

# WOUND CARE, TISSUE REPAIR & REGENERATIVE MEDICINE

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## DIFFERENCES IN WOMEN'S SATISFACTION AND OBSTETRIC OUTCOMES IN TWO DISTINCT MODELS OF DELIVERY

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**Background:** In the 20th century, the technological development in the obstetric field changed childbirth to a biomedical model. Delivery at home was slowly replaced by hospital deliveries, and giving birth became a medicalised procedure in most countries. After the International Conference on Humanization (2000), another model of maternity care appeared, the humanized one. Humanizing birth means considering women's beliefs, values and feelings and respecting their autonomy and dignity. Satisfaction with childbirth is considered the most important qualitative outcome in assessing childbirth experience, given that women's satisfaction with this experience affects their health and their relationship with their infant. The aim of the present study is to describe the differences in obstetrical results and women's childbirth satisfaction across two different models of maternity care (biomedical model and humanized birth).

**Methods:** A correlational descriptive study was carried out. A convenience sample of 406 women participated in the study, 204 of the biomedical model and 202 of the humanized model. A modified version of The Women's Views of Birth Labour Satisfaction Questionnaire (WOMBLSQ) was used to measure women's childbirth satisfaction.

**Results:** There were better obstetrical outcomes in the humanized model than in the biomedical one: a more spontaneous beginning of labour, normal vaginal deliveries, less length of labor and fewer episiotomies. From the total questionnaire score (100), it was obtained an M: 78.33 and SD: 8.46 at the biomedical model of care and an M: 82.01 and SD: 7.97 at the humanized model of care ( $P=0.0005$ ). In the analysis of the results per items statistical differences were obtained in 8 of the 9 subscales. The highest scores were obtained in the humanized model of maternity care.

**Conclusion:** The humanized model of maternity care produces better obstetrical outcomes and women's satisfaction scores during the labour, birth and immediate postnatal period than the biomedical model.