



Evaluation of Delivery Experience at Government General Hospital, Kakinada

Dr. Vijayalakshmi U¹, Dr. Ragavi M², Dr. Thumma Sushmitha³, Dr.B. Mounika Reddy⁴

¹dr. Vijayalakshmi U, Assistant Professor, Department Of Obstetrics And Gynecology, Tagore Medical College, Tamilnadu, India.

²dr. Ragavi M, Assistant Professor, Department Of Obstetrics And Gynecology, Mapims, Tamilnadu, India.

³dr. Thumma Sushmitha, Senior Resident, Department Of Obstetrics And Gynecology, Tagore Medical College, Tamilnadu, India.

⁴dr.B. Mounika Reddy⁴, Senior Resident, Department Of Obstetrics And Gynecology, Tagore Medical College, Tamilnadu, India

Corresponding Author: Dr Ajay Sankar Gr, Consultant Anesthetist, Srm Global, Tamilnadu, Chennai.

(Received: 05 November 2025 Revised: 15 December 2025 Accepted: 23 January 2026)

KEYWORDS

Delivery experience; Maternal satisfaction ; Postnatal care; Birth companion ; Institutional delivery.

ABSTRACT:

Introduction: Delivery experience is a multidimensional phenomenon encompassing physical, emotional, and interpersonal aspects of labour. Understanding maternal perceptions of childbirth is essential for improving hospital services, promoting institutional deliveries, and enhancing maternal satisfaction. This study evaluated the delivery experience of women at Government General Hospital, Kakinada, and identified factors influencing their overall satisfaction.

Methods:

A hospital based observational study was conducted among 300 postnatal women delivering at Government General Hospital, Kakinada, via vaginal or caesarean section. Data were collected using a self designed semi structured questionnaire, assessing multiple aspects of delivery experience, including intrapartum care, communication with healthcare providers, postnatal services, and hospital amenities. Responses were rated on a five point scale (worse, bad, fair, good, excellent). Additional variables such as birth companion preference, socioeconomic status, and patient feedback on hospital facilities were recorded. Ethical clearance was obtained, and informed consent was secured from all participants.

Results:

Most participants (78%) belonged to the lower middle socioeconomic group. Doctors were the primary point of reception for 94.68% of patients. Preference for birth companionship was higher among women with vaginal delivery (58.6%) than caesarean delivery (5%). Postpartum services, including infant immunization (100%), birth certificate issuance (94.33%), Thalli Bidda service satisfaction (100%), and JSY cheque receipt (98.33%), were delivered efficiently. Patient feedback indicated areas for improvement, including hospital infrastructure, bathroom facilities, and amenities for attendants.

Conclusion: While essential services were delivered effectively, gaps in infrastructure were identified. Addressing these gaps can enhance maternal satisfaction, optimize institutional delivery services, and promote safer, more positive childbirth experiences.



1. Introduction

Childbirth is a critical life event that significantly influences maternal satisfaction, psychological well-being, and future health-seeking behaviour. Satisfaction with birth experiences is associated with maternal mental health, provider interactions, and quality of care received during labour [1,2]. Studies have also linked positive birth experiences with improved maternal–infant bonding and long-term maternal outcomes [2]. Government General Hospitals (GGHs) play a vital role in providing maternal health services in India, particularly for women from low- and middle-income populations. Evaluating women’s delivery experiences in such public healthcare settings is essential for identifying strengths and gaps in service quality [5].

Recent evidence highlights the importance of supportive care and patient-centered services in shaping childbirth satisfaction. Labour support interventions have been shown to enhance comfort and satisfaction, positively influencing overall birth experience outcomes [3,4].

The present study was conducted to evaluate the delivery experience of women at Government General Hospital, Kakinada, with the aim of identifying factors that influence overall satisfaction and areas for improvement in hospital care.

2. Objectives

1. Primary Objective:

To assess maternal perceptions of the delivery experience at Government General Hospital, Kakinada, focusing on physical, emotional, and interpersonal aspects of childbirth.

2. Secondary Objectives:

- To evaluate the quality of intrapartum and postpartum care provided to women undergoing vaginal or caesarean deliveries.
- To identify factors influencing overall maternal satisfaction with hospital services during childbirth.
- To examine patient preferences regarding birth companionship and its impact on delivery outcomes.

- To analyze gaps in hospital infrastructure and amenities that affect the childbirth experience.

- To suggest improvements for optimizing institutional delivery services and enhancing positive maternal experiences.

3. Materials and Methods

4. Study Design and Setting

This hospital-based observational study was conducted at Government General Hospital, Kakinada, Andhra Pradesh, INDIA.

5. Study Population

The study included 300 postnatal women who delivered at Government General Hospital, between January 2021- June 2021, Kakinada, via either vaginal delivery or caesarean section.

6. Data Collection Tool

Data were collected using a self-designed semi-structured questionnaire. The questionnaire assessed multiple dimensions of the delivery experience, including intrapartum care, communication with healthcare providers, postnatal services, and hospital facilities. Responses were recorded on a five-point scale: worse, bad, fair, good, and excellent. Additional variables included birth companion preference, socioeconomic status, and feedback on hospital amenities.

Ethical Considerations

Ethical clearance was obtained from the Institutional Ethics Committee. Informed consent was obtained from all participants prior to data collection, and confidentiality was maintained.

7. Results

Pregnancy Planning Status

Most participants reported a planned pregnancy (91.33%), while 8.67% had an unplanned pregnancy.

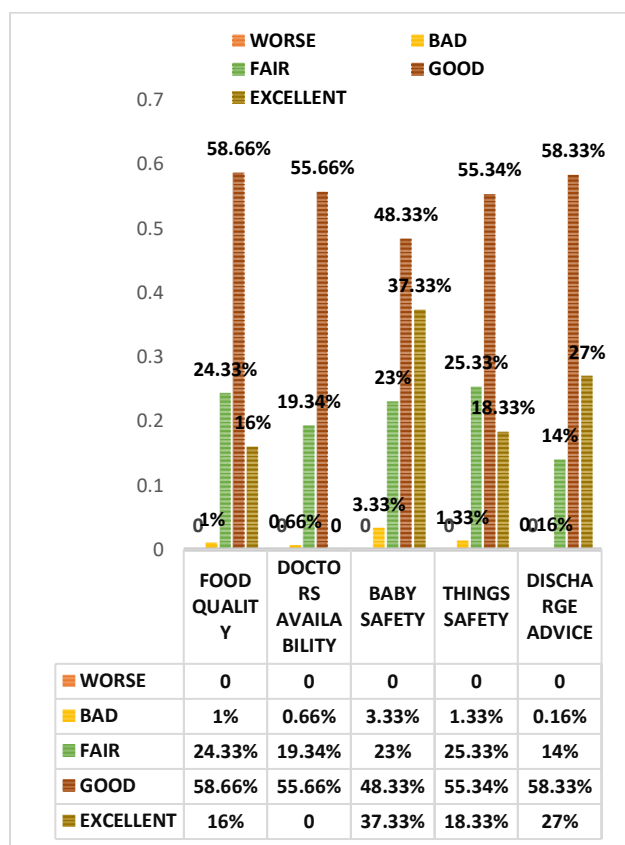
Hospital Ambience

Overall hospital ambience was rated favourably. Food quality was rated as good or excellent by 74.66% of participants. Doctors’ availability



received good ratings from 55.66%, with 19.34% rating it as fair. Baby safety was perceived positively, with 85.66% rating it as good or excellent. Safety of hospital facilities was rated good or excellent by 73.67%, and discharge advice received good to excellent ratings from 85.33% of respondents. Negative ratings across domains were minimal.

FIGURE1: QUALITATIVE ASSESSMENT OF HOSPITAL AMBIENCE:



Labour Room Facilities

Facilities in the first and second stages of labour were rated as good or excellent by 76.66% and 71.34%, respectively. Bathroom facilities were predominantly rated as fair (53.33%), while water supply received lower satisfaction, with 42% rating it as fair and 15% as bad.

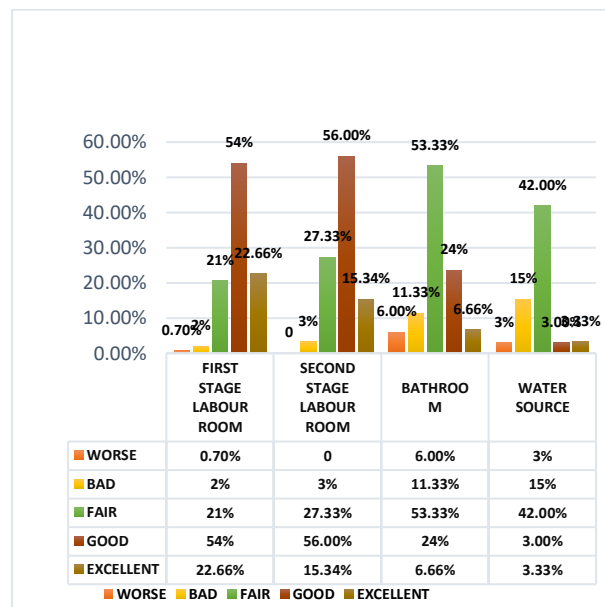


FIGURE 2 : ASSESSMENT OF LABOUR ROOM FACILITIES

Communication Grading

Communication with doctors was rated as good or excellent by 84.66%, and with nurses by 79.66%. Communication with Class IV employees was rated as fair to good by 84.32%, with a small proportion reporting poor communication

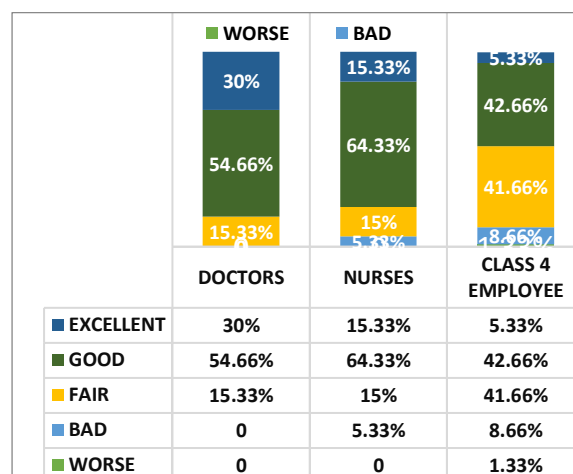


FIGURE 3: COMMUNICATION GRADING

Birth Companion and KMC Awareness

Among the study participants, 58.6% reported the presence of a birth companion during labor, while 41.4% did not. The most frequently reported birth



companion was the mother (82.9%), followed by the husband (17.04%) and other relatives (1.7%). Awareness regarding Kangaroo Mother Care (KMC) was low, with only 32% of participants reporting awareness, whereas 68.34% were unaware of this practice.

Sociodemographic Characteristics

Out of the 300 women included in the study, 78% belonged to the lower-middle socioeconomic status, indicating that the majority of participants were from lower socioeconomic backgrounds.

Hospital Admission and Initial Care

The primary person to receive patients on admission was a doctor in 94.68% of cases.

Mode of Delivery and Birth Companion

Among women who underwent normal vaginal delivery, 58.6% preferred the presence of a birth companion, whereas only 5% of women who delivered by caesarean section preferred a birth companion.

Table 1: Sociodemographic and Delivery Characteristics (n = 300)

| Characteristic | Category | Number (n) | Percentage (%) |
|-----------------------------------|-------------------|------------|----------------|
| Socioeconomic Status | Lower-middle | 234 | 78% |
| | Other | 66 | 22% |
| Primary Person to Receive Patient | Doctor | 284 | 94.68% |
| | Nurse/Other | 16 | 5.32% |
| Birth Companion Preference | Vaginal delivery | 105 | 58.6%* |
| | Caesarean section | 3 | 5%* |

Maternal and Neonatal Services

Postpartum immunization: 100% of infants received timely immunization.

Birth certificate issuance: 94.33% of women received certificates without difficulty.

JSY cheques: 98.33% of women received cheques without problems.

Thalli Bidda express service: 100% of participants were satisfied.

Hospital amenities: 100% of participants were satisfied with daily changing of bedsheets.

Table 2: Maternal and Neonatal Services (n = 300)

| Service | Status / Level of Satisfaction | Number (n) | Percentage (%) |
|---------------------------------|--------------------------------|------------|----------------|
| Postpartum immunization to baby | Yes | 300 | 100% |
| Thalli Bidda express service | Satisfied | 300 | 100% |
| Daily changing of bedsheets | Satisfied | 300 | 100% |
| JSY cheques received | Without issues | 295 | 98.33% |
| Birth certificate issuance | Without problems | 283 | 94.33% |



| Service | Status / Level of Satisfaction | Number (n) | Percentage (%) |
|---|--------------------------------|------------|----------------|
| Perceived corruption among class IV staff | Yes | 164 | 54.66% |

Patient Feedback on Hospital Facilities

Participants suggested improvements in the postoperative wards and general facilities:

Western-style toilets: 20%

Increase in number of beds: 57%

Increase in fans: 23%

Bathroom facility improvements: 64%

Drinking water supply: 52%

Separate facilities for attendants: 45%

Amenities for storing personal items: 24%

Table 3: Patient Feedback on Hospital Facilities (n = 300)

| Facility Suggestion / Improvement Needed | Number (n) | Percentage (%) |
|--|------------|----------------|
| Bathroom facilities improvement | 192 | 64% |
| Beds to be increased | 171 | 57% |
| Drinking water supply | 156 | 52% |

| Facility Suggestion / Improvement Needed | Number (n) | Percentage (%) |
|--|------------|----------------|
| Separate facilities for attendants staying | 135 | 45% |
| Amenity for keeping personal items | 72 | 24% |
| Fans to be increased | 69 | 23% |
| Western toilet in postoperative ward | 60 | 20% |

Discussion

The study highlights that delivery experience is multidimensional, with positive and negative aspects coexisting. High satisfaction rates were observed for essential services and administrative procedures, aligning with recent literature emphasizing the significance of quality maternal care in determining satisfaction outcomes [5].

Provider–patient interactions significantly influence maternal satisfaction, with better communication and respectful care correlating with higher birth satisfaction scores [1]. The preference for birth companions among women undergoing vaginal delivery in this study reflects the value of emotional and social support documented in recent childbirth experience research [3].

Areas needing improvement, such as hospital infrastructure and staff conduct, may influence overall maternal perceptions of care quality. Gaps in amenities and perceived staff integrity highlight the need for comprehensive quality improvement strategies, consistent with evidence showing variation in childbirth experiences across different healthcare settings [2,4].



Evaluating delivery experiences provides valuable insights for healthcare providers and policymakers, helping to guide targeted interventions aimed at enhancing maternal care and improving satisfaction, which are critical for promoting institutional deliveries and better health outcomes [1–5].

Conclusion

The delivery experience at Government General Hospital, Kakinada, is multidimensional, encompassing both positive and negative aspects. While essential maternal and postnatal services were delivered effectively, gaps in hospital infrastructure, and amenities were identified. Addressing these issues can enhance maternal satisfaction, optimize institutional delivery services, and promote safer, more positive childbirth experiences

References:

References:

- 1.Creech KF, Addante S, Hinckley E, et al. Satisfaction with perinatal care providers and the childbirth experience: the moderating role of body mass index. *BMC Pregnancy Childbirth*. 2024;24:656.
- 2.Moniri M, Rashidi F, Mirghafourvand M, et al. The relationship between pregnancy and birth experience with maternal-fetal attachment and mother-child bonding: a descriptive-analytical study. *BMC Psychol*. 2023;11:426.
- 3.BalcikColak M, Akin B, Kalkan SC, et al. Effects of labor support on pregnant women's childbirth comfort, satisfaction and postpartum comfort levels: a randomized controlled trial. *BMC Pregnancy Childbirth*. 2025;25:789.
- 4.Vinay MV, Poonguzhali V, Dogra K, Priya D, Geetha R, Agnihotri BV. Childbirth experience: a maternal satisfaction survey. *Int J ObstetGynaecolNurs*. 2025;7(2):23–26.
- 5.Alemu EM, Kaso AW, Obsie GW, et al. Maternal satisfaction with delivery service and associated factors among women who gave

birth at public hospitals in Guji Zone, Southern Ethiopia. *BMC Women's Health*. 2024;24:227.