



**DETERMINANTS OF PLACE OF BIRTH AMONG POST-NATAL WOMEN
ATTENDING RUMUODUMANYA HEALTH CENTRE IN OBIO-AKPOR LOCAL
GOVERNMENT AREA OF RIVERS STATE, NIGERIA**

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ABSTRACT: *Respectful maternity care is that care provided to all women based on informed choice and continuous support during labour and childbirth. This study examined determinants of place of birth among post-natal women attending Rumuodumanya Health Centre in Obio/Akpor Local Government Area (LGA) of Rivers State, Nigeria. The aim was to ascertain the factors that determine the choice of place of birth among postnatal women. It was a phenomenological study that attempted to answer two research questions. The population for the study was a total of 31,440.64 post-natal women in Obio/Akpor LGA of Rivers State, Nigeria. The sample size was 8 postnatal women who consented to participate in the study. The data instrument was a self-structured and validated "Interview Guide on Determinants of Place of Birth among Postnatal Women Attending Rumuodumanya Health Centre (IGDPBPW)". Data was analysis based on the themes generated by the participants' comments from the interview conducted by the researcher. Findings showed that the women with high educational qualification and parity delivered their first baby in the health facility because it was their first experience. Majority of the women noted the caring, cordial relationship and good hospitality of healthcare workers motivated them to give birth in the health facility. Also, the study showed family members belief in hospital delivery and this to a large extent affected their choice of giving birth in the health facility. Majority of the participants choose to give birth at home because it is cheaper than in health facility. In conclusion, the women perceived that they were poorly treated by healthcare workers in the healthcare centre and therefore, continue to give birth at home and with the TBAs especially after their first pregnancy. Therefore, it is recommended that healthcare workers (midwives) should embark on community mobilization to create awareness and provide information to mother on the benefits of giving birth in the health facility and capacity building should be organized for health workers to improve on their knowledge of and attitude towards provision of respectful maternity care to ensure safe and high quality care for women of child bearing age and their infants.*

KEYWORDS: Determinants, Place of Birth, Post-Natal Women, Health Center, Demographic Factors, Socio-Economic Factors, Amongst Others.

INTRODUCTION

The birth of a baby is the time when the baby comes out of its mother's body (Longman Dictionary of Contemporary English, 2019). Birth, marks the beginning of a baby's life as a separate being physically and it is the time the baby or other young proceeds out of the body of its mother (Lexico Dictionary, 2019). Globally, there are more than 13 million births in a year, which is an average of about 250 babies born every minute (Lamble, 2018). It is estimated



that over half of the world's births take place in just eight countries; one of these countries is Nigeria and Nigerian babies account for almost 40% of all those born in West and Central Africa, and more than 23 % of those born in sub-Saharan Africa (United Nations Children's Fund (UNICEF) Nigeria, 2018).

Women have been encouraged to give birth in health care facilities in the past two decades, to ensure access to skilled health care professionals and timely referral for additional care should the need arise. However, disrespectful and undignified care is prevalent in many facility settings globally, and accessing labour and childbirth care in health care facilities may not guarantee good quality care. This is particularly so for underprivileged populations which not only violate their human rights but also significantly hinders accessing intrapartum care services (Bohren *et al.*, 2014). Additionally, the prevailing model of intrapartum care in many parts of the world, which enables the health care provider to control the birthing process, may expose apparently healthy pregnant women to unnecessary medical interventions that interfere with the physiological process of childbirth (Bohren *et al.*, 2014; WHO, 2018).

Consequently, WHO has recommended respectful maternity care for all women of childbearing age. Respectful maternity care means that care provided to all women should be organized in a dignified, private and confidentiality manner, free from harm and mistreatment and based on informed choice and continuous support during labour and childbirth (WHO, 2018). In same vein, the International Childbirth Initiative (ICI) (2018) outlined and canvassed 12 steps to safe and respectful mother-baby-family maternity care. Some of these steps are listed as follows: Treat every woman and newborn with respect and dignity, fully informing and communicating with the woman and her family in decision making about care for herself and her baby in a culturally safe and sensitive manner ensuring her the right to informed consent and refusal. Respect every woman's right to access and receive non-discriminatory and free or affordable care throughout the continuum of childbearing. And to inform the mother of the benefits of continuous support during labour and birth, and affirm her right to receive such support from companion(s) of her choice.

Over the past three decades, the world has seen remarkable progress in child survival, cutting the number of children worldwide who die before their fifth birthday by more than half. But there has been slower progress for newborns. Babies dying in the first month account for 47% of all deaths among children under five (UNICEF Nigeria, 2018). UNICEF Nigeria (2018) posited that the year 2019 marks the 30th anniversary of the adoption of the Convention on the Rights of the Child. Under the Convention, Nigerian Government amongst other governments committed to, among other things, taking measures to save every child by providing good quality health care. Likewise, UNICEF Every Child Alive campaign called for immediate investment to deliver affordable, quality health care solutions for every mother and newborn. These include a steady supply of clean water and electricity at health facilities, the presence of a skilled health attendant during birth, ample supplies and medicines to prevent and treat complications during pregnancy, delivery and birth, and empowered adolescent girls and women who can demand better quality of health services.

According to Abubakar, Adamu, Hamza and Galadima (2017) unskilled home delivery is a threat to maternal and child health in Nigeria. Today, only one out of every three babies is delivered in a health centre in Nigeria, thus, decreasing a newborn baby's chance of survival. This is one amongst other issues that need to be addressed in order to improve the chances of survival of those babies born today and every day (UNICEF Nigeria, 2018). Some women



prefer traditional birth attendants (TBAs) to going to local medical facilities despite the dangers that surround them. Some allude to the fact that they trust traditional attendants to help them give birth without complications as the reason for such patronage of TBAs. For others, traditional birth attendants are simply the most affordable option. While some antenatal services are free in Nigeria, women have to pay to give birth at a medical centre (Eseke, 2019). Abubakar *et al.*, (2017) opined that socio-cultural and religious factors regulate women's choice of care and delivery. Attitude of healthcare workers towards the expectant mother, male attendance during delivery, family beliefs, distance of maternity clinics and financial constraints determine their choice of delivery place. Thus, this study on determinants of place of birth among post-natal women attending Rumuodumanya Health Centre in Obio-Akpor Local Government Area (LGA) of Rivers State, Nigeria.

Statement of the Problem

Women that died as a result of pregnancy and childbirth-related complications were estimated at 303,000 in 2015. Low- and middle-income countries (LMICs) account for most of these deaths. The highest maternal mortality ratio (MMR) is found in Sub-Saharan Africa with an estimated 546 maternal deaths per 100,000 live births in 2015, whereas high-income countries (HICs) had MMR of 17 maternal deaths per 100,000 live births (WHO, 2015). However, significant progress has been recorded since 1990 in achieving the Millennium Development Goals (MDGs), with a reduction in the global MMR from 385 to 216 maternal deaths per 100,000 live births.

According to Partnership for Maternal, Newborn and Child Health (PMNCH) (2019), in Nigeria maternal and infant mortality rates can be explained by the persisting low numbers of births occurring in health facilities and the low number of births attended by trained healthcare service providers. In 2003, two third of the births in Nigeria still occurred at home. In addition, only slightly more than one-third of births in are attended by doctors, nurses, or midwives. Other reasons are attributed to lack of access to or use of quality delivery services. This is related to problems of obtaining money for treatment, distance and having to take transport to health facility as narrated by women in describing difficulty with accessing healthcare. Lack of trained health care attended births in Nigeria is compounded by the fact that only six in ten mothers receive antenatal care from a trained medical professional. Nurses and midwives are the most frequently used source of healthcare ((PMNCH, 2019).

Partnership for Maternal, Newborn and Child Health (PMNCH) (2019) suggested that woman-centred philosophy and human-rights based approach should be adopted curb maternal deaths. These open the door to many of the care options desired by women, such as the right to have a companion of choice with them throughout the labour and birth as well as the freedom to move around during the early stages of labour and to choose their position for birth. Women should give birth in an environment which in addition to being safe from a medical perspective also allows them to have a sense of control through involvement in decision making and which leaves them with a sense of personal achievement. These recommendations are all evidence-based, optimize health and well-being, and have been shown to have a positive impact on women's experience of childbirth.

According to UNICEF (2019), skilled health personnel should be capable of handling normal deliveries safely for improvement of maternal and newborn survival across all age. They must also be able to recognize warning signs for complications and refer mothers to emergency care.



Non-skilled attendants, including traditional birth attendants, can neither predict nor appropriately manage serious complications such as haemorrhage or sepsis, which are the leading killers of mothers during and after childbirth. Vallely *et al.* (2013) noted that in many developing countries, the decision to seek and access care frequently rests with family members, including the husband, mother, mother-in-law and grandmother and, in some situations, traditional birth attendants and village-based health-care workers. Other influencing factors include cultural and customary beliefs, geographical, structural and health facility barriers as well as economic and social constraints. Therefore, this study determinants of place of birth among post-natal women attending Rumuodumanya Health Centre in Obio-Akpor LGA of Rivers State.

Purpose of the Study

The aim of this study is to examine the determinants of place of birth among postnatal women attending Rumuodumanya Health Centre in Obio-Akpor LGA of Rivers State, Nigeria.

Aims of the Study

Specific objectives of the study include the following:

1. To examine the demographic factors (educational qualification & parity) that affect choice of place of birth among postnatal women attending Rumuodumanya Health Centre in Obio-Akpor LGA of Rivers State, Nigeria.
2. To ascertain the socio-economic factors (attitude of healthcare workers, family beliefs, distance of health facility & financial constraints) that affect choice of place of birth among postnatal women attending Rumuodumanya Health Centre in Obio-Akpor LGA of Rivers State, Nigeria.

Research Questions

The following research questions will guide this study:

1. To what extent do demographic factors such as educational qualification and parity affect choice of place of birth among postnatal women attending Rumuodumanya Health Centre in Obio-Akpor LGA of Rivers State, Nigeria?
2. To what extent do socio-economic factors such as attitude of healthcare workers, family beliefs, distance of health facility and financial constraints affect choice of place of birth among postnatal women attending PHC in Obio-Akpor LGA of Rivers State, Nigeria?

Concept of Place of Birth

The word 'place' denotes a location or building used for a particular purpose (Merriam-Webster Dictionary, 2020; Collins English Dictionary, 2020). LoveToKnow (2020) opined that the word 'place' could also imply a particular location or space or area that something usually occupies. Examples of a place include; city, street, house, hospital and space used for a special purpose, such as an amusement park.



Merriam-Webster dictionary (2020) and Cambridge Dictionary (2020) refer to the word ‘birth’ as the process whereby; and the particular time and place in which young being emerges out of its mother’s womb.

Stands (2020) posited that a ‘place of birth’ is used to reference the locality where a person was born. Place of birth, unlike the place where the parents of the newborn live denotes the physical environment such as home, hospital and maternity home where the birth of a baby took place. Legally, in addition to the name and date of birth, it could be used to uniquely identify a person. In this context, place of birth is the exact location in which pregnant women give birth to their newborn. It includes their home, hospital and maternity home.

Types of Birth

Barnes-Jewish/Christian (BJC) Healthcare (2020) stipulated that today, there are several birthing methods and mothers are allowed to choose from the options. The most common are: Vaginal birth, natural birth, scheduled cesarean unplanned cesarean, vaginal birth after c-section (VBAC) and scheduled induction. However, Expanscience Laboratories (2017) posited that the two main birth methods are natural (vaginal delivery) and caesarean section, although several variations of these two basic types exist.

Natural (Vaginal Childbirth)

According to Oberg and Cunha (2020), natural childbirth at home was the normal (and only) childbirth delivery option until about 75 years ago. Natural birth takes is a normal vaginal that occurs through the body’s own natural ability to labour and to deliver the baby successfully. It is characterized by a supported, unrushed process, with less interference and invasive monitoring.

Unassisted Vaginal Birth

Oberg and Cunha (2020) explained that vagina birth is the process in which the baby comes out of the mother’s womb through the vaginal to the exterior. The entire process occurs through the birth canal, that is, from the womb, the cervical canal and the vagina to the outside world. Expanscience Laboratoires (2017) noted that every year, about 68% of women give birth vaginally. Vaginal delivery is the commonest and body’s natural way to give birth.

Assisted Vaginal Delivery

Assisted vaginal deliveries are vaginal deliveries and not a completely new birth method. However, as the name implies, the type delivery requires assistance from the doctor during labor to enable the women to successfully deliver the baby (Expanscience Laboratoires, 2017). The types of assistance may include any of the following: induced labor, episiotomy, amniotomy, forceps extraction, vacuum extraction, caesarean section, vaginal birth after cs (vbac), amongst others.

Types of Place of Birth

The National Partnership for Women and Families (2020) noted that, it is important for women to decide early in pregnancy about who will provide their maternity care and where to give birth. These major decisions can affect: The care received and the effects of that care; the quality of relationship with care provider(s); how much information received; the choices and



options available, particularly during labour and birth and the women's involvement with decisions about their care.

Home Birth: Home birth is described as when a woman gives birth to a baby in a place of residence. It could be planned or unplanned. Such births could be supervised by a midwife, traditional birth attendant (TBA) or family members (Dekker , 2012).

Midwifery Units: Midwifery units Network (2020) expounded that midwifery units are maternity care units that offer healthy women with straightforward pregnancies maternity care services. They practice the social model of care and the birthing environment is calm, welcoming, comfortable and relaxing. Women and their family members are supported to experience birth as a normal physiological, psychological and social process while being cared for during pregnancy, labour and childbirth.

Alongside midwifery units: (AMUs) are within a hospital that provides obstetric care, close to the delivery (birthing) suite, or labour ward, or may be on the same site in a different building. AMUs are close to medical facilities and personnel should the woman need them. This may include access to interventions that can be carried out by midwives, for example electronic fetal heart monitoring.

Freestanding midwifery units (FMUs) are on a separate site from obstetric services; in an independent building or on the site of a community hospital. If a woman transfers to the obstetric unit during labour she will usually travel by car or ambulance (Midwifery units Network, 2020).

Hospital Birth: Ben-Joseph (2020) opined that hospital births are the traditional and still the most common option of place of birth for women. This means the mother-to-be moves from a labour room to a delivery room and then, after the birth, to a semiprivate room. Hospital birth could involve administration of pain medicines which are usually available during labor and delivery, if a woman wants them.

Obstetric Units: Obstetric units (OU) are maternity care units that provide care to low and higher risk women. Obstetric units are always situated in hospitals where diagnostic and medical treatment services such as obstetric, neonatal and anaesthetic care are available on site. In an obstetric unit, care is provided by a team of midwives and doctors. Midwives provide care to all women in an obstetric unit, whether or not they are considered at high or low risk, and take primary responsibility for women with straightforward pregnancies during labour and birth.

METHODOLOGY

This study was a qualitative research design. Data collection involved the use of questionnaires and oral interviews. The target population for this study comprised of the women in Obio-Akpor LGA of Rivers State, Nigeria. There were about thirty-one thousand, four hundred and forty-one (31,440.64) post-natal women in Obio-Akpor LGA which made up the population for the study. Since this was a phenomenological qualitative research, only 3 to 10 participants are recommended for the study. The Purposive sampling technique was used to select about 8 participants who meet the eligibility criteria and consented to participate in this study.



A standardized questionnaire titled, “Interview Guide on Determinants of Place of Birth among Postnatal Women Attending Rumuodumanya Health Centre (IGDPBPW)” was used as the instrument of the study. The instrument consisted of two sections; A and B. Section A for socio-demographic data (age, pace of birth, educational qualification & parity), while Section B was for socio-economic factors (attitude of healthcare workers, family beliefs & cost of transportation to the health facility). A total of 8 copies of questionnaires were administered to the respondents, and all copies were completed and retrieved

The face and content validity of the research instrument was ensured by researcher’s supervisors, defense proposal panelists and two expert lecturers from the Department of Nursing Science in Africa Centre for Excellence in Public Health and Toxicology Research, University of Port Harcourt. Ethical clearance for the study was obtained from Ethical Committee of ACE-PUTOR of University of Port Harcourt after proposal defense and consent of supervisors.

Information obtained from the interview were collated and reported based on the themes of the study and in the participants’ exact language.

RESULTS AND DISCUSSION

Socio-Demographic Characteristics

Table 1: Socio-Demographic Characteristic of Respondents

Variable	Total
Age	
18 years	1
24 years	1
25 years	1
27 years	1
29 years	1
40 years	2
45 years	1
Religion	
Christianity	8
Marital status	
Married	6
Single	2
Educational qualification	
Primary	2
Secondary	1
OND	1
BSC	2
MSc	2
Dependents	
Yes	7
No	1



Occupation	
Working	2
Self-employed/business	5
None	1
Parity	
1 child	2
3 children	5
4 children	1

In the qualitative review, of the 8 respondents from the total number of participants, majority were young people, married, had post-secondary level of education, had dependents, self-employed/business, had three children and all were Christians.

Qualitative Data Summary

A) Determinants of choice of place of delivery

i. Demographic (and) factors that affect choice of place of birth

a). Educational Qualification

Another respondent who had MSc and three children said: *“I delivered my first baby at the health centre but the other ones were delivered at home because the way the TBAs takes care of women is the best”* (Participant 2).

b). Parity

Data collected shows that women delivered their first baby in the health facility because it is their first experience though, subsequent ones were delivered at home:

A respondent who had three children said: *“I have three children, I delivered only the first baby in the health centre while the other two were delivered at home where I was attended to by a traditional birth attendant since everything was normal, there was no bleeding or complication of any sort”* (Participant 3).

Another said: *“I delivered all my three children at the health centre because we are well educated in my family”* (Participant 5).

ii. Socio-Economic Factors that Affect Choice of Place of Birth

Respondents spoke on the factors that affected their choice of place of delivery and four sub-themes emerged namely; attitude of healthcare workers, family beliefs, distance of health facility and financial constraints.

a). Attitude of Healthcare Workers

A respondent said: *“The nurses in Rumuodumanaya are really trying very well to take care of someone, they explained even things I don’t understand that is why I delivered all my babies here”* (Participant 5).



Another respondent said: *“I still go there to deliver because of the way the nurses are good to me and have cordial relationship with me”* (Participant 6).

Another said: *“The health care workers have good hospitality and render good services; they are encouraging and very helpful”* (Participant 7).

Contrary to the above, a participant said: *In the health centre they slap and shout for you saying, push, open your leg but I deliver at home because the TBA is very good with me and she handles me very well, she does not beat or shout for me like they do in the hospital”* (Participant 4)

b). Family Beliefs

Findings from the data collected showed varying family belief about the choice of place of delivery, more of the respondents’ family members belief in hospital delivery while others in home delivery and this to a large extent determined their choice of place of delivery. Examples of the statements are shown below:

A participant said: *“my family don’t believe in delivering in the hospital, even my mother gave birth to all of us at home because we don’t experience prolonged labour; it is only this pregnancy that brought me to the hospital”* (Participant 4).

A different view was held by another participant who said: *“my family members all believe that every pregnant woman should deliver in the hospital”* (Participant 3).

Another participant also said: *“my family believe hospitals and health centres are better place to deliver than home”* (Participant 2).

Another said: *“I delivered all my three children at the health centre because my family likes hospital because they are well educated people”* (Participant 5).

c). Distance of Health Facility

Findings from the data collected showed that distance in most cases can determine the choice of place of delivery. This is evident in the statement of the respondents as shown below:

A respondent said: *“I preferred tertiary health facility but I delivered here because my labour came very fast and there was nobody at home so I decided to come to the health centre since it is close to me”* (Participant 1).

Another respondent said: *“the health centre is close to me, the road is smooth and tared, it is trekkable”* (Participant 7).

d). Financial Constraints

Concerning the financial constrain, a respondent said: *“the home is quite cheaper than the health centre though the cost varies with time because the cost for my first baby was different from that of the secondary baby”* (Participant 3).



Another respondent said: *“I get money from the little things I sell, the women that delivered me at home did not charge me anything, I just gave her what I want but at the health centre they charge me a lot that is why I don’t like to deliver there because I don’t have money”* (Participant 4).

Another also said: *“the cost of delivery at home is cheaper than the health centre but, my not going to the health centre was not because of money but the way they treated me during my first childbirth”* (Participant 2).

DISCUSSION

Participants Responses on Determinants of Place of Birth

Demographic (Educational Qualification & Parity) Factors That Affect Choice of Place of Birth

Educational Qualification

Data collected in this study showed that women with high educational qualification delivered their first baby in the health facility because it is their first experience though, subsequent ones were delivered at home or TBA because of perceived poor treatment by healthcare workers. Likewise, Dickson, Adde and Amu (2016) who studied what influences where they give birth? Determinants of place of delivery among women in rural Ghana revealed that ... maternal education, partner’s education were found as the determinants of place of delivery among women in rural Ghana.

Parity

Further, results from data collected showed that women delivered their first baby in the health facility because it is their first experience, although, subsequent ones were delivered at home because of perceived poor treatment by healthcare workers. Similarly, the findings of Dickson *et al.* (2016), who studied on ‘what influences where they give birth?’ Determinants of place of delivery among women in rural Ghana” revealed ... parity was found as the determinants of place of delivery among women in rural Ghana. In addition, Agreeing with the findings of this study, Egharevba *et al.* (2017) who conducted a study on factors influencing the choice of child delivery location among women Attending antenatal care services and immunization clinic in Southeastern Nigeria, posited that number of children ... was a significant predictors of child delivery location among the women.

Socio-Economic Factors that Affect Choice of Place of Birth

Attitude of Healthcare Workers

Findings of the study revealed that majority of the women noted the positive attitude (expressed as caring, cordial relationship & good hospitality) of healthcare motivated them to choose to give birth in the health facility. Therefore, the attitude of healthcare workers affected the choice of place of birth positively in this study. However, this finding negates the perception of some of the women who reported they were treated poorly by the healthcare workers when they went to the hospital to give birth. I disagreement with the findings of this study, Ochieng and



Odhiambo (2019) study on barriers to formal health care seeking during pregnancy, childbirth and postnatal period: a qualitative study in Siaya County in rural Kenya, indicated that the negative attitude of the health workers explained the pervasive fear expressed by the participants, as well as being on its own a reason for not making the visits. Similarly, Adatara et al. (2019) study on cultural belief patterns that potentially influenced the choice of home births among women in rural Ghana, concluded that the cultural beliefs held by these women greatly affected their decision to deliver at home.

Family Beliefs

Findings from the data collected showed varying family belief about the choice of place of birth, more of the respondents' family members believe in hospital delivery and this to a large extent affected their choice of giving birth in the health facility positively in this study. In line with the findings of this study, and in a study by Ravi (2014) on does socio-demographic factors influence women's choice of place of delivery in rural areas of Tamilnadu State in India, it was concluded that family tradition.

Distance of Health Facility

Likewise, findings from the data collected showed that majority of the respondents agreed they gave birth in the health facility because it is close to their houses. Therefore, distance in most cases affected their choice of giving birth in the health facility positively in this study. Dhakal *et al.* (2018) also noted that there was a significant association between caste, education ... time to reach the nearest health center, parity, previous place of delivery, number of antenatal visits, knowledge about place of delivery, ... and choice of place of delivery.

Financial Constraints

Similarly, findings of the study indicated majority of the participants noted giving birth at home is cheaper than in health facility, so they choose to give birth at home. Therefore, financial constraints affected choice of giving birth in the health facility negatively in this study. Also, Johnson *et al.* (2020) examination of choices and determinants of delivery location among mothers attending a primary health facility in Southern Nigeria showed utilization of healthcare facilities for delivery increased significantly with ... and income of respondents and spouses. In same vein Dhakal et al (2018) who studied noted that there was a significant association between ... parity, previous place of delivery and choice of place of delivery.

CONCLUSIONS

The following conclusions are drawn based on the findings of the study:

1. Furthermore, in this study, women with high educational qualification and parity delivered their first baby in the health facility because it is their first experience though, subsequent ones were delivered at home or TBA because of perceived poor treatment by healthcare workers.
2. Majority of the women noted the positive attitude (expressed as caring, cordial relationship & good hospitality) of healthcare workers motivated them to choose to give birth in the health facility.



3. Also, the study showed varying family belief about the choice of place of birth, more of the respondents' family members believe in hospital delivery and this to a large extent affected their choice of giving birth in the health facility positively in this study.
4. Likewise, majority of the respondents agreed they gave birth in the health facility because it is close to their houses. Therefore, distance in most cases affected their choice of giving birth in the health facility positively in this study.
5. Majority of the participants choose to give birth at home because it is cheaper than in health facility.

RECOMMENDATIONS

Based on the findings of this study, it is recommended as follows:

1. Healthcare workers (midwives) should consistently embark on community mobilization to create awareness and provide information of mother on the benefit of giving birth in the health facility.
2. There should be capacity building for health workers to improve on their knowledge of and attitude towards provision of respectful maternity care to ensure safe and high-quality care for women of child bearing age and their infants.
3. Health managers should provide resource for consistently mentoring, monitoring and supportive supervision to improve healthcare workers performance and promote client satisfaction.
4. Government should provide necessary infrastructures and funding to motivate healthcare workers to provide the best healthcare services.

Suggestion for further Studies

1. Replication of this study on determinants of place of birth among postnatal women in other LGAs of Rivers State, Nigeria.
2. Another study could be carried out of knowledge and misconceptions of place of birth among women of childbearing age in other LGAs of Rivers State, Nigeria.
3. Also, a study could be conducted on midwife's knowledge and attitude towards choice of place of birth among women of childbearing age in LGAs of Rivers State, Nigeria.

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