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Exploratory study on problems of postnatal mothers undergone L.S.C.S. with a view to identify the nursing care needs

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Introduction: Pregnancy is a vital event in a woman's life that requires special attention from conception to the postnatal period. The early postnatal period is often associated with problems such as breast engorgement, breast complications, surgical site pain, constipation, and bowel and bladder disturbances. Mothers who undergo Lower Segment Caesarean Section (L.S.C.S.) are more prone to these issues, which, if not managed properly, may lead to short- and long-term morbidity, and in rare cases, mortality. **Aim:** The study aimed to identify the common problems and nursing care needs of postnatal mothers who had undergone L.S.C.S. **Methods:** A quantitative research design was adopted. The study was conducted on a purposive sample of 50 postnatal mothers admitted to the postnatal ward of Swami Rama Himalayan Hospital, Jollygrant, Dehradun, Uttarakhand. Mothers between day 1 and day 7 post-delivery were included. Data were collected using a background information form, an assessment checklist, and a six-point breast engorgement scale. Based on the findings, a structured nursing care plan was developed. **Results:** Findings showed that 100% of mothers experienced constipation and dehydration, 48–98% reported surgical site pain, and 2–72% had difficulty in holding the baby during breastfeeding. Additionally, 28% had inverted nipples, 14% had large nipples, 2% reported slight difficulty in passing stool, and the mean breast engorgement score was 2.44 ± 0.733. **Conclusion:** The study concludes that postnatal problems among mothers who undergo L.S.C.S. can be reduced through supportive and need-based nursing care. Timely interventions improve recovery and enhance maternal well-being.

Keywords – *Postnatal L.S.C.S. mothers; Problems; Nursing Care Needs.*

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Introduction

Pregnancy is a natural process but sometime women had to face trouble, and are not able to give birth via normal vaginal delivery. Such women had to undergo operative procedures to deliver or obtain a baby. Performing L.S.C.S. helps in saving life of mother as well as of baby[1]. L.S.C.S. is a surgical technique that involves making incisions in the abdomen and uterus of a mother in order to deliver one or more babies. An increased need for a lower segment c-section can be observed when labor problems increase. When vaginal delivery poses a risk to motherand child's health, a lower segment cesarean section is an option. In 35% of instances, the most common symptom of a previous Lower segment caesarean section was fetal distress, breech presentation, severe Oligohydramnios, and pre-eclampsia; however, other signs were also common. Pregnancy complications, including numerous pregnancies, preterm labor, concerns for the infant, issues with the placenta, a large baby, and maternal illnesses such as HIV or herpes.[2] But the journey doesn't finish with the birth of the baby. The postnatal period is also quit important. After childbirth, the body's tissues, particularly those in the pelvic area, revert to their pre-pregnancy form both anatomically and physiologically. The first week of the postnatal period is the most critical time with the majority of difficulties occurring in the first two days. The quality of life of the mother is impacted by medical, psychological, and social aspects of childbirth during this time.

The woman who has undergone cesareansection has more minor or major problems, than a woman who gave birth vaginally. Long hospital stays, post-operative pain, delayed ambulation, long recovery time to normal meals, breast engorgement, bladder and bowel problems, breastfeeding problems, and decreased mother-newborn bonding, nipple trauma like improper breastfeeding technique, poor positioning, latch- on usageof a feeding bottle[3,5,6].

In India the rate of Cesarean-section has increased, 17% to 22% in 2019-21. In Uttarakhand 13.1% of the total deliveries is performed via Caesarean section. According to NFHS-5 pregnancy complications in north region most commonly seen in Punjab (26.2%) and Jammu and Kashmir (25.9%), with the lowest rate in Uttarakhand (12%) and in Delhi (4.8%). A study on the prevalence, causes, and effects of cesarean section deliveries was conducted in Gujarat (2017). The most frequent causes of cesarean section are fetal distress (31.2%), breech presentation (16%) and prolonged labor (11.2%) among others. According to NFHS-5 (2019-2021) - (21.5%) of deliveries overall in India and (13.1%) of all deliveries in Uttarakhand are conducted via Cesarean section. According to trends, number of cesarean-section performed in India climbed from 17% to 22% in 2019-21. Providing nursing care during postnatal period is one of the most important maternal health services which helps in preventing from certain complications as well as reduces number of maternal mortality cases.[4]

Objectives of the study:

To identify problems of postnatal mothers and nursing care needs of postnatal mothers undergone L.S.C.S.

Material and Methods

An Explorative research design was used for the study. The study was conducted among 50 postnatal mothers undergone L.S.C.S. admitted in obstetric ward of Himalayan hospital, Jolly Grant Uttarakhand. Postnatal mothers were selected through convenient sampling technique and problems were identified by using assessment checklist and six-point breast engorgement scale.

Instruments: The instruments used for the study demographic profile, Assessment checklist and Six Point Breast Engorgement Scale. The permission was obtained from the author to use to the tool. The content validity of each item was calculated by submitting to the experts from the related fields. Pilot study was conducted on 5 samples having similar sample characteristics. The reliability of the tool was measured using Karl Pearson's correlation coefficient formula and is found to be (r= 0.9).

Data collection: A detailed explanation was given to the eligible participants about the data to be collected**.** Participation was based on their willingness and written informed consent was obtained from each participant prior to the data collection. They were allowed to withdraw from the study at any time during the data collection. On recruitment, background information was obtained with the help of semi-structured interview schedule followed by identifying problems of postnatal L.S.C.S. mothers by using assessment checklist, and Six Point Breast Engorgement Scale. Data was collected from day 1 to day 7 where 32 sample were assessed from day 1 to day 5 and 18 mothers were assessed on day 6 and 7. The data was analysed using appropriate descriptive and inferential method.

Ethical Consideration: Institutional Ethical committee of Himalayan College of Nursing.

Results

Table- 1 & Table-7 shows common major problems of postnatal mothers undergone L.S.C.S identified from 1st to 7th day was dehydration on day 1 (100%) and on day 2 (53%), Constipation from day 1 to day 4 (100% against 18%), Pain at surgical site from day 1 to day 5 (98% against 48%), difficulty in holding baby during breastfeeding from day 1 to day 7 but majorly seen on day 1 to day 3 (68% against 64%), Breast Engorgement from day 3 to day 7 (62% against 20%).

Table -1: Distribution of problems on day 1 identified in postnatal mothers undergone L.S.C.S.

Problems of postnatal mothers undergone L.S.C.S.	No.	%
Dehydration	50	100
Constipation	50	100
Pain at surgical site	49	98
Difficulty in holding baby during breastfeeding	34	68
Inverted Nipple	14	28
Large Nipple	7	14

Table-2: Distribution of problems on day 2 identified in postnatal mothers had undergone L.S.C.S.

Problems of postnatal mothers undergone L.S.C.S.	No.	%
Constipation	50	100.0
Pain at surgical site	49	98.0
Difficulty in holding baby during breastfeeding	36	72.0
Dehydration	35	53.0
Inverted Nipple	14	28.0
Large Nipple	7	14.0

Table-3: Distribution of problems on day 3 identified in postnatal mothers undergone L.S.C.S.

Problems of postnatal mothers undergone L.S.C.S.	No.	%
Pain at surgical site	46	92.0
Constipation	40	80.0
Difficulty in holding baby during breastfeeding	32	64.0
Breast engorgement	31	62.0
Inverted Nipple	14	28.0
Large Nipple	7	14.0

Table-4: Distribution of problems on day 4 identified in postnatal mothers undergone L.S.C.S.

Problems of postnatal mothers undergone L.S.C.S.	No.	%
Pain at surgical site	38	76.0
Breast engorgement	20	40.0
Difficulty in holding baby during breastfeeding	14	28.0
Constipation	9	18.0
Large Nipple	7	14.0
Stool passed with slight difficulty	2	2.0

Table-5: Distribution of problems on day 5 identified in postnatal mothers undergone L.S.C.S.

Problems of postnatal mothers undergone L.S.C.S.	No.	%
Pain at surgical site	24	48.0
Large Nipple	7	14.0
Breast Engorgement	4	8.0
Difficulty in holding baby during breastfeeding	4	8.0
Stool passed with slight difficulty	1	2.0

Table-6: Distribution of problems on day 6 identified in postnatal mothers undergone L.S.C.S.

Problems of postnatal mothers undergone L.S.C.S.	**No.**	**%**
Breast Engorgement	8	16.0
Large Nipple	4	14.0
Difficulty in holding baby during breastfeeding	1	2.0

Table-7: Distribution of problems on day 7 identified in postnatal mothers undergone L.S.C.S.

Problems of postnatal mothers undergone L.S.C.S.	**No.**	**%**
Breast Engorgement	10	20.0
Large Nipple	4	14.0
Difficulty in holding baby during breastfeeding	1	2.0

Discussion

The conclusions of present research have been conversed with the references of the objectives and statistical analysis and findings of the additional researchers conducted on same field. Total 50 subjects were nominated by convenient sampling method. Data were collected by using demographic profile, assessment checklist, and by six-point breast engorgement scale.

In this research the findings showed that (100%) of the postnatal mothers were having Constipation on Day1-day 4 and Dehydration on day1-day2, (48-98%) of the mothers were having pain at surgical site on day1-day 5, (2%-72%) of mothers were facing difficulty in holding baby during breastfeeding (day1- day 7), moreover 28 % of the mothers were having Inverted nipple and (14%) mothers were having Large nipple on day 1-day 3, and (2%) of mothers were having slight difficulty in passing stool on day 4-day 5, Majority (2.44±0.733) of postnatal mothers were having engorged breast on day4 and minimum (1.00± 0.000) of postnatal mothers were having engorged breast on day 2.

The study outcomes were supported by Shreedhara A.K. where breast feeding problems were identified during early postnatal days until discharge. Results of the study shows engorgement of breast (38.3%), Difficulty in holding baby (71.7%)[6].

The study outcomes were supported by Suganthira S. where the intensity of surgical site pain among postnatal mothers before guided imagery in management of post-operative pain among lower segment caesarean section was assessed. It showed that majority of the postnatal L.S.C.S. mothers were having 14 (14.7%) of severe pain, 13 (43.3%) were having moderate pain, 3(10%) were having mild pain.

The study outcomes were supported by W.A. Karim, I.A. Baseem, H. Mohammed. to assess the impact of early versus traditional oral hydration after Cesarean section where early group were orally hydrated with 200 ml of sugar free water within 1 hour of delivery, and traditional group were orally hydrated 200 ml of sugar free water 6 hours after delivery. Results showed that early hydration group had a more rapid return of 1st bowel sounds (3.8+1.0) as compared to traditional hydration group (8.1 hrs+ 1.7). Early oral hydration therapy after Cesarean section is beneficial and safe as it is associated with rapid return of bowel-sounds and shortest time to bowel – movement and earlier hospital discharge[8].

Limitations: The research investigation was conducted with as lesser sample size which restricts the scope of generalization.

Conclusion

From the findings of the present study, it can be interpreted that five major problems identified in postnatal mothers undergone LS.C.S. is dehydration, constipation, pain at the surgical site, breastfeeding problems, breast engorgement. Based on these problems providing nursing care need may improve the maternal health among postnatal mothers undergone L.S.C.S.

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