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WOMANS EXPERIENCES TOWARDS MATERNITY CARE IN EDAGAHAMUS HOSPITAL IN 2009

Tesfaldet Mekonnen*[1] and Abrehet Gebrekidan[1]

*[1]Department of Midwifery, School of Nursing, Asmara College of Health Sciences, Asmara, Eritrea, North East Africa.

ABSTRACT

This study aims to evaluate the quality of maternity care given to child bearing women by investigating their experiences/views towards the care they received in Edaga Hamus Hospital during antenatal, labour and birth and postnatal periods. The research design followed in this study was qualitative design. The data were collected using questionnaires. The evaluation shows that the majority of the respondents rated the overall care received as "very good". The mothers were satisfied with the health promotion and information provided to them. Moreover, almost all of the respondents said that they were screened for urine, blood type and Rh factor, HIV/AIDS, and haemoglobin. It is also reported that the babies of the mothers has received the immunization they were supposed to get. This study has also revealed that the hospital has weaknesses such as: only 10% of the respondents were able to least 4-7 danger signs during pregnancy, the child bearing women were also less positive about their experiences of care towards taking shower or bath facilities during labour, only 40% of the respondents were visited by a health worker on the sixth day after delivery, none of them got postnatal checkup (physical examination) at six weeks and (54%) did not get iron folate after delivery. Shortage of midwives in the hospital was also identified in this study.

Author of correspondence:

Tesfaldet Mekonnen,
Department of Midwifery, School of Nursing,
Asmara College of Health Sciences, Asmara, Eritrea, North East Africa.

Email: wedimokea2@yahoomail.com.

INTRODUCTION

Maternity care, and particularly health worker, occupies a crucial role in the health of a child and mother, since childbirth and pregnancy require care and observation for possible problems. The World Health Organization (hereafter WHO) estimates that every year more than 500,000 women die worldwide from pregnancy and childbirth related complications. In Sub-Saharan Africa, the most common cause of death for women of child bearing age is the complications of pregnancy and child birth. In fact

the WHO estimates that one out of every 22 women in Africa dies from pregnancy-related complications. This means that every year, more than 150,000 African women die, and millions of women suffer a series illness, because of pregnancy and childbirth. Women are tired and ill often, and far too many of them die. This is a problem not only for them, but also for the communities and nation where they live. Much of this illness and suffering could be prevented if three basic goals could be met;

a) If women were in good health before their pregnancies began,

b) If they had good medical care during and after pregnancy and

c) If they sought help promptly when problems started.

In the past, however, women's health needs where often neglected. Since the global safe motherhood initiative was launched in 1987, governments and international agencies around the world have begun focussing more attention on the health of mothers. In particular more efforts are now being made to train health professionals and family planning workers, provide supplies and equipments, and help women reach medical facility. These efforts are paying off, but much remain to be done[1].

As regards to the situation of maternity care in Eritrea is concerned, safe motherhood as part of the reproductive health programmes has been and still remains one of the top priorities of the Ministry of Health (hereafter MOH) of the State of Eritrea (MOH, 2002)[2]. To ensure the provision of comprehensive services that are of good quality, equitably accessible, affordable and appropriate to the needs of individuals, families and communities, enormous resource have been allocated. Moreover, in order to strengthen the knowledge, skills and practices of health workers, capacity building schemes have been practiced. Intensive trainings and especially the art of health workers have been among the commitments of the ministry to implement the concept of reproductive health (MOH, 2002)[2]. The Eritrean Demographic Health Survey (EDHS), which was conducted in 1995, indicated that the maternal mortality ratio was 998 per 100,000 live births (LB). The survey conducted in 2002 (Mismay, 2002) and UNICEF, WHO and UNFPA in 2003 also indicated that maternal mortality rate decreased from 752 per 100,000 LB to 630 per 100,000 LB respectively.

The MOH of the state of Eritrea outlines the following strategies as a means to reduce maternal mortality rate in Eritrea (MOH, 2006)[3]:

Focused/quality antenatal care

There is now broad agreement that the focus of antenatal care intervention should be on improving maternal health. Besides, it is necessary to improve the health survival of the infant.

Skilled assistance during delivery

There is a growing understanding that, while certain pregnancy complications can be prevented, but some complications that occur particularly around the time of birth can neither be prevented nor predicted. But if women receive effective treatment in time, almost all can be saved. The presence of skilled birth attendants becomes crucial for the early detection, appropriate and timely management of such complications.

Postnatal

Proper care after delivery is important for mothers, particularly in the case of births that occur at home; therefore, postnatal care is a vital component of maternal and child health care services. For non-institutional births particularly, postnatal care enables detection of complications that may threaten the survival of the mother (MOH, 2003)[4].

The above strategies indicate that the tremendous efforts the MOH has been and is still making to reduce maternal as well as neonatal and child mortality is encouraging. Despite these efforts, there still is a room for improvement.

It is obvious that by providing the required care most women will complete their pregnancy, birth and postnatal periods without incident.

METHODOLOGY

Research approach and data collection instruments used

In order to appropriately asses childbearing women's experiences of maternity care in EHH, a qualitative research design has been used in the study. In this

study, questionnaire has been used as a data collection tool.

Sample

From the total number child bearing women who have registered in EHH for immunization and gross monitoring on February 2009, 100 participated in this study.

Study site

EHH was selected for this study.

Research ethics

The researchers have requested permission from the Asmara College of Health Sciences, Department of Nursing, to visit EHH for research purpose. All the research participants were informed that their participation was only for the purpose of the study, and they were assured that the information they were going to provide was going to be treated with confidentiality and discretion.

RESULTS

General information of the research participants

The educational level of the majority of the participants (42%) was between grade 9-11 and 3% were illiterate refer Table No.1.

The age distribution of the participants was 91% between19 and 35 years old. In regards to their occupation 84% were unemployed and most of the study population (76%) had pregnancies greater than one refer Table No.2, 3 and 4.

Responses to the Care received during the antenatal period

When the research participants were asked how often they attended the health promotion classes conducted in EHH, 53% said 'Always', 35% said 'Sometimes', and 12% said 'Not at all' (Table No.5).

In the study, when it was attempted to compare the parity and the regularity of attending the health promotion classes it was found that 66.7% of the respondents who said 'Always' were primipara while 48.7% were multipara. Out of the total number of respondents who said 'Sometimes', 29.2% were primipara while 36.8% were multipara. Regarding to the comparison between the respondents who said 'Not at all', 4.2% were primipara and 14.5% were multipara refer Table No.6.

When participants were asked about the benefits of the health promotion classes conducted in the hospital and whether these classes were conducted at convenient place and time, 88% said that they did get a lot of benefits.

When respondents were asked whether they were informed about the danger signs of pregnancy, 81% of them said 'Yes'. The women who gave positive response to this question were also asked to list the danger signs they were informed. 71% of the women listed 1-3 and 10% listed 4-7 types of danger signs. When it was attempted to compare the number of women who were informed about the danger signs of pregnancy and their educational level, the highest number (76.2%) whose educational level was from grade 9-11 listed 1-3 different types of danger signs (Table No.7).

As for the awareness of the participants about whether pregnancy can induce anaemia is concerned, 91% of the women who participated in the study said 'Yes' but the rest (9%) were not sure whether pregnancy can induce anaemia. The researchers tried to compare the parity and awareness of women that pregnancy can induce anaemia (Table No.8).

Study group was asked whether the health workers informed them about the types of foods they should take in order to prevent anaemia. 89% said that they were well informed while 11% said they were not informed.

Regarding information given about the preparations they needed for safe delivery, 78% of the participants indicated that they were well informed while 22% said they were not informed.

Almost all respondents had their urine, blood group and Rh factor, VCT, and haemoglobin screened refer (Table No.9).

When the research participants were asked to rate the overall care they were provided during their pregnancy in EHH, the majority (46%) stated that it was very good, and only 1% rated that it was poor (Table No.10).

Care during labour and birth

When participants were asked about the confidence and trust develop upon the health workers caring for labour and birth, majority of them (88%) said that they were confident and trusted the health workers

during labour and birth, while 22% were less confident.

Generally labour and birth cause mild anxiety and discomfort to the women. The health worker's role is to offer emotional support such as praise, reassurance, etc. to increase the comfort of the mother. Moreover, physical support which includes physical contact such as rubbing the mothers back and holding her hands, explanation of what is going on during labor and delivery are the important health worker's roles.

When the research participants were asked whether they were psychologically and physically supported, 86% of them expressed their pleasure with the encouragement they received while 14% were not satisfied.

As per the cleanliness of the delivery room, 99% of the respondents expressed their happiness that the room where they delivered was clean and attractive.

One of the several methods practised in order to alleviate labour pain is to take shower or bath. When participants were asked whether they had the opportunity of taking shower or bath, all of them said that they did not take shower or bath.

Breast feeding has particular advantages over bottle feeding, for both mother and the baby because it contains nutrients for optimal growth of the infant, helps the infant to be less vulnerable to infection, decreases the incidence of food allergies, and provides physical and emotional pleasure for both the mother and the baby.

Taking these points in to consideration respondents were asked whether they were informed about the importance of breast feeding. 82% responded positively (they were well informed about the importance of breast feeding while 18% said not at all.

As has been stated above, one of the main roles of a health worker is to provide the necessary psychological and physical support during labour and/or shortly after so as the mild anxiety and discomfort that could occur could be minimized. This is to say that the health workers have to be available in the delivery room and encourage the delivering mothers. When participants were asked regarding this, most of them (67%) stated that the health workers were with them during labour.

When participants were asked to rate the overall care provided during labour and birth, they rated it as follows: 29% said 'excellent', 33% said 'very good', 36% said it was 'good', 2% said 'fair'.

Care during the postnatal period

When research participants were asked for how long they stayed in EHH after delivery they gave varying responses. 28% said that they stayed less than six hours while 72% stayed for 6 to 24 hours after delivery.

When the infant starts suckling at the breast the hormone oxytocin is released in to the blood stream of the mother resulting in uterine contractions that facilitate the expulsion of the placenta and reduce the risk of postnatal haemorrhage. It also encourages bonding between the mothers and new born, and helps maintain the baby body temperature (Eritrean Demographic Health Survey, 2002).

An attempt was made to investigate whether health workers gave consistent advice on breast feeding, 85% gave positive responses. 15% of the respondents said that they were not given consistent advice on breast feeding.

Majority (92%) of the respondents indicated that they gave exclusive breast feeding for their babies, while out of the 7% who said bottle feeding, (5%) are employed, 1% of the women who are employed use both (bottle and breast) to feed their babies, and none of the unemployed feed their babies with bottle feeding (Table No.11).

When the women who participated in the study were asked to comment on the immunizations given to them and their babies, they gave varying responses (Table No.12).

Women who had birth were asked whether they had received iron tablets. In this regard less than half (46%) of the respondents took iron tablets right after delivery.

Regarding the immunizations the babies received, encouraging result was obtained. All the respondents (mother) said that their babies received the immunization they were supposed to get.

It is understood that the MOH has developed postnatal follow-ups. Based on this study

participants were asked if they were visited by the health worker and 40% only stated that they were visited by a health worker during the postnatal period.

This study attempted to find out whether the health promotion and counselling given by the health worker to *those who were visited* had raised their awareness on the maternal and child health. All of them were of the opinion that postnatal follow-up enabled them to raise their awareness on child and maternal health.

When the study groups were asked regarding the above statement all of them said that they went to the hospital for check-ups six weeks after their delivery. However, they expressed their dissatisfaction that they did not get any physical examination.

Regarding the overall care provided during the postnatal period, participants gave varying responses. Fourty nine percent said it was excellent, 12% said it was very good, and 39% said it was good. The responses given here indicate that the care that the mothers received during the postnatal period was satisfactory.

Responses from health workers in EHH

In order to assess the quality of maternity care given in EHH from different perspectives, two health workers (a midwife and medical director of EHH) in the hospital were asked some questions.

When the medical director of the hospital and the midwife were asked whether there are sufficient number of midwives, both of them indicated that there is shortage of midwives in the hospital.

In this study it was attempted to find out the topics that were discussed during the health promotion classes. In this regard, both of the respondents listed the following topics:

1. Exclusive breast feeding
2. Routine immunization follow-up
3. Danger signs of pregnancy
4. Weaning
5. Child spacing (family planning)
6. Advantages of nutritious feeding during the prenatal and postnatal period.

Moreover, both the respondents indicated that health promotion classes are conducted every morning from Monday to Saturday. They also stated that the regularity and punctuality of the mothers in the health promotion classes were excellent.

When the medical director and the midwife were asked to give their views with regard to whether the health promotion classes and counselling given to child bearing mothers have helped them to raise their awareness towards the importance of maternity care**,** they had different views. The medical director rated as 'Excellent' and the midwife rated as 'Very good'.

Regarding to the availability and quality of equipments in the hospital**,** both of the respondents had similar views with respect to the availability and quality of equipments in EHH. They rated as 'very good'.

DISCUSSION

Care during pregnancy (Antenatal care)

The study found out that 88% mothers attended the health promotion classes conducted in EHH. Out of those who attended health promotion classes 53% participated regularly and 35% sometimes.

In the study, when it was attempted to compare the parity and the regularity of attending the health promotion classes it was found that 66.7% of the respondents who said 'Always' were primipara while 48.7% were multipara. The finding contradicts with Arkutu, A. A. (1995)[1], who states that primipara women might not attend antenatal care early or often enough, or not go at all because she may not understand the benefits of antenatal care, so she sees no reason to go. Arkutu, A. A. (1995)[1], further states that the husband of a primipara woman or family may not think it is important and may discourage her from going or refuse to give her money for transport or fee. Some women also believe it is bad luck to talk about pregnancy before 5^{th} and 6^{th} month because they think it may attract witches or evil people who will harm the baby.

Despite the above findings the health workers who participated in the study reported that the regularity and punctuality of mothers in the health promotion classes was excellent. The response from the health workers contradicts with the responses from the child bearing mothers. The reason for this could be the health workers who conducted the health

promotion sessions might not have good controlling system of the attendance of the participants.

Information and education during pregnancy is very important for behavioural change and health seeking behaviour that enhance the health of women and their foetus (MOH, 2006). The study has indicated that 88% of those who participated in the study benefited a lot from the health promotion classes.

In principle, all pregnant women who visit a health facility for the antenatal care should be informed about the danger signs of pregnancy and other antenatal care issues (food, preparation they need to do for safe delivery, etc).

The Eritrean National Clinical Protocol on Safe Motherhood (MOH, 2002), recommends that "pregnant mothers have to be informed (counselled) about the danger signs during pregnancy. On this regard, questions were asked to assess women's knowledge of the danger signs during pregnancy, importance of counselling on nutrition, and delivery preparation. The findings of the study are in line with the above recommendations in that the majorities (71%) of respondents were able to mention 1-3 danger signs during pregnancy, 89% stated they were well informed about the need to get the right type of food. Regarding the need to make preparations for their delivery, 78% indicated that they were well informed. However, of those who responded that they were well informed about the danger signs of pregnancy, only few (10%) were able to list 4-7 types of danger signs.

The Eritrean National Clinical Protocol on Safe Motherhood (MOH, 2002) recognizes also that anaemia is a significant maternal problem during pregnancy. This implies that pregnant mothers have to be well informed about the complications anaemia can cause on the mother and her foetus. This study showed that 91% of the respondents stated pregnancy may cause anaemia.

It is understood that the Eritrean National Clinical Protocol on Safe Motherhood (MOH, 2002) recommends all pregnant mothers must have certain laboratory tests such as urine analysis, blood type and Rh factor, VCT, and haemoglobin. On this regard, the study found out encouraging results.

Care during labour and delivery

The objective of providing safe delivery services is to prevent complications and to protect the life and health of the mother and her child. Thus, labour and delivery is the stage which requires supervision, and proper midwifery care under hygienic conditions so as to reduce the risk of complication and infection of the mother and her child.

Cassidy, P. (1996)[5], states that a trusting atmosphere between a woman and her caregiver is required in order to cope with the stressors of labour set, the scene for a positive child birth experience. A research conducted in 2007 in England found that to have confidence in staff is one of the main things that a woman want when giving birth. In this respect, 88% of the participants expressed that they were confident on and trusted their caregivers during their labour and delivery.

An analysis of the overall perceptions of the participants indicates that they received physical and psychological support during their labour and birth. The feelings of the respondents concur with the recommendations the Eritrean National Clinical Protocol on Safe Motherhood (MOH, 2002) which states a health worker should provide continuous emotional and physical support throughout her labour and delivery.

Clean delivery room reduces the risk of infection for the neonate and the mother. In the study it was found that almost all of the respondents were of the opinion that the delivery room was clean and attractive. However, all of the respondents declared that they did not take shower or bath during the first stage of their labour.

The responses on the information about the use of immediate breast feeding for the baby right after delivery were varied. The majority of the respondents were well informed about this issue. Others indicated that they were not informed. The responses of the majority of the respondents are in agreement with the recommendation of the Eritrean National Clinical Protocol on Safe Motherhood (MOH, 2002), which states that health workers should inform and encourage mothers to breast feed their baby immediately after birth.

Care during the postnatal period

The postnatal care, especially in the six weeks following delivery, is a critical period for the life of a mother and a baby (MOH, 2004)[6]. Close follow up and care of a mother and baby in the postnatal period by health care providers to prevent complications that could lead to death.

The responses of the participants on how long they stayed in the hospital after delivery varied. The majority indicated that the duration they stayed in the hospital ranges from 6-24 hours. Twenty eight percent of the respondents stated that they stayed in the hospital for less than six hours. The latter result contradicts with the postnatal care protocol, which state that a mother has to be in a hospital at least for the first six hours after delivery.

The WHO (1998)[7] recommends that during the first six months of life, children should be exclusively breastfed. It also warns not to feed breast milk with other foods the first six months of life.

In this study, the advantages of exclusive breast feeding over bottle feeding were analysed. In this respect, it was found that majority (85%) got consistent advice on the importance of exclusive breast feeding. Moreover, the study has reported that 92% of the respondents indicated that they give exclusive breast feeding for their babies. This indicates that the health promotion classes, which included the importance of exclusive breast feeding, have helped them in raising their awareness towards this issue.

The Eritrean National Clinical Protocol on Safe Motherhood (MOH, 2002), recommends that mothers should get Vitamin A and iron folate and BCG and OPV0 for the baby right after delivery. In this regard, the study found out that 80% of the mothers received Vitamin A, and 46% received iron folate. All the babies received BCG and OPV0. The result with respect to Vitamin A and BCG and OPV0 consumption is encouraging. However, although all mothers are expected to receive iron folate as per the protocol, the findings of the study with regard to the consumption of this treatment requires more attention.

With regard to postnatal follow-up (home visit), the finding of the study is not encouraging. Only 40% of the respondents were visited by a health worker 6 days after delivery. This situation also requires attention.

Early identification (check-up) and management of delivered mother's health problems is important, as many of these health problems may lead to ongoing pain, disability, and depression. The finding with regard to postnatal check-ups (six weeks after delivery) is concerned; all the respondents stated that they visited the hospital for postnatal check-up as scheduled. Nevertheless, the respondents complained that they did not get any physical examination. The latter finding contradicts with the Eritrean National Clinical Protocol on Safe motherhood (MOH, 2002), which recommends that mother and baby should receive complete postnatal check-up.

Table No.1.1: General Information of the health workers

S.No	Workers	Sex	Work experience
1	Midwife	Female	25 years
2	Medical Director, Registered Nurse	Male	41 years

Table No.1.2: Educational status of participants

S.No	Illiterate		Grade 1-5		Grade 6-8		Grade 9-11		Grade ≥ 12		Total
1	3	3%	6	6%	39	39%	42	42%	10	10%	100

Table No.2: Age distribution of participants

S.No	Age (years)	Total
1	15-18	0
2	19-35	91
3	36-45	9
4	≥ 46	0

Table No.3: Number of participants by occupation

S.No	Employed	Unemployed
1	16%	84%

Table No.4: Parity of the participants

S.No	Primipara	Multipara
1	24%	76%

Table No.5: Attendance of health promotion classes

S.No	Attendance of health promotion classes	Number of responses
1	Always	53
2	Sometimes	35
3	Not at all	12

Table No.6: Frequency of attending health promotion classes by parity

S.No	Parity	Regularity of attending health promotion classes						Total
		Always		Sometimes		Not at all		
		No.	%	No.	%	No.	%	
1	Primipara	16	67	7	29	1	4	24
2	Multipara	37	49	28	37	11	15	76
3	Total	53		35		12		100

Table No.7: Danger signs of pregnancy by their educational level

S.No	Educational level	Responses about the knowledge of danger signs during pregnancy						
		Women who said 'No'	%	Women who listed 1-3	%	Women who listed 4-7	%	Total
1	Illiterate	1	33.3	2	66.7	-	-	3
2	Grade 1-5	2	33.3	4	66.7	-	-	6
3	Grade 6-8	6	15.4	28	71.8	5	12.8	39
4	Grade 9-11	6	14.3	32	76.2	4	9.5	42
5	Grade ≥ 12	4	40	5	50	1	10	10
6	Total	19	19	71	71	10	10	100

Table No.8: Awareness towards anaemia by parity

S.No	Parity	Number of respondents and type of responses				Total
		Yes	%	No	%	
1	Primipara	21	87.5	3	12.5	24
2	Multipara	70	92.1	6	7.9	76
3	Total	91	91	9	9	100

Table No.9: Types of laboratory investigation

S.No	Laboratory investigation	Number of respondents (Yes)	
		Number	%
1	Urine analysis	98	98%
2	Blood group and Rh Factor	99	99%
3	VCT	99	99%
4	Haemoglobin	100	100%

Table No.10: Quality of maternity care given in EHH

S.No	Quality of maternity care given in EHH	Quality of care given during pregnancy				
		Excellent	Very good	Good	Fair	Poor
1	Responses (%)	31	46	21	1	1

Table No.11: Mothers' occupation and type of feeding

S.No	Employment	Type of feeding		
		Exclusive breast feeding	Bottle	Both (bottle and breast)
1	Employed	10%	5%	1%
2	Not employed	82%	2%	---
3	Total	92%	7%	1%

Table No.12: Immunization by mothers and babies after delivery

S.No	Iron folate and Immunization	Number of responses		
		Yes (%)	No (%)	Total
1	Vitamin A (for mothers)	80	20	100
2	BCG and OPV0 (for babies)	100	-	100
3	Iron folate (for mothers)	46	54	100

CONCLUSION

The goals of quality maternity care remain elusive unless there are concerted efforts to provide quality care for child bearing mothers during pregnancy (antenatal), labour and birth, and postnatal periods thereby improving the health of the mother and her child. Improving the health status of women of child bearing age means improve the health status of the majority of people. Many health problems of women are related to pregnancy, labour and birth, and postnatal periods can be prevented with appropriate care during antenatal, labour and birth, and postnatal periods (Eritrean Demographic Health Survey, 2002). Most childhood health problems are also easily preventable if the proper care is given on time. For these reasons maternal and child health care is one of the highest priorities of the MOH of the state of Eritrea. The study has indicated that the maternity care provided in EHH has both strengths and weaknesses. The rationale for evaluation of any service or programme is for improvement. (Robson, C., 1993). Very often finding weaknesses assumes greater importance than identifying the positive features. The identified weaknesses were, no provision of shower or bath, 28% hospital stay less than 6 hours, 54% did not get iron folate, 60% not visited by health worker at six days; all did not get post natal checkup at six weeks. For a better service, it is necessary to amend those components of the service that participants did not receive.

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CONFLICT OF INTEREST

We declare that we have no conflict of interest.

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