Identifying Postnatal Quality of Life Among Women After Caesarean Section in Distinct Births

Sheerin Channa[1], Husan Bano Channar[2], Shamshad Ali[3], Mairaj Hafeez[4], Sana Areej[5] and Ghulam Farooque Channa[6]

https://doi.org/10.62345/jads.2024.13.3.31

Abstract

The prevalence of cesarean section (CS) worldwide has increased, both with medical indications and without indication. CS has short and long term risks that affects women's health and way of living. The study aimed to investigate the postnatal quality of life in women who have undergone in caesarean section. Descriptive cross-sectional study was conducted at Shaikh Zayed Women Hospital Shaheed Mohtarma Benazeer Bhutto Medical University Larkana and 97 subjects were recruited to the study. Non-probability convenient sampling technique applied. Data collected through a predesigned questionnaire. The adopted questionnaire was used, that was taken from WHO Quality of life after postnatal life. Current study showed that 75.3% of participants had age of 28 years and above and only 24.7% participants had age of 18-27 years. Quality of life is affected according to number of births, as the results showed that 48.5% participants those had number of births more than 2 they were living a poor quality of life. The study concluded that women with multiple births had poor quality of life and most of them had advanced maternal age and continuous history of C-section. Therefore, understanding QoL helps healthcare providers tailor care and support to meet the specific needs of women recovering from a C-section. By identifying common challenges and areas of concern, healthcare professionals can offer more targeted interventions, such as pain management strategies, mental health support, and practical assistance.

Keywords: Caesarean Birth, Quality of Life, Age, Awareness.

Introduction

The prevalence of cesarean section (CS) worldwide has increased, both with medical indications and without indication. CS has short and long term risks that have an impact on women's health and quality of life (Fajarini et al., 2019). The postpartum period, especially after CS is a critical period for a woman who is characterized by increased morbidity and

[1]*MSN Scholar, People's Nursing School, Liaquat University of Medical & Health Sciences Jamshoro.*
Email: sheerin.channa335@gmail.com
[2]*Assistant Professor, People's Nursing School, Liaquat University of Medical & Health Sciences Jamshoro.*
[3]*Dow University of Medical & Health Sciences, Karachi.*
[4]*MSN Scholar, People's Nursing School, Liaquat University of Medical & Health Sciences Jamshoro.*
[5]*MSN Scholar, People's Nursing School, Liaquat University of Medical & Health Sciences Jamshoro.*
[6]*MSN Scholar, People's Nursing School, Liaquat University of Medical & Health Sciences Jamshoro.*

Compliance with ethical standards: There are no conflicts of interest (financial or non-financial). This study did not receive any funding.

impaired life style. A mother bears the double burden of providing appropriate care for newborns as well as playing a basic role for other family members, the risk of sleep deprivation, fatigue, and lack of time for self-care can cause emotional disappointment and symptoms of depression among mothers , which contributes to poor quality of life (Zhou et al., 2009). Complications associated with each mode of delivery are related to mothers 'pain, physical functioning, and freshness. All the mentioned factors, as well as the way of an individual's living, can be summarized as an individual's quality of life. Quality of life is an extensive and intricate concept, which has mingled with an individual's physical health, mental state, independence, social contacts, and personal beliefs (Majzoobi et al., 2014). The relationship between cesarean section (CS) delivery and intestinal microbiota is increasingly studied. CS-born infants display distinct gut microbial compositions due to the absence of maternal birth canal microorganisms. These alterations potentially link to long-term health implications like immune-related disorders and allergies (Inchingolo et al., 2024). Anemia, infections and hemorrhage has been observed after C section, due to these reasons postnatal depression is also developed (Torkan et al., 2009). In Brazil a high rate of caesarean section has been found due to routine practices of doctors. The study suggested that the problem must be identified and must be solved through good practices of health care providers (Potter et al., 2008). Childbirth affects mothers remarkably. After the postnatal period, the mother's quality of life is under the influence of medical, psychological, and social factors, associated with childbirth such as mother's age, physical health during the prenatal period, beliefs, interests, and temperaments (Kaur & Kaur, 2012). Quality of life (QoL) is a topic of interest by many researchers. The World Health Organization (WHO) defines QoL as a status of life of an individual in relation to cultures and system of values in which it lives. Caesarean birth is associated with increasing rates of severe maternal morbidity, including potentially fatal complications, including sepsis, thromboembolic events, anaesthetic complications and hospital readmission (Doddamma, 2017). Due to continuous trend of C section World Health Organization (WHO) recommends the countries to maintain a 10–15% rate (Betran et al., 2021). The majority of mothers still prefer CS over vaginal deliveries, despite studies demonstrating that cesareans can result in a number of complications. It appears that pregnant women lack awareness regarding the consequences of delivery methods (Suwanrath et al., 2021). In a study, women choosing for CS have difficulty to prepare themselves for motherhood before implementing on such a procedure, which may explain why their health is poor during pregnancy (Khatony et al., 2019).

Objectives

To investigate the postnatal quality of life in women who have undergone in caesarean section.

Methodology

Descriptive cross-sectional study was conducted at Shaikh Zayed Women Hospital Shaheed Mohtarma Benazeer Bhutto Medical University Larkana. The target population was postnatal women with cesarean section. The study was conducted in 03 wards including Obsterian & Gynecology ward 1, Obsterian & Gynecology Ward and Obsterian & Gynecology Ward 3. Informed consent was obtained from the participants. 97subjects were recruited for the study. Sample size was calculated with Rao soft calculator at 95% confidential interval. Non-probability convenient sampling technique applied. Data was collected through a predesigned

questionnaire, before administered the questionnaire among patients at Shaikh Zayed Women Hospital Larkana, the prior permission had been taken from the patients then the questionnaire

Table 1: Items asked regarding quality of life

S. No	Items	Poor	Good
1	How you rate your health	1	2
2	How is your physical activity	1	2
3	How you rate your energy level during work?	1	2
4	How you rate your concentration during work	1	2
5	How you rate your sleep	1	2
6	How you rate your relation with husband	1	2
7	How you rate your relations with others	1	2
8	How you rate your Social Life	1	2
9	How you rate your sex life	1	2
10	How you rate your physical appearance	1	2
Score		10	20

was administered among the patients. Permission was also taken from the Additional Medical Superintendent Shaikh Zayed Women Hospital Larkana. The adopted questionnaire was taken from WHO quality of life after postnatal life and data was analyzed through SPSS.

Results

Total 10 items were asked, these items consist of two categories poor and good, poor category scored as 1 and good category scored as 2 from each item. Total scored is ranged 10 to 20.Participants who got 10 or less score were measured as poor quality of life and who had more than 10 were measure as good quality of life.

Table 2: Age

Age	Frequency	Percent
18-27yrs	24	24.7%
28 and above	73	75.3%
Total	97	100.0%

Table 02 showed that out of 97 participants majority of participants 75.3% had age 28 yrs and above and only 24.7% participants had age of 18-27 years.

Table 3: Number of births

No of Births	Frequency	Percent
One	25	25.8%
Two	13	13.4%
more than 2	59	60.8%
Total	97	100.0%

Table 3 showed that only 25.8% of participants had only one birth, 13.4% participants had two births and majority 60.8% had more than two births. It showed that quality of life may be affected in those participants who have more than two births.

Table 4: Overall Quality of life after C-section

Quality of Life	Frequency	Percent
Poor	67	69.1%
Good	30	30.9%
Total	97	100.0%

Table 4 showed that majority of women 69.1% who had C-section had poor quality of life and 30.9% had good quality of life. Participants who got 10 or less score were measured as poor quality of life and who had more than 10 were measure as good quality of life.

Table 5: Comparison of Quality of life & different births

		Poor	Good	Total
No of births	One	17	8	25
		17.5%	8.2%	25.8%
	Two	3	10	13
		3.1%	10.3%	13.4%
	More than 2	47	12	59
		48.5%	12.4%	60.8%
Total		67	30	97
		69.1%	30.9%	100.0%
Pearson Chi-Square		.000		

Table 5 showed a comparison of number of births with quality of life which is highly significant and showing highly association of quality of life and number of births. When compared 17.5% participants had poor quality of life those had only one birth, 3.1% participants with two births had poor quality of life and majority 48.5% of participants had poor quality of life with more than 02 births. Overall 69.1% of participants showed a poor quality of life.

Discussion

Current study showed that 75.3% of participants had age of 28yrs and above and only 24.7% participants had age of 18-27 years, similarly Women of advanced maternal age (AMA) are a growing population with higher obstetric risks (Claramonte et al., 2019). Another study revealed that Advanced maternal age is associated with increased risk of cesarean section in women undergoing labor induction with a single cephalic presentation at term without a previous cesarean section (Bergholt et al., 2020).Current study also supported by another study conducted in teaching hospitals of metropolitan Boston during 1998 and 1999 in which it is found that older maternal age increase the risk for cesarean delivery in both nulliparous

and multiparous women (Heffner et al., 2003). Current showed that quality of life is affected according to number of births, as the results showed that 48.5% participants those had number of births more than 2 they were living a poor quality of life, a study showed that Among multiparous women, a previous CS increases vulnerability to fear of childbirth (FOC). Fear of childbirths FOC is associated with increased rates of CS in multiparous women but does not adversely affect other pregnancy outcomes (Räisänen et al., 2014). A number of studies on cesareans sections have reported increased risk of maternal morbidities such as; hysterectomy, hemorrhage, infection, thrombosis and postpartum depression(Villar et al., 2007). A caesarean section (CS) can be a life-saving intervention when medically indicated, but this procedure can also lead to short-term and long-term health effects for women and children(Brownlee et al., 2017). There is emerging evidence that babies born by CS have different hormonal, physical, bacterial, and medical exposures, and that these exposures can subtly alter neonatal physiology (Glasziou et al., 2017; Kleinert & Horton, 2017; Saini et al., 2017).

Conclusion

The study concluded that women with multiple births had poor quality of life and most of them had advanced maternal age and continuous history of C-section. Study also highlighted a strong relationship between C-section and number of births. There is also a notable need for awareness among participants regarding proper selection of mode of delivery, Understanding QoL helps healthcare providers tailor care and support to meet the specific needs of women recovering from a C-section. By identifying common challenges and areas of concern, healthcare professionals can offer more targeted interventions, such as pain management strategies, mental health support, and practical assistance.

Limitations

- Data obtained from participants was self reported than can be affect on data reliability.
- Study area selected for the study was small therefore only 97 participants participated through convenient sampling.
- Only descriptive statistics applied for data analysis.
- Chi square applied only for comparison of number of births and C-section.
- Limited and only close ended items were selected from adopted questionnaire which could not be enough for identification of quality of life.

References

- Bergholt, T., Skjeldestad, F. E., Pyykönen, A., Rasmussen, S. C., Tapper, A. M., Bjarnadóttir, R. I., Albrechtsen, S. (2020). Maternal age and risk of cesarean section in women with induced labor at term—a Nordic register-based study. *Acta obstetricia et gynecologica Scandinavica, 99*(2), 283-289.
- Betran, A., Ye, J., Moller, A., Souza, J., & Zhang, J. (2021). Trends and projections of caesarean section rates: global and regional estimates. *BMJ Glob Health. 2021, 6*(6): e005671.
- Brownlee, S., Chalkidou, K., Doust, J., Elshaug, A. G., Glasziou, P., Heath, I., Chalmers, K. (2017). Evidence for overuse of medical services around the world. *The Lancet, 390*(10090), 156-168.

- Claramonte Nieto, M., Meler Barrabes, E., Garcia Martínez, S., Gutiérrez Prat, M., & Serra Zantop, B. (2019). Impact of aging on obstetric outcomes: defining advanced maternal age in Barcelona. *BMC pregnancy and childbirth, 19*(1), 342. doi: 10.1186/s12884-019-2415-3
- Doddamma, M. (2017). *A Descriptive Study to Identify the Factors Associated with Caesarean Section and Problems of the Mothers After Caesarean Section Admitted in Selected Hospitals, Bangalore.* Rajiv Gandhi University of Health Sciences (India).
- Fajarini, N., Ratnaningsih, S., ST, S., Keb, M., Ismarwati, S. (2019). Quality of life women with cesarean section history: a systematic literature review.
- Glasziou, P., Straus, S., Brownlee, S., Trevena, L., Dans, L., Guyatt, G., Saini, V. (2017). Evidence for underuse of effective medical services around the world. *The Lancet, 390*(10090), 169-177.
- Heffner, L. J., Elkin, E., & Fretts, R. C. (2003). Impact of labor induction, gestational age, and maternal age on cesarean delivery rates. *Obstetrics & Gynecology, 102*(2), 287-293.
- Inchingolo, F., Inchingolo, A. D., Palumbo, I., Trilli, I., Guglielmo, M., Mancini, A., Dipalma, G. (2024). The Impact of Cesarean Section Delivery on Intestinal Microbiota: Mechanisms, Consequences, and Perspectives—A Systematic Review. *International journal of molecular sciences, 25*(2), 1055.
- Kaur, J., & Kaur, K. (2012). Obstetric complications: primiparity vs. multiparity. *European Journal of Experimental Biology, 2*(5), 1462-1468.
- Khatony, A., Soroush, A., Andayeshgar, B., Saedpanah, N., & Abdi, A. (2019). Attitude of primiparous women towards their preference for delivery method: a qualitative content analysis. *Archives of Public Health, 77*(1), 38. doi: 10.1186/s13690-019-0364-y
- Kleinert, S., & Horton, R. (2017). From universal health coverage to right care for health. *The Lancet, 390*(10090), 101-102.
- Majzoobi, M. M., Majzoobi, M. R., Nazari-pouya, F., Biglari, M., & Poorolajal, J. (2014). Comparing quality of life in women after vaginal delivery and cesarean section. *Journal of Midwifery and Reproductive Health, 2*(4), 207-214.
- Potter, J. E., Hopkins, K., Faúndes, A., & Perpétuo, I. (2008). Women's autonomy and scheduled cesarean sections in Brazil: a cautionary tale. *Birth, 35*(1), 33-40.
- Räisänen, S., Lehto, S., Nielsen, H., Gissler, M., Kramer, M., & Heinonen, S. (2014). Fear of childbirth in nulliparous and multiparous women: a population-based analysis of all singleton births in F inland in 1997–2010. *BJOG: An International Journal of Obstetrics & Gynaecology, 121*(8), 965-970.
- Saini, V., Garcia-Armesto, S., Klemperer, D., Paris, V., Elshaug, A. G., Brownlee, S., Fisher, E. S. (2017). Drivers of poor medical care. *The Lancet, 390*(10090), 178-190.
- Suwanrath, C., Chunuan, S., Matemanosak, P., & Pinjaroen, S. (2021). Why do pregnant women prefer cesarean birth? A qualitative study in a tertiary care center in Southern Thailand. *BMC pregnancy and childbirth, 21*(1), 23. doi: 10.1186/s12884-020-03525-3
- Torkan, B., Parsay, S., Lamyian, M., Kazemnejad, A., & Montazeri, A. (2009). Postnatal quality of life in women after normal vaginal delivery and caesarean section. *BMC pregnancy and childbirth, 9*, 1-7.
- Villar, J., Carroli, G., Zavaleta, N., Donner, A., Wojdyla, D., Faundes, A., Narváez, A. (2007). Maternal and neonatal individual risks and benefits associated with caesarean delivery: multicentre prospective study. *Bmj, 335*(7628), 1025.
- Zhou, S.-Z., Wang, X.-L., & Wang, Y. (2009). Design of a questionnaire for evaluating the quality of life of postpartum women (PQOL) in China. *Quality of Life Research, 18*, 497-508.