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Health after childbirth: Patterns of reported postpartum morbidity from Lebanon

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ABSTRACT

Problem and background: The postpartum period is under-researched in low and middle income countries. The scarce literature reveals heavy burden of ill health experienced in that period and under utilisation of health services. Understanding the postpartum morbidity burden and identifying the care-seeking behaviours is essential to improve service delivery.
Question: This paper examines reported postpartum morbidity, care seeking behaviour and whether postpartum morbidity is associated with method of birth.
Methods: A cross sectional study of women delivering in 18 private hospitals from two regions in Lebanon was undertaken. Women in their second or third trimester of pregnancy, visiting private obstetric clinics affiliated with participating hospitals were interviewed for baseline information. Reported postpartum morbidity was assessed in an interview conducted at women's homes from 40 days up to six months postpartum.
Findings: Of the 269 women recruited, physical postpartum health problems were reported by 93.6% and psychological health problems by 84.4% of women, with more health problems being reported beyond two months postpartum. Women were less likely to seek professional care for psychological health problems. Reporting postpartum health problems was not associated with method of birth.
Conclusion: A heavy burden of postpartum morbidity is experienced by women with gaps in utilisation of relevant health services. Efforts should be directed towards the organisation and delivery of comprehensive maternity care services.
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1. Introduction

The postpartum period or the puerperium is defined as the period ''encompassing the first few weeks following birth''.[1] This definition of the postpartum period has long guided services and research towards a restrictive approach to postpartum health focusing on problems related to the reproductive organs and neglecting other aspects of women's physical and psychosocial health in addition to limiting the time period for postpartum recovery. In fact, WHO defines postpartum maternal morbidity as morbidity occuring within the first six weeks of giving birth.[2]

There is relatively limited number of studies, mainly from high income countries,[a] addressing the full range of postpartum health problems faced by women. The postpartum period remains vastly under-researched in low and middle income countries.[a] The very few studies from Pakistan, Bangladesh and India[3–5] indicate to a heavy burden of vaginal bleeding, vaginal discharge, low abdominal pain, fever, perineum pain and excessive weakness. The only study conducted in Lebanon on the prevalence of postpartum depression, reports a proportion of 21.2% of depression and 12.8% of reported urinary tract infections, three to five months postpartum.[6] Despite these limited findings, research in this area reveals the high burden of ill health during the postpartum period.

The different range of conditions identified in high income countries includes backache, headache, piles, constipation, anxiety, painful intercourse, lack of sexual desire, extreme tiredness and depression.[7] These problems are found to be persistent up to three[8] and six to seven months postpartum.[9] High prevalence of breast problems and backaches are also documented up until 12–18 months postpartum.[10,11] In general, these studies show that postpartum health problems are experienced up until eight weeks,[10] three months[8] or nine to 12 months postpartum.[11]

Exploring the range and extent of ill-health is essential not only to build our understanding of the postpartum disease burden but also to identify the care-seeking behaviours associated with

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[a] The World Bank divides economies according to Gross National Income (GNI) per capita: low income 1025$ or less; middle income 1026$-12,475$; high income 12,476$ or more (http://data.worldbank.org/about/countryclassifications).

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self-reported morbidity in order to improve service delivery. This aspect has also been neglected in the literature with only few studies discussing postpartum health care-seeking behaviour of women. Brown and Lumley[9] report that 72% of women who had health problems after delivery sought the help of a health professional in a sample of 1336 women from Victoria, Australia. In contrast, 49% of women who reported postpartum morbidities sought care from informal providers and 45% from formal providers in India.[12]

Caesarean births have increased worldwide.[13] Lebanon is identified as one of the countries of the Arab region with high rates[14] where hospital based studies are reporting rates above 40%.[15] Nevertheless, the effect of this intervention on postpartum health is not well understood. There is some indication that method of birth may have some bearing on postpartum morbidities.[10,16] In general, women having normal spontaneous vaginal birth report fewer symptoms or conditions during their postpartum period compared to those having a caesarean birth[10] or assisted vaginal birth.[17]

The Lebanese health care system is dominated by the private sector serving around 80% of the population. Antenatal care is widely used with 96% reporting visiting at least once during their pregnancy. Hospital deliveries are the norm (98%) with 92% of births attended by obstetricians.[18] Nurses are the main health care providers on postpartum wards in hospitals. Women's postpartum hospital stay averages to 24 h for vaginal births and 48 h for caesarean sections. There are no organized systems of delivering postpartum services after discharge from hospitals, such as home visits, and postpartum care is confined to the six weeks check-up after delivery, something used by only half of postpartum women in the country.[18]

There has never been a thorough investigation of postpartum morbidities in Lebanon. The scarcity of research in this area and the potential opportunities of providing different forms of postpartum care that responds to women's needs necessitate a closer understanding of the different array of problems experienced by women postpartum. This paper examines women's reported postpartum health problems, their health care seeking behaviour and the correlates of self-reported postpartum morbidity, specifically its association with method of birth.

2. Subjects and methods

A cross sectional study was undertaken aiming at exploring women's postpartum health problems. Participants included all pregnant women who used private obstetric clinics affiliated with 18 private hospitals in 2 regions in Lebanon, Mount Lebanon and the South, during the period from December 2007 to December 2008. The eligibility criteria included: being Lebanese, speaking/understanding Arabic, being in their second or third trimester of pregnancy and planning to give birth in Lebnaon.

Three hundred seventy one women were identified as eligible. Two trained field workers contacted all eligible woman and after obtaining informed consent conducted a baseline interview by phone. This interview collected information on women's contact details, their socio-demographic profile and a short assessment of their childbirth expectations. The interviewers visited women's homes to conduct the postpartum interview, during a period from 40 days to six months postpartum.

Postpartum morbidity was defined in this study as women's reports of any health problem experienced after giving birth till the date of the interview. The postpartum home interview assessed postpartum morbidity through a checklist of the most common and known postpartum problems to which the woman was asked to report with a "yes" if she had suffered from that problem anytime since giving birth. The checklist included the following: heavy bleeding, high fever, anaemia, crying with no reason, headache, high blood pressure, low mood, wound infection, burning during urination, urinary incontinence, breast pain, constipation, haemorrhoids, depression, back pain and tiredness. In addition, they were asked about the care sought and the onset for each reported problem. The method of birth was also assessed in the postpartum interview.

The baseline and the postpartum structured questionnaires were developed by the study team in Lebanese Arabic dialect. They were pilot tested with 50 women in a different setting from the ones used to recruit women. Some changes were made to the questionnaires to improve the comprehensibility of the questions and the flow of the interview.

Reports of heavy bleeding, high fever, anaemia, headache, high blood pressure, wound infection, burning during urination, urinary incontinence, breast pain, constipation, haemorrhoids, back pain and tiredness were grouped under "reported physical health problems". Reports of low mood, depressive mood or crying with no reason were grouped under "reported psychological health problems".

Health care seeking behaviour of women was assessed for each reported postpartum health problem. It was regrouped as "formal care" comprising of a visit to a physician, a midwife, a hospital or a pharmacist, "informal care" comprising of using home remedies or asking the advice of family members or friends and "no care" referring to no attempt to remedy their problem.

The time of the postpartum period was categorized using the cut point of two months. This was done considering the Lebanese context, where women are intensely supported by their extended family during the first two months postpartum as this early phase is considered as a recovery period. This support gradually decreases afterwards. Women also would be resuming their jobs after their maternity leaves of 60 days in Lebanon.

Data were entered and analyzed using the SPSS software. Chi-square statistics with continuity correction was used to compare proportions. Multivariate analysis was conducted using stepwise logistic regression. Two-sided significance tests were used throughout all analyses. Significance level was set at five percent.

The study protocol was approved by the Institutional Review Board of the American University of Beirut. Informed consent was obtained from all women participating in the study at all stages of contact.

3. Results

A total number of 269 were recruited into the study from a total of 371 eligible women. All eligible women were contacted by phone, 29 could not be reached and another 29 refused to participate. The remaining 313 women were interviewed for the baseline interview. After giving birth, women were contacted to book an appointment for a home visit in order to complete the postpartum interview. At this stage, 28 women opted to discontinue their participation in the study and 16 women were lost to follow-up (Fig. 1).

The majority of participating women were 25–35 years old. Primiparas constituted 42.9% of the sample, and only 32.1% reported working. The educational attainment of participating women was high and all women could read and write. Caesarean births constituted 43.5% of the sample and 21.2% reported suffering from severe complications during pregnancy (Table 1).

The majority of women reported a postpartum health problem (93.6% reporting any physical health problem and 84.4% reporting any psychological health problem). Psychological symptoms of crying with no reason (41.7%) or depressive (59.8%) or low mood (46.2%) were most commonly reported by women interviewed in both postpartum periods, as well as constipation (45.8%), back pain

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