International Journal of Trend in Scientific Research and Development (IJTSRD)
Volume 6 Issue 6, September-October 2022 Available Online: www.ijtsrd.com e-ISSN: 2456 – 6470

A Comparative Study to Assess the Quality of Life among Mothers after Normal Vaginal Delivery and Caesarean Section

Cecyli. C[1], A. Atchaya[2], P. Aravindhan[2]

[1]M.Sc. Nursing, Clinical Instructor, Department of Medical and Surgical Nursing, [2]B.Sc (N),
[1,2]SCON, SIMATS, Chennai, Tamil Nadu, India

ABSTRACT

Introduction:

The post pregnancy time frame is gone to by a mixture of variety in ladies' wellbeing and personal satisfaction. These changes can influence the wellbeing of moms and child. Taking into account the significance of postnatal quality of life and its different contributing factors, this study aimed to compare women's quality of life after vaginal delivery and caesarean section.

Methods:

For this study, a comparative descriptive research design was used in conjunction with a quantitative research approach. A convenient sampling technique is used to select postnatal women who met the inclusion criteria and visited the urban PHC in Nerkundrum. Data were collected using the SF-36 structured questionnaire approach, and descriptive and inferential statistics were used for analysis.

Result:

The calculated student independent 't' test value for physical functioning (t=21.427, p=0.0001), role limitations due to emotional problems (t=6.137, p=0.0001), energy/fatigue (t=10.128, p=0.0001), emotional well-being (t=17.249, p=0.0001), social functioning (t=4.698, p=0.0001), pain (t=8.073, p=0.0001) and general health (t=17.403, p=0.0001) shows statistically significant difference between the mothers who have normal vaginal delivery and caesarean section in which the mothers who had undergone normal vaginal delivery had better quality of life than the mothers who had undergone LSCS.

Conclusion:

Women who gave birth naturally experienced better quality of life than those who underwent Caesarean sections. Therefore, wherever possible, women should be encouraged to give birth vaginally.

How to cite this paper: Cecyli. C | A. Atchaya | P. Aravindhan "A Comparative Study to Assess the Quality of Life among Mothers after Normal Vaginal Delivery and Caesarean Section" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-6 | Issue-6, October 2022, pp.2026-2029, URL: www.ijtsrd.com/papers/ijtsrd52176.pdf

IJTSRD52176

KEYWORDS: *Mothers, quality of life, normal vaginal delivery, caesarean section*

INTRODUCTION

Natural physiological processes like pregnancy and childbirth cause the mother's physiology, anatomy, and psyche to change significantly [1]. These changes may have an effect on the quality of life of pregnant women as well as the health of the mother and unborn child. Specialists in maternal and foetal health during pregnancy make it a priority to make sure that their patients are happy with the preconception and prenatal processes [2]. To sustain the physical, psychological, and social harmony of family members, significant adjustments in lifestyles, roles, and responsibilities are required as a neonate enters the world, as do the mother and other family members [3]. A woman who was in stable physical health and had responsibilities for household, a career, and social obligations will need care after giving birth owing to physical problems such exhaustion, episiotomy discomfort, CS incision pain, and breast troubles [4]. Physical and mental diseases that develop as a direct result of pregnancy or childbirth have a substantial impact on women's quality of life, particularly after childbirth [5]. Mothers can experience such high levels of stress and strain that they develop psychiatric issues during this time. Given that postpartum

depression affects 10 to 20% of women, the high prevalence of these issues emphasises the significance of the problem [6]. The act of giving birth involves many different aspects, including physical, emotional, social, physiological, cultural, and mental ones. For women, childbirth may be a life-changing and occasionally unpleasant experience. One of the most commonplace scientific issues that negatively affects a person's capacities and results in worry and anxiety is pain. Attitudes regarding labour pain are influenced by a variety of environmental, social, psychological, and physical factors, all of which have a big impact on the choice of delivery method[7]. The majority of the time, normal vaginal delivery (NVD) is the best method of delivery. Unfortunately, it is declining as a result of improved caesarean section (CS). Naturally, there are several contraindications to NVD, including cephalo-pelvic disproportion (caused by maternal or foetal issues), aberrant foetal shows, past due or fluctuating decelerations, severe bleeding, severe preeclampsia, and failure to progress with delivery [8]. Caesarean section (CS) rates are rising as more women opt for the procedure for social and personal reasons, but it's unclear whether the benefits women perceive will last after giving birth [9]. According to one definition, quality of life is "an overall general well-being that embraces objective and subjective evaluations of the individual's physical, emotional, and social well-being while taking into account the degree of individual growth and meaningful activity, all prejudiced against the individual values"[10]. Recent studies have shown that both vaginal and caesarean deliveries can result in a number of issues, many of which focus on unfavourable side effects. In the postpartum period, these issues may negatively affect both the mother and the newborn [11]. The quality of life for both mothers and their children is impacted by postpartum issues [12]. According to study, many moms and even doctors prefer caesarean births to vaginal births because they think it is simpler, healthier, and will result in a baby with a higher quality of life [13]. The relationship between the many aspects of quality of life, the delivery method, and the amount of postpartum time have been the subject of conflicting findings in studies undertaken all over the world. Measuring quality of life is important because there are disagreements about how the mode of delivery affects it, and because improving mothers' quality of life in the postpartum period ensures the health of the child and enhances the quality of life for the child, family, and society. Thus, the purpose of the current study was to ascertain the quality of life among mothers after vaginal delivery and cessearen section.

METHODS AND MATERIALS

For this study, a community-based comparative research design was employed. The Nerkundram PHC was the site of the study. To accomplish the goals of this study, a convenient sample of 60 women was gathered during the follow-up visit. They were chosen based on the subsequent inclusion criteria (delivered vaginal or caesarean section during 6 weeks to 1 year, and agree to participate in the study). The following ladies were not allowed to participate in the study: those with psychological or medical conditions, newborn loss or defects. The Institutional Ethical Committee and PHC medical officer provided their official approval. The postnatal mothers gave their informed consent when the researcher introduced her and described the goal of the study. Using the demographic tool created for the study, the demographic characteristics were gathered. The SF-36 structured questionnaires were used to evaluate the postnatal moms' quality of life. Data collection for each sample took 20 to 25 minutes. The data were then coded and input in Excel for additional data analysis and interpretation.

RESULTS AND DISCUSSION

SECTION A: DESCRIPTION OF THE DEMOGRAPHIC VARIABLES OF MOTHERS.

Most of the mothers who had normal vaginal deliveries being between the ages of 21 and 25. 21 (70%) and 11 (36.7%) were both Hindus. 30 (100%) were married, 19 (63.3%) worked in the private sector, and 15 (50%) had no formal education. 18 (or 60%) were from the middle class, 17 (56.7%) were from nuclear families. 16 (or 53.33%) of them lived in an urban area. 24 people (80%) were not vegetarians. 16 (or 53.3%) had type 2 diabetes, 30 births (100%) were vaginal deliveries, 18 (60%) were private pregnancies. 14 (46.7%) had a postnatal period of 21 to 30 days, and 18 (60%) were primigravidas.

The majority of the mothers who underwent LSCS were between the ages of 21 and 25. 23 (76.7%) were Hindus, 16 (53.4%) had only completed their primary education, 20 (66.7%) were middle-class private employees, 30 (100%) were married, 20 (66.7%) belonged to a nuclear family, 16 (53.3%) were living in rural areas, 23 (76.7%) were non-veget 10 (33.3%) of the 18 (60%) women experienced postnatal periods of 1 to 15, 15 to 20, and 21 to 30 days, respectively, while 18 (60%) had no prior history of the mode of birth.

SECTION B: ASSESSMENT AND COMPARISON OF QUALITY OF LIFE AMONG MOTHERS WHO HAD UNDERGONE NORMAL VAGINAL DELIVERY AND CAESAREAN SECTION.

Table 1: Assessment and comparison of quality of life among mothers who had undergone normal vaginal delivery and caesarean section.

N = 60(30+30)

QoL Domains	NVD		LSCS		Student Independent 't' test & p-value
	Mean	S.D	Mean	S.D	
Physical functioning	72.17	8.27	26.33	8.29	**t=21.427 p=0.0001, S*****
Role limitations due to physical health	58.67	27.24	44.17	38.66	t=1.679 p=0.099, N.S
Role limitations due to emotional problems	81.11	20.87	43.33	26.48	**t=6.137 p=0.0001, S*****
Energy / Fatigue	63.83	9.26	42.33	7.04	**t=10.128 p=0.0001, S*****
Emotional well-being	77.73	6.27	37.47	11.14	**t=17.249 p=0.0001, S*****
Social functioning	57.95	12.51	42.50	12.97	**t=4.698 p=0.0001, S*****
Pain	58.67	12.56	27.25	17.23	**t=8.073 p=0.0001, S*****
General Health	70.17	12.35	24.17	7.55	**t=17.403 p=0.0001, S*****

***p<0.001, S – Significant

According to Table 1, the mean score for physical functioning was 72.17±8.27 for the NVD group and 26.33±8.28 for the CS group. The mean score in the NVD group for role restrictions brought on by physical health was 58.67±27.24, while the mean score in the CS group was 44.17±38.66. The mean score in the NVD group for role constraints brought on by emotional issues was 81.11±20.87,while the mean score in the CS group was 43.33±26.48. Regarding the Energy/Fatigue domain, the NVD group's mean score was 63.83±9.26 and the CS group's mean score was 42.33±7.04. The mean score for emotional health in the NVD group was 77.73±6.27, while the mean score in the CS group was 37.47±11.14.. The mean score for social functioning was 42.50±12.97 for the CS group and 57.95±12.51 for the NVD group. The calculated student independent 't' test value for physical functioning (t=21.427, p=0.0001), role limitations due to emotional problems (t=6.137, p=0.0001), energy/fatigue (t=10.128, p=0.0001), emotional well-being (t=17.249, p=0.0001), social functioning (t=4.698, p=0.0001), pain (t=8.073, p=0.0001), and general health (t=17.403, p=0.0001) which indicates a statistically significant difference between moms who give birth naturally via vaginal birth and mothers who give birth via caesarean section, with the former having a better quality of life than the latter. Regarding the domain role restrictions brought on by physical health, no discernible difference between the groups was seen.

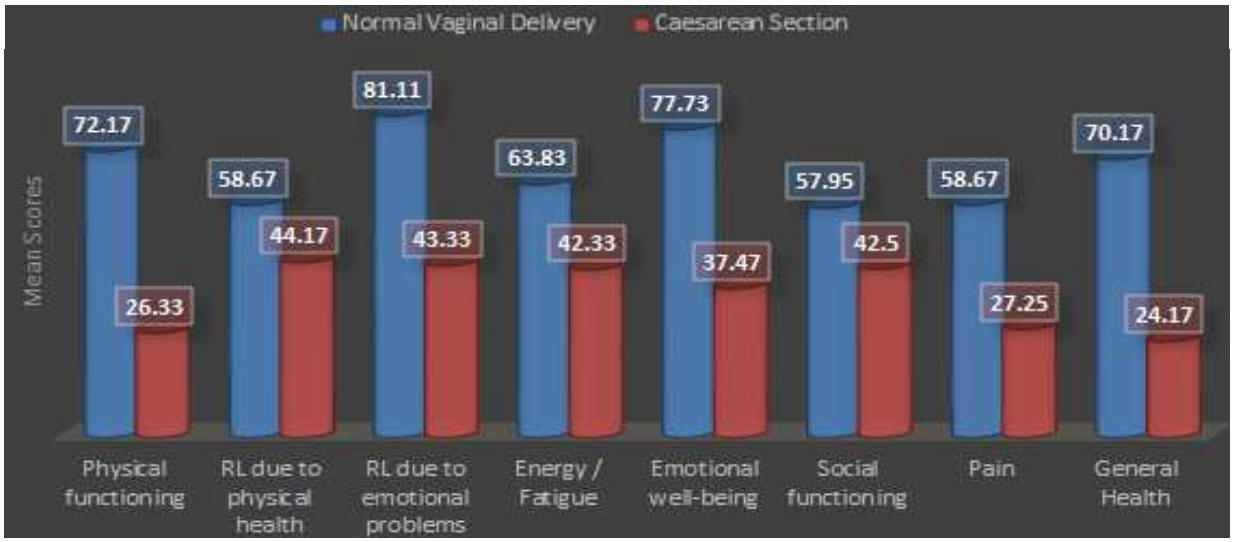

Figure 1: Comparison of quality of life among mothers who had undergone normal vaginal delivery and caesarean section

On comparing Mean scores, mothers who had undergone normal vaginal delivery had better quality of life compared to CS mothers as figured in fig.1

Ghukasyan N, et al., (2021) study on postpartum moms' quality of life provided support for the current study. According to the study's findings, women who delivered vaginally had significantly higher quality of life than women who underwent caesarean sections at all-time points, including three months (93.7 11.2 vs. 50.4 12.7), six months (94.2 14.5 vs. 65.1 12.3), and one year (106.9 10.5 vs. 63.9 9.6). The SF36 ratings of the vaginal birth group were higher than those of the caesarean section. [14]

CONCLUSION

The current study came to the conclusion that there is a considerable difference between moms who give birth normally vaginally and those who give birth via caesarean section, with the former having a better quality of life than the latter. Normal vaginal delivery may improve one's quality of life, especially if it results in better physical health.

REFERENCES

[1] Soma-Pillay, P., & Catherine, N. (2016). P, Tolppanen H, Mebazaa A, Tolppanen H, Mebazaa A. *Physiological changes in pregnancy. Cardiovasc J Afr*, *27*(2), 89-94.

[2] Lagadec, N., Steinecker, M., Kapassi, A., Magnier, A. M., Chastang, J., Robert, S., ... & Ibanez, G. (2018). Factors influencing the quality of life of pregnant women: a systematic review. *BMC pregnancy and childbirth*, *18*(1), 1-14.

[3] Zerach, G., & Magal, O. (2017). Exposure to stress during childbirth, dyadic adjustment, partner's resilience, and psychological distress among first-time fathers. *Psychology of Men & Masculinity*, *18*(2), 123.

[4] Ospina Romero, A. M., Muñoz de Rodríguez, L., & Ruiz de Cárdenas, C. H. (2012). Coping and adaptation process during puerperium. *Colombia Médica*, *43*(2), 167-174.

[5] Chou, D., Tunçalp, Ö., Firoz, T., Barreix, M., Filippi, V., von Dadelszen, P., ... & Say, L. (2016). Constructing maternal morbidity–towards a standard tool to measure and monitor maternal health beyond mortality. *BMC pregnancy and childbirth*, *16*(1), 1-10.

[6] Seymour-Smith, M., Cruwys, T., Haslam, S. A., & Brodribb, W. (2017). Loss of group memberships predicts depression in postpartum mothers. *Social psychiatry and psychiatric epidemiology*, *52*(2), 201-210.

[7] Zakerihamidi, M., Roudsari, R. L., & Khoei, E. M. (2015). Vaginal delivery vs. cesarean section: a focused ethnographic study of women's perceptions in the north of Iran. *International journal of community based nursing and midwifery*, *3*(1), 39.

[8] Baghianimoghadam, M. H., Zolghadar, R., Moghadam, B. B., Darayi, M., & Jozy, F. (2012). Related factors to choose normal vaginal delivery by mothers based on Health Belief Model. *Journal of education and health promotion*, *1*(1), 17.

[9] McCourt, C., Weaver, J., Statham, H., Beake, S., Gamble, J., & Creedy, D. K. (2007). Elective cesarean section and decision making: a critical review of the literature. *Birth*, *34*(1), 65-79.

[10] Kavosi, Z., Keshtkaran, A., Setoodehzadeh, F., Kasraeian, M., Khammarnia, M., & Eslahi, M. (2015). A comparison of mothers' quality of life after normal vaginal, cesarean, and water birth deliveries. *International journal of community based nursing and midwifery*, *3*(3), 198.

[11] Nikpour, M., Abedian, Z., Mokhber, N., Ebrahimzadeh, S., & Khani, S. (2011). Comparison of quality of life in women after vaginal delivery and cesarean section. *Journal of Babol University of Medical Sciences*, *13*(1), 44-50.

[12] Cheng, C. Y., & Li, Q. (2008). Integrative review of research on general health status and prevalence of common physical health conditions of women after childbirth. *Women's Health Issues*, *18*(4), 267-280.

[13] Abedian, Z., Nikpour, M., Mokhber, N., Ebrahimi, S., & Khani, S. (2010). Evaluation of relationship between delivery mode and postpartum quality of life. *The Iranian Journal of Obstetrics, Gynecology and Infertility*, *13*(3), 47-53.

[14] Ghukasyan, N. (2021). Quality of Life in Women after Vaginal Delivery and Cesarean Section in Armenia. *J Pediatr Neonatal*, *3*(3), 1-6.