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Knowledge of the perinatal care standard among women giving birth to children in the hospitals in Szczecin

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Abstract

Introduction: In order to improve the quality of perinatal care in Poland, the Regulation of the Minister of Health of September 20, 2012 introduced the standards of medical treatment when providing medical care from the field of perinatal care to women during the period of physiological pregnancy, physiological childbirth, postpartum and newborn care (so-called the standards of perinatal care). Although the standards have been in force for several years, there are still problems with their compliance and their low knowledge among women giving birth.

Research objective: Assessment of the level of knowledge about the Standards perinatal care and of Patients' Rights and the rights arising from them by women giving birth in the hospitals in Szczecin.

Materials and Methods: The study included 335 women who have given birth in the hospitals in Szczecin. The study was performed since January 2016 till March 20158 by means of a diagnostic survey, based on the author's questionnaire, developed on the basis of the standards of perinatal care 20th September 2012.

Results: Among women giving birth vaginally 42% reported knowledge of the standard. 41% of women who have given birth by caesarean section declared that they know the standard. No statistically significant differences were found between the knowledge or lack of knowledge of the standards in terms age, education, and attend or not at antenatal class. We found statistically significant relationship between the knowledge of the standards and having a birth plan.

Conclusions: 1. Knowledge of the standards declared more women, in comparison to the research conducted a few years earlier. Despite this their knowledge is still not high.

2. Women in spite of declaring knowledge of the standard are not aware that they were not followed.
3. There is still a need to educate women and staff on the standards of prenatal care and Patients' Rights.

Keywords: childbirth, obstetrics, Patient Rights.

Introduction

Childbirth is an important event in a woman's life. Its course can be affected by many factors. In addition to the woman's health and its preparation for delivery, the attitude of the medical staff and the conditions prevailing at the place of birth play an important role[1]. Many studies have found that the positive assessment of the course of labor was accompanied by a more positive opinions about the child and unequivocally positive feelings towards him immediately after birth [2]. For several decades, there is a discussion about improving the situation of women giving birth. All over the world women experience lack of respect and ill-treatment during childbirth [3-5]. The progressive medicalisation of childbirth led to the emergence of social movements in the 1980s seeking changes in perinatal care. In 1985, the World Health Organization published a report "The actual techniques of childbirth." It emphasized the right of women to appropriate form of perinatal care and made recommendations for the humanization of childbirth and proper prenatal care. In 1989, the World Health Organization and UNICEF issued a statement "Protecting, promoting and supporting breastfeeding special role of perinatal care." Both documents have contributed to changes in maternity wards.

In Poland, the first organization committed to improving perinatal care was established in 1987, the Association for Natural Birth and Feeding. In 1993, the Congress of "Quality of birth, quality of life" was organized in Warsaw. During one of the speeches Sheila Kitzinger presented English guide to the maternity wards. It inspired action "Childbirth with Dignity," in which women shared their experiences with the Polish birth attendants. Since 1994, it issued "Guide to maternity wards." Already in 1995, changes were observed in the hospitals- women began to be treated subjectively, they can choose the position during the first stage of labor, it was also possible the presence of a companion during labor. In 1996 the Foundation Childbirth with Dignity, which since then has carried out many campaigns and education. Foundation to be established in 1993, the European Network of Organizations for Birth (ENCA), which currently brings together organizations from 19 countries.

In 2015, the World Health Organization issued its position on the prevention and elimination of disrespect and ill-treatment emerging in medical facilities. WHO called on him to take action, dialogue on this important issue. It was pointed out that the mistreatment, neglect and lack of respect, what women experience during labor may violate fundamental human rights [3].

In order to improve the quality of perinatal care in Poland, the Regulation of the Minister of Health of September of 23 September 2010. introduce the standards of medical treatment when providing medical care from the field of perinatal care to women during the period of physiological pregnancy, physiological childbirth, postpartum and newborn care (so-called the standards of perinatal care). Thus Poland became the third country in Europe (after the UK and Spain), which implemented the standards. The Regulation of the Minister of Health of September 20, 2012 introduced the new standards. From January 1 2019, the Regulation of the Minister of Health of November 11, 2018 on the standard of organization of perinatal care is in force. The main aim of the standards is to provide women in the perinatal safety, health and access to care at the highest level, ie. for medicine based on

scientific evidence. This regulation defines "individual elements of health care with a view to obtaining good health of mother and child, while limiting to a minimum medical interventions, in particular, amniocentesis, stimulation of contractile function, administration of opioids, episiotomy, cesarean section, feeding the infant modified milk, taking into account the principles of health safety, within which care is based on the practices of proven effectiveness "[6]. The implementation of patients' rights in health perinatal relies in particular on respect for women's right to informed participation in decision-making related to childbirth, nearly choice of place of birth (which in reality is difficult due to the small number of home birth and not reimbursed home births, in 2015 the only 0, 18% of children born outside the hospital [7]) or a choice of caregiver. The standards also recommend developing a birth plan with the woman, treating her with respect, information on emerging pharmacological and non-pharmacological methods of pain relief, allowing the mother and child contact "skin to skin" in the education of women breastfeeding and infant care. They determine the proceedings in the respective periods of labor, education of women about breastfeeding and infant care. They determine the proceedings in the respective periods of labor.

Although the standards in force for several years, there are still problems with their compliance and their poor knowledge among women giving birth. This show monitorings and checks carried out both by non-governmental organizations (Foundation for Childbirth with Dignity, Association Citizen Mom) and the Supreme Chamber of Control.

Aim of the study

Assessment of the level of knowledge about the standards of perinatal care and of Patients' Rights and the rights arising from them by women giving birth in the hospitals in Szczecin.

Materials and methods

The study involved 335 women aged 16 to 42 years (mean age 29 +/- 4.6 SD). The length of gestation was 28 to 42 weeks (mean 39 weeks +/- 1.8 SD). The general characteristics of the study group are shown in Table 1.

Table 1. Characteristics of the study group.

Characteristic groups	The group	Percentage
Age		
to 25	66	20%
26-30	149	44.5%
31-35	89	26.6%
above 36	31	9.3%
Weeks pregnant at the time of birth		
to 37 weeks	54	16.1%
38-42	281	83.9%
Education:		
higher	243	73%
secondary	81	24%
basic or vocational	11	3%
Material status:		
good	226	67.5%
average	108	32.2%
bad	1	0.3%
Marital status:		
married /in relation	319	95%
single	16	5%

The number of births primigravidas	191	57%
multigravidas	144	43%
Type of birth: natural	173	52%
Total caesarean section	162	48%
planning	78	23%
unplanned	84	25%

The study was performed by means of a diagnostic survey, based on the author's questionnaire, developed on the basis of standard of perinatal care (Minister of Health Regulation of 20th September 2012. on standards of medical treatment when providing medical care from the field of perinatal care to women during the period of physiological pregnancy, physiological childbirth, postpartum and newborn care (Journal of Laws from 2012,item 1100).

The survey was conducted from January 2018 to March 2018 years of meetings with parents and via the Internet. The study took part in women who have given birth in the period from January 2016 to March 2018 under one of the following hospitals: Independent Public Clinical Hospital No. 1 PUM them. prof. Tadeusz Sokolowski in Szczecin, Independent Public Clinical Hospital No. 2 in Szczecin PUM, Independent Public Health Care Specialist "Zdroje" and Mamma Birth Center.

The relationship between the characteristics of the test were examined by a test of independence Chi2. Results considered statistically significant at $p < 0.05$. The statistical calculations were used to STATISTICA 12.

Results

Among women giving birth vaginally 42% of them declared knowledge of the Standards. Among women who have given birth by Caesarean section 41%. For antenatal class attended 41.5% of the women. Birth plan at the time of notification to the hospital had 31% of women.

74% of women who knew Standards learned about them for the first time from the Internet, while 31% of the antenatal class.

No statistically significant differences were found between the knowledge or lack of knowledge of the Standards in terms age, education, and attend or not at antenatal class. We found a statistically significant relation between the knowledge of the Standards and having a birth plan ($p = 0.005$). Among women who knew the Standards, the number of birth plan were significantly higher.

Among women, which assumes venflon without their consent, 56% declared that according to them in the hospital are observed Standards and Patient Rights. Similarly, in the case of women who have made episiotomy without their consent (52%).

Discussion

Compared to previous studies, more women declares knowledge of Standards of perinatal care. According Stanisiz and Brad (2016) reported Standards knowledge about 20% of women delivering in hospital in Szczecin [8]. To increase the number of women who know the standards may have contributed to a number of shares of informing about standards by no-government organizations run mainly and actions in defense of standards (after announcements that they are to be abolished). In our study, it was found that 41.5% of respondents attended antenatal classes. This is a larger percentage compared to the NIK test [9] where 18% of women attending antenatal classes, and 24% in the study Grochans et al.

[10]. In the latest report Dignified Way Foundation for Childbirth with 61.3% of the women took antenatal education in the form of antenatal classes or consultation with a midwife [11]. The increase in the number of women covered by antenatal education may result from the increase in the number of free antenatal classes.

In our study, birth plan had 31% of women. Similarly, in studies conducted in Malopolska it had it 31% of women in the NIK-in 25% and in action Better Childbirth 32% (40% of them said that the birth plan was not respected by the staff) and the Report of the Foundation Childbirth with Dignity 39, 6% of women [9,11-13].

Ćwiek et al. [14] in 2015 found that, in the region West Pomerania less than 25% of women to come to hospital with birth plan [14]. The report Malopolska hospitals demonstrated a significant correlation between having a birth plan and asking the staff about the preferences associated with childbirth. [12] Foundation for Childbirth with Dignity in his report points out that the ratio of staff to plan, labor is now more positive than a few years ago. In most hospitals, it is incorporated into medical records and discussed with women [7].

As shown by previous studies m.in action Better Birth many women are not aware of violations of their rights. This applies for example: administration of oxytocin, fetal bladder puncture or episiotomy without asking for permission [13]. The same results were obtained Studies in their own, where more than half of the women who performed medical intervention without their consent does not treat this as a violation of their rights.

In this study, it was observed that the main source of information about Standards was the Internet, second antenatal classes. At the same time it showed no relationship between knowledge Standards of perinatal care and attending antenatal class.

Conclusions

1. Knowledge of the standards declared more women, in comparison to the research conducted a few years earlier. Despite this their knowledge is still not high.
2. Women in spite of declaring knowledge of the standards are not aware that they were not followed.
3. There is still a need to educate women and staff on the standards of prenatal care and of Patients' Rights.

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