ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 11 (November 2026)

Perceived Physical, Emotional, and Informational Support of Obstetric Ward Nurses for Postpartum Mothers with Co-Morbidities in a Rooming-In Setting: Basis for a Nursing Intervention Program

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Date Submitted:
September 18, 2026

Date Accepted:
October 15, 2026

Date Published:
November 14, 2026

DOI:
10.5281/zenodo.24218512

ABSTRACT

The postpartum period is a critical phase characterized by significant physical, emotional, and psychosocial changes that may be further complicated by maternal comorbidities and hospital-related stressors. Limited access to family support due to institutional policies may increase mothers' reliance on healthcare professionals, particularly obstetric ward nurses, for comprehensive postpartum care. This study aimed to assess the physical, emotional, and informational support provided by obstetric ward nurses to postpartum mothers with comorbidities who were rooming-in with their newborns in a public hospital. It also sought to determine the mothers' level of satisfaction with the nursing support received and examine the relationships and differences between maternal satisfaction and selected demographic and clinical characteristics. A quantitative descriptive-correlational-comparative research design was employed, involving 163 postpartum mothers with comorbidities who were rooming-in with their newborns. Data were analyzed using descriptive statistics, correlation analysis, analysis of variance (ANOVA), and independent-samples t-tests to determine the extent of nursing support, maternal satisfaction, relationships between study variables, and differences across selected demographic and clinical characteristics. Anemia was the most prevalent single comorbidity (35.6%), followed by hypertension (27.6%), combined diabetes and hypertension (17.8%), and diabetes alone (14.1%). Regarding socioeconomic characteristics, 66.3% of respondents reported a monthly family income below ₱15,000, while 31.9% reported an income between ₱16,000 and ₱20,000. Perceived nursing support across the physical, emotional, and informational dimensions demonstrated statistically significant positive relationships with maternal satisfaction ($p < .001$), with informational support exhibiting the strongest correlation ($r = 0.918$). However, no statistically significant differences in maternal satisfaction were observed across the selected demographic and clinical variables, including age, parity, mode of delivery, type of comorbidity, and monthly family income ($p > .05$). Respondents expressed strong agreement regarding nurses' assistance with maternal positioning, breastfeeding, and vital signs monitoring. The findings indicate that nursing support plays a significant role in maternal satisfaction among postpartum mothers with comorbidities. Although mothers expressed high satisfaction with the nursing care received, the strong association between informational support and maternal satisfaction highlights the importance of effective communication, health education, and timely provision of relevant information.

Keywords: *Postpartum mothers, co-morbidities, physical support, emotional, support informational support, newborns*

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INTRODUCTION

Postpartum mothers often find themselves in a vulnerable position. They are dealing with major physical and emotional changes while also facing environmental stressors, and these difficulties are made worse when hospital policies limit the presence of family members who could provide support. In these situations, obstetric nurses become the main source of care, reassurance, and guidance for mothers without relatives at the bedside. However, postpartum mothers without familial guardians have yet to receive clear established support systems in public hospitals, which brings the current study to examine these issues and address these women's needs. At most government hospitals, postpartum mothers present in the Obstetrics (OB) ward encounter multiple challenges due to the absence of immediate familial support. Mothers often experience a number of significant emotional stressors, including adjusting to added maternal roles and responsibilities as well as risk for postpartum depression (PPD) and anxiety concerning newborn health and their own recovery. These environmental stressors can be compounded by co-morbidities of postpartum mothers while their newborns are roomed-in with them. Co-morbidities are defined as the presence of one or more additional medical conditions or diseases that occur concurrently within the pregnancy period until postpartum.

Managing co-morbidities must be done regularly to attain a safe postpartum period for the mother and baby. As a result, medical caregivers may need to offer integrated support in addition to physical care, and one of those professionals is the OB ward nurse. As a result, medical caregivers may need to offer integrated support in addition to physical care, and one of those professionals is the OB ward nurse. With this, the current study aimed to assess the physical, emotional, and informational support provided by OB ward nurses for postpartum mothers with co-morbidities who are roomed in with their babies in a public hospital. It also aimed to determine the maternal satisfaction of roomed-in mothers with co-morbidities. The study also intended to showcase the strengths in current practice as well as to identify areas of improvement in the support provided to mothers and newborns.

METHODS

Research Design

The research design used in the study was quantitative descriptive-correlational-comparative research design. This design was suitable since the research aimed at establishing the degree of physical, emotional, and informational support that the OB ward nurses give to the postpartum mothers with co-morbidities in a rooming-in environment, describe the degree of maternal satisfaction with the nursing support, investigate the connection between perceived nursing support and maternal satisfaction, and establish whether there is a difference in the perceptions when the respondents are grouped based on the selected demographic variables Being a quantitative design, it enabled the researcher to collect numerical data and process them in a systematic way through statistical means.

Research Locale

The study population comprised of postpartum mothers admitted to the Obstetrics ward of Mandaluyong City Medical Center, a tertiary public healthcare facility in the Philippines. Mandaluyong City Medical Center (MCMC) is located on Barangay Addition Hills, Mandaluyong City, Metro Manila, Philippine. Mandaluyong City Medical Center (MCMC) serves as the city's public tertiary hospital, dedicated to providing quality healthcare, particularly for underprivileged residents. One of its main clinical services is its Obstetrics Ward and OB-Gyne department, which is located in a larger facility that will enhance the care of mothers and babies. As part of its initiative to improve maternal and child health, MCMC has been recognized as a Department of Health-approved Mother-Baby Friendly Health Facility. Continuous improvement of infrastructure is also increasing the capacity of the hospital, which was approximately 105 to almost 300 beds, enabling it to accommodate more patients.

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Sampling Technique

Simple random sampling was used to determine the sample size of the population, and randomization minimized biases that can affect its credibility. The sample size was calculated using RaoSoft Sample Size Calculator at 95% confidence level, 50% response distribution, and 5% margin of error. According to these parameters, the sample size for the study will be 163 mothers with co-morbidities rooming in with their newborns. Although 170 responses were received, only 163 were included in the analysis, consistent with the calculated sample size. Responses were reviewed for eligibility and completeness and arranged according to submission time. The first 163 responses meeting these requirements were retained, while the remaining seven were excluded after the target sample size had been reached.

Among the identified maternal comorbidities, anemia emerged as the most prevalent single condition, accounting for 35.6% of the respondents, followed by hypertension (27.6%), the combination of diabetes and hypertension (17.8%), and diabetes alone (14.1%). These findings indicate that anemia and hypertensive conditions constituted the predominant health concerns among the postpartum mothers included in the study. To ensure an appropriate and representative sample, simple random sampling was employed in selecting the study participants from the target population. This sampling technique provided eligible individuals with an equal opportunity for selection, thereby minimizing potential selection bias and strengthening the objectivity, credibility, and reliability of the research findings.

Table 1. *Demographic Profile of the Respondents*

Co morbidities	Frequency	Percentage
Anemia	58	35.6%
Diabetes	23	14.1%
Diabetes + Anemia	1	0.6%
Diabetes + Hypertension	29	17.8%
Gestational Diabetes	2	1.2%
Hypertension	45	27.6%
Hypertension + Anemia	4	2.5%
N/A	1	0.6%
TOTAL	**163**	**100%**

RESULTS AND DISCUSSION

Level of Perceived Nursing Support

The performance indicators on physical support within nursing were consistently rated at very high levels, with mean scores ranging between 4.60 and 4.69. The strongest ratings were observed in assisting mothers with positioning for comfort during recovery and providing breastfeeding support (both 4.69), suggesting that these aspects of care are most valued by mothers. Meanwhile, the lowest scores, though still high, were recorded for ensuring comfort while attending to medical needs and assisting with toileting or mobility post-delivery (both 4.60). This distribution indicates that while mothers are broadly satisfied with all forms of physical support, they perceive positioning and breastfeeding assistance as the most emphasized, while mobility and medical comfort receive comparatively less attention.

The mothers expressed strong agreement with all items measuring emotional nursing support, with mean scores ranging from 4.63 to 4.72. The highest score was recorded for helping to reduce feelings of isolation by offering support and encouragement throughout hospitalization (4.72), which highlights the critical role of nurses in alleviating loneliness and fostering emotional connection. The lowest score, though still very high, was creating a supportive and compassionate environment (4.63), suggesting that while mothers value the emotional atmosphere provided, they perceive slightly less emphasis compared to direct

ISSN: 3116-3475
International Journal
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reassurance and encouragement. This distribution shows that mothers consistently appreciate emotional support, with encouragement and companionship being the most impactful, while environmental compassion is acknowledged but seen as less central.

Mothers expressed strong agreement with all items measuring informational nursing support, with mean scores ranging from 4.67 to 4.80. The highest score was recorded for availability of nurses to answer questions and clarify doubts regarding health or newborn care (4.80), which highlights the critical importance of accessible communication and responsiveness in maternal satisfaction. The lowest score, though still very high, was providing information on available resources for further support such as counselling or support groups (4.67). This distribution suggests that while mothers value guidance on external resources, they place greater emphasis on immediate, direct informational support provided by nurses during hospitalization.

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Level of Maternal Satisfaction with Nursing Support

Mothers reported very high levels of satisfaction with nursing assistance, with mean values ranging between 4.86 and 4.91. The highest score was observed in physical support (4.91), showing that mothers most appreciated assistance related to comfort, mobility, and monitoring during the postpartum period. The lowest score, though still very high, was emotional support (4.86), which suggests that while mothers valued empathy and reassurance, they considered physical assistance as more central to their overall satisfaction with hospitalization. The grand mean of 4.88, interpreted as "Strongly Agree," confirms that mothers consistently recognized nursing care as comprehensive, encompassing physical, emotional, and informational dimensions.

This distribution is consistent with prior studies that highlight the multidimensional nature of maternal satisfaction. Debela et al. (2021) found that institutional delivery care satisfaction is largely dependent on the quality of nursing support, particularly physical assistance and clear information. Kassa et al. (2023) further emphasized that emotional support and informational guidance are critical in maternal and newborn care, which explains the high ratings across all indicators. The slightly lower score for emotional support reflects observations by Lemmens et al. (2021), who noted that dissatisfaction often arises when emotional needs are not fully addressed, even if physical care is strong. Taken together, these results affirm that maternal satisfaction is achieved when nursing assistance is holistic, with physical support emerging as the most influential factor, complemented by emotional and informational care that together create a complete and reassuring postpartum experience.

Significant Relationship between Perceived Nursing Support and Maternal Satisfaction

All three dimensions of perceived nursing support such as physical, emotional, and informational which exhibited statistically significant positive relationships with maternal satisfaction ($p<.001$). Informational support displayed a very high positive correlation with satisfaction ($r=0.918, p<.001$), indicating that clear health education and open communication regarding postpartum recovery and newborn care served as the strongest contributor to maternal satisfaction. Emotional support ($r=0.596, p<.001$) and physical support ($r=0.543, p<.001$) both demonstrated moderate positive correlations with maternal satisfaction. Because all computed p-values were well below the standard threshold of 0.05, the null hypothesis (H_01) was rejected. This confirmed a statistically significant relationship between perceived nursing support and maternal satisfaction, proving that higher quality physical, emotional, and informational support directly enhanced overall patient satisfaction.

The comparative analysis of maternal satisfaction when respondents were grouped according to their demographic and clinical profiles. To determine whether significant differences existed, One-Way Analysis of Variance (ANOVA) was conducted for variables with three or more categories, including age, co-morbidities, and monthly salary, while Independent Samples t-tests were utilized for two-group variables, specifically parity and type of delivery. The statistical outcomes revealed no significant

ISSN: 3116-3475
International Journal
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differences in maternal satisfaction across any of the profile categories, as all computed p-values exceeded the standard significance threshold of 0.05. Specifically, the One-Way ANOVA indicated no statistically significant difference in maternal satisfaction across age groups (F=0.812,p=0.563), co-morbidity classifications (F=0.965,p=0.452), and monthly salary brackets (F=0.311,p=0.733). Furthermore, the Independent Samples t-tests demonstrated no significant differences when comparing maternal satisfaction levels between primiparous and multiparous mothers (t=0.468,p=0.640) or between mothers who underwent normal vaginal delivery and cesarean section (t=-0.113,p=0.910). Consequently, the null hypothesis (H_02) was accepted across all evaluated profile variables. These findings confirmed that high maternal satisfaction with bedside nursing care remained consistent regardless of patient age, parity, delivery mode, underlying medical conditions, or household income level.

CONCLUSION

In conclusion, the findings of the study establish that the quality of nursing care provided in the obstetric ward plays a significant role in ensuring maternal satisfaction, regardless of the mothers' socioeconomic backgrounds and demographic or clinical characteristics. The results highlight the importance of providing comprehensive nursing care that addresses the physical, emotional, and informational needs of postpartum mothers. Physical assistance, including repositioning, mobility support, and breastfeeding guidance, contributes to maternal comfort and recovery, while emotional support through reassurance, comforting, and empathetic interactions promotes psychological well-being. Furthermore, informational support emerged as the most significant aspect of nursing care in achieving maternal satisfaction, emphasizing the need for clear, timely, and effective communication between nurses and mothers. The absence of statistically significant differences in satisfaction across variables such as age, parity, type of delivery, comorbidities, and income level further suggests that maternal satisfaction is primarily influenced by the quality and consistency of nursing care rather than individual patient characteristics. Overall, the study concludes that holistic, evidence-based, and patient-centered nursing care is essential in promoting positive maternal experiences and ensuring equitable, high-quality healthcare for all postpartum mothers.

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