



Opinions of women towards cesarean delivery and priority issues of care in the postpartum period



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ABSTRACT

This study was conducted, in order to determine the opinions of women who had a cesarean delivery and the problems that they faced in the postpartum period. This descriptive study was conducted with 337 women who delivered babies by cesarean section. The data were collected using a semi-structured questionnaire. The results of the study showed that 53.4% of women underwent cesarean delivery for the first time, and 83.1% said that it was the obstetrician's decision to have a cesarean delivery. More than half of the women (61.1%) had a negative experience with cesarean delivery due to postpartum pain (44.7%) and inability to care for their infant (35.9%). The most common problems associated with cesarean delivery were postpartum pain (96.1%), back pain (68.2%), problems passing gas (62.0%), bleeding (56.1%), breastfeeding problems (49.6%) and limitation of movement (43.6%) respectively. Understanding the the opinions and problems of women towards cesarean delivery assists healthcare professionals in identifying better ways to provide appropriate care and support.

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1. Introduction

Cesarean delivery (CD) is a surgical procedure used to decrease maternal and fetal morbidity and mortality rates and is considered safe (Alchalabi, Amarin, Badria, & Zayed, 2007). Previously CD was applied in order to reduce maternal and infant mortality and morbidity, but over the years it has become an elective procedure serving as an alternative to natural vaginal delivery upon the request of the physician or mother. But it is well established in the scientific literature that recovery time and complications from a CD are higher than vaginal birth (Alchalabi et al., 2007; Lee & D'Alton, 2008). Maternal and neonatal complications of CD included postpartum infections (wound-specific infections, peritonitis, septicemia etc.) (Lee & D'Alton, 2008), major systemic complications (maternal distress, shock, renal failure, anoxia, vascular complications, embolism), placental problems such as placenta praevia and placental abruption for future pregnancies (Yang, 2007), the risk for blood transfusion, hysterectomy (Knight, Kurinczuk, Spark, & Brocklehurst, 2008), prolonged hospitalization (Declercq, 2007), maternal death (Alchalabi et al., 2007; Deneux-Tharaux, Carmona, Bouvier-Colle, & Bréart, 2006), preterm birth and low birth weight infants for future pregnancies (Bettegowda et al., 2008), risk of being born late-preterm (34 to 36 weeks of pregnancy) as a result of scheduled surgery (Bettegowda et al., 2008) and risk of stillbirth (Richter, Bergmann, & Dudenhausen, 2007), problems with breastfeeding (Örün, 2010; Prior,

2012), accidental surgical cuts and development of chronic diseases during childhood such as asthma, diabetes, and/or allergies (Magnus et al., 2011).

CD rates in most countries around the world have exceeded the recommended level (15%) of the World Health Organization (WHO, 2001). The CD rates wbcere found to be 50–65% in Iran (Azadeh Saki, Mohammad, Kazem, Abbas, & Mohammad, 2010), 47.4% in Brazil (OECD, 2011), 46.2% in China (OECD, 2011), 38.0% in Italy (EUROPERISTAT, 2010), 32.8% in the U.S.A. (Michelle et al., 2013) and 17.1% in Norway (EURO-PERISTAT, 2010). CD has become fairly common in Turkey in recent years. Along with the whole world, there has also been a significant increase in Turkey. Among Organisation for Economic Co-operation and Development (OECD) countries, Turkey has the highest CD rates (OECD, 2011). In 2008, the CS rate was 36.7%. As of 2011, it was found to be 48% (TDHS, 2008; TMA, 2012). According to the Turkish Ministry of Health, up to 70% of all births in some private hospitals involve caesareans (MOH, 2012).

CD can be performed when there is a significant risk of maternal or fetal morbidity or mortality in Turkey (MOH, 2012). Despite this, studies conducted in Turkey have found that one of the indications for CD is elective maternal request (Akyol, Gönen Yağci, & Tekirdağ, 2011; Kurtoglu, Arpacı, & Temur, 2013; Tekirdağ & Cebeci, 2010). Women's opinions on CD affect the mode of delivery (Akyol et al., 2011; Dereli Yilmaz, Demirgoz Bal, Kizilkaya Beji, & Uludag, 2013; Tekirdağ & Cebeci, 2010). Most of the women find CD painless, safer and healthier to deal with and they often choose to deliver by CD. Therefore, due to this beliefs, they fail to receive information about vaginal delivery especially women with their first pregnancy (Dereli Yilmaz et al., 2013). As in all

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countries, lowering rates of CD is one of the most important policies of the Turkish Ministry of Health. Therefore, they have made an attempt to lower CD's by reducing elective CD with the steps taken such as threatening fines (up to 1000 lira (£355)) for doctors who persuade women to have surgery deemed unnecessary (MOH, 2012). But CD does not seem to be reducible in the near future. In Turkey, a standard of nursing care is applied for women in the postpartum period regardless of mode of delivery. However, our clinical observations show that the problems experienced varies according to the mode of delivery. It is evident that experience of postpartum problems can negatively affect quality of life after CD compared to vaginal delivery (Kasai, Nomura, & Benute, 2010; Torkan, Sousan, Minoor, Anoshirvan, & Ali, 2009). Determining the priorities of the problems will be guiding in the planning of care after CD. Therefore, this study draws attention to the postpartum care of women who had a CD and provides guidance for midwives, nurses and physicians. The research questions of this study are:

1. What are the opinions of women about CD in Turkey?
2. What are the postpartum problems associated with CD?
3. What are the factors affecting postpartum problems after CD?

2. Materials and methods

This study was conducted, as descriptive, in order to determine the opinions of women who had a CD and the problems that they faced in the postpartum period. The study was composed of 558 women who delivered by CD in the postpartum clinic of the Government Hospital in Gaziantep between July and October 2013. This hospital is the region's largest women's hospital with 188 beds and delivers the full range of secondary care services (inpatient and outpatient services). Most of the hospital's services are focused on women and infants. Of these 337 women who had delivered by CD, did not have complications (with themselves or their infants), did not have any chronic diseases such as diabetes, hypertension etc. and had delivered at least 24 hours beforehand and volunteered to participate (included as non-randomly) in the study sample. One hundred twelve women (20.1%) refused to participate in the study, 68 women (12.2%) did not want to state their opinions about CD, and 31 women (5.5%) stated lack of time. Data were collected using a specially designed and pretested semi-structured questionnaire. The questionnaire was reviewed for content validity by three experts (two nursing faculty members and one obstetrician). Subsequent adjustments to the questionnaire were made accordingly and then were reapproved by the experts. The final questionnaire was later pilot tested by ten women who were not included in the main study. Based on the results, the questionnaire was modified in terms of comprehensibility and usability by the researchers. The questionnaire consisted of 34 questions. In the first part of the questionnaire, socio-demographic characteristics of women, history of marriage and pregnancy, and open-ended questions related to CD were included. In the second part, a list of 12 items was included in order to determine the problems women had with CD. Women were asked to mark the problems they faced in the postpartum period from the list. The third section consisted of 13 questions that determined women's views on CD such as the following: "How confident were you on the way to the operating room for a Cesarean delivery?"; "How comfortable were you during anesthesia?"; "How comfortable were you during the CD?"; "How much discomfort did you experience during the CD?"; "Do you remember the CD as painful?"; "How scared were you of the birth?"; "Did you feel concerned about your baby's health during CD?"; "Did you feel concerned about your baby's health after CD?"; "Do you feel good about yourself after CD?"; "How do you rate the difficulty of cesarean delivery?". The questionnaire was answered by the patients during their stay in the postpartum clinic of the sampled hospital using face-to-face interview method. Participants were interviewed for about 15–20 minutes.

2.1. Ethical considerations

Prior to beginning the research, approval was obtained from the hospital and the provincial health authority approved the study before the data were gathered. The participants were made aware of their rights and the purpose of the study. Verbal and written consent was obtained from all of the participants. Women were not reimbursed for their time; participation was completely voluntary and anonymous.

2.2. Statistical analysis

In the evaluation of the data obtained, The Statistical Package for Social Sciences (SPSS) version 20.0 for Windows was used. Descriptive statistics were conducted, and the chi-square test was used for group comparisons.

3. Results

The average age of women participating in the study was 27.4 ± 5.6 years (min = 18, max = 43); 56.7% were between 20–29 years of age; 70.9% were primary school graduates; 93.3% were housewives; 63.5% stated that they were living in the center of the city (see Table 1).

When the women's fertility properties were examined, 46.3% of them had 1 to 2 pregnancies, 53.4% had one CD and 45.7% stated that the cause for CD was the problems related to childbirth. Regarding childbirth, 83.1% of women stated that the physician decided on the CD and 65.0% stated that general anesthesia was used at birth (see Table 2).

When the women's opinions about CD were examined, more than half of the women (61.1%) had a negative thought or reaction about the experience of CD. The reasons for negative opinions were reported to be postpartum pain (44.7%) and problems caring for their infants (35.9%). All of the women reported having support during the postpartum period, of those 42.1% had support from their mothers. When the problems experienced by women in caring for infants were examined, 71.2% of the women reported that infant care was adversely affected by CD, and 50.4% of the women reported that the initiation of breastfeeding occurred after 8 or more hours (see Table 3).

When the problems faced by women in the postpartum period associated with cesarean birth were examined, it was determined that the most common problems encountered were pain (96.1%), back pain (68.2%), problems passing gas (62.0%), bleeding (56.1%), breastfeeding problems (49.6%) and limitation of movement (43.6%) respectively (see Table 4).

Table 1
Socio demographic characteristics of women (n = 337).

| Socio demographic characteristics | n | % |
|-----------------------------------|-----|------|
| Age group* | | |
| 19 years and younger | 21 | 6.2 |
| 20–29 years | 191 | 56.7 |
| 30–39 years | 116 | 34.4 |
| 40–49 years | 9 | 2.7 |
| Educational level | | |
| Illiterate/literate | 84 | 24.9 |
| Elementary | 239 | 70.9 |
| High school/University | 14 | 4.2 |
| Partner's educational level | | |
| Illiterate/literate | 40 | 11.9 |
| Elementary | 260 | 77.1 |
| High school/university | 37 | 11.0 |
| Occupation | | |
| Not working | 320 | 93.3 |
| Working | 17 | 5.0 |
| Living region | | |
| Province | 214 | 63.5 |
| Town | 32 | 9.5 |
| Village | 91 | 27.0 |

* $X \pm SD = 27.4 \pm 5.6$ yil (min = 18, max = 43).

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