

ORIGINAL RESEARCH

Implications of pain in functional activities in immediate postpartum period according to the mode of delivery and parity: an observational study



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KEYWORDS

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Physical therapy specialty;
Activities of daily living

Abstract

Objectives: To identify women's complaints about pain in the immediate postpartum of vaginal delivery and cesarean section; to measure the intensity of pain in postpartum women at rest and with selected movements and to compare the activity limitations in relation to the mode of delivery and parity.

Method: Observational, descriptive, cross-sectional study. Eighty-six women, in the immediate postpartum period after vaginal delivery ($n = 43$) and cesarean section ($n = 43$), were evaluated for physical discomforts and their difficulty in performing functional activities.

Results: Abdominal pain (mean differences = -39.5% ; 95% CI = -57.3 to -21.8%), neck pain (mean differences = -16.3% ; 95% CI = -32.3 to -0.3%) and edema (mean differences = -41.4% ; 95% CI = -63.3 to -20.4%) were reported of cesarean women postpartum. Perineal pain ($p < 0.05$) was reported in vaginal delivery women postpartum. Postpartum pain was more severe during movement after cesarean section ($p < 0.05$) resulting in pain during the activities of sitting down (mean differences = -30.2% ; 95% CI = -50.7 to -9.8%), standing up from a sitting position (mean differences = -46.5% ; 95% CI = -65.0 to -28.0%), walking (mean differences = -44.2% ; 95% CI = -65.2 to -23.1%), lying down (mean differences = -32.6% ; 95% CI = -54.9 to -10.3%) and taking a bath (mean differences = -24.0% ; 95% CI = -43.1 to -5.0%). Correspondence analysis found no association between parity and functional limitations.

Conclusion: The highest number of complaints was associated with movement activities and cesarean section postpartum. There was no relationship between functional limitations and parity in this study.

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Introduction

The female body changes during the postpartum period returning the different body systems to the pre-pregnancy state as soon as possible. Women should receive special attention during this period because painful conditions may occur that may interfere with functional daily activities during puerperium, and therefore, with their quality of life.

The mode of birth is linked to a woman's recovery time and thus may contribute to functional limitations. Vaginal delivery may result in trauma and perineal discomfort.¹ The incision area of a cesarean delivery is a predisposing factor to puerperium morbidity. Parity (i.e., previous births) may also influence puerperal recovery and be connected with pain perception in the postpartum period.²

Brazil's Ministry of Health³ recommends qualified and humanized attention for postpartum women. However, there are discrepancies between the care model of health organizations and clinical reality. The literature relates this discrepancy to a health professional's expertise based on the biomedical model and the ignorance of real needs during the puerperal period.⁴ Thus, to investigate the influence of the discomforts and functional limitations related to the mode of delivery and parity during the immediate postpartum period, it is important to support physical therapy procedures aimed at preventing and managing women's complaints of pain during this period.

Maternal morbidity may be a temporary or permanent condition, and presents measurement difficulties because the perception of morbidity varies in different cultures.⁵⁻⁷ Furthermore, this condition has a strong link with neonatal⁷ health, potentiating, for example, a susceptibility factor for unsuccessful breastfeeding.⁸ Consequently, these complications could result in higher health system due to pain prescription and care for these women.

The puerperal pain has been addressed in the literature but without considering all of its dimensions.⁴ This practice, commonly observed and widespread in healthcare, directs the therapeutic approach to treatment without giving due importance to the pain complaints of puerperal women. This could mean that the causes of pain are ignored and lead the professional to generalize about individuals and therapies that may help. Moreover, the presence of pain during the puerperium makes it difficult for women to perform the daily activities required during this time period, such as self-care, newborn care, mobility and rest, and may be reflected in physical, psychological and emotional issues.⁹

The objectives of this study were: (i) to identify women's complaints in the postpartum period of vaginal delivery and cesarean section; (ii) to measure the intensity of pain in postpartum women at rest and during movement, and (iii) to compare the limitations of activities in relation to the mode of delivery and parity.

Method

Design, setting and participants

This study was an observational and cross-section study. All current ethical procedures were followed and the study has been approved under protocol number 125,927 by the

Ethics Committee of the Universidade Federal de Sao Paulo (UNIFESP), Sao Paulo, SP, Brazil.

Puerperal women aged over 18 years of age, literate, who were between 6 and 24 h postpartum, no longer confined to bed, healthy and with single newborns were included in this study. Exclusion criteria were: risk pregnancy, multiple birth pregnancy, and chronic musculoskeletal morbidity prior to pregnancy, puerperal and/or neonatal complications, women who were still confined to bed after delivery, postpartum less than 6 h or more than 24 h.

The study was conducted in a public maternity ward of a school-hospital on the São Paulo coast of Brazil. Data collection was performed by a single researcher, experienced and trained in performing the physical assessments in the postpartum period. Assessments occurred between November 2012 and June 2013 at different times of the day and on different days of the week.

Data collection procedures

The women were at least 6 h after birth because this was the time when the effect of analgesia used during labor and delivery was expected to have ceased and the mothers were advised to get out of bed. The maximum postpartum period was set at 24 h because empirically, it was during this time that some discomfort begins to present itself, such as those connected with the puerperal recovery process, as well as the adoption of asymmetric postures during breastfeeding, newborn care, and positioning on the hospital bed.

The volunteer subjects were first contacted and invited to take part in the study 6–24 h after birthing and while still confined to a hospital bed. After agreeing to participate and completing the Informed Consent form, personal data and gestational history was collected. Then, the puerperal women were questioned about the presence or absence of pain in the postpartum period. The reports of pain at rest and with movement were evaluated using a Pain Scale of 11 Points where: zero=no pain; 1–3=mild pain; 4–6=moderate pain; 7–9=severe pain and 10=unbearable pain.⁹ The body sites of the pain complaints were freely described by the women and categorized by the evaluator. During the assessment, the women were also asked about the presence of pain or discomfort that limited the performance of the activities being investigated in our study.

Only discomfort and pain that began after delivery were considered as the causes of puerperal complaints except for the presence of edema on physical assessment. Edema was considered in our study as related to the circulatory changes that occur after delivery, which may aggravate or trigger the edema formation. The edema evaluation was performed by inspection and application of thumb pressure maintained for 5 s on the skin in third distal of both lower limbs (i.e., instep, retromalleolar region, pre-tibial region). The presence of edema was considered clinically positive when the depression forming on skin surface caused by thumb pressure did not disappear immediately after decompressing, i.e., positive Godet sign (pitting edema).¹⁰

To verify any functional limitation, the women were asked about the influence of pain when carrying out daily activities in the maternity hospital, related with mobility (i.e., sitting down, standing up from a sitting position,

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