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Qualitative exploration of primi-parous women's experiences associated with emergency caesarean section: A systemic review

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Abstract

Pregnancy, birth and the postpartum period are milestone events in the continuum of life. These experiences profoundly affect women, babies, fathers, and families and have important and long-lasting effects on society. There are certain factors due to which women are afraid of during pregnancy and childbirth: fear of childbirth, caesarean section, mother and infant health, health care professionals' actions, and subsequent family life. Aim of study is to explore the women experiences associated with emergency caesarean section.

Methods: A Pub Med, SCOPUS and Google scholar (2002-2016) literature review was undertaken to explore the women experiences associated with emergency caesarean section.

Results: We identified 13 relevant articles. The Women's explored their experiences with their expectations related to pregnancy, physical and emotional aspects, care and support from health care professionals and family, problems faced during, and after operation and their expectation about future.

Conclusion: The findings revealed that the women's after their unplanned caesarean section as distressing and traumatic. Women's need to be prepared well in advance regarding the mode of delivery so that they can deal with this emergency effectively and mitigate the associated distress.

Keywords: Emergency caesarean section, women's experiences, descriptive phenomenology, qualitative research

Introduction

"Pregnancy is a huge transition in a woman's life, and it involves a complex mix of emotions, with all the changes that new stage can bring. Pregnancy is an important life experience in a woman's psychosocial and psychological perspectives. Childbirth is viewed as a journey, shared between mother and baby. The memory and experience of it, vivid and intense, will stay with a woman throughout her life^[1]".

Pregnancy and childbirth are natural events but also have a great social and emotional significance, particularly for those who are experiencing this for the first time. The prospect of transition into parenthood can bring great joy and excitement but also brings anxiety about the birth process and the responsibilities that parenthood brings^[2]. The challenge for health care providers is to minimize risks for mother and baby, ensure that the experience of pregnancy and childbirth is a satisfying one, and support the family in adapting to the changes needed to love and nurture a new member of the family^[3].

Definition of Emergency caesarean section: refers to a surgical procedure in which incision is made through a mother's abdomen and uterus to deliver baby when a vaginal delivery would put the baby's or mother's life or health at risk^[4].

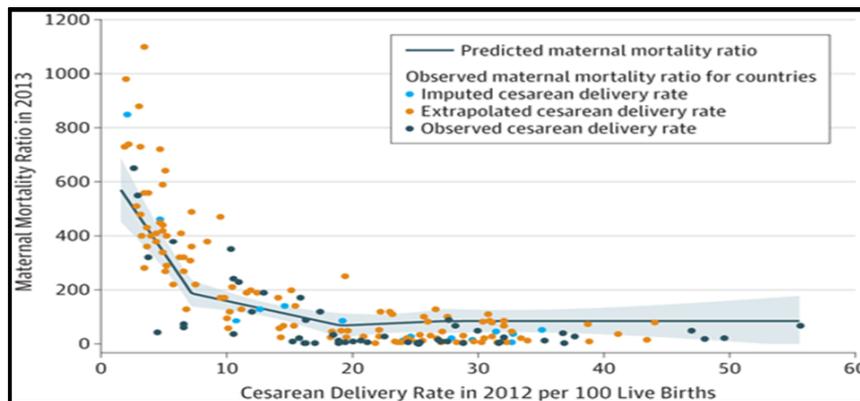
World Health Report (2010)

The figure1 showed that C-section rate below 19% lead to preventable maternal and neonatal deaths. In other words, they show that the WHO "optimal" rate, far from being optimal, is actually deadly. There appears to be no increased risk of either maternal or neonatal mortality for rates as high as 55%^[5].

Caesarean section rates are raising in many low- and middle income countries. For the first time, the World Health Organization's (WHO) World Health Statistics 2012 reports a global

caesarean section rate (16%) that exceeds the frequently used upper recommended limit of 15%. Some middle-income Latin American and Asian countries report rates between 30% and 46%, and the caesarean section rate for upper middle-income countries has surpassed that of high-

income countries (31% and 28% respectively). Even in a low-income country like Bangladesh, recent data show the caesarean section rate increased from 3% to 12% between 2001 and 2010.



In 2002, more than one-fourth of all births (26.1%) in United States were Caesarean section deliveries a highest ever reported rate. In 2004, rate of Caesarean section births for first pregnancies increased to 29.1% of all births, continuing a rising trend. Since 1996, Caesarean section deliveries have increased by more than 40%. While the hospital Caesarean section rate is 22% in Egypt, Caesarean section epidemic observed in Latin American countries is not yet evident in most of the Arab countries where Caesarean section rate ranges between 5-15%. The rising trend in Caesarean section is definitely not limited to USA and UK. In Brazil, there are hospitals with 100% Caesarean section rate, health districts with 85% Caesarean section rate, and an entire state with a Caesarean section rate of 47.7%. The Brazilian Ministry of Health has imposed upper limit of Caesarean section rate at 35% in public hospitals while private sector rates of 70% and more are common in the country.

In Delhi, Caesarean section rate in teaching hospitals currently ranges between 19-35%. In Sweden, Denmark and Netherlands, the Caesarean section rate is still close to 10% with some of the world's lowest maternal and perinatal mortality rates [6].

Caesarean section include maternal as well foetal factors, Cephalo-pelvic disproportion, Previous Caesarean delivery, Non reassuring, Small Pelvis, ante-partum Hemorrhagee, Malpresentations, Eclampsia, Medical-Gynecological disorders [7].

The study investigated the pattern of changes in symptoms of depression and anxiety. A need for greater attention to continuous assessment of psychological well-being among women who undergone emergency caesarean section. Researches show that some women experience significant long-term adverse reactions to their Caesarean deliveries [8]. Researchers found that although many women recalled their experience as a positive event in the long term, an unplanned caesarean delivery significantly increased the risk of negative recall [9]. Several years after giving birth, mothers who delivered by Caesarean section may express dominant feelings of fear and anxiety about their experience. Common factors of a negative long-term appraisal of birth include feeling that the baby's life had been in danger, negative perceptions of the staff, and major health problems since the birth [10].

Methods

Relevant articles on the topic of women's explored their experiences with their expectations related to pregnancy, physical and emotional aspects, care and support from health care professionals and family, problems faced during, and after operation and their expectation about future were identified by searching with related SCOPUS, GOOGLE SCHOLAR and Pub Med (2002-2016). The findings revealed that the women's after their unplanned caesarean section as distressing and traumatic. Themes and subthemes were identified from the analysis of qualitative data. The major themes emerged were pregnancy expectations and wishes, preparations, the very first moment with baby, obstacles in terms of physical and emotional experiences, supporters and future expectations. Emergency caesarean section had a noticeable impact on women's views about pregnancy and delivery.

Result

Pregnancy, birth, and the postpartum period are milestone events in the continuum of life. These experiences profoundly affect, women, babies, fathers, and families, and have important and long-lasting effects on society. There are certain factors due to which women are afraid of during pregnancy and childbirth: fear of childbirth, caesarean section, mother and infant health, health care professionals' actions, and subsequent family life. Having an abnormal delivery, low knowledge and bitter experience of the previous pregnancies can increase the labour pain while a normal pregnancy, having self esteem, pleasure and relaxation can decrease it and hence make delivery favorable and if the woman would be pleased and relaxed, without facing real pains, her pain tolerance threshold would be increased [11].

A positive birth experience is associated with an increased mother-child bond and maternal abilities, and contributes to her sense of accomplishment and self-esteem. In contrast, a negative birth experience can make the mother feel distraught and have a negative impact on her mental health, increasing the risk of postpartum depression and post-traumatic stress disorder [12].

The caesarean section involves major physical and physiological adaptation as mother experience the transition to parenthood during pregnancy and childbirth. The study

investigated the pattern of changes in symptoms of depression and anxiety. A need for greater attention to continuous assessment of psychological well-being among women who undergone emergency caesarean section. Researches show that some women experience significant long-term adverse reactions to their Caesarean deliveries ^[13]. A qualitative study was conducted to assess the impact of mode of delivery on the birth experience in first time mothers. 12 vaginal delivery and 12 caesarean delivery mothers were taken as sample for the study. The mode of delivery directly impacts on certain key delivery experience determinants as perceived control, emotions, and the first moments with the newborn. The ability/disability of the women to imagine a second pregnancy is a good indicator of the birth experience ^[14].

An exploratory study was conducted on mother's perceptions and experiences of an unplanned caesarean section on 10 women. The findings of study suggested that experience of an emergency caesarean section has been identified as a potentially traumatic experience, which has added to professional understanding of the adverse emotional consequences of surgical delivery on childbirth women. This exploration has important implication for therapeutic intervention, preventive measures and guidance. Professional health care providers involved in pre-natal care should consider strategies for preventing post-caesarean psychological distress through greater pre-natal preparation for caesarean deliveries ^[13].

Psychological impact of cesarean section

A study on psychological aspects in adults. Maternal reactions to giving birth by caesarean depend on the mother's attitude towards her motherhood. Emergency caesarean section is mostly experienced as traumatic. Birth and caesarean birth can have long lasting effects on personality. In prenatal psychotherapy with adult theme connected to being born caesarean can be distinguished and can be treated. Women are more afraid to give birth vaginally; more prenatal stress is linked to more birth complications including C-sections ^[15].

Researchers found that although many women recalled their experience as a positive event in the long term, an unplanned caesarean delivery significantly increased the risk of negative recall. Several years after giving birth, mothers who delivered by Caesarean section may express dominant feelings of fear and anxiety about their experience. Common factors of a negative long-term appraisal of birth include feeling that the baby's life had been in danger, negative perceptions of the staff, and major health problems since the birth ^[16].

Physical impact: Fear, anxiety, shock

A qualitative study was conducted by interviewed on 162 women who have given birth by c-section. Not only had most women thought that the media minimize Caesarean birth as a painless experiences, but most of them also reported that the caesarean birth of their children was a disappointing, not natural, birth experience, that was necessary to save the lives of mother and child, but also a failure in motherhood that needs to be grieved. Emergency caesarean sections have a deleterious effect on maternal well-being. Healthy pregnant women with a serious fear of childbirth appeared to be at greater risk. The degree of fear for childbirth seems to be the best predictor of the degree of

maternal well-being after Emergency caesarean sections. Emergency caesarean section is often a traumatic experience for the mother with more symptom of post-traumatic stress disorder (Ryding, 1998). A disproportionately number of women who had a caesarean birth report symptoms of postpartum depression, as compared to women who gave birth vaginally ^[17].

A study by karlstrom *et al.* Showed that one-third of caesarean section was optional. Fear and anxiety about child's health and previous history of elective caesarean section were reported as the main source for elective caesarean section. Women who deliver by caesarean section differ significantly from those who deliver vaginally regarding their childbirth experience. Those who deliver by caesarean section are often less satisfied with their experience, and with themselves. They experience a feeling of resentment towards the physician, profound disappointment at the treatment expectation and loss of the happy moment of natural birth leading to postpartum depression. Caesarean delivery carries considerable disadvantages in terms of pain and trauma of an abdominal operation and complications associated with it. However, the caesarean section rate is constantly on the rise. Hence, there is a need to evaluate the views of women undergoing caesarean deliveries and to ascertain the role of women in decision making regarding mode of delivery ^[12].

Exploration to unexpected birthing process

Exploration to women's lived in experience of their unexpected birthing process. Purposive sampling is used and data were collected through interview guide. 10 women who had birthing experiences those were included in the study. Findings of the study revealed what they had expected, including an instrumentally assisted vaginal birth either by forceps or by vacuum extractor, third fourth degree tear, Birth by an emergency caesarean birth. Findings reflect the absence of three elements: caring, connection & control. The lack of caring was demonstrated by the statements: *"they were there to take care of your baby and not you and that's the end of it."* The lack of connection was demonstrated by the statement *"I just didn't have a nurse who was really there."* The lack of control was demonstrated by this statement *"you are not in control of the experiences"* ^[18].

An exploratory study was conducted, to explore mother's perceptions and experiences of childbirth by unplanned section. In-depth interview explored 10 women's lived experiences of childbirth, after which thematic analysis was used to synthesize data. The study explored that women describing their contact with medical personnel as well as the physical, environment and emotional aspects of their unplanned caesarean section, as distressing and traumatic. A sense of loss of control was the most significant contributor to women's negative childbirth experiences. Feeling of failure and disappointment were primarily related to unmet expectations and a lack of preparedness. Negative experiences were medicated by attentive care giving, inclusion in decision making and support from loved ones ^[13].

Expected Support

Results shows that all women wanted to take an active part in their labour and the feeling of being 'in control' was the main finding and the 'essence' of this study. This was

achieved through support from partners, the positive attitudes of the midwives caring for them during pregnancy and labour, information giving during pregnancy and labour and being able to make and be included in decision making during labour. It was concluded that if women are to be empowered by making choices for childbirth and feeling 'in control', then it is important for midwives to explore and discover the wishes and feelings of women in their care so that realistic expectations can be promoted and then hopefully fulfilled.

Post-Caesarean, mothers reported several stress responses that they perceived to have hindered their successful adaptation to motherhood. Although not directly or conclusively correlated, women associated psychological stress and morbidity in the post-partum period with an adverse birthing experience^[19].

The women's stress, anxiety and problems were highly affected from support provided by family members and health team members. Post-Traumatic Stress Disorder in Postpartum Patients need to be assessed and managed before in hand^[20].

The literature review related to women's experiences related to caesarean section.

Conclusion

Feeling of danger that threatens and appeals; feeling trapped; feeling like an inferior mother-to-be and on your own. The essential structure was described as 'to lose oneself as a woman into loneliness'. The fear of childbirth affects women in such a way that they start to doubt themselves and feel uncertain of their ability to bear and give birth to a child. Previous birth experience was central to the multi-parous women. Women with caesarean section identified common fears about procedure, such as once you have had caesarean section, you will always have to deliver by caesarean section. Analysis the experience of women who had undergone caesarean section highlighted feeling of guilt in the aftermath of caesarean. women's experiences of complicated childbirth is the desire to be recognized and affirmed as a genuine subject. If this happens they feel accepted as childbearing women and as mothers-to-be, even if obstetric interventions are necessary and high technology is used. Understanding and respecting every woman as an individual the caregivers support women giving birth and make them feel accepted, thus paving the way for them to gain control over the situation. Through a true dialogue resulting in a trustful relationship, the women can manage even emergency situations.

References

1. Fraser. MD. Myles textbook for Midwives. 14th edition. Churchill Livingstone publishers, 2003.
2. World Health Organization. World Health Statistics reports a global caesarean section rate. Second Edition, 2012. [Updated 2015 December 27; cited 2015 Dec 28].
3. Singh G, Gupta ED. The rising incidence of Caesarean section in rural area in Haryana, India: A retrospective analysis. The Internet Journal of Gynecology and Obstetrics. 2013; 17(2).
4. Dutta DC. Textbook of Obstetrics. 7th edition. new central book agency, 669-679.
5. Mom K. Emotional Recovery from a Caesarean. 1998-2001. [updated 2015 December 22; cited 2016 Jan 23]. Available from: <http://www.plus-size pregnancy.org/CSANDVBAC/csemotional recov. htm>
6. Marianne Weiss, Jacqueline Fawcett, Cynthia Aber. Adaptation, postpartum concerns, and learning needs in the first two weeks after caesarean birth. J Clin Nurs. 2009; 18:2938-2948.
7. Ryding EL, Wijma K, Wijma B, Elsa Lena. Experiences of Emergency Cesarean Section: A Phenomenological Study of 53 Women. Birth. 1998; 25:246-51.
8. Kelly M. Van Busum. Recovery after caesarean birth: A qualitative study of women's accounts in Victoria, Australia. BMC Pregnancy Childbirth 2010;10: 47-60
9. Boyce P, Todd A, Increased risk of postnatal depression after emergency caesarean section. Med J Aust. 1992; 157:172-4.
10. Murphy DJ, Pope C, Frost J. Women's views on the impact of operative delivery in the second stage of labour: qualitative interview study. Journal of BMJ. 2003; 327:1-15.
11. Akbari S, Ahmadi S. Analyzing the effective factors of choosing the delivery method of the primiparous pregnant women attending to Khorramabad's Asalian Hospital in. Indian Journal of Fundamental and Applied Life Sciences. ISSN: 2231-6345. 2014; 4:656-663.
12. Karlstrom A, Engstrom-Olofsson R. Postoperative pain after caesarean birth affects breastfeeding and infant care. J Obstet Gynecol Neonatal Nurs. 2007; 36:430-440.
13. Roux S, Van Rensburg E. South African mothers perceptions and experiences of unplanned Caesarean Section. Journal of Psychology in Africa. 2011; 21:429-438.
14. Marie-Julia Guittier, Christine Cedraschi. Impact of mode of delivery on the birth experience in first-time mothers: a qualitative study. 2014; 14:254.
15. Rien Verdult. Caesarean Birth: Psychological Aspects in Adults. Int. J Prenatal and Perinatal Psychology and Medicine. 2009; 21(1-2):17-36.
16. Carol Wilson L. PhD and Jeffrey A. Simpson, PhD. Childbirth Pain, Attachment Orientations, and Romantic Partner Support During Labor and Delivery. 2016; 23(4):622-644.
17. Rasheda Khanl, Lauren Bluml S, Marzia Sultana *et al.* An Examination of Women Experiencing Obstetric Complications Requiring Emergency Care: Perceptions and Sociocultural Consequences of Caesarean Sections in Bangladesh. Journal of HEALTH population nutrition. 2012; 30(2):159-171.
18. Goldbort JG. Women's lived experience of their unexpected birthing process. MCN American Journal of Maternal Child Nursing. 2009; 34(1):57-62.
19. Samantha Lynne van Reenen. The stress, coping and parenting experiences of mothers who gave birth by unplanned Caesarean section.
20. Heidi L. Stone MS, Post-Traumatic Stress Disorder in Postpartum Patients. Nursing for women's health. 2009; 13(4):284-291.