



## The Relationship Between the Implementation of Affectionate Care For Mother and Baby and Maternal Satisfaction During Childbirth

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### ABSTRACT

**Background:** Affectionate care for mothers and babies is a government program that is the core of midwifery services in a hospital. This midwifery care must be provided with the belief that support and attention will be given to the mother during the labor process safely and securely. The measure of quality in midwifery services is to provide delivery services according to professional standards, one of which can be implemented by providing loving care for mothers and babies. However, what is faced is that the implementation of Loving Care for Mothers has not been fully implemented properly. This study aims to determine the relationship between the implementation of loving care for mothers and babies and maternal satisfaction.

**Methods** This type of research is a descriptive correlational research method with a cross-sectional design. The total sample was 60 mothers giving birth. The sampling technique used was simple random sampling as much as 52 mothers giving birth. Data collection using the Patient Satisfaction Questionnaire instrument and the Observation Sheet for the Implementation of Mother and Baby Care.

**Results** The results of the research show that respondents who are in the satisfied category and receive good maternal care and feel satisfied are 23 respondents (82.1%) and there are 15 respondents (62.5%) who feel less satisfied with the delivery service because the implementation of maternal and infant care is not good. There is a significant relationship between the implementation of affectionate care for mothers and babies and maternal satisfaction based on the chi square test with p value = 0.001 (p value < 0,05).

**Conclusion:** The better of affectionate care for mother and baby, the higher the patient satisfaction. Implementation of good maternal and infant care has a 7.6 times greater chance of increasing maternal satisfaction during childbirth

Keyword : affectionate care for mothers and babies; satisfactions

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**Background. Background.** One of the challenges in the quality of midwifery services is the high Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR), which reflect the low quality of healthcare services in a country. The quality of healthcare services is generally associated with the care provided by healthcare facilities to patients (Rahmawati, 2013).

The primary role of the midwifery service system is to ensure and continuously improve the quality of care provided. One key aspect of this is delivering midwifery care to mothers in labor and newborns (Astari, 2020). The

provision of midwifery services that adhere to ethical codes and professional service standards can meet the needs of midwifery care while ensuring patient satisfaction.

A study by the National Productivity Board in Singapore found that 77% of respondents stated they would not return to a hospital if they received poor service. Additionally, 55% of respondents mentioned they would advise their friends not to visit the facility (Dahlan, A. 2020).

According to the Indonesian Ministry of Health Regulation No. HK.01.07/MENKES/1128/2022 on hospital accreditation for service quality improvement,

hospitals must conduct monitoring and evaluation of the implementation of the "Mother and Baby-Friendly Hospital" program to support national initiatives aimed at improving maternal and infant health (Ministry of Health, Indonesia, 2022).

*Affectionate Care for mother and baby* can be categorized as safe practices for mothers in labour. Based on Evidence-Based Midwifery, the implementation of mother and baby-friendly care is crucial to ensuring comfort and should be applied in every stage of labour. The care provided during the childbirth process includes emotional support, the presence of a companion, meeting elimination needs, positioning during labour, pain relief measures, provision of nutritional fluids, involvement of birth attendants, guidance on pushing positions, infection prevention, fetal heart rate monitoring, facilitating early initiation of breastfeeding (EIB), completing initial newborn care, and basic emergency management for newborns (Yulizawati et al., 2019).

*Affectionate Care for mother and baby* is a government program that forms the core of midwifery services. This midwifery care must be provided with the belief that support and attention to women during childbirth should be safe and secure. Implementing mother- and baby-friendly care will result in satisfying, respectful, and empowering childbirth services for women and their families. Every woman has the right to receive comprehensive healthcare delivered with dignity and respect, tailored to their specific needs. Care must be accessible, acceptable, and affordable for all women and their families, as the future health of a nation depends on the care provided to prospective parents, mothers, and newborns (Ani et al., 2021).

However, in practice, the implementation of *Affectionate Care for mother and baby* has not been fully optimized. Research by Amir et al. (2021) indicates that the provision of mother-friendly care has not yet met the required standards and needs further evaluation.

Data collected from Palang Biru Kutoarjo Hospital between April and June 2023 showed

that there were five complaints and suggestions from mothers in labour, with four (80%) expressing discomfort regarding childbirth services, particularly concerning delivery procedures and newborn care. Additionally, 40% (two mothers) reported dissatisfaction with the services they received. Their complaints included midwives' inconsistent encouragement for anxious mothers, unsatisfactory responses to mothers' inquiries about their condition, and unclear explanations regarding newborn care procedures.

Therefore, this study aims to analyze the relationship between the implementation of *Affectionate Care for mother and baby* and maternal satisfaction during childbirth

**Methods.** This research was conducted from March to April 2024 at Palang Biru Kutoarjo General Hospital. *This type of research is a descriptive correlational research method with a cross-sectional design. The total sample was 60 mothers giving birth. The sampling technique used was simple random sampling as much as 52 mothers giving birth.*

*Data collection using Patient Satisfaction Questionnaire.* This consists of 20 statements covering aspects such as midwife-patient relationships, comfort, safety, freedom of choice, knowledge, and competence. Second Instruments is *Affectionate Care for mother and baby Observation Sheet.* This consists of 20 statements assessing the implementation of mother- and baby-friendly care. The validity of the instrument was tested using expert judgment, involving midwifery specialists and program experts from the Maternal and Child Health (MCH) department of the hospital. The instrument was declared valid and suitable for use in this research. For bivariate analysis, this study utilized the chi-square test with a 95% confidence level and a significance level 0.05.

## Result and Discussion.

### Implementation of *Affectionate Care for mother and baby* During the Childbirth Process

The distribution of the implementation of mother and baby-friendly care during the childbirth process at Palang Biru Kutoarjo General Hospital is as follows:

Table 1. Frequency Distribution of the Implementation of Mother and Baby-Friendly Care During the Childbirth Process

Implementation of loving care for mother and baby	Frekuensi (f)	%
Good	32	61.5
Not Good	20	38.5
Total	52	100.0

Based on the table above, the implementation of mother and baby-friendly care during the childbirth process was most frequently categorized as good, with 32 respondents (61.5%) falling into this category. The following is a summary of the implementation results of mother- and baby-friendly care during the childbirth process.

Further observations on the implementation of mother and baby-friendly care revealed the following: 98.1% of midwives offered food and drinks to mothers between contractions and taught breastfeeding techniques. There are 96.2% of midwives involved mothers in decision-making, provided accurate answers to mothers' questions regarding postpartum care, and taught pain reduction techniques. 94.2% of midwives allowed mothers to choose a birth companion and facilitated early initiation of breastfeeding (EIB) for one hour, 90.4% of midwives provided patient and compassionate care, 86.5% of midwives offered support and taught uterine massage techniques to prevent postpartum haemorrhage, 84.6% of midwives ensured privacy during examinations. However, one area that was found to be less optimal was midwives' responsiveness when mothers required assistance during labour.

According to Nurul Maulani (2020), one of the fundamental principles of mother-friendly care that midwives must follow is providing care while maintaining patient privacy. Psychological support from midwives can help reduce maternal anxiety by ensuring that mothers feel comfortable. This can be achieved

by preparing a supportive childbirth environment that prioritizes maternal privacy.

### **Satisfaction of mothers giving birth at Palang Biru Hospital, Kutoarjo**

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Table 2. Frequency distribution of maternal satisfaction

Maternal satisfaction	Frekuensi (f)	%
Satisfied	28	53.8
Not Satisfied	24	46.2
Total	52	100.0

Based on the table above, most mothers who gave birth at Palang Biru Kutoarjo General Hospital reported being satisfied, with 28 respondents (53.8%) falling into this category.

The data distribution shows that: 84.6% of patients were very satisfied with the facilities, including clean delivery rooms and well-equipped medical tools, 82.7% of respondents stated that they were very satisfied because midwives allowed them to eat and drink between contractions and demonstrated skilled assistance during childbirth, 78.8% of respondents were very satisfied with the midwives' patience, their provision of birth companions, and their support for early initiation of breastfeeding (EIB), 73.1% of respondents felt very satisfied as they were involved in decision-making during labour, 71.2% of respondents reported positive motivation and guidance from midwives, including teaching haemorrhage prevention techniques, 67.3% of respondents were very satisfied with breastfeeding guidance and explanations of newborn care procedures, 65.4% of respondents appreciated that midwives maintained privacy by closing the curtains during examinations.

However, some patients at Palang Biru Kutoarjo General Hospital reported dissatisfaction due to various reasons. Some patients were uncooperative during care. There are as much as 48.1% of respondents felt that midwives were slow to respond to their complaints, particularly regarding pain management during labour and their desire for

a quicker delivery process, 51.9% of respondents were dissatisfied with the positioning guidance during labor, as midwives directly suggested specific positions to facilitate labour progression or speed up fetal descent, 65.4% of respondents expressed concerns regarding privacy. While curtains were not always used, examinations were conducted in private delivery rooms with closed doors

### **The Relationship Between the Implementation of Mother- and Baby-Friendly Care and Maternal Satisfaction During Childbirth**

The analysis of the relationship between the implementation of mother- and baby-friendly care and maternal satisfaction at Palang Biru Kutoarjo General Hospital is presented as follows

Table 3. The relationship between the implementation of mother- and baby-friendly care and maternal satisfaction

Implement ation of loving care for mother and baby	Maternal satisfaction				Total	P	POR
	Satisfi ed	%	Not Satisfied	%			
Good	23	71,9	9	37,5	32	0.0 01	7.6 67
Not Good	5	17,9	15	62,5	20		
Total	28	100	24	100	52		

Based on the table above, respondents who are in the satisfied category and receive good maternal care and feel satisfied are 23 respondents (82.1%) and there are 15 respondents (62.5%) who feel less satisfied with the delivery service because the implementation of maternal and infant care is not good.

There are respondents who receive poor maternal and infant care but feel satisfied with the delivery service as many as 5 respondents (17.9%), this can be supported by the aspect of a clean delivery room, complete equipment, skilled midwives and the attitude of midwives who are patient in providing delivery assistance.

Based on the results of the analysis test, there is a relationship between the implementation of maternal and infant care and

the satisfaction of mothers giving birth, namely p value 0.001 ( $p < 0.05$ ) so that  $H_a$  is accepted. The magnitude of the relationship between variables is 7.667, meaning that the implementation of good maternal and infant care has a 7.6 times greater chance of increasing maternal satisfaction.

Increasing public satisfaction with maternity services because there is a health management program that emphasizes several aspects in developing professional practice services and guaranteeing the quality of services provided by supervisors to care providers, one of whom is a midwife (Sriyanti, 2016).

This is in line with research conducted by Wahyono, 2021 that patients will feel satisfied if intrapersonal relationships include affection/politeness, patience, the ability to resolve patient complaints, and sincere attention to patient needs are carried out properly.

Mothers in labor felt very satisfied with the assessment of the knowledge and competence dimensions of the respondent officers, stating that the midwife had explained the condition of the mother and fetus after conducting an examination, which was 82.7%. Kamarudin, et al. In 2020, it was found that there was a positive and significant influence of the competence of medical personnel on patient satisfaction. The competence of medical personnel has a significant influence in efforts to increase patient satisfaction.

The results of this study are supported by research (Dole et al., 2022) showing that more respondents were satisfied with the delivery guarantee service by midwives. Respondents were satisfied because the midwife explained

the delivery service procedure, checked the mother's condition starting from blood pressure, pulse, breathing, and body temperature, and explained to the mother about baby care after returning home and the cost of delivery services was affordable or inexpensive



**Conclusion and Suggestions.** The implementation of caring for mothers and babies has been carried out well in 32 respondents (61.5%). Respondents who were satisfied with the delivery service were 28 respondents (53.8%). The results of the study concluded that there was a significant relationship between the implementation of caring for mothers and babies and the satisfaction of mothers giving birth based on the chi square test with pvalue = 0.001. The magnitude of the relationship between variables was 7.667, meaning that the implementation of good caring for mothers and babies had a 7.6 times greater chance of increasing the satisfaction of mothers giving birth.

This research has obtained permission from the ethics committee with the number 0412/EA/KEPK/2024 , and all participants provided informed consent before taking part in the research.

There are limitations in this study in terms of population size and area, so that it is not possible to select respondents according to inclusion and exclusion criteria in larger numbers.

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