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Neonatal transitional care quality and moderators of mothers' satisfaction: testing for emotional causalityVincenzo ZANARDO ¹ , Mohinish SHUKLA ², Sara SANDRI ³, Lorenzo STOCCHERO ¹, Arturo GIUSTARDI ¹, Mattia BENIN ⁴, Gianluca STRAFACE ¹¹ Division of Perinatal Medicine, Polyclinic of Abano Terme, Abano Terme, Padua, Italy; ² Unit of Psychology, Brain and Cognition in Society, University of Amsterdam, Amsterdam, the Netherlands; ³ Johns Hopkins School of Medicine (HUSOM), Baltimore, MD, USA; ⁴ University of Udine, Udine, Italy**HTML PDF**

BACKGROUND: Maternal satisfaction is an emotional response with a key role in the puerperium, and it is essential for monitoring and improving service quality.

METHODS: We explored new mothers' satisfaction with the quality of transitional care of their infant, testing for emotional causality, by a descriptive, non-experimental correlational design. The data collection was based on 380 postpartum interviews using the Swedish Pyramid Questionnaire (Quality of Patient Care Questionnaire - parents' version), including a Visual Analogue Scale (VAS) 1-to-10 of the "Quality of care," coupled with the Edinburg Postnatal Depression Scale (EPDS).

RESULTS: The Pyramid Questionnaire total score was 69.73 ± 0.83 , while the concurrent satisfaction of "Quality of care," defined by VAS 1-to-10, was 9.20 ± 0.83 , significantly correlated to the Pyramid Questionnaire total score ($R = -0.58$, $P < 0.0001$). According to multivariate analysis of covariance, maternal age of primiparous women who delivered vaginally ($r = 0.18$; $P = 0.03$) and vaginal delivery of primiparous and multiparous women ($r = 0.26$; $P = 0.0017$ and $r = 0.19$; $P = 0.02$, respectively) exerted a significant minor effect on the Pyramid Questionnaire total scores. In addition, emotional causality tested by EPDS exerted a significant negative effect on Pyramid Questionnaire total scores ($r = 0.22$; $P = 1.7 \times 10^{-5}$). Finally, a Random Forest classifier analysis revealed that maternal age, longer hospital stays, and EPDS total scores, were statistically significant predictors of maternal satisfaction (mean decreases in impurity > 0.2).

CONCLUSIONS: Women's satisfaction concerning neonatal transitional care quality is moderated by maternal age, gestational age, delivery mode, and by affective disorders. Emotional causality should always be considered when evaluating the quality of newborns' healthcare and maternal satisfaction.

KEY WORDS: Psychiatric status rating scales; Patient satisfaction; Surveys and questionnaires