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Postnatal Mothers` Narrative Experiences About Caesarean Section In The University Of Port Harcourt Teaching Hospital

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ABSTRACT
Childbirth is a memorable event in the life of a woman. It`s impacts on the woman is a function of the mode of deliver and outcome which could either be positive when the outcome is favourable and negative if when there is an unfavourable occurrence. Postnatal mothers` experience of caesarean section was studied to explore their experiences of caesarean section in the University of Port Harcourt Teaching Hospital. The study adopted a qualitative descriptive design. A total of 20 women who had given birth through C-section in the postnatal clinic and postnatal ward of the University of Port Harcourt Teaching Hospital between March and April 2020 were recruited for this study. Data was collected through face to face interviews which were guided by semi structured interview guide. Data was analyzed using thematic analysis. Three major themes were identified which included experiences of C-section, feelings before about operation, and participants' perspectives measures that could enhance positive experiences were influenced by the support of some of the nurses, doctors, loved ones and presence of their healthy babies. Conclusively, mothers in this study were less apprehensive which could be as a result of their good understanding of what C-section was all about. Nonetheless, mothers had diverse experiences ranging from pain, socioeconomic and environmental challenges which impacted negatively on their experiences while positive experiences were drawn from the strong support system from their loved ones and some of the health workers as well as presence of live, healthy babies.
Keywords: Caesarean section, Experiences, Mothers, Postnatal

INTRODUCTION
The arrival of a baby ushers in moments of excitement and celebrations to the family and the mother in particular. The excitement in bonding, feeding and caring for these infants are indescribable (Faremi et al., 2014). Unfortunately, for some mothers, this euphoria is burdened with some limitations as a result of caesarean section (C-section) delivery (Mylonas & Friese, 2015). Globally, many pregnant women are involved in child birth through C-section (Betran, & Moller, 2013). However, Beck (2018) noted that, many women experiencing Caesarean deliveries struggle with emotional issues after the baby is born. Some express dissatisfaction with the delivery experience or process and mourn the loss of the opportunity to deliver vaginally. Others may initially experience difficulty in bonding with the baby. According to Okoye (2014), while many overcome these emotional difficulties by spending time in direct

skin contact with their babies, join a postnatal Caesarean delivery support group, or discuss their concerns in therapy others do not.

Caesarean section is a major surgical procedure by which a baby is delivered through a surgical incision in the abdominal wall and uterus. It may be done under general, epidural or spinal anaesthesia (Serati, Rizk, & Salvatore, 2016). Caesarean section could be performed as a result of prolong labour, placenta problems and emergency medical conditions, such as hypertension in the mother. While in the case of the baby, it could be amniotic rupture, cord prolapse, fetal distress, large baby, umbilical cord abnormalities and abnormal presentation. It could also be the choice of the pregnant women (Openi, 2015). It is a 45 minutes to one hour procedure that involves a lot of muscle stretching this necessitates active pain management to make the woman reasonably comfortable during the post-delivery period (Morris, 2016). Mothers who have had a caesarean section delivery start mobilizing freely after 24 hours compared to those who have had vaginal birth (Jikijela, James and Sonti, 2018). The immobility is associated with insufficient pain control (Fillipi, Ganaba etal 2015). Analgesics that are commonly used are pethidine, coupled with non-steroidal anti-inflammatory drugs (NSAIDs).

The arrival of a baby ushers in moments of excitement and celebrations to the family and the mother in particular. The excitement in bonding, feeding and caring for these infants are indescribable (Faremi, Ibitoye etal 2014). Unfortunately, for some mothers, this euphoria is burdened with some limitations as a result of caesarean section delivery (Mylonas and Friese, 2015). In addition to these emotions, Obed and Okoye (2014) stated that, women who have experienced Caesarean delivery complications may have emotional difficulty in adjusting to infertility or inability to deliver vaginally in the future.

In addition to problems caused by surgery, some women experience complications related to medication, latex or anaesthesia. These complications may range from very mild headaches to dry mouth and even death from anaphylactic shock (Matua & Van Der Wal, 2015). Problems with drugs, latex products, and anaesthesia are more common with emergency Caesarean deliveries. This may be due to inadequate time to double check all possible drug reactions or allergies, sequel to local instead of general anaesthesia (Fujiwara et al., 2015). Severe reactions are rare, but serious problems from medication, latex, or anaesthesia reactions could occur, these include: Severe headache, blurry vision, vomiting or nausea, diarrhoea, stomach, back and/or leg pains, others include fever, sore throat, weakness, paleness, hives, swellings, or blotchy skin, as well as dizziness, difficulty in breathing and weak or fast pulse (Bhutta, Das et al 2014). These could lead to inability to commence breast feeding to the neonate which may result to hypoglycaemia that is, delayed colonization of the gut and subsequent hospitalization of the neonate (Okoye, 2014).

Undoubtedly, C-section performed for proper indication and expert technique can lead to decline in maternal and infant morbidity and mortality rate (WHO, 2015). Be that as it may, the impact of C-section on the postnatal mothers' exerted experiences cannot be ignored. These birth experiences are diverse, and largely influenced by outcome of the delivery process, experience of pain, support and care and healing of surgical wound (Molina et al., 2015). Research has shown that birth experiences influence mode of delivery and choice for subsequent pregnancies, and that positive birth experiences lead to better postnatal functioning. This study therefore, focused on the Postnatal mothers` narrative experience of caesarean section in the university of Port Harcourt Teaching Hospital. The study achieved the following objectives; which included to:

1. Describe the postnatal mother's experiences of caesarean section at the University of Port Harcourt Teaching Hospital.
2. Identify factors that influence the postnatal mothers' experiences of C- section

METHODOLOGY

This study adopted a qualitative explorative research design. The study population were twenty postnatal mothers who delivered their babies through caesarean section in the University of Port Harcourt Teaching Hospital and rich –textured information relevant to the phenomenon under study (Crewell & Poth 2017). A total of 20 women who had given birth through C-section in the postnatal clinic and postnatal ward of

the University of Port Harcourt Teaching Hospital between March and April 2020 were recruited for this study. Data was collected through face to face interviews which were guided by semi structured interview guide. The interviews were concluded when data saturation was observed with no new information. The principle of data saturation which states that the researcher will continue to collect data until no new data or information emerged during the period of data collection (Schmidt and Brown, 2012). Data was analyzed using thematic analysis.

Ethical Approval

Ethical approval was obtained from the University of Port Harcourt Ethics Committee and University of Port Harcourt Teaching Hospital Ethics Committee.

Confidentiality/Consent

Necessary information regarding the research was provided to the mothers in order to obtain their consent and confidentiality was maintained by keeping the participants anonymous and they were informed of the freedom to withdraw from the study at any point as participation was voluntary.

Rigors of Qualitative Research

Trustworthiness: This involves accuracy and consistency. It consists of

-Truth value: -The finding of this studies are true representations of the lived experience of the participants.

- Credibility: - The participants were actually those that delivered through caesarean delivery and credibility was obtained through triangulation, member check and peer debriefing.

Triangulation: This was achieved through interviews, and field notes. It is the various means of data collection which is normally three processes, however two processes are acceptable.

Member checking was done by playing the tape back to the participants.

The researcher could not reach the participants with the transcribed data due to total lockdown imposed by the Rivers State government.

Peer Debriefing: - Regular meeting were arranged with the research supervisors through electronic meeting and face-face and findings of the research were discussed.

Applicability: - The findings of this work cannot be applied to any other study, only the institution data was collected

Transferability: - The findings can be transferred to similar context.

Consistency: - The study was consistent through dependability and peer examination.

Dependability: - In this study the supervisor checked the process of data collection and analysis.

Peer examination was also done by discussing the results and recommendations with my supervisors and fellow students who were not part of the work.

Neutrality: - This was maintained by ensuring that findings were solely based on the data obtained from the participants. No bias was introduced.

RESULTS

The results of the study are presented below:

Feeling about Caesarean Operation:

Majority of the women felt disappointed while some felt that God had already predisposed the operation. The disappointment was mostly expressed by women had hoped on vaginal delivery after a previous caesarean birth.

"I was given some measures of hope for a normal delivery in this pregnancy. I took to every instruction given to me during the antenatal in the area of my food and exercise. I did not anticipate any problem at all. I went into the labour room with high hope but got the biggest disappointment of my life after being in labour for ten hours that my cervix was not opening further and baby was breathing fast" (participant 2).

"I rejected it initially because not in my widest dream did I think that I will deliver through c/s. I became anxious and worried. However, my pastor and my husband spoke to me and encouraged me. The c/s was surprising to me because I never suffered any sickness all through the pregnancy. Anyway my pastor prayed and reassured me that all will be and I summoned courage and accepted it" (Participant 9).

Another participant stated that her major concern was lying on the stretcher and the effect of the anaesthesia on her. She even suggested walking into the theatre by herself because it was a planned but she was not obliged .Other than that, she said that she had always welcomed caesarean operation.

"Well I was not bothered. I welcomed it but only expressed normal human anxiety of someone going in for an operation. For me, caesarean operation is the best mode of delivery because it has almost 90% precision. The outcome is usually very good especially if it is planned. It leads to healthy mother and baby instead experiencing the torture of labour pain that end up in fatality'' (participant15).

"I was excited because I was going to see my baby that has being inside me for the past nine months. It was a moment of joy for me because I waited, for three years to achieve pregnancy, so c/s is best mode of delivery for me."

Apart from anxiety and worry about the effect of anaesthesia, women that had emergency caesarean section expressed worry over financial burden of operation on the family especially during the lockdown as result of covid19 pandemic.

A mother from the postnatal clinic said, "Money was a problem to me. I spent so much. The hospital will expect you to buy or pay for their working materials outside the normal hospital bill. For instance, the gown that the doctor was to wear during the operation was not available, that caused a delay in the operation so my husband bought the gown for seventeen thousand naira before I was taken in.

Experiences

Most of the participants expressed dissatisfaction with the services and equipment.

One of the participant complained above sleeping on a bed without net and faulty springs (participant 6)

Another one complained of multiple prescriptions that will be wasted at the end of the day. They prescribed so many drugs that were not used she opened her locker to show me the drugs (participant 10)

Suggestions on best ways to tackle those challenges

Understanding from the nurses and significant others. All participants said that the hospital should recruit more nurses.

One participant had this to say,

*"Some nurses are irritable because of work and I think they need more nurses on duty to meet up with the demands of the mother in the ward" (*participant 17*)*

My husband would have collapse due to stress from running around. My husband bought theatre cloth which is an additional cost. Prescribing drugs and material in bits and pieces or double prescription which they will end up not using. So I suggest that there should be a laid standard of prescriptions and doing this there can be smaller pharmacy units within the wards to reduce stress (Participant 3).

Factors that influence the postnatal mothers' experiences of C- section

Hospital Environment:

They all suggested that the hospital should be properly fumigated and window nets replaced with modern functional equipment provided.

Support from hospital staff

Some participants expressed satisfaction with the support they got from doctor, nurses and then health workers.

*I don't have problem with the workers it is not easy with them they are even trying (*Participant16*).*

On the other hand, other participants described some negative experiences from the support they got from the hospital staff.

*I felt neglected in the recovery room for so many hours without any reason. Even when I was brought to the ward, my baby not brought to my bedside and when I sought for an explanation nobody answered me (*Participant 8).

Infection

Majority of the participants are in good health without any complications. Even the participants from the postnatal clinic were in high spirit and said that their wound healed by first intention. However, three

participants in ward explained and long hospitalization due to wound infection and subsequent wound breakdown.

"*I don't know what to do. I have spent two months in this hospital. The hospital bill is too much. I was discharged two days ago but I cannot go because my husband has not been able to get the money. We are traders and our shops have closed down because of COVID 19 cried the participant" (participant 13)*

Environment

On the effect of the environment all the participants expressed negative experiences about the unhealthy mosquitoes infested environment

Some of the participants has this to say;

"Aunty Nurse I don't know whether they breed mosquitoes here look at my body. I couldn't sleep for two nights. In fact, the mosquito's bites were more troublesome than the operation pain (Participant 15).

The participants all have one or more family members with them. For their physical care and that of their babies and they had preference for a female family member to assist them in holding and cleaning their babies until they would be strong enough and also to assist them in their physical care, while husbands provide financial and emotional support.

"I don't know what I would have done without my husband and my younger sister. For the past five days they had been seeing to my needs" (Participant 5).

Care Providers

Satisfaction with health care providers: Some of the women expressed satisfaction with the care providers. They said they received positive support from the midwives in respect to the care and feeding of the baby.

*"My breasts were painful and engorged and baby was crying. I was confused and did not know what to do but when I complained to the nurse, she assisted me to put the baby to breast and I was relieved (*participant 1).

DISCUSSION OF FINDINGS

Findings in this study showed majority of the participants were less anxious prior to the operation. This contrasted the finding of Betran et al. (2015) who identified psychiatric burden among first-time caesarean mothers on maternal request in Sweden. However, Mock et al. (2015) supported the present finding with the finding of their study on the perception of caesarean section amongst antenatal mothers. It was found out that the meaningfulness of the operation served as strength to the women. Delivery is an important event that comes with stress and laden with risks especially when it is through caesarean delivery. But mothers in this study viewed it as something worthwhile and also place their faith on God which reinforced the meaningfullness of the situation.

The women in this study reported diverse experiences due to pain, socioeconomic factor, environment and the attitude of the nurses. This is similar with the finding of Thobeka, Sindiwe & Balandeli (2018) in South African as they identified pain, physical limitation and attitude of care providers as factors that impacted negatively on postnatal caesarean mothers. Also Gishu et al. (2019) supported the finding of this study in their study of the role of maternal perception in the reduction of perinatal and neonatal mortality in the upper west Ghana which should that the attitude health workers affected the mothers negatively which further spiraled into their future delivery choices.

Findings of the study revealed that majority of the mothers received massive support from their loved ones. They depended mostly on their relatives for emotional support. This behavior was also seen in the study from Sierra Leone by Thobeta et al who carried out a study to describe women experiences following caesarean delivery. They found out that support form loved ones was an important influence or recovery as care from love ones could douse a negative experience. Also being listened to and attending to their needs by the Hospital staff enhanced a positive experience while reject led to negative experiences as stated by the participants. Bell and Anderson (2016) supported this finding with their study, where they found out that there was significant association of continuous support and coping ability.

The present study revealed that certain organizational factors such as mosquitoes infested environment, overbilling, multiple prescriptions faulty or outdated equipment impacted on their experiences. A similar situation was reported in a study conducted in Sierre Leone by Iracy and Sagbakken 2015 conducted a study on the factors that influence recovery among postnatal mothers. These factors were also confirmed with a study by Srivastava, et al (2015) who studied the determinants of women's satisfaction with maternal healthcare from developing countries. The factors highlighted by these participants had negative impact on the mothers` C-section experiences and thereafter might affect her subsequent choice of mode/place of delivery.

In this study, the feeling of pain was common amongst mothers that had emergency caesarean sections that mothers who had planned caesarean operation felt pain as being physiologic hence they bonded earlier and better than mothers that had emergency caesarean section. This finding was similar to the view of Annika et al (2015) who carried out a qualitative study on birth experiences in Italy. They found out mothers who had vaginal deliveries bonded better with their babies. Some participants stated that they would have bonded better with their babies if they had delivered vaginally. Therefore, caesarean section should only be done when it is medically indicated. Participants in the study had positive experiences through effective pain control and the presence of healthy infants. This was in line with the study conducted by Azita et al (2017) in Ghana on labour pain experiences and perceptions among participants. They concluded that positive experience is influenced by the positive outcome of the delivery process.

CONCLUSION

Conclusively, mothers in this study were less apprehensive which could be as a result of their good understanding of what C-section was all about. Nonetheless, mothers had diverse experiences ranging from pain, socioeconomic and environmental challenges which impacted negatively on their experiences while positive experiences were drawn from the strong support system from their loved ones and some of the health workers as well as presence of live, healthy babies.

RECOMMENDATIONS

The following recommendations were made based on the findings of the study:

1. The study recommended that caesarean operation be done when it is medically indicated in order to avoid the socioeconomic burden that comes with it.
2. Choice of birth should form a component of antenatal education and coping strategies that covers every aspect of the burden of the operation to the women and families.
3. Health care administrators and managers should address issues that contribute to mothers' experience following caesarean section which ranges from finance, attitude of health works and the environment.

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