

A Comprehensive Description of Postpartum Pain after Cesarean Delivery

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ABSTRACT

Objective: To describe women's experiences with the perception of, evaluation of, and response to postpartum pain after cesarean delivery through the sensory, affective, cognitive, and behavioral dimensions of pain. The secondary aim of this research was to differentiate pain described with nociceptive and neuropathic pain descriptors.

Design: Longitudinal, concurrent mixed methods design.

Setting: Large, university-based, midwestern medical center.

Participants: Convenience sample of 30 low-risk women scheduled for cesarean deliveries.

Methods: The PAINReportIt, a computerized version of the McGill Pain Questionnaire, was administered in person to participants at two visits: between 24 and 48 hours postcesarean delivery and at 6 weeks postpartum. Descriptive statistics, *t* tests, and χ^2 tests were calculated from these data and pain descriptor selections were compared with established nociceptive and neuropathic pain descriptor lists.

Results: Pain was reported in all dimensions at both visits. The abdomen was most frequently selected for pain location; mean intensity was 2.75/10 at the first visit, 1.1/10 at the 6-week visit. Pain in the sensory and cognitive dimensions decreased significantly between visits. Affective dimension pain decreased, but the difference was not significant. Participants reported activities that increased and decreased pain in the behavioral dimension. Pain descriptors indicative of nociceptive (e.g., tender, sore) and neuropathic (e.g. aching) pain were selected at both visits.

Conclusion: Postpartum pain after cesarean delivery is multidimensional and has been described with words indicative of nociceptive and neuropathic pain. Nurses should complete a thorough and comprehensive pain assessment throughout the postpartum for patients experiencing cesarean deliveries.

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Cesarean deliveries occurred at a record high in 2009, and pain is a frequent sequela. There were more than 3.9 million births in the United States in 2012 of which 32.8% were cesarean deliveries (Martin, Hamilton, Osterman, Curtin, & Mathews, 2013). Pain following this event is one of the most frequently reported problems by postpartum women (Lansakara, Brown, & Gartland, 2010). Postcesarean pain is considered major for as many as one third of the women (Declercq, Cunningham, Johnson, & Sakala, 2008), and this pain has a negative effect on breastfeeding and infant care (Karlstrom, Engstrom-Olofsson, Norbergh, Sjoling, & Hildingsson, 2007; Karlstrom, Engstrom-Olofsson, Nystedt, Sjoling, & Hildingsson, 2010). Despite this effect, in previous postpartum pain studies, investigators have not comprehensively described this experience and have failed to examine postpartum pain after cesarean delivery in terms of dimension and type. In this study, we described *postpartum pain* in terms

of the sensory, affective, cognitive, and behavioral pain dimensions and the nociceptive and neuropathic pain types.

Background

Pain is a common experience after all births. As many as 92% of women report pain after childbirth (Andrews, Thakar, Sultan, & Jones, 2008), and as many as 78% of women rate their postpartum pain intensity as moderate to severe (Karlstrom et al., 2007). Postpartum pain has detrimental implications for the infant and mother. Women experiencing postpartum pain took longer to initiate interactions with their infants (Karacam & Eroglu, 2003) and reported that pain negatively affected breastfeeding (East, Dube, & Perreault, 2007; Karlstrom et al., 2007; Karlstrom et al., 2010) and interfered with infant care (Borg-Stein & Dugan, 2007; Gustafsson & Nilsson-Wikmar, 2008; Karlstrom et al., 2010). Postpartum pain

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following cesarean delivery compared to vaginal delivery has been reported as more intense (Schindl et al., 2003), longer lasting (Kainu, Sarvela, Tiippana, Halmesmaki, & Korttila, 2010), and with a greater effect on activities of daily living, including infant care (Declercq et al., 2008; Karlstrom et al., 2007) and breastfeeding exclusivity (Sayyah Melli et al., 2007). It is for these reasons that we focused this research on the experience of pain after a cesarean delivery.

There are two types of pain, nociceptive and neuropathic, experienced when pain pathways are triggered. Nociceptive pain arises from actual or threatened damage to non-neural tissue and is due to the activation of nociceptors, and neuropathic pain is caused by a lesion or disease of the somatosensory nervous system (Loeser, 2012). Although peripheral nerves are damaged by the cesarean incision, nociceptive and neuropathic pain have not been differentiated in postpartum research.

In addition to these two types of pain, there are also four dimensions: sensory, affective, cognitive, and behavioral (Ahles, Blanchard, & Ruckdeschel, 1983). The main focus of postpartum research has been the sensory dimension of pain, centering on pain intensity and location, primarily through the use of the Visual Analogue Scale (VAS) or a similar instrument (Goodman et al., 2005; Gustafsson & Nilsson-Wikmar, 2008). Only two research teams examined the affective dimension of pain with a formal instrument (Dodd, Hedayati, Pearce, Hotham, & Crowther, 2004; Kindberg, Stehouwer, Hvidman, & Henriksen, 2008). The cognitive dimension of pain was measured to a limited extent by investigators examining pain management satisfaction expectations (Dodd et al., 2004; Karlstrom et al., 2007; Kindberg et al., 2008). Investigators have examined the behavioral dimension of pain by observing pain's effect on activities of daily living (e.g., walking, sitting, voiding, or passing stool) and infant care tasks (e.g., breastfeeding, lifting infant) (Eisenach et al., 2008; Gustafsson & Nilsson-Wikmar, 2008; Karlstrom et al., 2007).

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of pain in terms of type and dimension. A better understanding of the type of pain will provide direction for therapies and options for pain management. The negative effects of pain have been established on mother/infant interaction (Karacam & Eroglu, 2003), breastfeeding (East et al., 2007; Karlstrom et al., 2007; Karlstrom et al., 2010; Sayyah Melli et al., 2007), infant care (Borg-Stein & Dugan, 2007; Declercq et al., 2008; Gustafsson & Nilsson-Wikmar, 2008; Karlstrom et al., 2007, 2010), and sleep/rest (Lee & Lee, 2007); it is possible that better postpartum pain management can alleviate some of these poor outcomes. Although investigators have included some elements of the pain dimensions, the sensory, affective, cognitive, and behavioral dimensions have not been addressed comprehensively with a psychometrically sound instrument. Furthermore, the effect of postpartum pain on mothers and infants has not been well established.

The University of California San Francisco symptom management theory guided this descriptive study. Model concepts include symptom experience, symptom management, and symptom outcome (Figure 1). Symptom experience—this study's focus, consists of three components: symptom perception (noticing a change), evaluation (judgments about symptoms), and response (feelings, thoughts, and behaviors secondary to symptoms). The two types of pain and the four dimensions of pain can be conceptualized within the symptom experience components.

The primary aim of this research was to describe women's experiences with the perception of, evaluation of, and response to postpartum pain through the sensory, affective, cognitive, and behavioral dimensions of pain after a cesarean delivery. The secondary aim of this research was to differentiate pain described with nociceptive and neuropathic pain descriptors.

Methods

Design

We used a longitudinal, concurrent mixed methods design (Giddings & Grant, 2006; Sandelowski, 2000) to better describe women's experience of postpartum pain. We used *PAINReportIt* (Huang et al., 2003; Wilkie et al., 2003), a computerized version of the McGill Pain Questionnaire (MPQ) (Melzack, 1975), to gather descriptors of the sensory, affective, evaluative (renamed as cognitive; Melzack, 2005), and

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