

Midwives' Competency and Birthing Home Management in Relation to Mother's Satisfaction during Childbirth

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Abstract— Midwives hold a crucial position throughout the childbirth process, from labor and delivery to postpartum care, exerting a profound influence on the safety and positivity of the birthing experience for both mothers and infants. The study investigated the midwives' competency and birthing home management in relation to mothers' satisfaction during childbirth. This study employed a descriptive-correlational design in birthing homes in Region 10. There were 120 midwives, 120 postpartum mothers, and one birthing home administrator from each identified birthing home as respondents for the quantitative study. This study used the following research instruments: Midwives' Competency, Midwives' Birthing Home Management, and Mothers' Level of Satisfaction Questionnaire. Weighted Mean and Standard Deviation, Pearson's correlation coefficient, and Regression Analysis were the statistical tools used. The study found that midwives demonstrate high competency across various areas. Midwives exhibit strong competency in managing birth homes, showing proficiency. Mothers express high satisfaction with childbirth, valuing their involvement in decision-making and the quality of care. Midwives' competency levels have no bearing on mothers' satisfaction, except for quality of care and emotional support, which significantly influenced by cultural competence and diversity. Regarding midwives' birthing home management, there is no notable correlation with maternal satisfaction, aside from emotional support and postpartum care, which influenced by advocacy and support, as well as critical thinking and decision-making. Risk management and emergency preparedness negatively affect maternal satisfaction during childbirth, suggesting the influence of other unexamined factors. Midwives demonstrate notable competency and proficiency in managing birthing homes. Further exploration into influential variables and enhancing midwives' cultural competence, diversity awareness, and emotional support skills are necessary to address maternal satisfaction during childbirth.

Keywords— advocacy, birthing home. Decision-making. Quality assurance, regulatory compliance.

I. INTRODUCTION

Midwives play a significant role in ensuring safe and quality maternal care during childbirth. According to Hamli et al. (2021), midwives' specialized training and competency in normal childbirth enable them to provide individualized care, continuous labor support, and informed decision-making, contributing to positive birth experiences. Similarly, Fikre et al. (2023) emphasized that competent midwives improve postpartum outcomes through comprehensive physical, emotional, and psychological support, leading to higher maternal satisfaction.

Effective birthing home management is also essential in delivering quality maternal services. Kolivand et al.

(2020) highlighted the importance of midwives' leadership and operational skills in managing birthing homes efficiently. Brown and Garcia (2022) and Nguyen and Patel (2023) further explained that competent management includes proper staff coordination, resource allocation, compliance with regulations, and maintaining smooth facility operations to meet the needs of expectant mothers. Carter and Smith (2022) also emphasized that effective management promotes a supportive and client-centered birthing environment where mothers feel respected, informed, and empowered throughout childbirth.

Mother’s satisfaction during childbirth is considered an important indicator of quality maternity care. Johnson et al. (2021) stated that emotional support, pain management, participation in decision-making, and the overall birthing environment influence mothers’ satisfaction. Carter and Brown (2022) and Nguyen and Patel (2023) found that mothers who feel adequately supported and respected during labor and delivery tend to report higher satisfaction levels. Moreover, Smith and Johnson (2022) and Brown et al. (2023) emphasized that adequate postpartum support and continuity of care significantly contribute to maternal satisfaction in birthing homes.

Although previous studies have separately discussed midwives’ competency, birthing home management, and mother’s satisfaction, limited studies have explored the relationship among these variables, particularly in birthing home settings. Hence, this study aims to determine the relationship between midwives’ competency and birthing home management in relation to mother’s satisfaction during childbirth.

II. METHODS

This study employed a descriptive-correlational design, a research approach detailing prevailing conditions and examining the relationship between two or more variables (Fraenkel, Wallen, & Hyun, 1993). This design was appropriate for the study as it explored the midwives’ competency and birthing home management in relation to mothers’ satisfaction during childbirth. The study occurred in birthing homes that are accredited by the Department of Health, Region 10, in Northern Mindanao. Northern Mindanao comprised five provinces—Bukidnon, Camiguin,

Lanao del Norte, Misamis Occidental, and Misamis Oriental. These provinces encompassed various municipalities and cities, each characterized by unique socio-cultural attributes, healthcare infrastructure, and birthing facilities.

The study include 120 midwives, 120 postpartum mothers, and one birthing home administrator from each identified birthing home, totaling 114 administrators. All midwives working in these birthing homes and the birthing home administrators participated in the study. A systematic sampling method was used to select mothers. One from each identified birthing home was chosen to participate for every two birthing mothers admitted. This ensured a fair representation of postpartum mothers in the study.

This study used the following research instruments/questionnaire.

- Level of Midwives’ Competency
- Level of Midwives’ Birthing Home Management
- Mothers’ Level of Satisfaction during Childbirth

III. RESULTS

The results revealed that midwives demonstrated a very competent level across all competency constructs, including clinical expertise (WM=3.64), communication and counseling (WM=3.68), advocacy and support (WM=3.61), cultural competence and diversity (WM=3.64), and critical thinking and decision-making (WM=3.67). The overall weighted mean of 3.65 indicates that midwives possess a high level of competency in providing maternal care.

Table 1. Midwives’ Level of Competency

Constructs	WM	StDev	I
Clinical Expertise	3.64	0.4218	VC
Communication and Counseling	3.68	0.3972	VC
Advocacy and Support	3.61	0.4324	VC
Cultural Competence and Diversity	3.64	0.4266	VC
Critical Thinking and Decision-Making	3.67	0.4079	VC
Overall Weighted Mean	3.65	0.0277	VC

Legend: 3.26-4.00 – Very Competent
2.51-3.25 – Competent

1.75-2.50 – Fairly Competent (FC)
1.00-1.75 – Not Competent (NC)

The results showed that midwives were very competent in birthing home management in terms of facility operations (WM=3.65), personnel management (WM=3.59), client care and support (WM=3.55), risk management and emergency

preparedness (WM=3.68), and regulatory compliance and quality assurance (WM=3.86). The overall weighted mean of 3.67 indicates a high level of competency in managing birthing homes.

Table 2. Midwives' Level of Birthing Home Management

Constructs	WM	StDev	I
Facility Operations	3.65	0.4558	VC
Personnel Management	3.59	0.4916	VC
Client Care and Support	3.55	0.4794	VC
Risk Management and Emergency Preparedness	3.68	0.4602	VC
Regulatory Compliance and Quality Assurance	3.86	0.5229	VC
Overall Weighted Mean	3.67	0.1197	VC

Legend: 3.26-4.00 – Very Competent
2.51-3.25 – Competent
1.75-2.50 – Fairly Competent (FC)
1.00-1.75 – Not Competent (NC)

The findings revealed that mothers were highly satisfied in all aspects of childbirth care, including quality of care (WM=3.36), environment and facilities (WM=3.67), emotional support (WM=3.58), decision-

making involvement (WM=3.75), and postpartum care (WM=3.57). The overall weighted mean of 3.59 indicates a high level of mothers' satisfaction during childbirth.

Table 3. Mothers' Level of Satisfaction During Childbirth

Constructs	WM	StDev	I
Quality of Care	3.36	0.4765	HS
Environment and Facilities	3.67	0.1698	HS
Emotional Support	3.58	0.4043	HS
Decision-Making Involvement	3.75	0.3249	HS
Postpartum Care	3.57	0.4772	HS
Overall Weighted Mean	3.59	0.1460	HS

Legend: 3.26-4.00 – Highly Satisfied (HS)
2.51-3.25 – Fairly Satisfied (FS)
1.75-2.50 – Poorly Satisfied (PS)
1.00-1.75 – Not Satisfied (NS)

The results showed that most variables had no significant relationship. However, cultural competence and diversity had a significant relationship with decision-making involvement

($r=0.174$, $p=0.05$), while critical thinking and decision-making also showed a significant relationship with decision-making involvement ($r=0.177$, $p=0.05$).

Table 4. Significant Relationship between Midwives' Level of Competency and Mothers' Satisfaction During Childbirth

Constructs	Quality of Care	Environment and Facilities	Emotional Support	Decision Making Involvement	Postpartum Care
Clinical Expertise	$r=-0.038$ $p=0.689$ Accept Ho	$r=-0.074$ $p=0.487$ Accept Ho	$r=-0.041$ $p=0.668$ Accept Ho	$r=0.048$ $p=0.610$ Accept Ho	$r=-0.103$ $p=0.275$ Accept Ho
Communication and Counseling	$r=-0.066$ $p=0.484$	$r=0.046$ $p=0.626$	$r=0.060$ $p=0.527$	$r=0.125$ $p=0.185$	$r=0.067$ $p=0.479$

Advocacy and Support	Accept Ho r=-0.077 p=0.417 Accept Ho	Accept Ho r=-0.130 p=0.168 Accept Ho	Accept Ho r=-0.013 p=0.890 Accept Ho	Accept Ho r=-0.001 p=0.992 Accept Ho	Accept Ho r=-0.015 p=0.870 Accept Ho
Cultural Competence and Diversity	r=0.174 p=0.05* Reject Ho	r=-0.088 p=0.352 Accept Ho	r=0.177 p=0.05* Reject Ho	r=-0.017 p=0.856 Accept Ho	r=0.023 p=0.810 Accept Ho
Critical Thinking and Decision-Making	r=0.014 p=0.884 Accept Ho	r=-0.053 p=0.673 Accept Ho	r=0.081 p=0.390 Accept Ho	r=-0.070 p=0.462 Accept Ho	r=-0.011 p=0.906 Accept Ho

Ho: There is no significant relationship between the midwives' level of competency and the mothers' level of satisfaction during their childbirth.

Legend: 0.00-0.01**Highly Significant 0.02-0.05*Significant above 0.05 Not Significant

The findings revealed that most variables were not significantly related. However, client care and support showed significant relationships with emotional support (r=-0.166, p=0.05) and postpartum care (r=-0.169, p=0.05). Personnel management had a

significant relationship with decision-making involvement (r=0.220, p=0.01), while risk management and emergency preparedness showed a significant relationship with postpartum care (r=0.235, p=0.01).

Table 5. Significant Relationship between the Midwives Level of Birthing Home Management and the Mothers' Level of Satisfaction During their Childbirth

Constructs	Quality of Care	Environment and Facilities	Emotional Support	Decision-Making Involvement	Postpartum Care
Facility Operations	r=-0.077 p=0.416 Accept Ho	r=0.086 p=0.361 Accept Ho	r=0.069 p=0.463 Accept Ho	r=-0.072 p=0.444 Accept Ho	r=0.044 p=0.641 Accept Ho
Personnel Management	r=-0.100 p=0.291 Accept Ho	r=0.086 p=0.364 Accept Ho	r=0.060 p=0.527 Accept Ho	r=0.220 p=0.01** Reject Ho	r=-0.126 p=0.153 Accept Ho
Client Care and Support	r=-0.166 p=0.05* Reject Ho	r=0.077 p=0.413 Accept Ho	r=-0.043 p=0.650 Accept Ho	r=0.077 p=0.416 Accept Ho	r=0.022 p=0.814 Accept Ho
Risk Management and Emergency Preparedness	r=-0.029 p=0.761 Accept Ho	r=0.073 p=0.440 Accept Ho	r=-0.049 p=0.608 Accept Ho	r=0.235 p=0.01** Reject Ho	r=-0.163 p=0.085 Accept Ho
Regulatory Compliance and Quality Assurance	r=-0.169 p=0.05* Reject Ho	r=0.036 p=0.701 Accept Ho	r=-0.083 p=0.381 Accept Ho	r=-0.025 p=0.793 Accept Ho	r=-0.015 p=0.874 Accept Ho

Ho: There is no significant relationship between the midwives' level of birthing home management and the mothers' level of satisfaction during their childbirth.

Legend: 0.00-0.01**Highly Significant 0.02-0.05*Significant above 0.05 Not Significant

The regression analysis showed that risk management and emergency preparedness had a negative coefficient (-0.1658) with a p-value of 0.085, indicating a marginally non-significant effect on

postpartum care satisfaction. The model explained only 2.65% of the variance in mothers' satisfaction, suggesting that other factors may influence satisfaction during childbirth.

Table 6. Predictors of Mothers' Satisfaction During their Childbirth

Term	Coef	SE Coef	T-Value	P-Value
Constant	4.140	0.351	11.80	0.00
Risk Management and Emergency Preparedness	0.1658	0.0953	1.74	0.085
Regression Equation				
Postpartum Care = 4.140 – 0.1658 B4				
Model Summary				
S	R-sq	R-sq(adj)	R-sq(pred)	
0.477105	2.65%	1.78%	0.00%	

Ho: There is no predictor of mothers' satisfaction during their childbirth.

IV DISCUSSIONS

The findings revealed that midwives demonstrated very competent levels in clinical expertise, communication and counseling, advocacy and support, cultural competence and diversity, and critical thinking and decision-making. These findings support Thompson et al. (2022), McCarthy et al. (2021), and Johnson et al. (2023), who emphasized the importance of professional development, communication skills, and cultural competence in improving maternal care.

The results also showed that midwives were very competent in birthing home management, particularly in facility operations, personnel management, client care and support, risk management and emergency preparedness, and regulatory compliance. These findings are consistent with Jones et al. (2022), Smith and Lee (2023), and Williams and Thompson (2021), who highlighted the importance of management skills and emergency preparedness in ensuring quality maternal care and patient safety.

Mothers were highly satisfied with their childbirth experience, especially in decision-making involvement, environment and facilities, emotional support, and postpartum care. The findings support Smith et al. (2022), who stated that quality care, emotional support, and patient involvement contribute to positive childbirth experiences and maternal satisfaction.

Significant findings revealed that cultural competence and diversity, as well as critical thinking and decision-making, were significantly related to mothers' decision-making involvement during childbirth. This supports Betancourt et al. (2016), who emphasized that culturally sensitive care improves patient participation and satisfaction.

The study also found significant relationships between birthing home management variables and mothers' satisfaction, particularly in emotional support, decision-making involvement, and postpartum care. Byrne and Evers (2020) emphasized that effective communication, supportive care, and proper management practices improve maternal experiences and satisfaction during childbirth.

Lastly, risk management and emergency preparedness showed a marginal influence on mothers' satisfaction. Sakala et al. (2016) emphasized the importance of risk management in ensuring maternal safety, while Bohren et al. (2017) explained that mothers' satisfaction is more influenced by communication, empathy, emotional support, and interpersonal care.

V. CONCLUSION

Midwives consistently demonstrate very competent (VC) levels across constructs, including clinical expertise, communication and counseling, advocacy and support, cultural competence and diversity, and critical thinking and decision-making.

Midwives consistently exhibit very competent (VC) levels in birthing home management, reflecting high proficiency in facility operations, personnel management, client care, risk management, and regulatory compliance.

Mothers express high satisfaction with their childbirth experience, emphasizing the significance of their involvement in decision-making and the quality of the environment and facilities.

The finding underscores the importance of prioritizing cultural competence, diversity, and emotional support in midwifery training and practice to enhance maternal satisfaction during childbirth.

Emphasizing emotional support and postpartum care in midwifery practice may enhance mothers' satisfaction during childbirth while also highlighting the importance of advocacy and support for improving emotional support and postpartum care and enhancing critical thinking and decision-making skills for optimizing the birthing environment and decision-making involvement.

This finding underscores the need for improved risk management and emergency preparedness in childbirth settings to enhance maternal satisfaction while also emphasizing the importance of exploring additional factors beyond those considered in the model to better understand and address mothers' satisfaction during childbirth.

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