

**Quality Of Life among Mothers Undergoing  
To Cesarean Section during  
Postpartum Period**

**Thesis**

*Submitted For Partial Fulfillment of Master Degree  
in Maternity & Gynecological Nursing*

**By**

**Abeer Mohammed Yousef Ahammed**  
*(B.Sc in nursing)*

**Faculty of Nursing  
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**Supervised by**

**Prof. Dr. Shadia Hamido Mehaseb**

*Professor of Maternity & Gynecological Nursing Department  
Faculty of Nursing -Ain Shams University*

**Prof. Dr. Sahar Mossa Soliman**

*Professor of Maternity & Gynecological Nursing Department  
Vice Dean of Student Affaire  
Faculty of Nursing -Ain Shams University*

**Faculty of Nursing  
Ain Shams University  
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## List of Abbreviations

Abbreviations	Means
<b>CS</b>	Cesarean Section
<b>QOL</b>	Quality Of Life
<b>HRQOL</b>	Health Related Quality Of Life
<b>LSCS</b>	Lower Uterine Segment Cesarean Section
<b>PPD</b>	Postpartum Depression
<b>WHO</b>	World Health Organization
<b>CDMR</b>	Cesarean Delivery In Maternal Request
<b>SF-36</b>	Short Form Health Survey
<b>RCOG</b>	Royal College Of Obstetrics & Gynecology
<b>FSH</b>	Follicle-Stimulating Hormone
<b>VAS</b>	Visual Analogue Scale

## Abstract

The aim of the current study is to assess quality of life among mothers undergoing to cesarean section during postpartum period.

**Design:** follow up study design **Setting:** the study was conducted at the postpartum department at Ain shams University Maternity Hospital. **Sample:** purposive sample included 200 primary cesarean section women. **Tool of data collection:** interviewing questionnaire sheet, visual analogue scale, and quality of life sheet. **Result:** There was negative significant relation between total level of women's quality of life and post cesarean pain. There was statistically significant difference relation between total level of women's quality of life and obstetric history. There was statistically significant between total level score of quality of life and socio-demographic data. Less than half had lower physical , more than half had average psychological and had average social domain quality of life. **Conclusion:** the pain score was severe, less than half had lower physical, more than half had average psychological and had average social domain quality of life. **Recommendation:** Encourage mother classes regarding health related quality of life during antenatal period.

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**Key words:** Cesarean section, postpartum, Quality of life.

## Introduction

Cesarean section (CS) is a surgical procedure used to deliver one or more babies. CS is usually performed when vaginal delivery will put the mother or child's health or life at risk. In recent years, the number of CS has risen worldwide. Since CS also involves risk for adverse outcome for both mother and child, concern has been expressed regarding its increased use (*Oyewole et al., 2016*).

It is a common surgical procedure in Obstetrics and Gynecology and has increased worldwide. CS, an operation mainly evolved to save a maternal life during difficult childbirth, has now become increasingly the procedure of choice in high-risk situations to prevent perinatal morbidity and mortality (*Sharma, 2015*).

The overall cesarean delivery rate in the United States increased from 1996 through 2009 from 20.7 % to 32.9%. Since 2009, the cesarean has declined slightly to 32.7% in 2015 however, nearly one third of births continue to deliver by CS every year (*Hedwige, 2016*). In Egypt, the rate of cesarean delivery was 52% Port Said has the highest rate of 77%. In Sohag the lowest rate at 24%. Egypt occupies the

second place among the world countries in cesarean deliveries (*Ana et al, 2016*).

The indication of cesarean section has been clinical factors such as previous CS, dystocia, fetal distress, breech presentation and mal presentation. Recent maternal characteristics might help explain rising CS rates include increasing maternal age and higher rates of hypertension, diabetes, obesity, and multiple gestations. However, many other factors have contributed to the increasing rate of CS including improved surgical providers and woman's perception of the safety of the procedure (*Fawzy, 2016*).

Cesarean section associated with increased risk of maternal morbidities such as maternal admission to intensive care, blood transfusion and hysterectomy as well as increase length of stay in hospital, wound hematoma, postpartum cardiac complication, infection, and recovery is longer than vaginal delivery (*Goldman, Troisi and Rexrode, 2013*).

The postpartum period is the 6 weeks after delivery of a baby, as the mother's body returns to its pre-pregnant state. The postpartum period covers a critical transitional time for a woman, her newborn and her family on physiological and psychological levels (*Ricci, 2015*).

The postpartum period is a critical transition for women, who significantly affect the physical and mental health of women after childbirth and psychological problems, postpartum may interfere with the mother's ability to care for her baby and may affect the quality of life usually with various life changes such as lack of sleep (*Ricci, 2015*).

Quality of life is a multidimensional concept comprised of both positive and negative factors of life. The multidimensional aspect of is demonstrated in the numerous dimensions identified as part of the concept, including physical, psychological, social and spiritual (*Bahrami et al., 2016*).

Quality of life has become an area of increasing importance to the area of maternal and child health. Women's perception of health related quality of life is an essential measure of the quality and effectiveness of maternal and child health intervention (*Rezaei et al., 2016*). Women having CS more experience complication, pain, prolonged recovery, readmitted to a hospital, fatigue, discomfort, stress and anxiety than women with vaginal birth (*Lauwers & Swisher, 2011*).

Postoperative pain and difficulty with breast feeding are two main determinants of woman's negative QOL in early post cesarean period. Therefore, mothers who had cesarean section need more post surgery pain relief drugs. Also, stress clearly can affect women strongly. Mothers who had CS had higher scores in somatic anxiety, muscular tension, and suspicion (*Kuguoglu et al., 2014*).

Nurse play a crucial role in the care for cesarean section women, goal of nursing care should help a woman to bond successfully with their new infants. Cesarean section women should develop additional caring concerns immediately in the postpartum period, because they aren't only postpartum patient but post-surgical one. In addition to after pain site from their contracting uterus (*Pillitteri, 2014*).

Also, the nurse plays a role as an educator by providing support for mothers and provides information, education, psychological monitoring, and give practical advice to women. Good communication to explain what is considered to be normal physical, psychological occurrence during the postnatal period (*Jayne, 2015*).