

Affecting Factors of Parturient Women's Privacy Preservation in The Maternity Ward: A Qualitative Study

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Abstract

Objective: Different factors have an important role in the positive and negative childbirth experiences of the mothers. The parturient mother's privacy preservation is one of the factors for increasing the mothers' satisfaction consistent with natural childbirth. Hence, this study aimed to investigate the factors affecting the parturient mother's privacy preservation.

Materials and methods: Content analysis was used in this qualitative study that is based on the semi structured individual interviews with women who had experienced natural vaginal delivery, midwives, and the specialist in a maternity ward from 2018 to 2021 in Shahroud, Iran. The collected data were analyzed simultaneously with the sampling procedure using a five-step qualitative content analysis method. To ensure the robustness of the data, Lincoln and Guba's four criteria (credibility, dependability, confirmability, and transferability) were used.

Results: The findings of the study with 40 participants resulted in the extraction of 28 codes, 9 subcategories, and 2 main categories entitled extra-and intra personal factors affecting the mother's privacy.

Conclusion: To foster the mother's awareness of her rights and privacy during pregnancy and delivery, continuous education, monitoring, and evaluating both the students and the staff to respect preserving the mother's privacy is necessary to develop an instrument to measure the preservation of the mother's privacy in the maternity ward.

Keywords: Privacy; Pregnant Women; Qualitative Research; Maternal Health Services

Introduction

Childbirth is a unique experience including the culmination of hopes and fears. On the other hand, it is the starting point of life and the beginning of a new

personal relationship in the family (1). Delivery experiences have the potentially different effects on women's lives. Different factors have an important role in the positive and negative childbirth experiences of the mothers (2). A systematic review showed childbirth experiences vary across communities and are influenced by various factors including individual factors, interpersonal factors and

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unexpected medical problems for mother and child (3). Also, positive and negative experiences have an important role in the fertility rate and the interval between pregnancies (4).

Privacy is one of the basic human needs and is an important concept in the field of ethics, care and treatment, and due to the special nature of this concept, it is very important in the health care system (5). In this regard, the World Health Organization introduced this concept in the Patient Rights Statement as one of the principles of medical ethics and according to which, the provision of health services should be based on respect for privacy and respect for the principle of confidentiality. Respecting the patient's rights depends on three affecting factors, that is, staff awareness, client awareness, appropriate infrastructure (6-7).

Everyone's privacy is a feeling that every adult has towards their identity, dignity, independence and personal space (8). Privacy has a fluid and relative meaning because the norms and cultural values of each community and the specific position of each person in the community are effective in defining and determining its scope. In fact, to provide appropriate cultural care, examining privacy from patients' point of view is important. (9-10).

Lack of privacy in medical centers will reduce the quality of care and irreparable harm to the patient (11). Since privacy preservation is one of the most important reasons for childbirth satisfaction, and this topic has an important role in childbirth experiences and satisfaction of mothers, the results of this study can be appropriately used in the field of obstetrics and gynecology and Medical Ethics. For this reason, we decided to investigate factors affecting the parturient mother's privacy preservation, from the view of parturient mothers and midwives in the maternity ward.

Materials and methods

This study was approved by the Research Council and the Ethics Committee of Shahroud University of Medical Sciences with the code IR.SHMU.REC.1397.103. Informed consent was obtained prior to the onset of the interviews, and the participants were free to withdraw from the interview during recording.

Participants: This study was a part of a qualitative study conducted between July 2018 and 2021 in Shahroud. To achieve maximum diversity, sampling was performed with an appropriate distribution of Bahar and Khatam hospitals in Shahroud. This study

was based on the interviews with women who had experienced natural vaginal delivery (NVD) and midwives and the students in the maternity ward of Shahroud University of Medical Sciences.

Purposive sampling was performed to select the participants and was continued until data saturation. The final sample included 40 participants. The characteristics of the participants in this study, including their age, education, the number of pregnancies, were displayed in Table 1. Eligibility criteria included: mothers who had experience of NVD at Bahar and Khatam hospitals in Shahroud, and midwives and students of midwifery in the maternity ward of Shahroud University of Medical Sciences and were voluntary participation, and the ability to speak Persian. The interviewer explained the purpose of the study before starting every interview. At the beginning of each interview, the women's willingness to participate in the interview was ensured.

Data Collection: The data were collected using semi structured individual interviews with mothers who came for post-partum care. The interviews were conducted in a private room with a calm atmosphere that was called the counseling room and continued until the data were saturated. Saturation has attained widespread acceptance as a methodological principle in qualitative research.

All the interview sessions were conducted face-to-face. With the permission of the interviewees, all the interviews were recorded with a voice recorder. At the end of each question, a summary of the interviewer's interpretation of the interviewee's statements was provided to the participant to avoid any misunderstanding. The duration of each interview varied from 20 to 40 minutes

Data Analysis and Reporting: The collected data were analyzed simultaneously with the sampling procedure using a five-step qualitative content analysis method including transcribing the recorded interviews, reviewing the transcripts to come up with a general understanding of the content, identifying meaningful units and primary codes, classifying the primary codes into broader categories, and specifying the latent concepts (12).

The interviews were conducted by appointing a time and place upon the participants' agreement. At the beginning of the interview, the objectives of the study were explained to the participants, and the interviews were recorded upon their consent. In this study, the recorded interviews were immediately

transcribed word-by-word and the transcripts were carefully reviewed, and a decision was made to divide the text into meaningful units.

Accuracy and Validity of Data: To enhance the accuracy and validity of the data, four criteria (credibility, confirmability, dependability, and transferability) proposed by Guba and Lincoln were taken into account and were used. Some factors including long-term engagement, insight into data collection, review by the supervisor and continuous comparison of data were used to validate the data. Dependency indicates the consistency and reliability of the data. For this purpose, additional comments from colleagues and handwriting reviews were used by participants. The ability to transplant the findings was determined by reporting of two experts and obtaining the same result. The transferability of the study was provided by rich data descriptions (13, 14).

Results

Table 1 and 2 illustrates the demographic information of 40 participants, including 21 mothers having natural childbirth as well as 19 care providers and specialists.

Table 1: Demographic information of mothers with the experience of NVD, and health care providers

Variables	Range	Mean ±SD
Age (year)	18-41	28.2±1.5
Education (year)	9-19	13.4±0.8
Parity (number)	1-4	1.7±0.5
Occupation		n (%)
Employed		6 (28)
Unemployed		25 (72)

Care providers consisted of 19 midwifery students, interns, midwives, and faculty members. Data were collected through individual interviews.

Table 2: Demographic information of health care providers and specialists in this study

Variables	Range	Mean ±SD
Age (year)	18-45	28.2±1.5
Education (year)	16-23	17.8±0.8
Experience in the delivery room (year)	1-16	6.8±0.5

The findings of the study extracted from the experiences of all the participants were arranged based on their similarities and differences. The extracted key concepts consisted of 28 codes, 9 subcategories, and 2 categories including extra-personal factors and intrapersonal factors affecting

the mother’s privacy (Table 3).

1. Extra-personal factors affecting the mother’s privacy

Privacy is relative and indeterminate because the social, cultural, and ideological values and norms of individuals are affected by many factors. The participants mentioned various factors affecting the preservation of the mother’s privacy in the maternity ward, including cultural-personal factors and socioeconomic status (i.e. income, education, employment) of the care providers and the care receivers. In this category, we could extract 7 subcategories and 20 codes. (Table 3):

1.1 - Cultural-religious conditions: The role of culture and beliefs among providers and the situation of the hospital and recipients service in parturient mother’s privacy preservation in the delivery room should not be neglected.

1.1.1 - Cultural-religious background of the care-providers: “The geographical region of the hospital and culture of that region play a role. In religious regions, this issue is better considered and the patient reminds it more. (S. M., Ph.D. Candidate of reproductive health)

“I accompanied my sister who delivered her baby in a hospital in Qom. The staff highly noticed the privacy of the mother. The labor beds were surrounded by dividers. The head nurse and the supervisor were reminding the issue to the staff.” (A. S., Medical student)

1.1.2 - Cultural-religious background of the parturient mother: “Religious mothers pay more attention to clothing and their privacy.” (S. M., midwifery faculty member)

“I gave birth to three children in governmental hospitals. When they noticed my mother and me wearing hijab, they preserved my privacy and put the folding screen.” (Sh. M., third delivery experience, 32y)

1.2 – The socioeconomic status: The socioeconomic status, level of education, nutrition and employment affect the health of individuals and the conditions of recipients and providers of health services.

1.2.1 - Socio-Economic Structure of the Hospital: “In a private hospital, they know me by my physician, so they respect me and pay more attention. Since I have already gone to that physician, she also pays more attention to me so that I am satisfied with the services. In a governmental hospital, however, it depends on your chance who is going to deliver your baby.” (F. J., 27y, second delivery experience)

Table 3: Factors affecting the parturient mother's privacy preservation based on category and subcategory

Extracted concepts from the participants' interviews		
Categories	Subcategories	Codes
1. Extra-Personal Factors Affecting The Mother's Privacy	1.1- Cultural-Religious Conditions	1.1.1-cultural-religious background of the care-givers
	1.2. Socio-Economic Status	1.1.2-cultural-religious background of the parturient mother
		1.2.1- socioeconomic structure of the hospital 1.2.2 -mother's employment & education status 1.2.3- mother's social status
	1.3. Access to High Quality Services	1.3.1- Hoteling and VIP services to preserve the mother's privacy and satisfaction
		1.3.2- Design and Layout of Maternity Ward 1.3.3- lack of physical access 1.3.4- lack of purchasing power 1.3.5- lack of necessary equipment
	1.4. Insufficiency of Human Resource Management	1.4.1- Insufficiency of Maternity Staff
		1.4.2 - students' crowding in the maternity ward
1.5. Lack Of Knowledge Of The Staff Towards The Patient's Right Charter	1.5.1-neglect of teaching the patient's rights charter to the staff 1.5.2 -not taking the education and evaluation of the staff serious with regard to the patient's rights charter in maternity ward	
1.6. Sense Of Security And Trust	1.6.1-Gain sense of security and trust for mothers	
	1.6.2 -Lack of Information privacy in Electronic system of the Hospital	
1.7-Interpersonal Relationships Quality	1.7.1-Communication Skills Training for Staff	
	1.7.2-Care provider spiritual-mental support to mother 1.7.3-Inappropriate Staff-mother interaction quality 1.7.4-Inappropriate Behavior Maternity Staff	
2. Intrapersonal Factors Affecting The Mother's Privacy	2.1. The Mother's Capabilities	2.1.1- the mother's ignorance of the obligation for her privacy preservation
		2.1.2-the mother's knowledge and attitude towards her privacy
		2.1.3- false beliefs 2.1.4-Number of one's deliveries 2.1.5-participating in delivery preparatory courses 2.1.6-the mother's self-efficacy
	2.2. Personality Traits Of The Mother	2.2.1-the mother's personality problems
		2.2.2-the mother's low IQ and mental disorder

"I gave birth to my baby in a private hospital, they behaved well and before examination, they asked for my permission." (S. H., second delivery experience 28y)

"In a private hospital, the privacy of the mother is preserved more due to fewer patients as well as their social class." (S. M., midwifery faculty member)

1.2.2 - Mother's employment and education status: "It is more important for employed and educated mothers to be respected and they don't permit for frequent examination". (Sh. N., third delivery experience, MD)

"Education level of the mother plays a role for her privacy protection. This also affects the behavior of the staff. In a private hospital, the privacy of mother is respected more due to her higher social class." (S. M., midwifery faculty member)

1.2.3 - Mother's social status: "When the staff

recognized that I am a physician, they respected more and used a folding screen. They asked for my permission to examine me and taught me how to breathe deeply. They frequently called the ward gynecologist ..." (Sh. N., 33 years old, MD., third delivery experience)

"Private hospitals have fewer patients and noticing issues like respecting the privacy of mothers occurs more due to fewer patients and their social class." (S. M. midwifery faculty member)

1.3-Access to high-quality resources: Implementing the health transformation plan as well as improving the maternity ward and labor rooms, devoting private spaces, and providing quality services (hoteling and VIP) in the hospitals to preserve the mother's privacy is great, but they are not available in all hospitals. On the other hand,

training the staff is an issue that was repeated so many times in the interview as a resolution to increase the preservation of rights, privacy, and satisfaction of the mothers

1.3.1-Hoteling and VIP services to preserve the mother's privacy and satisfaction: "I gave birth to my baby in a private hospital. There were two polite and kind midwives who asked me for permission before examination and sometimes helped me to go into the bathtub, and sometime helped me with my deep breathing practice. I had a companion who was a reassurance to me. All the facilities were better than a government hospital." (S. H., second delivery experience)

"In the hospitals in large cities, facilities such as light, music, aroma, bathtubs, and painless childbirth methods are used to calm the mother. These show respect for the mother and lessen her anxiety. However, these facilities don't exist in all cities. Actually, she doesn't have the right to choose anything and so she is highly anxious and scared. This situation worsens by the scream of other mothers. Therefore, she doesn't pay attention to her rights, and physical and mental privacy as well." (S.K. Obstetrician)

1.3.2 - Design and layout of the maternity ward: "The privacy of a mother is better preserved in hospital in which LDR program is implemented. But mothers are in a labor room in maternity wards and the arrangement of beds is so that mothers are exposed and the privacy is ignored. One night, the window of the labor room was broken, we covered the window with difficulty. They even don't put a window screen." (S. M. midwifery faculty member)

1.3.3 - Lack of physical access: "My sister lives in Tehran and she had painless delivery. I liked to have such an experience but there is not such a facility in other cities. You don't have the right to choose the method and it is difficult for me to go to Teheran..." (M.Z, first delivery experience)

1.3.4- Lack of financial capacity: "I had to come to a governmental hospital because natural delivery is free of charge and I had financial problems. Respecting the mother's privacy is not important to them." (F.M, second delivery experience)

1.3.5 - Lack of necessary equipment: "Surgical drapes are less used in the wards, although it has become more common now. Using folding screens for separating the mothers in the maternity wards is considered very important in hospital accreditation. Wards must have folding screen to separate the beds

and they should be checked by the supervisors." (S.M., midwifery faculty member)

1.4 - Insufficiency of human resource management: In the participants' experiences, one of the challenging factors identified in the maternity ward was the insufficiency of human resource management. It is the disproportion of the number of midwives with the workload that leads to the inattention to the issue of mothers' privacy, which is frequently mentioned by the participants.

1.4.1 - Insufficiency of maternity staff: "Sometimes 2 and 3 parturient mothers enter the maternity ward together, which can be controlled by one person. It may be difficult to notice their privacy preservation" (F. K., midwife)

1.4.2 - The students' crowding in the maternity ward: "One of the problems is increasing the number of admitted midwifery students regardless of infrastructures. Thus, mother's privacy invasion is natural (S. M., Ph.D. Candidate of Reproductive Health

1.5 - Lack of knowledge of the staff's towards the patient's right: Staff training as a way to increase compliance and maternal satisfaction was one of the points emphasized in the interviews.

1.5.1. Lack of teaching the patient's right to the staff: "Nursing assistants and hospital janitors are not familiar with the mothers' privacy preservation in the maternity ward. Similarly, the male medicine interns enter the labor room. In these cases, cultural and legal rights are ignored; sometimes the patient's companion objects to this situation. Sometimes the mother should tolerate it. One night, I was in my shift in a maternity ward, a parturient mother said we can be seen from the window and those working in the previous shift didn't pay attention to it. Then, we covered the window." (S. M. midwifery faculty member).

1.5.2 - Lack of training and evaluation of staff on the charter of patients' rights in the delivery block: "In the recent years, holding classes on the patient's right charter as well as the emphasis of supervisors has resulted in a better mother's privacy preservation in comparison to the past, though it is not at the optimum level ..." (S. M., Ph.D. Candidate of Reproductive Health)

1.6 – Sense of security and trust: Trust is defined as the extent to which the patients have confidence in their health care providers. Lack of trust can be associated with users who misuse or mishandle the information. The probability of misuse happening increases when information is exposed to more people and shared and exchanged across multiple electronic

systems that were emphasized in this interviews.

1.6.1-Gain sense of security and trust for mothers: "Gaining the trust and sense of security of mothers in the maternity ward is one of the components of privacy and we should create this feeling in mothers so that they can cooperate more with us during the delivery process." (S.K. Obstetrician)

1.6.2 - Lack of information privacy in the Electronic system of the hospital: "Electronic records of care in hospital is a threat to patients' information privacy" (S.H. Midwife student)

"Information protection is one of the levels of information privacy in your hospital, which became especially important with the rapid growth of technology and electronic system. On the other hand, it can be a risk factor for easy access and dissemination of patient information" (Z.R, M.Sc. Midwife)

1.7 - Interpersonal relationships quality: Most of the participants stated and emphasized that respectful interactions are one of the factors influencing the privacy preservation of mothers in the maternity hospital

1.7.1 - Communication skills training for staff: "Staff must be trained in communication skills to protect mothers' privacy and satisfaction." (F.K, M.Sc. Midwife)

1.7.2 - Care provider spiritual-mental support to mother: "Sometimes health care provider needs effective communication with the mother. In fact, respecting to spiritual-mental privacy's mother such as sufficient time allocated to women and emotional support during labor increased the women's satisfaction and positive childbirth experience" (M.KS. Midwife).

1.7.3 - Inappropriate staff-mother interaction quality: "A very good-tempered midwife comforted me. Obviously, she was putting her heart and soul into her work. But another midwife said don't spoil her, you'll be in trouble." (M.D., 25 years old, first delivery experience, government hospital).

1.7.4 - Inappropriate behavior maternity staff: "In my delivery time, when I screamed in pain, they hit me hard on the legs and said do not shout" (M.S, 27 years old, first delivery experience, governmental hospital)

2. Intra-personal factors affecting the mother's privacy

The degree of awareness, capabilities, and personality traits of individuals form one's intrapersonal potentials. Capabilities are correlated with self-esteem, self-efficacy, and awareness. Pregnancy and labor are defined as preserving the

value, respect, autonomy, and satisfaction of successful delivery. This concept of intrapersonal factors includes 2 themes and 5 codes (Table 2).

2. 1 - The mother's capabilities: The findings of the interview highlighted that the woman's awareness and capabilities should be in line with preserving privacy in pregnancy and delivery, autonomy and decision-making in choosing the type of natural delivery and controlling the labor, make the staff respect the mother's privacy. The mother's ignorance of her rights may lead to her low expectation and no objection despite receiving inadequate or partial services. On the other hand, self-esteem, self-value, and self-efficacy of the parturient mothers are correlated to their ability to deal with stressful conditions and show appropriate reactions while delivering. The self-efficacy of the women in her first delivery experience is less than those who have had the experience

2.1.1- The mother's -ignorance of the obligation for her privacy preservation: "If the mothers become aware of the content of the patient's rights charter, they don't permit so frequent examinations. They will object to the situation." (S. B, medical student)

- "During the labor, mother fears and suffers a lot of pain. She is going to give birth at any moment. Then, suddenly several students enter the room and examine her. In that situation, nobody can decide and object. However, the mother doesn't know anything about her rights." (M. J. second delivery experience)

- "When the mother is aware of her rights, the staff pays more attention to her privacy." (S. M., midwifery faculty member)

2.1.2 -The mother's knowledge and attitude towards her privacy: "The fact that mothers don't object despite inadequate services they receive may be due to their low expectations and being unaware of their rights" (f. K., M.Sc. in midwifery)

2.1.3 - False beliefs: "All the physicians and midwives are women and mahram. If they do the examination that's for my benefit. Frequent examination makes the labor easier." (S. A., 26 years old, first delivery experience).

2.1.4 - Mother's age: "Younger mothers are more affected by fear and psychological excitement, neither expect to be respected nor pay attention to good privacy Preservation". (S.J, M.Sc., Midwife)

2.1.5 - Number of one's deliveries: "When you have a previous delivery experience, you fear less. This makes you take care of yourself more, midwives also pay more attention to you." (Z. M., 31 years old,

second delivery experience).

2.1.6 - Participating in delivery preparatory courses: “In my first delivery, I didn’t attend the delivery preparatory class. So I feared a lot. But in the second delivery, I attended the classes and it made me calm. I had control of myself and didn’t permit them to examine me every moment.” (Sh. N., 30 years old, second delivery experience).

2.1.7 - The mother’s self-efficacy: “Normally, the mother is less self-efficient in her first delivery in comparison to those who have had the delivery experience. Attending the delivery preparatory classes, being employed, and their education level promotes their self-esteem and self-efficacy as well as preserving their privacy and rights.” (S. J., employed midwife)

2.2 - Personality traits of the mother: One of the topics that was mentioned in the interviews was personality traits.

2.2.1 - Personality type: “Mothers' personality type also influences their privacy preservation, quiet mothers are less likely to protest than mothers with an extroverted personality”

2.2.2 - The mother’s personality problems: “A mother who was the second wife of a man and it was her first delivery entered the LDR room alone. She suffered a lot of pain and was terribly in fear and cried. She didn’t couldn't object the students to examine her or not.” (A. J., senior midwifery student)

2.2.3 - The mother’s low intelligence and mental disorder: “Sometimes preserving privacy is less in case the mother is mentally weak or suffers from mental disorders. The staff doesn’t take her serious and doesn’t respect her rights.” (S. M., midwifery faculty member)

Discussion

In the health system of every country, respect for a pregnant mother’s privacy is one of the most important aspects of medical care. The findings of this study from the experiences of participants resulted in extracting 28 codes and 9 subcategories. The two main categories are extra-personal factors affecting the mother’s privacy (cultural-religious conditions, socioeconomic status, access to high quality services, insufficiency of human resource management, lack of knowledge of the staff towards the patient’s right charter, lack of information privacy in the electronic system of the hospital, interpersonal relationships quality.) and intrapersonal factors affecting mother’s privacy (mother’s capabilities,

personality traits of the mother). To the authors’ knowledge, no study has specifically conducted on affecting factors of mother’s privacy.

Iranian midwives’ narratives indicated that the RMC (Respectful Maternity Care) referred to respect for the women’s customs, religion, ethnicity, autonomy, privacy. A systematic review demonstrated that women’s experiences of childbirth are shaped by culture. Providing culturally competent maternal health care will improve the quality of the birth experiences for women and their families (15). Behruzi et al. showed the importance of respecting the women’s cultures, values and beliefs from the midwives’ views (16). Also, Aziato et al. stated that, in all spheres of midwifery, spirituality should be considered as an integral part of the care provided to women and their families (17). Modiri et al. study showed that RMC is more than merely 348 preserving women’s dignity while giving birth that included empathy, providing women-centered care and 349 protecting rights (18). Iravani et al. indicated several issues including low awareness and lack of ability to choose of laboring women during labor, lack of good communication between maternity health service providers and women, need to be trained and motivated an adaptation of the newest evidence into their daily practices in knowledge, attitudes and skills in the curriculum and, and lack of equipment of birth setting, low appropriate management for important strategies performance (19).

The following studies confirm the findings of the recent study about having information and awareness of the charter of patients' rights and observance of privacy in mothers and maternity staff. The results of other studies revealed that there was a significant correlation between the education level of the mothers and their satisfaction. It demonstrated that a higher level of satisfaction despite receiving inadequate or partial services could be due to low education level, low expectation, as well as the patients’ ignorance of their rights (20-22).

Another study indicated that parturient mother’s rights were not completely established due to the lack of knowledge of the staff about the mother’s right charter. Thus, training the midwives on providing the satisfaction of mothers in the maternity ward results in an increase in the mother’s satisfaction (23). On the other hand, Khodakarami, et.al. revealed that 85% of the Iranian pregnant women were not aware of the patient’s rights charter in necessary and conventional treatment and caring process (24).

Also the following studies fully confirm the findings of the recent study about interpersonal relationship quality, McKinnon et.al. conducted a study in Australian maternity wards. The mothers' unmet needs included quality of care (interpersonal and professional behavior), not being involved in decision-making, and information needs (25). Furthermore, the study by Werner Esposito et.al, which was investigating the reasons presented by the Brazilian marginalized women for delivery in the freestanding birth centers, found that it was because of supportive interpersonal connections, being treated with dignity and respect (26).

Moreover, the results of a study done by Rosen in the health centers located in Eastern and Southern Africa revealed that to have a higher level of maternity care, there is a need to promote quality of maternity care, particularly respect for the mother's (27). Respecting the patient's rights depends on three elements, that is, staff awareness, client awareness, appropriate infrastructure. Thus the most important action to establishing the rights and privacy of a mother is giving information, training, and active evaluation of the service providers (28). Lack of awareness might be a problem for the patients who have the lower educational background to understand the privacy notice (29). To enhance the quality of services provided by provider care, they should consider patients' right to privacy and care for them while respecting their privacy (30).

Though a lot of studies were found, about affecting factors on delivery experiences or mother's satisfaction or maternal quality care. Effective interaction and communication, professional care, education, available conditions and facilities were important (31). And in a study by Hosseini et al. control theme consisted of three subthemes of preparation, coping and support; and empowerment theme consisted of two subthemes of self-efficacy and self-esteem were mentioned (32).

In another study four main themes, include: sensational and emotional experiences followed by clinical experiences, legal experiences and human dignity, and environmental experiences were studied (33).

Mother's delivery satisfaction is influenced by financial access, availability and quality of skilled delivery services, physical access, culture, ignorance about childbirth processes, fear of hospitals, and social context and reproductive health education can encourage facility deliveries (34).

On the other hand, the advent of electronic

medical records, integrated care systems and the internet, new opportunities for improving health care. Despite its advantages for healthcare consumers, electronic health poses new ethical challenges and threats to patient privacy. Regulations and guidelines do not ensure that privacy protection and data security are done appropriately or well (27, 35-36).

Conclusion

It is essential to develop the mother's awareness of respect for their privacy and rights during pregnancy and delivery. This way, she can protect her rights and her self-confidence boosts, which in turn helps preserve her privacy.

Also, it is essential to systematically train and evaluate the maternity ward staff, and medicine and midwifery students to respect preserving the mother's privacy before, while, and after the delivery. Furthermore, the medical team and students must be trained with continuous education regarding professional ethics charter. This will improve their accountability for the physical, mental, and spiritual health of the mothers.

Finally, it is necessary to develop an instrument to measure the preservation of the mother's privacy in the maternity ward. However, it is not simple because of the complicated nature of privacy preservation.

Limitations

1. This study's results were based on some interviews of staff and mothers. The constructs included in the study were limited to those that are in the collected interviews.

2. Small numbers of staff and mothers were involved in this project.

3. Another limitation is that the obtained results could not be generalized to the entire women population.

4. Lack of sufficient motivation among some of the participants to interview was one of the limitations of this study, and also, this study was done in a small town without ethnic diversity.

5. The results may not necessarily be generalized to other departments due to differences in design, culture and issues such as access block and policies within each department.

Conflict of Interests

Authors have no conflict of interests.

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