

KEY POINT SUMMARY

OBJECTIVES

To compare women's satisfaction with single room maternity care with that of clients cared for in the traditional labor and delivery unit and the postpartum unit.

DESIGN IMPLICATIONS

Single room maternity care is a more patient and family centered model which can lead to greater client satisfaction.

Single Room Maternity Care and Client Satisfaction

Janssen, P.A., Klein, M.C., Harris, S.J., Soolsma, J., Seymour, L.C. 2000 | Birth Volume 27, Issue 4, Pages 235-243

Key Concepts/Context

Maternity care has evolved from the traditional practice of admitting women to labor rooms, moving them to delivery rooms, and then transferring them to postpartum wards, to a family-centered model where intrapartum and post partum care is provided in a single room, under the care of one nurse. The traditional model was directed at economy for the institution, however, for the mother, this could result in feelings of disorientation, anxiety, lack of space, and repeated adjustment to new caregivers. In a hospital in British Columbia, a seven-bed single room maternity care unit was developed as a demonstration project. Client satisfaction was compared between women enrolled in the new unit and those in the traditional setting.

Methods

A survey instrument to measure patient satisfaction for maternity care was developed based on focus groups, and a review of the literature. The instrument was reviewed by hospital patients, revised, then piloted, and revised again. The final instrument (which was evaluated for cultural appropriateness as well), was approved by the Research Ethics Board. The study group consisted of 205 women admitted to the single room maternity care unit after meeting the low-risk criteria. Their responses on the satisfaction survey were compared to responses from two comparison groups: 1) 221 women meeting the same eligibility criteria, identified through chart audits 3 months before the new unit was opened, and 2) all women who were eligible for single room maternity care according to its triage form, but did not go there because no room was available, or if their physician didnt want them to use that type of care.





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Findings

Study group women were more satisfied than comparison groups in all areas evaluated, including provision of information and support, physical environment, nursing care, patient education, assistance with infant feeding, respect for privacy and preparation for discharge.

Limitations

Author identified limitations include 1) differences in response rates between comparison group and study group patients, which could be due to the fact that nurses in single rooms had more time and enthusiasm to encourage patients to fill out the forms, and 2) lack of outcome data linked to individuals who completed the forms.