quality of midwifery care in relation to standard quality of care process, Addis Ababa, 2016

Variables		Quality of midwifery care		COR(95%CI)	AOR(95%CI)	P value
		Poor	Good			
Bed cleanness	Yes	66(44.9%)	81(55.1%)	1.00		
	No	53(84.1%)	10(15.9%)	.132(.077,.225)	5.436(2.123,13.991)	*.000
Blanket access	Yes	61(43.9%)	78(56.1%)	1.00		*.000
	No	58(81.7%)	13(18.3%)	5.04(3.744,9.111)	3.240(1.485,7.071)	
Checked regularly after delivery	Yes	68(54.9%)	80(51.1%)	1.00		*.000
	No	51(82.3%)	11(17.7%)	.167(.092,.304)	7.390(3.523,15.501)	
Progress of labor explained	Yes	96(52.7%)	86(47.3%)	1.00		*.001
	No	23(82.1%)	5(17.9%)	.199(.094,.421)	4.383(1.813,10.595)	
Drug access	Yes	42(40.8%)	61(59.2%)	1.00		*.000
	No	77(72.0%)	30(28.0%)	.350(.232,.526)	3.992(2.309,6.404)	
Allow to walk during labor	Yes	23(36.5%)	40(63.5%)	1.00		*.001
	No	96(65.3%)	51(34.7%)	.258(.171,.388)	7.349(3.387,15.946)	

*highly significant association (p<0.001) significant association (p<0.05)

Table 8 Multivariate analysis on quality of midwifery care in relation to standard quality of care process in teaching hospital, Addis Ababa, 2016

Variables		Quality of midwifery care		COR(95%CI)	AOR(95%CI)	P value
		Poor	Good			
Bed cleanness	Yes	66(44.9%) 53(84.1%)	81(55.1%) 10(15.9%)	.132(.077,.225) 1.00	5.436(2.123,13.99)	*.000
	No					
Blanket access	Yes	61(43.9%) 58(81.7%)	78(56.1%) 13(18.3%)	5.04(3.744,9.111) 1.00	3.240(1.485,7.071)	*.000
	No					
Checked regularly after delivery	Yes	68(54.9%) 51(82.3%)	80(51.1%) 11(17.7%)	.199(.094,.421) 1.00	7.390(3.523,15.50)	*.000
	No					
Progress of labor explained	Yes	96(52.7%) 23(82.1%)	86(47.3%) 5(17.9%)	.199(.094,.421) 1.00	4.383(1.813,10.59)	*.001
	No					
Drug access	Yes	42(40.8%) 77(72.0%)	61(59.2%) 30(28.0%)	.350(.232,.526) 1.00	3.992(2.309,6.404)	*.000
	No					
Allow to walk during labor	Yes	23(36.5%) 96(65.3%)	40(63.5%) 51(34.7%)	258(.171,.388) 1.00	7.349(3.387,15.94)	*.001
	No					

Table 9 Multivariate analysis on quality of midwifery care in relation to standard quality of care process in non teaching hospital , Addis Ababa, 2016

Variables		Quality of midwifery care		COR(95%CI)	AOR(95%CI)	P value
		Poor	Good			
Bed cleanness	Yes	51(33.8%)	100(66.2%)	.133(.053,.,243)	8.900(4.307,.,18.389)	*.000
	No	45(81.8%)	10(53.4%)	1.00		
Blanket access	Yes	45(36.0%)	96(64.0%)	.188(.094,.,374)	7.346(3.609,.,11.952)	*.000
	No	42(75.0%)	14(25.0%)	1.00		
Checked regularly after delivery	Yes	77(42.1%)	106(57.9%)	.153(.050,.,4680)	11.236(4.775,.,26.440)	*.000
	No	19(82.6%)	4(17.4%)	1.00		
Progress of labor explained	Yes	78(42.4%)	106(57.8%)	.164(.053,.,502)	8.140(2.869,.,23.096)	*.001
	No	18(81.8%)	4(18.2%)	1.00		
Drug access	Yes	15(26.8%)	41(73.2%)	312(.159,.,611)	12.065(5.982,24.500)	*.000
	No	81(54.0%)	69(48.0%)	1.00		
Allow to walk during labor	Yes	7(24.1%)	22(75.9%)	.315(.128,.,774)	6.065(3.363,.,10,939)	*.001
	No	89(50.3%)	88(49.7%)	1.00		

6.4 Observation result

Twenty-four participants were observed in both teaching and non-teaching hospital from admission up to post-natal period the check list composed of five sections: during admission; (12 observation items), during labor (11 observation items), during delivery 17 (observation items), during immediate newborn care (13 observation items), and during postnatal care (12 observation items). Totally 65 observation tasks were used. The result is shown below in table 7

In the table 8, below, observation during admission privacy was kept for 91.7% of mothers in non-teaching hospital while only 33.3% mothers' privacy was kept in teaching hospital. History taking, doing physical examination, abdominal examination, fetal heart rate count, and pelvic examination were fully performed in both hospitals as standard. On telling findings to the mothers, 91.7% was performed as per standard in non-teaching hospital where as 58.3% performed in teaching.

Table 10, quality of midwifery care observation data during Admission of labor, Addis Ababa, 2016

Observation tasks		Teaching Hospital		Non-Teaching Hospitals	
		frequency	percent	frequency	Percent
Keep Privacy during admission	Yes	4	33.3	11	91.7
	No	8	66.7	1	8.3
Permission asked clients for procedure	Yes	2	16.7	5	41.7
	No	10	83.3	7	58.3
Tell the finding to the mother	Yes	7	58.3	11	91.7
	No	5	41.7	1	8.3
Greeting the mother during admission	Yes	1	8.3	5	41.7
	No	11	91.7	7	53.3
History taking	Yes	12	100	12	100
	No	0	0	0	0
Physical examination	Yes	12	100	12	100
	No	0	0	0	0
Abdominal examination	Yes	12	100	12	100
	No	0	0	0	0
Fetal Heart rate count	Yes	12	100	12	100
	No	0	0	0	0
Pelvic examination	Yes	12	100	12	100
	No	0	0	0	0
Asking mothers agreement	Yes	2	16.7	7	58.3
	No	10	83.3	5	41.7

Labor observation result (table 9) below shows that 75% of mothers were reassured when they were in labor pain in non-teaching hospital whereas in teaching hospital 25% of the mothers were reassured. On partograph follow up 83.5% of mothers in labor were followed by partograph in non-teaching hospital, while 25% were followed in teaching hospital and 91% of mothers were told the progress of labor in non-teaching hospital while only 50% were told the progress of labor in teaching hospital. No family was with the mothers when they were in labor in teaching hospital whereas in non-teaching hospital 83.3 mothers were with their family when they are in labor.

Table 11, quality of midwifery care observation data during Labor, in Addis Ababa,2016

Observation tasks		Teaching		Non-Teaching	
		frequency	percent	frequency	Percent
Reassure the mother in labor	Yes	6	50	9	75
	No	6	50	3	25
Follow up with partograph	Yes	3	25	10	83.5
	No	9	75	1	8.3
Tell the mother progress of labor	Yes	6	50	11	91.7
	No	6	50	1	8.3
Providers be with mother all time labor	Yes	3	25	9	75
	No	9	75	3	25
Chance of the mother to ask	Yes	1	8.2	2	16.7
	No	11	91.7	10	83.3
Let family with the mother during labor	Yes	0	0	10	83.3
	No	12	100	2	16.7
Keep privacy during labor	Yes	4	33.3	7	58.3
	No	8	66.7	5	41.7

The result (table 10)below shows in both hospitals all observed mothers had no chance to choose the position of delivery; 66.7% of health provides were use personal protection in non-teaching hospital while 33.3% in teaching hospital, 25% health providers were clean the perineum when they manage delivery in teaching hospital whereas in non-teaching hospital 100% were done, when the placenta removed, control cored traction were applied 100%in non-teaching as standard while 66.7% in teaching, keeping privacy during managing delivery 75% in non-teaching and8.3% in teaching hospital was kept.

Table 12, factors affecting quality of midwifery care, observation during delivery, Addis Ababa,2016

Observation tasks		Teaching Hospital		Non-Teaching Hospital	
		frequency	percent	frequency	Percent
Emotional support during delivery	Yes	8	66	12	100
	No	4	33.3	0	0
Chance to choose position of delivery	Yes	0	0	0	0
	No	12	100	12	100
Wear personal protective materials	Yes	4	33.3	8	66.7
	No	8	66.7	4	33.3
Perineum care during managing delivery	Yes	7	58.8	12	100
	No	5	41.7	0	0
Head control during managing delivery	Yes	2	16.7	12	100
	No	10	83.3	0	0
Wipe eye and mouth of the new borne	Yes	3	25	10	83.3
	No	9	75	2	16.7
Deliver the baby body support with both hand	Yes	7	58.3	12	100
	No	5	41.7	0	0
Tell to the mother baby sex & time of delivery	Yes	3	25	8	66.7
	No	9	75	4	33.3
Put the baby on the mothers abdomen	Yes	11	91.7	11	91.7
	No	1	8.3	1	8.3
Remove placenta by control cord traction	Yes	8	66.7	12	100
	No	4	33.3	0	0
Examination of placenta	Yes	4	33.3	12	100
	No	8	66.7	0	0
Clean and comfort the mother	Yes	3	25	12	100
	No	9	75	0	0
Keeping privacy during delivery	Yes	1	8.3	9	75
	No	11	91.7	3	25

(table 11)below shows ;in both hospitals vitamin k was given to the newborn on time and in case of newborn skin to skin to the mother both hospitals were not done. Infection prevention procedures were performed 75 %in non-teaching hospital and 58.3% in teaching hospital, dried the baby with towel 100% performed in teaching hospital 91.7% in non teaching hospital.

Table 13, Factors affecting quality of midwifery care observation data during immediate newborn care

Observation tasks		Teaching Hospital		Non-Teaching Hospital	
		frequency	percent	frequency	Percent
Dried baby with towel	Yes	12	100	11	91.7
	No	0	0	1	8.3
Covered with dried towel	Yes	10	83.3	12	100
	No	2	16.7	0	0

Initiate breast feeding	Yes	2	16.7	7	58.3
	No	10	83.3	5	41.7
Place the newborn skin to skin	Yes	1	8.3	1	8.3
	No	11	91.7	11	91.7
Perform eye care & give Vit. K IM	Yes	12	100	12	100
	No	0	0	0	0
Infection prevention	Yes	7	58.3	9	75
	No	5	41.7	3	25

In postnatal period observation a stable 12, below shows vital signs were checked 100% in non-teaching hospital while it was 75% in teaching hospital; health education 100% was given in non-teaching hospital whereas 16.7% in teaching hospital. Mothers were 100% told the findings of medical examination in non-teaching hospital while 33.3% in teaching hospital.

Table 14. Factors affecting quality of midwifery care observation during postnatal care, Addis Ababa, 2016

Observation tasks		Teaching hospital		Non-teaching hospital	
		Frequency	Percent	Frequency	Percent
Greet the mother and introduce the name	Yes	2	16.7	4	33.3
	No	10	83.3	33.3	66.7
Ask the mother did she void urine	Yes	1	8.3	5	41.7
	No	11	92.7	7	58.5
Examine the uterus	Yes	9	75	11	91.7
	No	3	25	1	8.3
Take vital signs	Yes	9	75	12	100
	No	3	25	0	0
Check new born	Yes	1	8.3	11	91.7
	No	9	75	3	25
Health education	Yes	2	16.7	12	100
	No	10	83.3	0	0
Tell danger sign of post natal period	Yes	0	0	9	75
	No	12	100	3	25
Tell the finding and give her chance to ask	Yes	4	33.3	12	100
	No	8	66.7	0	0
Infection prevention	Yes	7	58.3	11	91.7
	No	5	41.7	1	8.3

7. Discussion

The study was found in terms of quality of midwifery care affected factors, are overcrowded by the health providers and medical student's privacy of mothers was not kept as expected. The finding also indicate that 66% of respondents' in teaching hospital and 8% in non-teaching hospital didn't get required level of privacy. Not follow standard of delivery care affect quality of midwifery care. Observation during labor found that 25% of mothers labor were followed using partograph in teaching hospital in addition most of the partograph was incomplete, 83.5% of mothers labor were followed using partograph in non-teaching hospital ; even though it is not assessed; during observation in teaching hospital labor were followed by the resident students and interns whereas in non-teaching hospital by the midwives, and also all SVDs managed by midwives in non-teaching hospital, but in teaching hospital almost all SVDs managed by resident student and interns, observation proved that delivery management in teaching hospital was not compatible with desired standard of delivery procedure; but in non-teaching hospital it was compatible; for example, like head Support during delivery done 100% in non-teaching hospital while it was only 16.7% in teaching hospital. Wiping eyes and mouth of the new born and deliver the baby supporting body with both hands also done 100% in non-teaching hospital managed by midwives; while it was done for only 38% in teaching hospital which were managed by student residents and interns in terms of privacy, waiting time to receive service and mothers have chance to ask about her case also factors to affect quality of midwifery care ; With regard to satisfaction of mothers with midwifery care service, about 32 percent of mothers in teaching hospital were satisfied whereas 82% of mothers in then on teaching hospital were satisfied. This result is similar with study done in Iran (20) where their finding was that the quality of processes of delivery care in the teaching hospital was unfavorable (50.5% compatibility with the standard but was acceptable in the non-teaching hospital (70.6% compatibility), a significant difference between the hospitals. In terms of satisfaction of the mothers; there is significant association between teaching and non teaching hospital quality of midwifery care 3.46 times more likely to be perceived good in those mothers in non teaching hospital who are satisfied than those dissatisfied in teaching hospital, this finding is the similar with Khorram Abad, Islamic Republic of Iran study finding (20).

When compared to the non-teaching hospital in terms of quality of midwifery care During admission privacy of the delivering mother was not kept in teaching hospital (33%) when

compared to the non-teaching hospital (91.7%), also observation of service giving professionals while assessing mothers' pelvic examination in teaching hospital during admission; mothers were exposed for other admission waiting mothers and about seven students were in the room and when those mothers were asked their feeling majority of them respond *'do I have a choice? if I like it or not; I just want to relief from pain and gave birth and have baby in any way.'*

High number of mother respond that they were checked and managed by different professionals during their labor time in teaching hospital The finding indicate that mothers perception on the confidence of health providers when they manage labor and delivery in non-teaching hospital teaching hospital which is 90% and 80% respectively was 10% greater than.

During delivery management process in teaching hospital; it was observed that a mother in labor stayed more than 3 hours being in lithotomic position on a delivery Koch before she had been in the second stage and the resident student doctor encouraged her to push without taking breath; then near to give birth she couldn't push and her baby were distended, oxygen was given to the mother; the mother couldn't able push, the resident asked me to do fondle presser I said I can't and then he did it by himself which is malpractice in delivery management; finally she gave birth with bi- lateral big 2nd degree perineal tear and she bleeds' too much the baby was distressed and sent to NICU; when it happen; no senior professional was there with the resident student doctor, no one was with him to guide proper management of labor and delivery. This observation finding is similar with the finding that we using observation standard check list. Being teaching hospital or non-teaching hospital affects the quality of midwifery care (20)

Strength and Limitation of study

A positive aspect of this study is that it has measured the quality of midwifery care in terms of mother satisfaction, midwifery quality care process and observation on continuum of care. Nevertheless the study has some limitations. One was concerned with quality process evaluation tool for the care process, which is few number of questions and it would be better in future studies increase the number of questions.. Another limitation is concerned with the method of collecting quality of care process data by interviews with mothers, since it is possible that women's responses to the interviewer were biased. Thus observations of care provision rather than interviews with clients are suggested for future studies and the observation will be good if it includes C/S.

8. Conclusion

From our finding we conclude that quality of midwifery care is affected by teaching and learning process the result show that non-teaching hospital quality of midwifery care was better than teaching hospital in regarding to mother satisfaction, mothers who were served in non teaching hospital were more satisfied than those mothers who were served in teaching hospital and this shows that quality of midwifery care were affect by satisfaction and when we compare the teaching and non teaching hospitals in regarding quality midwifery care, non-teaching hospital was more better than teaching hospital. Several reasons can be suggested for this, the teaching hospital service was provided by the students without the senior supervisor and service was provided for the purpose of learning; in this case quality of midwifery care will be in question whereas in non-teaching hospital service is given not for teaching purpose and senior staffs mentor junior staffs.

9. Recommendations

1, for teaching hospital

- ✓ The hospital should revised its teaching learning process,
- ✓ To implement quality of midwifery care standard, senior hospital staffs, instructors and supervisors should be with the students when they provide service.
- ✓ The hospital should find solution to manage the number of students by assigning them in different shift and ward.
- ✓ Students need support to manage SVD as standard or teaching hospital

2, for non-teaching hospital

- ✓ In the non-teaching hospital, more attention should be paid to immediate new born care especially to keep baby warm

1. For FMOH

- ✓ Federal Ministry of Health should follow the implementation of new approach in health service management in teaching health care facility
- ✓ Priority should be given for standard quality of midwifery Services

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Questionnaire to study THE EFFECT OF TEACHING-LEARNING PROCESS ON THE QUALITY OF MIDWIFERY CARE

Good morning/afternoon. My name is _____

I am a Midwife by profession and data collector for study on the effect of teaching-learning process on the quality of midwifery care; I kindly ask you to help me in the data collection process.

The objective of this questioner is to have relevant data from mothers selected to be involved in the study to assess the effect of teaching and learning process on quality of midwifery care at St. Paul Millennium College and Alert Hospital. You are randomly selected to be one of those mothers to be included in the interview for the study. The questionnaire has three parts; part I about socio-demographic factors related to quality of midwifery care, part II about mother satisfaction factors associated with the quality of midwifery care, part III about Quality of midwifery care associated factors questioners. All your responses will be kept confidential. The

interview process will take about 15 minutes. During the interview if you are not comfortable you can discontinue.

So, I will request your cooperation for the interview. If you have any questions you can ask any time. Your name will not be used in any report, but your ideas and suggestions will help us to attain our objective. Please feel free to answer exactly as you feel. If you are clear with the information provided and agree to participate please sign on the consent form attached.

Are you willing to participate in this study?

1. Yes

2. No

Thank you for your time

Annex I, Part I: socio-demographic factors related to quality of midwifery care

1	Age in year	16-25 26-35 >=35
2	Religion	Orthodox Muslim Protestant Others
3	Education	Illiterate Primary Secondary Diploma and above
4	Parity	1,Primi-para 2, Multi-para
5	Mode of delivery	1,SVD 2, Instrumental delivery 3, C/S
6	Pregnancy outcome	1,Alive 2, Dead

Annex2, Part II: Mother satisfaction Factors associated with the quality of midwifery care

Instruction

Please ask the question in two steps for each of the items 1 to 8, consecutively.

Step 1: Were you satisfied or dissatisfied with (the item)?

Step 2: How much were you satisfied (or dissatisfied)?

• Encircle the appropriate number for her response in the following manner

S.N	Questioner	
1	Waiting time since arrival at the hospital until you were first registered in the ward	1, Fully satisfied 2, Somewhat satisfied 3, Neither satisfied nor dissatisfied 4, Somewhat dissatisfied 5, Fully dissatisfied
2	Privacy maintained by the health staff during the care	1, Fully satisfied 2, Somewhat satisfied 3, Neither satisfied nor dissatisfied 4, Somewhat dissatisfied 5, Fully dissatisfied
3	Encouragement at delivery by the health staff	1, Fully satisfied 2, Somewhat satisfied 3, Neither satisfied nor dissatisfied 4, Somewhat dissatisfied 5, Fully dissatisfied
4	Politeness, courtesy and respect shown by provider	1, Fully satisfied 2, Somewhat satisfied 3, Neither satisfied nor dissatisfied 4, Somewhat dissatisfied 5, Fully dissatisfied
5	Competency of the hospital health provided in providing care to both you and your baby	1, Fully satisfied 2, Somewhat satisfied

		3,Neither satisfied nor dissatisfied 4,Somewhat dissatisfied 5,Fully dissatisfied
6	Health advices given by the hospital health staff to look after the newborn baby	1,Fully satisfied 2,Somewhat satisfied 3,Neither satisfied nor dissatisfied 4,Somewhat dissatisfied 5, Fully dissatisfied
7	Health condition of your newborn baby is satisfactory	1,Fully satisfied 2,Somewhat satisfied 3,Neither satisfied nor dissatisfied 4,Somewhat dissatisfied 5,Fully dissatisfied
8	Health condition of your self is satisfactory	1,Fully satisfied 2,Somewhat satisfied 3,Neither satisfied nor dissatisfied 4,Somewhat dissatisfied 5,Fully dissatisfied
9	Mothers have access to running water	1,Fully satisfied 2,Somewhat satisfied 3,Neither satisfied nor dissatisfied 4,Somewhat dissatisfied 5,Fully dissatisfied
10	Toilets are adequate and easily available	1,Fully satisfied 2,Somewhat satisfied 3,Neither satisfied nor dissatisfied 4,Somewhat dissatisfied 5,Fully dissatisfied

Annx3, Part III: Quality of midwifery care associated factors questioners.

Encircle the appropriate Answer for her response

S.N	Questioner	choose
1	Did the professional introduce themselves to you	1, Yes <input type="checkbox"/> 2 NO <input type="checkbox"/>
2	Did you get a chance to ask question about your case	1, Yes <input type="checkbox"/> 2, NO <input type="checkbox"/>
3	Did you left alone during your labor time?	1, Yes <input type="checkbox"/> 2 NO <input type="checkbox"/>
4	Did you have a chance to receive better service by specialist as your choose?	1, Yes <input type="checkbox"/> 2, NO <input type="checkbox"/>
5	Did the professionals explain to you what they aregoing to do before they examine you?	1, Yes <input type="checkbox"/> 2, NO <input type="checkbox"/>
6	Did you allow walkingduring labour?	1, Yes <input type="checkbox"/> 2, NO <input type="checkbox"/>
7	Did the health professional gave you chance choose delivery position?	1, Yes <input type="checkbox"/> 2, NO <input type="checkbox"/>
8	Did your Family members/persons are allowed to remain with you constantly during labour and birth	1, Yes <input type="checkbox"/> 2, NO <input type="checkbox"/>
9	How many professionals were in the room when you give birth?	
10	Did you access all drugs that ordered for you	1, Yes <input type="checkbox"/> 2, NO <input type="checkbox"/>
11	Did your attendant (health professional) asked your permission when perform producer on you?	1, Yes <input type="checkbox"/> 2, NO <input type="checkbox"/>
12	Did the professionals explain to youthe progress of labor?	1, Yes <input type="checkbox"/> 2, NO <input type="checkbox"/>
13	Did you checked regularly after you gave birth?	1, Yes <input type="checkbox"/> 2, NO <input type="checkbox"/>
14	Did your baby gave to you immediately after gave birth?	1, Yes <input type="checkbox"/> 2,NO <input type="checkbox"/>
15	Did health professional who give you care had confidence and decision making power	1, Yes <input type="checkbox"/> 2,NO <input type="checkbox"/>
16	Did managed by different professionals	1, Yes <input type="checkbox"/> 2,NO <input type="checkbox"/>
17	Is there blanket on the bed that you labor	1, Yes <input type="checkbox"/> 2,NO <input type="checkbox"/>
18	Did the delivery bed was clean	1, Yes <input type="checkbox"/> 2,NO <input type="checkbox"/>
19	Did the delivery room was clean	1, Yes <input type="checkbox"/> 2,NO <input type="checkbox"/>
20	Did the health provider communicate you by call	1, Yes <input type="checkbox"/> 2,NO <input type="checkbox"/>

	your name	
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Annex 4, Labor and delivery care observation checklist

Admission for labor and delivery

no	Observation tasks	yes	no	remark
1	greeting the mother and introduce yourself you are her care provider, your name and your profession			
2	tell her what you're going to do and ask permission			
3	history taking and v/s checking			
4	physical examination			
5	abdominal examinations			
6	check fetal heart rate			
7	pelvic examinations			
8	tell the finding and the next plan			
9	ask her agreement			
10	record all findings			
11	Keep privacy			
12	Infection prevention producer			

Labor

1	Provides continual emotional support and reassurance, as possible			
2	start partograph labor monitoring			
3	tell her the progress			
4	Be with her all time			
5	let her to move in the room			
6	Giving chance to the mother to ask			
7	allow the person that she wants to be with her			
8	encourage the mother to void urine frequently			
9	let her to take fluid and light food			
10	Keep privacy			
11	Infection prevention producer			

Delivery

1	tell the mother this is the time to give birth and provides continual emotional support			
---	---	--	--	--

2	give chance to the mother to choose the position of delivery which is comfortable for her			
3	wear personal protected material			
4	Clean the woman's perineum with antiseptic solution			
5	head control to prevent perennial tear			
6	wipe eyes and mouth of the baby with gauze			
7	deliver and Support the rest of the baby's body with both hands			
8	tell the mother the baby sex and time of delivery			
9	place the baby on the mother's abdomen			
10	ties/clamp cord when pulsations stop or by two – three minuts after birth			
11	If no additional baby, give oxytocin 10 units IM within one minute of birth			
12	check contraction and remove placenta by control cord traction			
13	massage the uterus gently			
14	examine the placenta			
15	clean the mother and comfort the mother			
16	Keep privacy			
17	Infection prevention producer			

Postnatal care observation checklist

1	greet mother and introduce the name of provider and telling to her what he/she plan to do for her			
2	ask the mother did she void urine or not			
3	observe women's general appearance			
4	taking her vital signs			
5	examine the uterus and perennial area			
6	examine the new born check if he has abnormality or not			
7	check if the new born suck breast or not			
8	give postnatal advice; like personal hygiene ,baby feeding, nutrition, FP			
9	danger sign of post natal period			
10	tell the mother the findings and ask her if she has question			
11	Keep privacy			
12	Infection prevention producer			

Immediate Newborn Care observation checklist

1	1clean the new eye and mouth immediately the head is born			
2	immdetly dried baby with tawol			
3	descared wet tawol and covered with dry tawol			
4	cut cord with stearial seizer or blade			
5	Assest thother to intiat breast feeding within the frist one hour			
6	pleac the new born skin to skin			
7	ties/clamp cord when pulsations stop or by two – three minuts after birth			
8	Identifies the baby			
9	Weighs the baby and record			
10	Performs eye care & Gives Vit K IM			
11	Checks the cord			

12	Keep privacy			
13	Infection prevention producer			

Annx5, Part III: Quality of midwifery care assessment questioners.

Encircle the appropriate Answer for her response

S.N	Questioner	choose
1	Did the professional introduce themselves to you	1, Yes <input type="checkbox"/> 2, NO <input type="checkbox"/>
2	Did you left alone during your labor time?	1, Yes <input type="checkbox"/> 2, NO <input type="checkbox"/>
3	Did you have a chance to receive better service by specialist as your choose?	1, Yes <input type="checkbox"/> 2, NO <input type="checkbox"/>
5	Did the professionals explain to you what they are going to do before they examine you?	1, Yes <input type="checkbox"/> 2, NO <input type="checkbox"/>
6	Did you allow walking during labour?	1, Yes <input type="checkbox"/> 2, NO <input type="checkbox"/>
7	Did the health professional gave you chance choose delivery position?	1, Yes <input type="checkbox"/> 2, NO <input type="checkbox"/>
8	Did your Family members/persons are allowed to remain with you constantly during labour and birth	1, Yes <input type="checkbox"/> 2, NO <input type="checkbox"/>
9	How many professionals were in the room when you give birth?	
10	Did you access all drugs that ordered for you	1, Yes <input type="checkbox"/> 2, NO <input type="checkbox"/>
11	Did your attendant (health professional) asked your permission when perform producer on you?	1, Yes <input type="checkbox"/> 2, NO <input type="checkbox"/>
12	Did the professionals explain to you the progress of labor?	1, Yes <input type="checkbox"/> 2, NO <input type="checkbox"/>
13	Did you checked regularly after you gave birth?	1, Yes <input type="checkbox"/> 2, NO <input type="checkbox"/>
14	Did your baby gave to you immediately after gave birth?	1, Yes <input type="checkbox"/> 2,NO <input type="checkbox"/>
15	Did health professional who give you care had confidence and decision making power	1, Yes <input type="checkbox"/> 2,NO <input type="checkbox"/>

Annex 6 ,የአማርኛ መጠይቅ

መግቢያ

የዚህ መጠይቅ ዋና አላማ መማር ማስተማር ሂደት ምን ያህል በእናቶች የወሊድ አገልግሎት ጥራት ላይ ተጽኖ አለው በሚል ለማደረገው ጥናት አስፈላጊና ትክክለኛ መረጃዎችን ከትክክለኛ እናቶች ለመሰብሰብ ሲሆን መጠይቁ ሶስት ክፍል አሉት

ክፍል አንድ፤- የግል ማንነት የሚገልጽ ሲሆን ሁለተኛው ክፍል፡ የእናቶች የወሊድ የአገልግሎት እርካታ ከሚደቀይፈሪ የአገልግሎት ጥራት ጋር ያውግንኙነት ላይ ሶስተኛው ክፍል፤-የመማር ማስተማር ሂደት ከሚደቀይፈሪ አገልግሎት ጥራት ጋር ያውግንኙነት ናቸው በዚህ መጠይቅ ሲሳተፉ ምንም አይነት የገንዘብክፍ ያይኖርም ነገርግን በዚህ ጥናት በመሳተፊዎ በመረጃየተደገፈየ እናቶችን የወሊድአገልግሎት ጥራትምን ያህል በመማር ማስተማር ሂደት ያለውን ግንኙነት ለማሳየት ለሚደረገው ጥናት ትልቅ አስተዋጽዖ ይኖርዎታል የሚሰጡላቸው ምላሾች በሚስጠር ይያዛሉ ስመዎትንም መግለጽ አያስፈልግም ቃለመጠይቃችን አስራአምስት ደቂቃይፈጃል ለጥያቄዎቹን ለመመለስ ፋቃደኛ መሆንዎትን ለማረጋገጥ የተዘጋጀው ፎርም ላይ አንብበው ይፈርማሉ ለሰጡኝ ጊዜ አና ፈቃደኛነትዎ በጣም አመሰግናለሁ፤፤

ክፍል አንድ

የግል ማንነት መግለጫ መጠይቅ

እድሜበአመት	16-25 26-35 >=35
ሐይማኖት	ኦርቶዶክስ ሙስሊም ፕሮቴስታንት ሌሎች
የትምህርትደረጃ	ያልተምረች የመጀመሪያ ደረጃ ሁለተኛ ደረጃ ዲፕሎማ እና ከዚያ በላይ

የእርግዝናብነት	1 የመጀመሪያእርግዝና 2 ካስንድበላይእርግዝና
የአወላለድአይነት	1 በተፈጥሮአወላለድመውለድ 2 በመሳሪያበመታገዝመውለድ 3 በቀዶጥገናመውለድ
የእርግዝናውውጤት	1 በህይወትየተወለደ 2 የሞቶየተወለደ

Annex7,ክፍል ሁለት የእናቶች የወሊድ አገልግሎት እርካታ ከሚደቀይፈፈ የአገልግሎት ጥራት ጋር ያለው ግንኙነት መመሪያ

መጀመሪያሁለትዓይነትደረጃያላቸውንከ1-8 ጥያቄዎችንበተከታታይጠይቅ

ደረጃ 1: በአገልግሎቱአረክተዋልወይምአልረኩም

ደረጃ 2: ምንምምልክትአገልግሎቱረክረተዋልወይምአልረኩም

•ምላሻቸውንበሚከተለውሁኔታተገቢውንቁጥርክበብ

ተ.ቁ	ጥያቄ	ምርጫ
1	ሆስፒታልከደረሱበትእስከማዋለጃክፍልአገልግሎትእስኪሰጥበትሆኑ	1.ሙሉ-በሙሉ-አረክቻለሁ 2. በከፊልአረክቻለሁ 3. ረክተዋልወይምአልረኩምማለትካልቻሉ 4. በከፊልአልረካሁም 5. ሙሉ-በሙሉ-አልረካሁም
2	ምርመራአገልግሎትሲሰጥዎትለሌሎችሰዎችእይታሳይጋለጡየተደረገመሆኑ	1.ሙሉ-በሙሉ-አረክቻለሁ 2. በከፊልአረክቻለሁ 3. ረክተዋልወይምአልረኩምማለትካልቻሉ 4. በከፊልአልረካሁም 5. ሙሉ-በሙሉ-አልረካሁም
3	በሚወልዱበትጊዜይደረግለዎትየነበረማበረታቻ	1. ሙሉ-በሙሉ-አረክቻለሁ 2. በከፊልአረክቻለሁ 3. ረክተዋልወይምአልረኩምማለትካልቻሉ 4. በከፊልአልረካሁም

		5.መ.ሉ-በመ.ሉ-አልረካሁም
4	የአገልግሎት ሰጭዎቹ ስነምግባር እንክብካቤና ማክበር	1.መ.ሉ-በመ.ሉ-አረክቻለሁ 2.በከፊልአረክቻለሁ 3.ረክተዋልወይምአልረኩምማለትካልቻሉ 4.በከፊልአልረካሁም 5.መ.ሉ-በመ.ሉ-አልረካሁም
5	ለርስዎናለልጅዎየህክምናአገልግሎትሲሰጡየባለሙያዎቹየሙያችሎታ	1 መ.ሉ-በመ.ሉ-አረክቻለሁ 2. በከፊልአረክቻለሁ 3. ረክተዋልወይምአልረኩምማለትካልቻሉ 4.በከፊልአልረካሁም 5. መ.ሉ-በመ.ሉ-አልረካሁም
6	ልጅዎትን እንዴት እንደሚከባከቡ በባለሙያ የተሰጠዎት የጤና ምክር	1. መ.ሉ-በመ.ሉ-አረክቻለሁ 2. በከፊልአረክቻለሁ 3.ረክተዋልወይምአልረኩምማለትካልቻሉ 4.በከፊልአልረካሁም 5. መ.ሉ-በመ.ሉ-አልረካሁም
7	በልጅዎየጤናሁኔታአጥጋቢነት	1.መ.ሉ-በመ.ሉ-አረክቻለሁ 2. በከፊልአረክቻለሁ 3.ረክተዋልወይምአልረኩምማለትካልቻሉ 4. በከፊልአልረካሁም 5.መ.ሉ-በመ.ሉ-አልረካሁም
8	የራስዎየጤናሁኔታአጥጋቢነት	1. መ.ሉ-በመ.ሉ-አረክቻለሁ 2. በከፊልአረክቻለሁ 3. ረክተዋልወይምአልረኩምማለትካልቻሉ 4 በከፊልአልረካሁም 5 መ.ሉ-በመ.ሉ-አልረካሁም

9	የቧንቧው ሀያ መጠቀም ሁኔታ በቅርብ እና በቂ ማግኘት	1. ሙሉ-በሙሉ እረክቻለሁ 2. በከፊል እረክቻለሁ 3. ረክተዋል ወይም አልረኩም ማለት ካልቻለሁ 4. በከፊል አልረካሁም 5. ሙሉ-በሙሉ አልረካሁም
10	የመጻፍ ጽንፍ ልበብ ቁልፍና በቅርብ ማግኘት	1. ሙሉ-በሙሉ እረክቻለሁ 2. በከፊል እረክቻለሁ 3. ረክተዋል ወይም አልረኩም ማለት ካልቻለሁ 4. በከፊል አልረካሁም 5. ሙሉ-በሙሉ አልረካሁም

Annex 8, ክፍል ሶስት፡- ከሚደቀደቁ አገልግሎት ጥራት ጋር ያውግንኙነት ያላቸው ጥያቄዎች

መመሪያ፡- ምላሻቸውን በሚከተለው ሁኔታ ተገቢውን ቁጥር ክብብ

ተ. ቁ	መጠይቅ	ምርጫ
1	የጤና ባለሙያዎች እራሳቸውን አስተዋውቀዎታል	1 አዎ <input type="checkbox"/> 2, የለም <input type="checkbox"/>
2	ስለ ጤንነት ዎ ሁኔታ ባለሙያዎችን የመጠየቅ እድል አግኝተዋል	1 አዎ <input type="checkbox"/> 2, የለም <input type="checkbox"/>
3	በሚያምጡበት ጊዜ ብቻ ዎትን ነበሩ	1 አዎ <input type="checkbox"/> 2, የለም <input type="checkbox"/>
4	የተሻለ የጤና አገልግሎት ለማግኘት እንደ ፈለጉት እና እንደ ጠየቁት አግኝተዋል	1 አዎ <input type="checkbox"/> 2, የለም <input type="checkbox"/>
5	ባለሙያዎች ለሚያደርጉለዎት ምርመራ በቅድሚያ አስረድተዎታል	1 አዎ <input type="checkbox"/> 2 የለም <input type="checkbox"/>
6	በሚያምጡበት ጊዜ ከአልጋ ወርደው የእግር እንቅስቃሴ እንዲያደርጉ ተፈቅዶለዎታል	1 አዎ <input type="checkbox"/> 2 የለም <input type="checkbox"/>
7	በሚወልዱበት ጊዜ በፈለጉት የአወላለድ ሁኔታ እንዲተኙ እና እንዲወልዱ እድሉን አግኝተዋል	1 አዎ <input type="checkbox"/> 2 የለም <input type="checkbox"/>
8	ቤተሰቦችዎ በሚወልዱበት እና በሚያምጡበት ጊዜ አብረዎት ነበሩ	1 አዎ <input type="checkbox"/> 2 የለም <input type="checkbox"/>

9	በሚወልዱበት ወቅት ስንት የጤና ባለሙያዎች በክፍሉ ውስጥ ነበሩ	1 አዎ <input type="checkbox"/>	2 የለም <input type="checkbox"/>
10	የታዘዙልዎትን መድሃኒቶች በሙሉ በዚህ ሆስፒታል አግኝተዋል	1 አዎ <input type="checkbox"/>	2 የለም <input type="checkbox"/>
11	የጤና ባለሙያዎች ምርመርሲያደርጉልዎ በቅድሚያ ፍቃድ ዎትን ጠይቀዋል	1 አዎ <input type="checkbox"/>	2 የለም <input type="checkbox"/>
12	የጤና ባለሙያዎቹ የምጥምን የለው ጥሂድ ትይገልፅልዎት ነበር	1 አዎ <input type="checkbox"/>	2 የለም <input type="checkbox"/>
13	ከወለዱ በኋላ በተከታታይ የጤና ክትትል ተደርጎልዎታል	1 አዎ <input type="checkbox"/>	2 የለም <input type="checkbox"/>
14	ወዲያው እንደ ወለዱ ልጅ ዎተ ሰጥቶ ይቻላል	1 አዎ <input type="checkbox"/>	2 የለም <input type="checkbox"/>
15	የባለሙያዎቹ በራስ መተማመን እና የመወሰን አቅም ነበራቸው	1 አዎ <input type="checkbox"/>	2 የለም <input type="checkbox"/>
16	ከምጥም እስከ ወለዱ በትገቢያ ተለያየ ባለሙያዎች ተለዋውጠው በዎታል	1 አዎ <input type="checkbox"/>	2 የለም <input type="checkbox"/>
17	ያማጡበት አልጋ ላይ የሚለብሱት አንሶ ለወይም ብርድ ልብስ ነበር	1 አዎ <input type="checkbox"/>	2 የለም <input type="checkbox"/>
18	የወለዱ በት የማዋለጃ አልጋ ጽዱ እና ምቹ ነበር	1 አዎ <input type="checkbox"/>	2 የለም <input type="checkbox"/>
19	የወለዱ በት ክፍልን ጽህና ነበረው	1 አዎ <input type="checkbox"/>	2 የለም <input type="checkbox"/>
20	አገልግሎት የሰጡዎት ባለሙያዎች ስም እየጠራ ያነጋግርዎት ነበር	1 አዎ <input type="checkbox"/>	2 የለም <input type="checkbox"/>

Declaration

I, the undersigned declare that this thesis is my original work, and has not been presented for a degree in this or another university and that all sources of materials used for the thesis and all people and institutions that gave support for this work have been duly acknowledged.

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Date of submission- 06 / 09 /2016 GC Signature _____

Approval of my primary advisor

This thesis has been submitted for examination with my approval as University Advisor

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