

Original Research Article

A Comparative Study To Assess The Quality Of Life Among Mothers After Normal Vaginal Delivery And Caesarean Section At A Selected Hospital, Bangalore

Divya Reghunath¹, C.Sangeetha²

¹M.Sc Nursing student, ²Professor & HOD,
Department of Obstetrics & Gynecology nursing, Narayana Hrudayalaya College of Nursing, Bangalore,
Karnataka -560099

Corresponding Author: Divya Reghunath

ABSTRACT

Introduction: Post partum 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. ^[1] Hence it is affected by many aspects of health and well being which is associated with the type of delivery.

Objectives: The study aims to assess and compare the quality of life among postnatal mothers after normal delivery and caesarean section.

Methodology: A descriptive study was conducted with 60 postnatal mothers who fulfill the inclusion criteria, among them 30 mothers after caesarean section and 30 after normal delivery were selected using convenient sampling technique. Data was collected using SF 36 questionnaire to assess the general health of the postnatal mother.

Setting: The immunization clinic and pediatric OPD of a selected tertiary care hospital, Bangalore having an inpatient capacity 500 beds where the mothers are undergoing both normal and caesarean section deliveries.

Results: The results showed that the caesarean mothers had a low mean score in aspects of physical functioning (47) when compared to normal delivery mothers (64.5). When comparing emotional health aspects, energy / fatigue had a lower score among caesarean mothers (37) than normally delivered mothers (42.6). The comparison also showed that there is no significant difference in all the other aspects of quality of life except physical functioning (p=0.001)

Conclusion: The present study evidenced that energy/fatigue was the major factor that affects the post natal quality of life among mothers who underwent caesarean section and normal delivery. The study evidenced that the mothers who underwent caesarean section were more fatigued when compared to the normally delivered mothers and also, the quality of life was found to be better among normal delivery mothers than those who had a caesarean section.

Keywords: postnatal mothers, caesarean section (CS), normal delivery (NVD), quality of life (QoL)

INTRODUCTION

Generally post partum period starts immediately after delivery of placenta till recovery of the mother which includes major physiological changes during the puerperium. During this time women regularly report a series of physical

symptoms such as fatigue, headache, hemorrhoids, dyspareunia and pain at multiple sites. ^[1,2] Most of the time these symptoms are transient or non- significant. The functional capacity of mothers was impaired and can lead to major depressive disorders during post partum period.

A caesarean birth is a common place procedure but carries all the risks associated with any surgical intervention and administration of anaesthesia. After a cesarean section there can be complications such as bowel obstruction and internal scarring. The pain from the surgery may also last longer than post birth pains after normal delivery.

However, even a normal child birth does carry some risks, the strain on the pelvic muscles may lead to urinary or bowel incontinence later in life and the intense and prolonged process of labour can sometimes harm babies. Childbirth can cause tears in the vagina and cervix which may cause heavy bleeding and require suturing under anesthesia which can be risky and quite painful later. Besides a difficult vaginal delivery may require a vacuum or forceps to pull the baby out, this can damage the birth canal as well as cause injury to the baby. All modes of child birth carry a certain risk but an informed decision coupled with adequate monitoring during the delivery usually results in a good outcome for the mother and baby.^[3]

But the journey doesn't end at the birth of the baby. The puerperal period is also of great importance.

Puerperium or post natal period is the period following childbirth during which the body tissues, specially the pelvic organs revert back to their prepregnant state both anatomically and physiologically.^[4] This period is crucial for the mother as there is a new addition to her life. Along with her, she now has to take care of a new born who is totally dependent on her for all the care and support.^[5,6] The post natal quality of life varies for a mother who had a normal vaginal birth when compared to a caesarean delivery. Childbirth affects mothers remarkably. During 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 and the type of delivery)^[7,8]

Enhancing mothers' postpartum QOL guarantees and improves the QOL of children, family and society^[9] and it is associated with such factors as type of delivery and application of new delivery modes in health systems; therefore, the present study aimed to investigate the impact of mode of delivery on mother's quality of life after NVD and CS.

MATERIALS & METHODOLOGY

The research approach was a quantitative research approach with Descriptive comparative design. The population selected for this study comprised of mothers after 4-8 weeks of normal delivery and caesarean section at a selected tertiary care hospital, Bangalore. The sample comprised of 60 post natal mothers (30 - after caesarean section and 30 - after normal delivery) and the samples were selected using convenient sampling technique. Purpose of the study was explained to the mothers. Confidentiality was assured. Prior permission was obtained from the hospital authority and hospital ethics committee and informed consent was taken from the mothers. Sample was selected from the OPD and immunization clinic based on the inclusion criteria. Demographic variables and SF 36 questionnaires were administered to the mothers.

Statistical Analysis

Frequency and percentage was used to describe the distribution of demographic variables. Mean and standard deviation were used to assess the quality of life. The association between selected variables with quality of life was calculated by F test. The quality of life among mothers in the two groups was compared by using Mann Whitney Test.

RESULTS

The data showed that the majority of women who had caesarean section(60%) belonged to the age group of 26-30 years

and the majority of women who had a normal vaginal birth (60%) belonged to the age group of 20-25 years.

Most women in both the group were educated up to graduate and post graduate levels(76.7% and 73.3% in caesarean section and normal delivery respectively and most of them were unemployed 56.7% and 63.3% in caesarean section and vaginal delivery respectively and majority were primipara. (60% who had caesarean section and 63.3% who had normal vaginal delivery).

Table 1 depicts that the mean and SD of physical functioning in the domains such as physical functioning (64.5+19.6), pain (58.5+15.2), general health (70.83+10.09) were comparatively increased among NVD mothers whereas the mean, SD of physical functioning among LSCS mothers were less in aspects of physical functioning (47+18.4), pain (54.4+12.5), general health (69.3+7.6). With

respect to bodily pain the mean score are (54.4+12.5), (58.5+15.2) among normal vaginal delivery, caesarean section respectively. The role limitation due to physical health mean score was 80+27.38 and 75.5+26.24 among caesarean section and normal delivery respectively.

Table 2 depicts that the mean and SD of emotional functioning in the domains such as emotional health (93.3+16.1), emotional well being (73.8+11.1) and social functioning (59.9+10.3) were comparatively increased among caesarean mothers whereas the mean, SD of emotional functioning in aspects of energy /fatigue (42.6+18.9) among normally delivered mothers was more when compared to caesarean section (37+15.3).

Table 3 showed that there is no significant difference in all the other aspects of quality of life except physical functioning (p=0.001) at 0.05 level of significance

Table 1 comparison of mean scores of physical health among normal delivery and caesarean section

Quality of life Domains	Caesarean section		Normal vaginal delivery	
	Mean	Standard deviation	Mean	Standard deviation
Physical functioning	47	18.45	64.5	19.66
Role limitation due to physical health	80	27.38	75.5	26.24
Pain	54.41	12.55	58.5	15.2
General health	69.33	7.62	70.83	10.09

Table 2 comparison of mean scores of emotional health among normal vaginal delivery and caesarean section

Quality of life Domains	Caesarean section		Normal vaginal delivery	
	Mean	SD	Mean	SD
Role limitation due to emotional health	93.32	16.16	92.1	22.94
Energy /Fatigue	37	15.37	42.67	10.23
Emotional well being	73.87	11.10	72.93	18.92
Social functioning	59.91	10.39	59.58	10.72

Table 3 Comparing Quality of life scores of the mothers after caesarean section and normal delivery

Quality of life Domains	Mean rank (Caesarean section)	Mean rank (Normal vaginal delivery)	P value
Physical functioning	22.95	38	0.001
Role limitation due to physical health	32.43	28.57	0.357
Role limitation due to emotional health	30.13	30.87	0.793
Energy /Fatigue	26.45	34.55	0.069
Emotional well being	30.73	30.27	0.917
Social functioning	30.98	30.02	0.820
Pain	26.88	34.12	0.103
General health	28.55	32.45	0.372

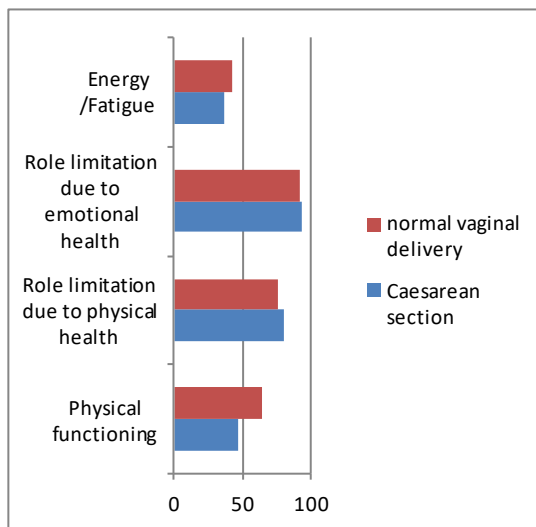


Figure 1. The mean scores of various domains of quality of life among both the groups.

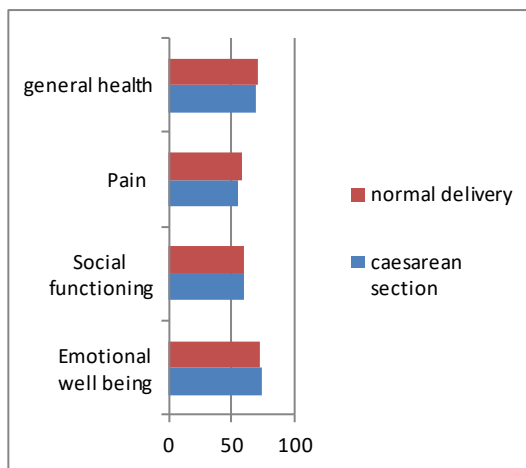


Figure 2. The mean scores of various domains of quality of life among both the groups.

DISCUSSION

The present study was conducted to assess the quality of life among mothers after caesarean section and normal vaginal delivery. The findings of the study revealed that among mothers who had caesarean section, the quality of life scores were good in all aspects except physical functioning and energy/fatigue. When observing the scores of mothers who had a normal vaginal delivery, the quality of life scores were good in all aspects except energy/fatigue. The comparison of quality of life scores among mothers who delivered through caesarean section and normal vaginal delivery shows that there is a significant difference in the

physical functioning at level of significance ($p=0.001$). The comparison also showed that there is no significant difference in all the other aspects such as energy, emotional health, role limitation due to physical health, general health, pain, social functioning, emotional well being the study also demonstrated the bodily pain was comparative more among normal vaginal delivery than caesarean section.

A similar study was done to assess the postnatal quality of life in women after normal vaginal delivery and caesarean section in Iran. The findings showed that in general the normal vaginal delivery group had a better quality of life for almost all the aspects of quality of life. The above is consistent the current study.

Another study was done in Madhya Pradesh to assess the postnatal quality of life in Indian women after normal delivery and caesarean section. The findings showed that vaginal births, even with episiotomy, were associated with a higher postpartum QOL than cesarean births. This study is also consistent with the current study.

Limitation

The study was limited to 4-8 weeks after delivery.

CONCLUSION

The findings of the study revealed that energy/fatigue has been a major factor that affects the post natal quality of life in both the groups. On comparing the two groups, it was found that physical functioning was better among mothers who delivered through vaginal delivery than those who had a caesarean section. By this study it was proved that the normally delivered mother's quality of life is better than caesarean section.

REFERENCES

1. Horney CM, Ware J, Raczek A. The MOS 36-Item short form health survey (SF-36): II. Psychometric and clinical tests of validity in measuring physical and mental health construct. *Medical Care*. 1993; 31(3):247-263.

2. Mousavi SA, Mortazavi F, Chaman R, Khosravi A. Quality of life after cesarean and vaginal delivery. *Oman Med J*. 2013 Jul; 28(4):245-51. Doi: 10.5001/omj.2013.70.
3. Dutta dc, textbook of obstetrics. 6th edition. Calcutta: new central book agency; 2004
4. Kaur J, Kaur K. Obstetric complications: Primiparity vs. Multiparity. *European Journal of Experimental Biology*. 2012; 2(5):1462-1468.
5. Sadat Z, Taebi M, Saberi F, Abedzadeh Kalarhoudi M. The relationship between mode of delivery and postpartum physical and mental health related quality of life. *Iran J Nurs Midwifery Res*. 2013; 18:499-504.
6. Glanzener CMA, Abdolla M, Stroud P, Templeton A, Russell IT, Naji S: Postnatal maternal morbidity: extent, cause, prevention and treatment. *Br J Obstet Gynaecol*. 1995, 102: 282-287.
7. A. Symon, A. MacKay, and D. Ruta. Postnatal quality of life: a pilot study using the Mother-Generated Index. *Journal of Advanced Nursing*, vol. 42, no. 1, pp. 21–29, 2003.
8. E. Shaw, C. Levitt, S. Wong, and J. Kaczorowski. Systematic review of the literature on postpartum care: effectiveness of postpartum support to improve maternal parenting, mental health, quality of life, and physical health. *Birth*, vol. 33, no. 3, pp. 210–220, 2006.
9. Sadat Z, Taebi M, Saberi F, Abedzadeh Kalarhoudi M. The relationship between mode of delivery and postpartum physical and mental health related quality of life. *Iran J Nurs Midwifery Res*. 2013; 18:499-504.

How to cite this article: Reghunath D, C. Sangeetha. A comparative study to assess the quality of life among mothers after normal vaginal delivery and caesarean section at a selected hospital, Bangalore. *Int J Health Sci Res*. 2019; 9(8):348-352.
