MOTHER SATISFACTION AND MOTHER'S ROLE RELATIONSHIP BETWEEN SAFETY MOTHER EDUCATION

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The purpose of this article was to examine the relationship between maternal satisfaction and maternal role at birth with the purpose of safe maternal education. The study was conducted with 509 mothers who lived in a gynecology hospital in Istanbul between November 2016 and December 2016. Personal information form, Maternal Satisfaction Assessment Scale at Birth, Ben Scale as Mothers were used to obtain research data. Reliability test (Cronbach Alpha), descriptive tests, t-test and Pearson Correlation analysis were used in the evaluation of the data.
In the study, it was determined that 80.6% of the mothers who delivered normally and 55.3% of the cesarean mothers were not satisfied with the care and services provided during labor. Satisfaction and maternal role scores of the cesarean group were found to be higher than the normal delivery group and the difference between them was statistically significant ($p = 0.001$). Women with normal birth or cesarean section were found to have low satisfaction levels.
Keywords: Mother, Role of motherhood, Birth, Birth satisfaction.

INTRODUCTION

Pregnancy and birth are special experiences of the woman. These periods within the life of the woman is a normal process stages (Pınar, Doğan, Algıer, Kaya, Çakmak, 2009: 184). But the most important health problems that negatively affect the quality of health care throughout a woman's health and life are experienced in this period. Studies and health indicators indicate that pregnancy and childbirth are vital for women (Çelik, Türkoğlu, Pasinlioğlu, 2014: 151). Narrowing labor between health and illness affects the mother both physically and mentally. Various factors play a role in ensuring that the health of this period is not adversely

affected and that the result is achieved (Pınar, Doğan, Algıer, Kaya, Çakmak, 2009: 185). One of the most important and most frequently used criteria in evaluating the quality of health services today is the satisfaction of individuals who receive services (Güngör, 2007: 2). Satisfaction, evaluation of the quality of service in the field of health and determination of deficiencies in this area can guide the elimination of identified deficiencies. For this reason, the satisfaction of the individuals; It is considered to be an output of health services and provides feedback on the extent to which care services are assessed and quality is not underestimated (Özcan and Aslan, 2015: 41). The support that women receive from the body, the respect that the woman shows to the women, the moderate behavior towards them, the descriptive answer to the questions, always accessible; In short, occupational behavior is important for the satisfaction of women (Kayrakçı, Özşaker, 2014: 105). Ozcan and Aslan stated that satisfaction with care is in parallel with satisfaction with hospital services and that the satisfaction of individuals with care services is the most important factor affecting hospital satisfaction (Özcan ve Aslan, 2015: 42). In studies conducted by Pınar and Pinar, 42.5% of the women in the labor force were told to be safe and 45.2% of the women in the labor were able to speak with their parents. Also in this study, women who received midwife to the expectations of its high rate "not to reprimand" and "being friendly" is also reported (Pınar ve Pınar, 2009: 132). Timur and Sahin have stated that women need to be encouraged in their work (Timur, Şahin, 2010: 12). Özcan and Aslan found that maternal satisfaction in normal delivery and cesarean delivery was generally low when they were trying to determine maternal satisfaction in normal delivery and cesarean delivery (Özcan and Aslan, 2015: 43). Some times and experiences in human life are more important than others (Kaya, 2011: 2). Birth is a process in which the biological, physical, emotional and social changes necessary for the adjustment of the mother to the mother are experienced. While working to cope with the birth process, women are also exposed to negative situations such as being in an unfamiliar environment and not being able to protect their privacy (Karaçam, Akyüz, 2011:

45). To cope with the labor and delivery process, and in order to live a healthy birth, women need to feel that they receive support and be noticed. The professional support that the woman receives during the birth can cope with birth pain and can improve the woman's sense of control and prevent her from experiencing a negative labor action (Adams, Bianchi, 2008: 106). Actively helping the woman in labor, meeting emotional needs and demands, ensuring comfort, improving delivery results, increasing self-esteem, ensuring positive birth experience and facilitating transition to maternal role (Miltner, 2000: 491).

Maternal Satisfaction in Maternity Services

Pregnancy, childbirth and the postpartum period are vital events. These events are influenced by women's past experiences as well as their future life experiences (Simpson, Creehan, 2001: 115). The uncertainty about the moment of birth, especially moments that make the first birth, can cause concern. The bad experiences of women that women have lived in the past have influenced the birth approaches of mother candidates who will make their first birth (Rathfisch, 2012: 75). Women live a significant number of physiological and psychological changes during the postpartum period. In this process, she is supported by women's spouse, family and health care professionals. Healthcare professionals provide care in the postpartum period focusing on the needs of the mother, newborn, and other family members (Simpson, Creehan, 2001: 116). Obstetric progress with the birth event of the mother and the focus of care in the birth process as well as to become more safe for the baby, mother and distant and satisfactory than they adversities while providing a safe birth for babies tended to create the experience of making a delivery. The establishment of a successful and strong family relationships are also possible again with a positive birth experience (Kızılkaya, 1997: 113). For this reason, the emphasis placed on the evaluation of the satisfaction of women in the postpartum period and in the postpartum period is increasing day by day (Johnson, Langdon, Yong, Stewart, Kelly, 2002: 127). Signs such as maternal / perinatal death, birth traumas, cesarean rates etc., which are accepted as quality indicators

for maternity services, have recently begun to be scrutinized. The development of technology and the declining rate of perinatal mortality and morbidity have gradually reduced the importance of these indicators and have shown that quality assessments must be versatile in accordance with the current conditions (Smith, 2001: 17). The perinatal period is a process in which there is a dynamic change in both the physical and the psychological state. The birth of the child and the satisfaction of the woman during this period, which is one of the most important experiences in the life of the woman at the end of this process, is very important in terms of the woman's own health, the health of her baby and positive family relationship. In the case of a negative experience of birth, Posttraumatic stress disorder, depression, desire for cesarean for subsequent births, abortion in unwanted pregnancies, sexual dysfunction, problems in breastfeeding, inadequacy of mother-infant bonding, maternal baby neglect (Güngör, Beji, 2000:384).

Motherhood Role Gain

Maternity is a physiological condition in which very characteristic behavior patterns are exhibited. Behavioral changes are observed in the birth of a baby in a woman who is the first mother. These behaviors, which provide immediate care and protection of the baby, are called "maternal behavior". There is a great deal of pressure on women in almost all societies to assume the role of pregnancy and motherhood. Many societies see the mother as a task that one should perform as an adult individual and women are socially prepared for this task (Beydağ, 2007: 479).

Maternal role play was defined as a period that started in the prenatal period for the first time and completed in the first year after birth with the formation of maternal identity. Mercer describes the realization of the role of motherhood and the process of accomplishing the role of adding maternal behaviors to the mother's existing order. Maternal role performance begins to occur at birth with the woman developing during her pregnancy and continuing for up to a year after birth (Mercer, Walker, 2006: 568).

Stages of Motherhood Role Gains

Maternity is a versatile concept that is a combination of social roles, developmental skills, behavior and attitudes. The acquisition of your "maternal role" is defined as the process of learning maternal behavior of a woman and occurs between 3 and 10 months after birth. The present talents of the mother, time and experience can influence the formation of the minds in defining the role of motherhood that she wants to win. Number of births, if any, work life, social support and level of education affect the adoption period of motherhood in postpartum period (Beydağ, 2007: 480). The motherhood that emerges with each newborn child comes in four stages: role acquisition, expectation phase, formal phase, informal phase and personal phase (Özkan, Polat, 2011: 35).

Expectations phase: It is a process involving the psychological and social initiation of pregnancy emerging in pregnancy at the stage of "preparation for the future" in which the role models related to motherhood are followed. At this stage, the most appropriate example for the answer of "what kind of motherhood" is the mother of her own mother.

Formal-formal phase: Baby starts with the world coming. In this stage, the mother tries to behave as she would expect from her, under the influence of role models. At this stage, the mother must both carry out baby care and provide her own care.

Informal phase: The mother carries out a new role in the formal phase of motherhood, in the direction of her future goals, in other words, she begins to develop her own choices or her own maternal style and observes what kind of model the role of motherhood she will exhibit.

Personal phase: The role of motherhood in this phase of motherhood is now comfortable as a mother and has her own ideas and attitudes about motherhood. Mom learned to live the pleasure of mother-infant relationship (Özkan, Polat, 2011: 53).

MATERIAL AND METHOD

Purpose of the research

The purpose of this article was to examine the relationship between maternal satisfaction and maternal role at birth with the aim of safe maternal education.

Location and Time of the Study

The study was conducted between November 2016 and December 2016 in a women's maternity hospital in Istanbul.

The Universe of Research and Sampling

It was conducted with 509 mothers who gave birth.

Data Collection Tools

Personal information form, Maternal Satisfaction Assessment Scale at Birth, Ben Scale as Maternity were used in obtaining research data.

Evaluation of Data

Reliability test (Cronbach Alpha), descriptive tests, t-test and Pearson Correlation analysis were used in the evaluation of the data.

FINDINGS

Table 1. Distribution of Socio-Demographic Characteristics of Mother's

Property		count	%	P value
Age group	19 years and under	35	13,9	$X^2=12.29$ df=3 p>0.000
	20-24 years	80	31,7	
	25-29 years	70	27,8	
	30-34 years	67	26,6	
Settlement	Village	72	28,6	$X^2=4.65$ df=2 p>0.000
	District	82	32,5	
	Province	98	38,9	
Education Status	Primary school	86	34,1	$X^2=19.23$ df=3 p<0.000
	Middle School	105	41,7	
	High school	44	17,5	
	University	17	6,7	
Working status	Working	21	8,3	$X^2=7.53$ df=1 p>0.000
	No working	231	91,7	
Family Type	Core Family	158	62,7	$X^2=6.89$

	Large Family	94	37,3	df=1 p>0.000
Economic Status	Less than spending Earnings	72	28,6	X^2=5.50 df=2 p>0.000
	Equivalent to the expense Income	159	63,1	
	More than spending money	21	8,3	
Total number of pregnancies	1	100	39,7	X^2=15.41 df=3 p<0.000
	2	62	24,6	
	3	47	18,7	
	4 and over	43	17,1	
Situation of Pregnancy Planned	Planned	205	81,3	X^2=4.44 df=1 p>0.000
	Not Planned	47	18,7	
Prenatal Care Status	Supported	230	91,3	X^2=0.06 df=1 p>0.000
	Unsupported	22	8,7	
Having problems on birth	Problematic	30	11,9	X^2=0.34 df=1 p>0.00
	The problem is the living	222	88,1	
Receiving support at birth and after birth	Supported	247	98,0	X^2=1.10 df=1 p>0.000
	Unsupported	5	2,0	
Baby's Gender	Girl	119	47,2	X^2=0.15 df=1 p>0.000
	Boy	133	52,8	

When the socio-demographic characteristics of the normal-delivered mothers were examined, 27.8% of the mothers were in the 25-29 age group, 41.7% of them were middle school graduates, and 63.1% of the mothers were equivalent to the income. Mothers who give birth to caesarean section; 34.2% were in the 30-34 age group, and 72.0% were equivalent to the income.

When the obstetric characteristics of normal-delivered mothers are examined; 91.3% received antenatal care, 98.0% received maternity and postpartum support, and 52.8% of the babies had male gender. The first pregnancies were 39.7%, 81.3% had planned pregnancy.

When the obstetric features of the cesarean section deliveries are examined; 28.8% of them were second pregnancies, 73.5% of the pregnant women were planned, 90.7% were receiving antenatal care, 96.5% were supported at birth and after birth, and 54.5% of the babies were male.

RESULTS

Birth is one of the most important and special events that women experience throughout their lives. This special event points to a process in which significant physical, social and emotional changes are experienced to transition to motherhood. In this process, research conducted to measure the satisfaction of the mother; The development of health services is important for keeping ongoing health policies in mind, but it is also important to raise the maternal and newborn health to the highest level and early initiation of the mother-infant relationship. The birth satisfaction of a woman affects her and her baby in the early postpartum period, but negatively affects the mother and the baby in the long term, such as negative feedback towards the baby, breastfeeding problems and inability to adapt to the role of motherhood.

Satisfaction score was found to be 131.96 ± 21.02 in the normal pregnant women and 141.81 ± 21.32 in the cesarean women. It was found that satisfaction was low in both groups. Because satisfaction is a multidimensional concept and influenced by many factors, different results have been obtained for cesarean and normal delivery in different birth satisfaction studies.

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