

## VALIDATION AND CULTURAL ADAPTATION OF THE WOMB POSTNATAL SATISFACTION QUESTIONNAIRE FOR USE IN GREECE

**Vasiliki Panagopoulou<sup>1\*</sup>, Athina Kalokairinou<sup>2</sup>, Foteini Tzavella<sup>3</sup>, Petros Kolovos<sup>3</sup>,  
and Styliani Tziaferi<sup>3</sup>**

<sup>1</sup>Midwife, MSc, PhD, Department of Nursing, Laboratory of Integrated Health Care,  
University of Peloponnese, Sparta, Greece

<sup>2</sup>Professor, Faculty of Nursing, National & Kapodistrian University of Athens, Athens,  
Greece

<sup>3</sup>Assistant Professor, Department of Nursing, Laboratory of Integrated Health Care,  
University of Peloponnese, Sparta, Greece

---

**ABSTRACT:** *It is important to measure the satisfaction, needs and opinions of patients in health services to determine the effectiveness of these services and ensure quality care planning by healthcare providers. This is particularly necessary for the provision of health services during the postnatal period as complaints are often expressed by women about their care at this time. The purpose of this study was to check the validity and undertake cultural adaptation of the English WOMB postnatal satisfaction questionnaire (WOMBPNSQ) for use in Greece. The internal reliability of the categories of the Greek version of the questionnaire was found to be acceptable to good, with Cronbach's alpha from 0.60 to 0.83. The translation, validation and cultural adaptation of the WOMBPNSQ for use with Greek postnatal women makes it a reliable tool for health care providers to measure the degree of satisfaction of new mothers with the postnatal care they receive.*

**KEYWORDS:** WOMBPNSQ Questionnaire, Greek Validation, Cultural Adaptation

---

## INTRODUCTION

Postnatal period is the period immediately after the delivery of the newborn and has duration of approximately six weeks (World Health Organization 2010). This is a very important period for the new mother, the new baby and the establishment of new family relationships (Emmanuel *et al.* 2011). The postnatal period is also the period that parents express more dissatisfaction of the maternity care they receive compared to pregnancy and childbirth (Henderson, J., & Redshaw, M. 2017), (Brown *et al.* 2005). Health care professionals and providers also express the need for improvements in postnatal care (World Health Organization 2010). The United Nations Strategy 2016-2020 suggest improving the provision of care for every women and newborn in every country and in every setting (United Nations 2015).

In order to improve postnatal care, it is important to assess the care provided by taking into account the women's views, perceptions and satisfaction of the care they receive (Al-Abri & Al-Balushi 2014). Measuring patient satisfaction is an indicator of the quality of the services provided (Faley *et al.* 2014). A research instrument is important for this assessment. There is no valid postnatal satisfaction questionnaire/ instrument to measure mothers' satisfaction of the postnatal care they receive in Greece. A valid and reliable postnatal satisfaction

questionnaire in Greek language is essential to enable assessment of postnatal services and to identify the areas changes are needed in clinical practice to improve postnatal care in Greece.

The WOMB postnatal satisfaction questionnaire (WOMBPNSQ) is a multidimensional questionnaire that was developed in England in 2011 (Smith 2011). The WOMBPNSQ has questions expressed as statements which are followed by a seven point Likert Scale, for women to answer by selecting a response ranging from “totally disagree” to “totally agree”. The WOMBPNSQ had good internal reliability with Cronbach’s alpha varying from 0.624 to 0.902 and also had good content and construct validity. The English WOMBPNSQ was proved to be a valid, reliable, multidimensional psychometric satisfaction questionnaire that measures maternal satisfaction with postnatal care.

In this study, the WOMBPNSQ was translated in Greek, culturally adapted and validated for use with postnatal women in Greece, in order to assess their satisfaction with the postnatal services provided.

## LITERATURE

Many researchers have developed different instruments/questionnaires in different countries to assess women’s satisfaction with maternity care. Many organizations and institutions also call for the development of such tools to measure maternal satisfaction of provided care (Baker 2001). Even though satisfaction is not the only form of patient assessment of care, patient satisfaction and its correlates are predominant in quality care assessment studies (Sofaer & Firminger 2005). Measuring maternal satisfaction of health care provided is an indicator of health services performance and can be used from both health care professionals and managers when they plan future care for improving the quality in maternity care (Pittrof, Campbell & Filippi 2002).

There is growing attention to patient experiences and satisfaction as a source of information on the quality of health care services (Sofaer & Firminger 2005). Measuring patients’ satisfaction with their care is a very difficult task. Jackson *et al.* (2001) concluded with their study that patient satisfaction surveys need to carefully consider the sampling time frame and adjust for pertinent patient characteristics. For a satisfaction questionnaire to be a valid and reliable tool for assessing patient satisfaction of health care it needs to be multidimensional and sensitive to differences in settings and women (Lledó *et al.* 2000). The theory of the “validity” of questionnaire measurement tools has been developed by the social sciences as described by Streiner & Norman (1996) and in a more recent edition by Streiner *et al.* (2015). Bland & Altman (2002) pointed out that for a scale to be valid and of high quality it must be repeatable and sufficiently objective to give similar results for different observers.

Most research surveys on women’s satisfaction with maternity services are focused on the assessment of maternal satisfaction with the care they receive during labour and delivery. Many tools/instruments have been developed for assessing maternal satisfaction with their care during labour and delivery. Siassakos *et al.* (2009) described a simple instrument for assessing women’s satisfaction of operative delivery in one English maternity hospital. Hollins Martin & Fleming (2011) developed the birth satisfaction scale (BSS), a very popular instrument to assess maternal satisfaction and dissatisfaction with their birth. Nilvér, Begley & Berg (2017) systematically identified 36 validated instruments measuring women’s

experiences and satisfaction of childbirth. Most of the instruments were developed and tested in the United States and in the United Kingdom. Further countries represented were: Canada, the Netherlands, Turkey, Sweden, Jordan, France, Italy, Australia, Senegal and Norway.

On the contrary tools/ instruments for assessing maternal satisfaction with postnatal care are very few. The WOMB postnatal satisfaction questionnaire (WOMBPNSQ) developed by Dr Smith (2011) in England and the Postnatal Satisfaction Scale with postpartum inpatient care by Dr Peterson *et al.* (2005) in Canada are two instruments that measure postnatal satisfaction. Some other tools assess maternal satisfaction of the whole spectrum of maternity care, which including the aspect of postnatal care. Matejic *et al.* (2014) described their survey using self administered questionnaires to postnatal patients assessing their satisfaction with antenatal, perinatal, and postnatal care. The Norwegian Directorate of Health commissioned a national survey of women to assess their satisfaction from pregnancy to postnatal care. For the needs of this survey it was developed the pregnancy- and maternity-care patients' experiences questionnaire (PreMaPEQ) which assessed the satisfaction and experiences of the patients with the care they received during pregnancy, birth and postnatal care in Norway (Sjetne *et al.* 2015). There is an obvious research gap for tools and instruments developed for assessing specifically the satisfaction with the care mothers receive in the postnatal period. This is particularly the case for Greece as there is no validated questionnaire to assess maternal satisfaction with postnatal care in this country.

## **THEORETICAL UNDERPINNING**

A literature review was conducted at the start of this study and no research papers were found regarding the measurement of the satisfaction of women with the postnatal care they receive in Greece. Furthermore, no tools were found measuring maternal satisfaction for the postnatal care in Greece. Following these findings the purpose of this study was the translation into Greek, cultural adaptation and validation of the English WOMB postnatal satisfaction questionnaire (WOMBPNSQ) for use to Greek population of postnatal women to fill in the research gap.

## **METHODOLOGY**

The aim of the present study was to create a valid and reliable instrument to investigate the views and satisfaction of women for the postnatal care they receive in Greece, in order to evaluate the quality of postnatal health services provided. A systematic search was conducted using the leading medical journal databases Pubmed/Medline, the Cochrane library, BioMed Central and Google Scholar (Panagopoulou *et al.* 2017). Only articles in English or translated to English were used and no limits were placed on the publication date of the papers. The key words used for the searches were postnatal period, postpartum care, midwifery care, maternal satisfaction, questionnaire and instrument. From the results of the searches, the WOMB postnatal satisfaction questionnaire (WOMBPNSQ) was decided to be the most appropriate for use for the present study (Smith 2011). The researcher who created the instrument was contacted by e-mail, the purpose of the present study was explained, and permission for use of her instrument was requested. Following our request, Dr Lindsay FP Smith from the East Somerset Research Consortium gave her permission for the translation and cultural

adaptation of the WOMB postnatal satisfaction questionnaire (WOMBPNSQ) for use with a Greek population of postnatal women.

Ethical approval for this research was granted from the scientific committee of the regional Greek public general hospital where the research took place (18<sup>th</sup> Dec 2014, approval number Φ/Γ/2/14962).

The English WOMB postnatal satisfaction questionnaire (WOMBPNSQ) was carefully studied and then was translated from English to Greek (forward translation). The forward translation of the questionnaire was completed by the first author of this paper who is a researcher midwife. The researcher midwife is a native Greek speaker and has an excellent knowledge of UK English language and culture, as she completed her postgraduate studies in England and worked as a practicing midwife in the UK for the UK's National Health Service for many years before returning to Greece where she practices as a midwife for the Greek National Health Service. During the process of translation from the original to the target language some questions from the original WOMBPNSQ questionnaire were removed to achieve cultural adaptation of the questionnaire to Greek population of postnatal women. Questions not used in the Greek version of the WOMBPNSQ questionnaire were those relating to the dimensions "Postnatal visiting", "Health visitor care" and "GP care" as these services are not normally provided and these professionals are not generally involved in the provision of postnatal care in the Greek National Health Service. Conceptual translation of all the questions was used in order to achieve simple, clear, concise and natural language for the Greek version of the WOMBPNSQ questionnaire.

After initial translation, the questionnaire was reviewed by an expert panel consisted of ten experts, the researcher midwife, three professors in nursing, one professor in health sociology, one statistician, an independent researcher whose native language was English, one psychologist, one obstetrician and one nurse practitioner. All of the experts were bilingual in both English & Greek. The expert panel proposed some changes in the Greek version of the WOMBPNSQ questionnaire that clarified and improved the meaning of some questions.

The questionnaire was back-translated from Greek to English by a bilingual independent researcher whose native language was UK English and had no previous knowledge of the WOMBPNSQ questionnaire. Some suggestions were incorporated in the questionnaire following this review.

During the pre-testing of the Greek version of the WOMBPNSQ twelve postnatal women were asked to complete the self-administered questionnaire. After completing the questionnaire in-depth personal interviews were conducted by the researcher midwife and answers were obtained from each participant about their understanding of the questionnaire, if there were questions they could not understand or if they were unsure or uncomfortable by any questions. All the respondents said that it was easy for them to answer the questions, they were easily understood and there were no areas that caused them uncertainty or discomfort.

The final Greek version of the WOMBPNSQ questionnaire was obtained after completing all the above steps and then it was assessed for its validity in a population of Greek postnatal women.

The Greek version of the WOMBPNSQ consisted of 43 questions, expressed as statements that were followed by a response format of a seven-point Likert Scale. It covered 10 dimensions, which were: general satisfaction, support from health professionals, support from partner, social support, advice on contraception, feeding baby, mother's health, continuity of care, duration of inpatient stay and pain after birth. Additional questions were added so that correlations with the demographics and the obstetric history of the women could be identified. No personally identifying information was collected on the questionnaire.

## RESULTS/FINDINGS

A total of 300 women who gave birth in a regional Greek public hospital between January 2015 and July 2017 were surveyed 40 days after the birth of their baby to assess their satisfaction with the postnatal care they received. Inclusion criteria were women aged over 18, who delivered a healthy term infant. Mothers were informed that no personally identifying information would be recorded at any point of the survey and verbal informed consent was given by the women before they voluntarily completed the self-administered questionnaire. 375 women were approached during the two and a half year research period and asked to take part to the research, 25 women declined (7%) to participate. Another 50 women did not meet the inclusion criteria (13%) so were also excluded from the study leaving a total of 300 women surveyed; the survey was stopped after 300 completed responses had been received. Excluded women were those under 18 (30 women, 6%), women who had not delivered a healthy term infant (7 women, 2%), or were illiterate and could not complete the questionnaire (13 women, 4%). During the period that study was conducted a total of 850 deliveries were performed in the Greek regional hospital the research took place. The final sample of 300 women was obtained by randomly selecting the post partum women and was considered to be a representative sample of the population of postnatal women of the hospital where the study took place. Table 1 presents the demographics of the women surveyed and Table 2 presents the prenatal statistics of the women surveyed.

Mean values and Standard Deviations (SD) were used for the description of the quantitative variables. Absolute (N) and relative (%) frequencies were used to describe the dichotomous variables. Student's t-test was used to compare two groups of quantitative variables. The Pearson correlation coefficient (r) was used to measure the correlation between two quantitative variables. The significance of this correlation was checked by calculating the probability "p" that this correlation occurred by chance (the null hypothesis), a p value less than 0.05 was considered to be statistically significant. The internal reliability of the questionnaire was tested using Cronbach's alpha. The cross-correlations between the dimensions were investigated by calculating the correlation coefficient between each dimension. The p-value probability that this correlation occurred by random variability was also calculated.



**Table 1. Demographics of the women surveyed.**

Number of women surveyed	300	
Maternal age, mean (SD)	31.3	(5.4)
Marital status	No.	(%)
Married	272	(90.7%)
Not Married	28	(9.3%)
Educational level	No.	(%)
Primary	28	(9.3%)
High School	40	(13.3%)
Senior High	98	(32.7%)
College Certificate	43	(14.3%)
Technological University Degree	41	(13.7%)
University Degree	38	(12.7%)
Postgraduate Degree	12	(4.0%)
Employment		
Working, No. (%)	109	(36.5%)
Not Working, No. (%)	190	(63.5%)
If working how many weeks leave do you have? mean (SD)	7.0	(4.4)
How many children do you have including the newborn?	No.	(%)
1	117	(39.0%)
2	84	(28.0%)
3	37	(12.3%)
> 3	9	(3.0%)

**Table 2. Prenatal statistics of the women surveyed.**

In general, would you say your health is:	No.	(%)
Very good	178	(61.0%)
Good	108	(37.0%)
Moderate	5	(1.7%)
Poor	0	(0.0%)
Very poor	1	(0.3%)
Childbirth Type	No.	(%)
Natural	157	(52.3%)
Forceps	22	(7.3%)
Emergency Caesarean	44	(14.7%)
Planned Caesarean	76	(25.3%)
Induced Labour?	No.	(%)
Yes	94	(32.3%)
No	197	(67.7%)
Epidural anesthesia?	No.	(%)
Yes	78	(27.4%)
No	207	(72.6%)
Do you breastfeed?	No.	(%)
Yes	269	(90.6%)
No	28	(9.4%)

If yes, do you breastfeeding exclusively?	No.	(%)
Yes	103	(39.9%)
No	155	(60.1%)
If not, duration in days of breastfeeding?	Mean	(SD)
	15	(19.1)
How many babies born in this birth?	No.	(%)
1	291	(97.0%)
2	7	(2.3%)
Did the baby need to be hospitalized in the neonatal unit?	No.	(%)
Yes	13	(4.3%)
No	286	(95.7%)
	Mean	(SD)
How many days did you stay in the hospital after childbirth?	3.7	(0.7)
	Mean	(SD)
Gestational age, in weeks, at delivery	38.3	(2.4)
	Mean	(SD)
Infant birth weight (g)	3207	(465.5)
Were there complications in pregnancy?	No.	(%)
Yes	11	(3.7%)
No	289	(96.3%)
Were there complications in childbirth?	No.	(%)
Yes	14	(4.7%)
No	286	(95.3%)

Table 3 presents the questions of the Greek version of the WOMB postnatal satisfaction questionnaire (WOMBPNSQ) including the Mean scores and Standard deviations of the results.

**Table 3. Questions and Results of the WOMBPNSQ questionnaire.**

Question	Mean score	Standard deviation
My partner/husband could not have supported me any better in any possible way	79%	23%
My carers explored adequately with me my contraceptive needs	65%	21%
For my postnatal care I always saw the same carer(s)	67%	24%
My carers often appeared rushed	27%	18%
I needed to be at home much sooner after the birth	42%	25%
There are things about the postnatal care system where I received my care that need to be improved	53%	23%
Sometimes carers made me feel a little foolish	20%	17%
The amount of time that I spent in hospital after my baby was born was about right	74%	17%
I would have liked more advice on feeding my baby	38%	24%
My partner/husband was the best possible help to me after the baby was born	68%	26%
Carers never acted too businesslike and impersonally towards me	80%	17%
Carers usually spent plenty of time with me	72%	18%
I was given little advice on contraception following the birth of my baby	42%	22%

I was in a fair bit of pain in the first few days/weeks after the birth	53%	28%
My postnatal care went nearly exactly as I had hoped it would	76%	16%
Many different carers provided me with postnatal check ups	59%	24%
I was given an excellent explanation of why I experienced after-pains and how I could cope with them	69%	17%
My postnatal care just seemed to involve a series of routine procedures	48%	19%
I made new friends during the days/weeks after the birth of my baby	56%	21%
It would have been so much better if I had had a longer hospital stay after the birth	27%	18%
I didn't need a lot of pain relief after the birth	55%	28%
My carers acted professionally at all times	78%	17%
The postnatal care that I received was just about perfect	77%	17%
Meeting in the postnatal days/weeks other women who had recently given birth was of no use to me	39%	18%
Those who provided my postnatal care sometimes hurried too much when they treated me	29%	19%
I could have had just a very little more help from my birth partner/husband	31%	24%
A little more time being spent on my health would have been welcome	52%	23%
I needed more time in hospital to get used to caring for my new baby	26%	18%
My carers rarely left me feeling that I didn't know what was best for my baby	73%	18%
It was reassuring to meet other women like me after my baby was born	66%	17%
My carers were never insensitive nor lacked understanding	77%	19%
I would have liked more chance to talk to my carers for medical advice about care of myself	46%	23%
I was given lots of help on how to feed my baby	75%	19%
My carers discussed the full range of contraception options with me following the birth of my baby	59%	22%
The carers who treated me should sometimes have given me just a little more respect	24%	17%
I needed more time with my carers so that they could help me more	35%	23%
There are some things about the postnatal care that I received that could have been better	47%	24%
After the birth I would have liked more chance to talk to doctors for medical advice	40%	23%
All my carers always treated me in the most friendly and courteous manner possible	80%	16%
My partner met all my needs after the birth	77%	20%
After the birth, carers always had lots of time to discuss problems with me	69%	19%
I could have done with more time for my body to adjust after the birth before going home	31%	19%
Sometimes carers did what was easier for them and not what seemed best for me	24%	19%

### Face Validity

The Greek version of the WOMBPNSQ was tested for face validity using a sample of 24 mothers forty days after the delivery of their baby. The women were asked their views about the questionnaire, if it was easy or difficult to complete and if there were any questions that they did not understand. The women replied that it was easy for them to complete the



questionnaire, the questions were clear and simple to answer and they did not have any problems understanding any of the questions (Panagopoulou *et al.* 2018).

### Internal Consistency

The internal reliability of the WOMBPNSQ dimensions was generally good, having internal reliability with Cronbach's Alpha over 0.6, with maximum 0.858. The dimensions with the higher internal reliability were "Professional support", "Partner support" and "Time with the woman", which all had coefficients above 0.8. The dimensions with the higher mean scores were "Professional support" and "Continuity" which indicate a higher satisfaction in these areas. The dimensions "Woman's health", "Contraceptive advice" and "Social support" had the lower satisfaction scores indicating that these areas could be improved. Cronbach's Alpha values from the survey of the 300 Greek women are presented in Table 4.

**Table 4. Cronbach's Alpha for the dimensions of the Greek version of the WOMBPNSQ**

Dimension	Survey results		
	Mean	SD	Cronbach's Alpha
General satisfaction	68.6	16.0	0.764
Inpatient stay	72.2	15.4	0.781
Woman's health	53.9	18.9	0.757
Contraceptive advice	60.6	17.5	0.746
Feeding baby	71.6	17.9	0.629
Partner support	71.3	20.0	0.821
Social support	61.0	14.1	0.637
Professional support	78.1	13.8	0.858
Pain after birth	73.1	24.7	0.731
Time with woman	70.1	15.6	0.817
Continuity	74.2	20.9	0.766

### Construct Validity

Every dimension of the questionnaire was tested against the general satisfaction dimension. The cross-correlations between the dimensions were investigated by calculating the correlation coefficient between each dimension. The p-value probability that this correlation occurred by random variability was also calculated. Cross-correlations of all subscales including general satisfaction are presented in Table 4. The three dimensions most correlated with general satisfaction were "Time with woman", "Feeding baby" and "Professional support". Women who breastfed were also positively correlated with those who gave a higher score on the "Feeding baby" satisfaction dimension, mean score 73.2 for those who breastfed vs. 45.8 for those who didn't (t-test  $p = 0.002$ ). Breast feeding women also had a higher general satisfaction compared to those who didn't (mean 69.4% vs. 60.9%, t-test  $p = 0.007$ ), higher satisfaction with professional support (mean 79.1% vs. 70.1%, t-test  $p = 0.001$ ) and higher satisfaction on the "Time with woman" dimension (71.1% vs. 60.4%, t-test  $p = 0.0006$ ).

**Table 4. Cross-correlations of the Satisfaction Dimensions with p-value probabilities given below in (brackets).**

Dimension	General satisfaction	Inpatient stay	Woman's health	Contraceptive advice	Feeding baby	Partner support	Social support	Professional support	Pain after birth	Time with woman	Continuity
General satisfaction	1.000 N/A	0.284 ( $< 0.001$ )	0.588 ( $< 0.001$ )	0.438 ( $< 0.001$ )	0.692 ( $< 0.001$ )	0.344 ( $< 0.001$ )	0.395 ( $< 0.001$ )	0.698 ( $< 0.001$ )	0.191 ( $< 0.001$ )	0.733 ( $< 0.001$ )	0.077 (0.456)
Inpatient stay	0.284 ( $< 0.001$ )	1.000 N/A	0.422 ( $< 0.001$ )	0.102 (0.077)	0.504 ( $< 0.001$ )	0.150 (0.009)	0.170 (0.003)	0.333 ( $< 0.001$ )	0.297 ( $< 0.001$ )	0.305 ( $< 0.001$ )	0.302 (0.003)
Woman's health	0.588 ( $< 0.001$ )	0.422 ( $< 0.001$ )	1.000 N/A	0.444 ( $< 0.001$ )	0.714 ( $< 0.001$ )	0.260 ( $< 0.001$ )	0.141 (0.015)	0.495 ( $< 0.001$ )	0.185 (0.001)	0.583 ( $< 0.001$ )	0.068 (0.513)
Contraceptive advice	0.438 ( $< 0.001$ )	0.102 (0.077)	0.444 ( $< 0.001$ )	1.000 N/A	0.360 ( $< 0.001$ )	0.158 (0.006)	0.266 ( $< 0.001$ )	0.333 ( $< 0.001$ )	0.037 (0.523)	0.460 ( $< 0.001$ )	0.055 (0.595)
Feeding baby	0.692 ( $< 0.001$ )	0.504 ( $< 0.001$ )	0.714 ( $< 0.001$ )	0.360 ( $< 0.001$ )	1.000 N/A	0.044 (0.662)	0.248 (0.012)	0.699 ( $< 0.001$ )	0.190 (0.057)	0.365 ( $< 0.001$ )	0.255 (0.012)
Partner support	0.344 ( $< 0.001$ )	0.150 (0.009)	0.260 ( $< 0.001$ )	0.158 (0.006)	0.044 (0.662)	1.000 N/A	0.251 ( $< 0.001$ )	0.348 ( $< 0.001$ )	0.039 (0.503)	0.365 ( $< 0.001$ )	0.102 (0.321)
Social support	0.395 ( $< 0.001$ )	0.170 (0.003)	0.141 (0.015)	0.266 ( $< 0.001$ )	0.248 (0.012)	0.251 ( $< 0.001$ )	1.000 N/A	0.409 ( $< 0.001$ )	0.123 (0.033)	0.426 ( $< 0.001$ )	0.055 (0.594)
Professional support	0.698 ( $< 0.001$ )	0.333 ( $< 0.001$ )	0.495 ( $< 0.001$ )	0.333 ( $< 0.001$ )	0.699 ( $< 0.001$ )	0.348 ( $< 0.001$ )	0.409 ( $< 0.001$ )	1.000 N/A	0.257 ( $< 0.001$ )	0.746 ( $< 0.001$ )	0.270 (0.008)
Pain after birth	0.191 ( $< 0.001$ )	0.297 ( $< 0.001$ )	0.185 (0.001)	0.037 (0.523)	0.190 (0.057)	0.039 (0.503)	0.123 (0.033)	0.257 ( $< 0.001$ )	1.000 N/A	0.237 ( $< 0.001$ )	0.153 (0.136)
Time with woman	0.733 ( $< 0.001$ )	0.305 ( $< 0.001$ )	0.583 ( $< 0.001$ )	0.460 ( $< 0.001$ )	0.691 ( $< 0.001$ )	0.365 ( $< 0.001$ )	0.426 ( $< 0.001$ )	0.746 ( $< 0.001$ )	0.237 ( $< 0.001$ )	1.000 N/A	0.087 (0.401)
Continuity	0.077 (0.456)	0.302 (0.003)	0.068 (0.513)	0.055 (0.595)	0.255 (0.012)	0.102 (0.321)	0.055 (0.594)	0.270 (0.008)	0.153 (0.136)	0.087 (0.401)	1.000 N/A

## DISCUSSION

The aim of this work was the translation, validation and cultural adaptation of the English multidimensional WOMBPNSQ for use to a population of Greek postnatal women, to fill in the research gap, as there is no validated instrument to assess maternal satisfaction with postnatal care in Greece.

The English WOMBPNSQ was proved to be a valid and reliable questionnaire to assess women's satisfaction with postnatal care. It had excellent face and content validity and good construct validity enabling quantitative assessment of mothers' satisfaction with postnatal care (Smith 2011). Dr Smith mentioned on the limitations of her study that there was little published evidence on the subscales she used of postnatal visits, health visitor care and GP care. However, these subscales were not used in the Greek version of the WOMBPNSQ, as these services are not offered as routine postnatal care in Greece.

The Newcastle Satisfaction with Nursing Scales measured maternal satisfaction with inpatient postpartum nursing care in Canada making five a priori predictions. This is a satisfaction scale that is not multidimensional and this presents a limitation of this scale (Peterson *et al.* 2005). For this reason this instrument was not considered for use in the present study. According to Lledó *et al.* (2000), for a satisfaction questionnaire to consist a valid and reliable tool for assessing patient satisfaction with health care needs to be multidimensional and sensitive to differences in settings and women.

The Greek version of the WOMBPNSQ is the first valid, reliable, multidimensional, quantitative questionnaire to assess women's satisfaction of postnatal care provided in Greece. The original English WOMBPNSQ was translated and culturally adapted for use with Greek postnatal women. The questionnaire measures the satisfaction of mothers with the postnatal care they receive, assessing the quality of health services in the postnatal period using a patient-centred measurement. The translation and cultural adaptation of the original English WOMBPNSQ to the Greek version of the WOMBPNSQ followed the standards recommended by the WHO, those including the forward translation, analysis by an expert panel, back-translation, pre-testing and cognitive interviewing (WHO 2010).

The Greek version of the WOMBPNSQ was validated in a sample of 300 postnatal women, who participated in the research and completed the self-administered questionnaire. The analysis of the survey results showed very good face, content and construct validity of the questionnaire. The final validated Greek version of the WOMBPNSQ is given in Appendix 1. The dimensions with the higher mean scores were "Professional support" and "Continuity" which indicated a higher satisfaction in these areas. Areas that were lacking patient satisfaction in the present study, such as "Woman's health" and "Social support" can be targeted and improved in the future, to promote high quality, patient-centred postnatal care. Postnatal women express their need to get professional advice about their health and wellbeing. Health care providers should also empower women to mobilise social support that will help them in their parenting tasks.

The Greek version of the WOMBPNSQ was tested in one maternity unit of a regional hospital in South Greece. The single location of the research presents a limitation of this study and further research should be carried out in different locations, hospital settings and larger number of populations of postnatal women to establish the generalisability of the questionnaire in Greece.

### **Implication to Research and Practice**

The Greek version of the WOMBPNSQ is a valid and reliable instrument to measure maternal satisfaction with postnatal care in Greek population. This instrument can be a valuable tool for health care professionals and health care providers for use in planning postnatal health care provision in Greece. Areas of maternity care that women are satisfied or dissatisfied with can be identified. This tool can be used as a basis to initiate changes in clinical practice both in hospital and in community settings.

### **CONCLUSION**

The modified, validated and translated WOMBPNSQ is the first valid and reliable instrument to measure maternal satisfaction with postnatal care in Greek population. Questionnaire replies are grouped together to form different dimensions measuring different aspects of postnatal care. The dimensions were generally found to have good internal reliability with Cronbach's alpha typically above 0.6 and a maximum of 0.82. The scores of this questionnaire can offer health care professionals and providers the information they need to plan high quality, patient centred care for postnatal women in Greece.

### **Acknowledgements**

Dr Lindsey Smith from the East Somerset Research Consortium kindly provided the questions from the WOMBPNSQ satisfaction scale which was used as a basis for this work.

### **Future Research**

Future research should take place to test the Greek version of the WOMBPNSQ in different maternity settings, different locations across Greece and with larger number of postnatal women to increase the generalizability of the instrument. The Greek version of the WOMBPNSQ can be used as a tool for further investigating postnatal care provided in Greece and obtaining a better understanding of the needs, expectations and requirements of mothers of their postnatal care. It is anticipated that the Greek version of the WOMBPNSQ will contribute to further development of the research in the field of hospital and community postnatal care in Greece.

### **REFERENCES**

- Al-Abri R, Al-Balushi A (2014) *Patient satisfaction survey as a tool towards quality improvement*, Oman Med J, 29: 3–7.
- Baker, A. (2001) *Crossing the quality chasm: a new health system for the 21st century*, BMJ: British Medical Journal, 323(7322), 1192.
- Bland, J. M., & Altman, D. G. (2002) *Validating scales and indexes*, Bmj, 324(7337), 606–607.
- Brown SJ, Davey MA, Bruinsma FJ (2005) *Women's views and experiences of postnatal hospital care in the Victorian Survey of Recent Mothers 2000*, Midwifery, 21: 109–126.
- Emmanuel EN, Creedy DK, St JW (2011) *Maternal role development: The impact of maternal distress and social support following childbirth*, Midwifery, 27: 265–272.

- Faley H, Enguidanos ER, Coletti CM, et al. (2014) *Patient satisfaction surveys and quality of care: An information paper*, Ann Emerg Med, 64: 351–357.
- Henderson, J., & Redshaw, M. (2017) *Change over time in women's views and experiences of maternity care in England, 1995–2014: A comparison using survey data*, Midwifery, 44, 35-40.
- Hollins Martin, C., & Fleming, V. (2011) *The birth satisfaction scale*, International journal of health care quality assurance, 24(2), 124-135.
- Jackson, J. L., Chamberlin, J., & Kroenke, K. (2001) *Predictors of patient satisfaction*, Social science & medicine, 52(4), 609-620.
- Lledó, R., Rodri'guez, T., Trilla, A., Cararach, V., Restuccia, J., & Asenjo, M. A. (2000) *Perceived quality of care in pregnancy: assessment before and after delivery*, European Journal of Obstetrics & Gynecology and Reproductive Biology, 88(1), 35-42.
- Matejic, B., Milicevic, M. Š., Vasic, V., & Djikanovic, B. (2014) *Maternal satisfaction with organized perinatal care in Serbian public hospitals*, BMC pregnancy and childbirth, 14(1), 14.
- Nilvér, H., Begley, C., & Berg, M. (2017) *Measuring women's childbirth experiences: a systematic review for identification and analysis of validated instruments*, BMC pregnancy and childbirth, 17(1), 203.
- Panagopoulou, V., Hancock, J. & Tziaferi, S. (2017) *Midwifery in the Postnatal Period – A Systematic Review of the Literature*, Hellenic Journal of Nursing, 56(2): 125-137
- Panagopoulou, V., Kalokairinou, A., Tzavella, F., Kolovos, P., & Tziaferi, S. (2018) *Women's views of postnatal care and evaluation of an intervention of postnatal home visits in Greece*, International Journal of Nursing, Midwife and Health Related Cases (IJNMH), 4(3), 20-36.
- Peterson, W. E., Charles, C., DiCenso, A., & Sword, W. (2005) *The Newcastle Satisfaction with Nursing Scales: a valid measure of maternal satisfaction with inpatient postpartum nursing care*, Journal of advanced nursing, 52(6), 672-681.
- Pittrof, R., Campbell, O. R., & Filippi, V. A. (2002) *What is quality in maternity care? An international perspective*, Acta obstetrica et gynecologica Scandinavica, 81(4), 277-283.
- Siassakos, D., Clark, J., Sibanda, T., Attilakos, G., Jefferys, A., Cullen, L., ... & Draycott, T. (2009) *A simple tool to measure patient perceptions of operative birth*, BJOG: An International Journal of Obstetrics & Gynaecology, 116(13), 1755-1761.
- Sjetne, I. S., Iversen, H. H., & Kjøllesdal, J. G. (2015) *A questionnaire to measure women's experiences with pregnancy, birth and postnatal care: instrument development and assessment following a national survey in Norway*, BMC pregnancy and childbirth, 15(1), 182.
- Smith LF (2011) *Postnatal care: Development of a psychometric multidimensional satisfaction questionnaire (the WOMBPNSQ) to assess women's views*, Br J Gen Pract, 61: e628–e637.
- Sofaer, S., & Firminger, K. (2005) *Patient perceptions of the quality of health services*, Annual review of public health, 26.
- Streiner DL, Norman GR. (1996) Health measurement scales: a practical guide to their development and use. 2nd ed. Oxford: Oxford University Press.
- Streiner, D. L., Norman, G. R., & Cairney, J. (2015) Health measurement scales: a practical guide to their development and use. Oxford University Press, USA.

United Nations (2015) *Every Woman Every Child. Saving lives, protecting futures: Progress report on the Global Strategy for Women's and Children's Health*. United Nations, New York.

World Health Organization (2010). Process of translation and adaptation of instruments, 2007.

World Health Organization (2010). WHO technical consultation on postpartum and postnatal care.



**Appendix 1: Final validated Greek version of the WOMBPNSQ**

**ΕΡΩΤΗΜΑΤΟΛΟΓΙΟ: ΟΙ ΑΠΟΨΕΙΣ ΤΩΝ ΓΥΝΑΙΚΩΝ ΓΙΑ ΤΗΝ ΦΡΟΝΤΙΔΑ ΤΗΣ ΛΟΧΕΙΑΣ**

**Αυτό το σύντομο ερωτηματολόγιο ζητάει τις απόψεις σας για την φροντίδα που λάβατε αμέσως μετά τη γέννηση του μωρού σας. Έχει τρεις ενότητες:**

- 1 – σας δίνει την ευκαιρία να μας πείτε για τα καλύτερα σημεία της φροντίδας που λάβατε στην περίοδο της λοχείας και επίσης για περιοχές που χρειάζονται βελτίωση
- 2 – σας ζητάει να δείξετε πόσο έντονα συμφωνείτε ή διαφωνείτε με μια σειρά δηλώσεων σχετικά με την φροντίδα που λάβατε την περίοδο της λοχείας
- 3 – είναι η ενότητα αυτή που μπορείτε να μας πείτε λίγα λόγια για τον τοκετό σας, ώστε να μπορέσουμε να συγκρίνουμε τις απόψεις σας με αυτές των γυναικών που είχαν παρόμοιες ή διαφορετικές εμπειρίες στην εγκυμοσύνη τους

**Ενότητα 1: Σας παρακαλούμε να μας μιλήσετε για την φροντίδα που λάβατε την περίοδο της λοχείας**

Ποιά ήταν τα καλύτερα πράγματα από την φροντίδα που λάβατε στη διάρκεια της λοχείας από τους επαγγελματίες υγείας (μαίες, γιατρούς, νοσηλεύτριες κλπ);

- ☐ οδηγίες- εκπαίδευση στους γονείς
- ☐ περιποίηση- φροντίδα στη μητέρα και το μωρό
- ☐ βοήθεια με τον θηλασμό- σίτιση του μωρού
- ☐ ενθάρρυνση- ψυχολογική υποστήριξη
- ☐ το δωμάτιο και οι λοιποί χώροι στο νοσοκομείο
- ☐ Άλλο (παρακαλείστε να σημειώσετε επιγραμματικά)

.....  
.....  
.....  
.....

Ποια ήταν τα πράγματα που χρειάζονταν την μεγαλύτερη βελτίωση από την φροντίδα που λάβατε στη διάρκεια της λοχείας από τους επαγγελματίες υγείας (μαίες, γιατρούς, νοσηλεύτριες κλπ);

- ☐ οδηγίες- εκπαίδευση στους γονείς
- ☐ περιποίηση- φροντίδα στη μητέρα και το μωρό

☐ βοήθεια με τον θηλασμό- σίτιση του μωρού

☐ ενθάρρυνση- ψυχολογική υποστήριξη

☐ το δωμάτιο και οι λοιποί χώροι στο νοσοκομείο

☐ Άλλο (παρακαλείστε να σημειώσετε επιγραμματικά)

☐

.....

**Ενότητα 2: Σας παρακαλούμε να μας αναφέρετε πόσο έντονα συμφωνείτε ή διαφωνείτε με διάφορες πτυχές της φροντίδας που λάβατε στην περίοδο της λοχείας**

*Παρακαλούμε να απαντήσετε όλες τις ερωτήσεις. Δηλώστε πόσο έντονα συμφωνείτε ή διαφωνείτε με κάθε ερώτηση. Για κάθε ερώτηση κυκλώστε την απάντηση που είναι πιο κοντά σε αυτό που σκέφτεστε. Για κάθε ερώτηση υπάρχουν επτά πιθανές απαντήσεις . Αυτές είναι ότι: συμφωνώ απόλυτα, συμφωνώ πολύ, συμφωνώ, είμαι ουδέτερη, διαφωνώ, διαφωνώ πολύ, διαφωνώ απόλυτα με την ερώτηση. "Είμαι ουδέτερη" σημαίνει ότι δεν έχετε κάποια προτίμηση έτσι ή αλλιώς. Για παράδειγμα:*

**Το προσωπικό της κλινικής δεν ενδιαφερόταν...**

συμφωνώ απόλυτα      συμφωνώ πολύ      συμφωνώ      είμαι ουδέτερη      διαφωνώ  
διαφωνώ πολύ      διαφωνώ απόλυτα

*Μερικές ερωτήσεις μπορεί να είναι παρόμοιες. Παρακαλούμε να τις απαντήσετε όλες. Αυτό είναι πάρα πολύ σημαντικό για την επιτυχία της έρευνας. Ευχαριστούμε. Θα σας πάρει γύρω στα 15 λεπτά. Καλή επιτυχία!*

*Η λέξη "επαγγελματίες υγείας" χρησιμοποιείται σε πολλές ερωτήσεις . Αυτή σημαίνει τις μαίες, τους γιατρούς και τις νοσηλεύτριες που σας παρείχαν φροντίδα στην περίοδο της λοχείας.*

*Παρακαλούμε ξεκινήστε εδώ:*

**Ο σύντροφος/ σύζυγός μου δεν θα μπορούσε να με είχε στηρίξει καλύτερα με οποιονδήποτε τρόπο ...**

συμφωνώ απόλυτα      συμφωνώ πολύ      συμφωνώ      είμαι ουδέτερη      διαφωνώ  
διαφωνώ πολύ      διαφωνώ απόλυτα

**Οι επαγγελματίες υγείας με ενημέρωσαν ικανοποιητικά για θέματα αντισύλληψης...**

συμφωνώ απόλυτα      συμφωνώ πολύ      συμφωνώ      είμαι ουδέτερη      διαφωνώ  
 διαφωνώ πολύ      διαφωνώ απόλυτα

**Για την φροντίδα που είχα στη λοχεία (την περίοδο μετά τη γέννηση του μωρού μου) έβλεπα πάντα τους ίδιους επαγγελματίες υγείας ...**

συμφωνώ απόλυτα      συμφωνώ πολύ      συμφωνώ      είμαι ουδέτερη      διαφωνώ  
 διαφωνώ πολύ      διαφωνώ απόλυτα

**Οι επαγγελματίες υγείας που με φρόντιζαν συχνά φαίνονταν βιαστικοί...**

συμφωνώ απόλυτα      συμφωνώ πολύ      συμφωνώ      είμαι ουδέτερη      διαφωνώ  
 διαφωνώ πολύ      διαφωνώ απόλυτα

**Θα ήθελα να πήγαινα σπίτι μου πολύ πιο σύντομα μετά τον τοκετό...**

συμφωνώ απόλυτα      συμφωνώ πολύ      συμφωνώ      είμαι ουδέτερη      διαφωνώ  
 διαφωνώ πολύ      διαφωνώ απόλυτα

**Υπάρχουν πράγματα σχετικά με το σύστημα φροντίδας της λοχείας, εκεί όπου νοσηλεύτηκα, που πρέπει να βελτιωθούν...**

συμφωνώ απόλυτα      συμφωνώ πολύ      συμφωνώ      είμαι ουδέτερη      διαφωνώ  
 διαφωνώ πολύ      διαφωνώ απόλυτα

**Μερικές φορές οι επαγγελματίες υγείας με έκαναν να αισθανθώ λίγο ανόητη...**

συμφωνώ απόλυτα      συμφωνώ πολύ      συμφωνώ      είμαι ουδέτερη      διαφωνώ  
 διαφωνώ πολύ      διαφωνώ απόλυτα

**Ο χρόνος που έμεινα στο νοσοκομείο μετά τη γέννηση του μωρού μου ήταν όσο έπρεπε ...**

συμφωνώ απόλυτα      συμφωνώ πολύ      συμφωνώ      είμαι ουδέτερη      διαφωνώ  
 διαφωνώ πολύ      διαφωνώ απόλυτα

**Θα ήθελα να είχα περισσότερες οδηγίες για το τάισμα του μωρού...**

συμφωνώ απόλυτα      συμφωνώ πολύ      συμφωνώ      είμαι ουδέτερη      διαφωνώ  
 διαφωνώ πολύ      διαφωνώ απόλυτα

**Ο σύντροφος/σύζυγός μου, μου έδωσε την μεγαλύτερη βοήθεια μετά την γέννηση του μωρού...**

συμφωνώ απόλυτα      συμφωνώ πολύ      συμφωνώ      είμαι ουδέτερη      διαφωνώ  
 διαφωνώ πολύ      διαφωνώ απόλυτα

**Οι επαγγελματίες υγείας ποτέ δεν συμπεριφέρθηκαν με ψυχρό επαγγελματισμό ή απρόσωπα απέναντί μου...**

συμφωνώ απόλυτα	συμφωνώ πολύ	συμφωνώ	είμαι ουδέτερη	διαφωνώ
διαφωνώ πολύ	διαφωνώ απόλυτα			

**Οι επαγγελματίες υγείας συνήθως μου αφιέρωναν πολύ χρόνο...**

συμφωνώ απόλυτα	συμφωνώ πολύ	συμφωνώ	είμαι ουδέτερη	διαφωνώ
διαφωνώ πολύ	διαφωνώ απόλυτα			

**Μου δόθηκαν λίγες συμβουλές για την αντισύλληψη μετά την γέννηση του μωρού μου...**

συμφωνώ απόλυτα	συμφωνώ πολύ	συμφωνώ	είμαι ουδέτερη	διαφωνώ
διαφωνώ πολύ	διαφωνώ απόλυτα			

**Είχα αρκετό πόνο τις πρώτες ημέρες/ εβδομάδες μετά τον τοκετό...**

συμφωνώ απόλυτα	συμφωνώ πολύ	συμφωνώ	είμαι ουδέτερη	διαφωνώ
διαφωνώ πολύ	διαφωνώ απόλυτα			

**Η φροντίδα που έλαβα την περίοδο της λοχείας ήταν σχεδόν ακριβώς όπως ήλπιζα ότι θα ήταν...**

συμφωνώ απόλυτα	συμφωνώ πολύ	συμφωνώ	είμαι ουδέτερη	διαφωνώ
διαφωνώ πολύ	διαφωνώ απόλυτα			

**Πολλοί διαφορετικοί επαγγελματίες υγείας με εξέταζαν κατά την περίοδο της λοχείας...**

συμφωνώ απόλυτα	συμφωνώ πολύ	συμφωνώ	είμαι ουδέτερη	διαφωνώ
διαφωνώ πολύ	διαφωνώ απόλυτα			

**Μου δόθηκαν άριστες εξηγήσεις γιατί είχα υστερόπονους και πώς μπορούσα να τους αντιμετωπίσω...**

συμφωνώ απόλυτα	συμφωνώ πολύ	συμφωνώ	είμαι ουδέτερη	διαφωνώ
διαφωνώ πολύ	διαφωνώ απόλυτα			

**Η φροντίδα που είχα στη λοχεία φάνηκε να περιλαμβάνει μια σειρά από διαδικασίες ρουτίνας...**

συμφωνώ απόλυτα      συμφωνώ πολύ      συμφωνώ      είμαι ουδέτερη      διαφωνώ  
 διαφωνώ πολύ      διαφωνώ απόλυτα

**Έκανα καινούριες φιλίες τις πρώτες ημέρες/εβδομάδες μετά την γέννηση του μωρού μου...**

συμφωνώ απόλυτα      συμφωνώ πολύ      συμφωνώ      είμαι ουδέτερη      διαφωνώ  
 διαφωνώ πολύ      διαφωνώ απόλυτα

**Θα ήταν τόσο πολύ καλύτερα εάν έμενα περισσότερες μέρες στο νοσοκομείο μετά τον τοκετό...**

συμφωνώ απόλυτα      συμφωνώ πολύ      συμφωνώ      είμαι ουδέτερη      διαφωνώ  
 διαφωνώ πολύ      διαφωνώ απόλυτα

**Δεν χρειάστηκα πολλά παυσίπονα μετά τον τοκετό...**

συμφωνώ απόλυτα      συμφωνώ πολύ      συμφωνώ      είμαι ουδέτερη      διαφωνώ  
 διαφωνώ πολύ      διαφωνώ απόλυτα

**Οι επαγγελματίες υγείας συμπεριφέρονταν με επαγγελματισμό όλες τις φορές...**

συμφωνώ απόλυτα      συμφωνώ πολύ      συμφωνώ      είμαι ουδέτερη      διαφωνώ  
 διαφωνώ πολύ      διαφωνώ απόλυτα

**Η φροντίδα που έλαβα στη λοχεία ήταν σχεδόν τέλεια...**

συμφωνώ απόλυτα      συμφωνώ πολύ      συμφωνώ      είμαι ουδέτερη      διαφωνώ  
 διαφωνώ πολύ      διαφωνώ απόλυτα

**Οι συναντήσεις κατά την περίοδο της λοχείας με άλλες μητέρες που είχαν γεννήσει πρόσφατα δεν μου χρησίμευσαν καθόλου...**

συμφωνώ απόλυτα      συμφωνώ πολύ      συμφωνώ      είμαι ουδέτερη      διαφωνώ  
 διαφωνώ πολύ      διαφωνώ απόλυτα

**Οι επαγγελματίες υγείας που με φρόντιζαν στην περίοδο της λοχείας μερικές φορές βιάζονταν πάρα πολύ...**

συμφωνώ απόλυτα	συμφωνώ πολύ	συμφωνώ	είμαι ουδέτερη	διαφωνώ
διαφωνώ πολύ	διαφωνώ απόλυτα			

**Θα μπορούσα να είχα λίγη περισσότερη βοήθεια από τον σύντροφο/σύζυγό μου...**

συμφωνώ απόλυτα	συμφωνώ πολύ	συμφωνώ	είμαι ουδέτερη	διαφωνώ
διαφωνώ πολύ	διαφωνώ απόλυτα			

**Λίγος περισσότερος χρόνος να αφιερωνόταν στην υγεία μου θα ήταν καλοδεχούμενος...**

συμφωνώ απόλυτα	συμφωνώ πολύ	συμφωνώ	είμαι ουδέτερη	διαφωνώ
διαφωνώ πολύ	διαφωνώ απόλυτα			

**Χρειάζομαι να μείνω περισσότερο χρόνο στο νοσοκομείο για να συνηθίσω να φροντίζω το καινούριο μου μωρό...**

συμφωνώ απόλυτα	συμφωνώ πολύ	συμφωνώ	είμαι ουδέτερη	διαφωνώ
διαφωνώ πολύ	διαφωνώ απόλυτα			

**Οι επαγγελματίες υγείας σπάνια με άφησαν να αισθάνομαι ότι δεν ήξερα τι ήταν καλύτερο για το μωρό...**

συμφωνώ απόλυτα	συμφωνώ πολύ	συμφωνώ	είμαι ουδέτερη	διαφωνώ
διαφωνώ πολύ	διαφωνώ απόλυτα			

**Ήταν καθησυχαστικό να συναντήσω άλλες γυναίκες σαν εμένα μετά την γέννηση του μωρού μου...**

συμφωνώ απόλυτα	συμφωνώ πολύ	συμφωνώ	είμαι ουδέτερη	διαφωνώ
διαφωνώ πολύ	διαφωνώ απόλυτα			

**Οι επαγγελματίες υγείας ποτέ δεν συμπεριφέρθηκαν χωρίς ευαισθησία ή κατανόηση...**

συμφωνώ απόλυτα	συμφωνώ πολύ	συμφωνώ	είμαι ουδέτερη	διαφωνώ
διαφωνώ πολύ	διαφωνώ απόλυτα			

**Θα ήθελα περισσότερες ευκαιρίες να μιλήσω με τους επαγγελματίες υγείας για ιατρικές οδηγίες σχετικά με την φροντίδα του εαυτού μου...**



συμφωνώ απόλυτα	συμφωνώ πολύ	συμφωνώ	είμαι ουδέτερη	διαφωνώ
διαφωνώ πολύ	διαφωνώ απόλυτα			

**Μου δόθηκε μεγάλη βοήθεια για το πώς να ταΐζω το μωρό μου...**

συμφωνώ απόλυτα	συμφωνώ πολύ	συμφωνώ	είμαι ουδέτερη	διαφωνώ
διαφωνώ πολύ	διαφωνώ απόλυτα			

**Οι επαγγελματίες υγείας συζήτησαν μαζί μου όλες τις επιλογές αντισύλληψης που είχα μετά την γέννηση του μωρού μου...**

συμφωνώ απόλυτα	συμφωνώ πολύ	συμφωνώ	είμαι ουδέτερη	διαφωνώ
διαφωνώ πολύ	διαφωνώ απόλυτα			

**Οι επαγγελματίες υγείας που με φρόντισαν θα έπρεπε μερικές φορές να μου έδειχναν λίγο περισσότερο σεβασμό...**

συμφωνώ απόλυτα	συμφωνώ πολύ	συμφωνώ	είμαι ουδέτερη	διαφωνώ
διαφωνώ πολύ	διαφωνώ απόλυτα			

**Χρειάζομαι περισσότερο χρόνο με τους επαγγελματίες υγείας, ώστε να μπορούσαν να με βοηθήσουν περισσότερο...**

συμφωνώ απόλυτα	συμφωνώ πολύ	συμφωνώ	είμαι ουδέτερη	διαφωνώ
διαφωνώ πολύ	διαφωνώ απόλυτα			

**Υπάρχουν ορισμένα πράγματα σχετικά με την φροντίδα της λοχείας που έλαβα που θα μπορούσαν να ήταν καλύτερα...**

συμφωνώ απόλυτα	συμφωνώ πολύ	συμφωνώ	είμαι ουδέτερη	διαφωνώ
διαφωνώ πολύ	διαφωνώ απόλυτα			

**Μετά τον τοκετό θα ήθελα περισσότερες ευκαιρίες να μιλήσω με τους γιατρούς για ιατρικές οδηγίες...**

συμφωνώ απόλυτα	συμφωνώ πολύ	συμφωνώ	είμαι ουδέτερη	διαφωνώ
διαφωνώ πολύ	διαφωνώ απόλυτα			

**Όλοι οι επαγγελματίες υγείας πάντα μου συμπεριφέρονταν με τον πιο φιλικό και ευγενικό τρόπο...**

συμφωνώ απόλυτα      συμφωνώ πολύ      συμφωνώ      είμαι ουδέτερη      διαφωνώ  
 διαφωνώ πολύ      διαφωνώ απόλυτα

συμφωνώ απόλυτα      συμφωνώ πολύ      συμφωνώ      είμαι ουδέτερη      διαφωνώ  
 διαφωνώ πολύ      διαφωνώ απόλυτα

συμφωνώ απόλυτα      συμφωνώ πολύ      συμφωνώ      είμαι ουδέτερη      διαφωνώ  
 διαφωνώ πολύ      διαφωνώ απόλυτα

συμφωνώ απόλυτα      συμφωνώ πολύ      συμφωνώ      είμαι ουδέτερη      διαφωνώ  
 διαφωνώ πολύ      διαφωνώ απόλυτα

### Ενότητα 3: Παρακαλούμε πείτε μας λίγα πράγματα για την εγκυμοσύνη και τον τοκετό σας

Τόπος τοκετού; Στο νοσοκομείο ☐ Δημόσιο ☐ Στο σπίτι ☐ Άλλο ☐  
Ιδιωτικό ☐

Είδος τοκετού;	Φυσιολογικός <input type="checkbox"/>	Με Εμβρυουλκία <input type="checkbox"/>					
	Επείγουσα καισαρική <input type="checkbox"/> Άλλο	Προγραμματισμένη καισαρική <input type="checkbox"/>					
Έγινε πρόκληση τοκετού;	Ναι <input type="checkbox"/>	Όχι <input type="checkbox"/>					
Είχατε επισκληρίδιο αναισθησία;	Ναι <input type="checkbox"/>	Όχι <input type="checkbox"/>					
Θηλάζετε;	Ναι <input type="checkbox"/>	Αν ναι, θηλάζετε αποκλειστικά; <input type="checkbox"/>					
		Όχι <input type="checkbox"/>					
	Όχι <input type="checkbox"/>	Αν όχι, διάρκεια θηλασμού (ημέρες) <input type="checkbox"/>					
Πόσα μωρά γεννήσατε;	1	2	3+				
Χρειάστηκε το μωρό να νοσηλευτεί στην μονάδα νεογνών;	Ναι <input type="checkbox"/>	Όχι <input type="checkbox"/>					
Πόσες μέρες μείνατε στο νοσοκομείο μετά τον τοκετό;	0	1	2	3	4	5	6
		7+					

ΑΤΟΜΙΚΑ ΣΤΟΙΧΕΙΑ

Ηλικία μητέρας: ..... ετών

Ποιά είναι η οικογενειακή σας κατάσταση;

Έγγαμη	<input type="checkbox"/>	Σε διάσταση	<input type="checkbox"/>
Άγαμη	<input type="checkbox"/>	Διαζευγμένη	<input type="checkbox"/>
Χήρα	<input type="checkbox"/>		

Τι εκπαίδευση έχετε;

Δημοτικό	<input type="checkbox"/>	ΤΕΙ	<input type="checkbox"/>
Γυμνάσιο	<input type="checkbox"/>	ΑΕΙ	<input type="checkbox"/>
Λύκειο	<input type="checkbox"/>	Κάτοχος μεταπτυχιακού	<input type="checkbox"/>
ΤΕΕ ή ΙΕΚ	<input type="checkbox"/>	Κάτοχος διδακτορικού	<input type="checkbox"/>

Εργάζεστε;    Ναι    ☐    Αν ναι, πόση άδεια έχετε; .....

                         Όχι    ☐

Αριθμός προηγούμενων παιδιών:

0            1            2            3            >3

Η σύλληψη ήταν αυτόματη;    Ναι    ☐

   Όχι    ☐

Εβδομάδες κύησης στον τοκετό .....

Βάρος γέννησης νεογνού .....

Είχατε επιπλοκές στην εγκυμοσύνη;    Ναι   ☐    Όχι   ☐

Είχατε επιπλοκές στον τοκετό;    Ναι   ☐    Όχι   ☐

Έχετε κάποια χρόνια σωματική νόσο;    Ναι   ☐    Όχι   ☐

Αν Ναι, ποια είναι αυτή; Παίρνετε φαρμακευτική αγωγή;

.....  
.....  
.....

Έχετε κάποια χρόνια ψυχική νόσο;    Ναι   ☐    Όχι   ☐

Αν Ναι, ποια είναι αυτή; Παίρνετε φαρμακευτική αγωγή;

.....  
.....  
.....

Γενικά θα λέγατε ότι η κατάσταση της υγείας σας είναι:

Πολύ καλή   ☐    Καλή   ☐    Μέτρια   ☐    Κακή   ☐    Πολύ κακή   ☐

**ΕΥΧΑΡΙΣΤΟΥΜΕ**