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CLINICAL ANALYSIS OF QUALITY OF LIFE IN POST PARTUM PERIOD

Obstetrics & Gynaecology

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ABSTRACT

Introduction Mothers, though delivered well, managed well, face certain issues in the postpartum phase due to lack of preparedness for this very important phase and lack of knowledge of basic hygiene practices – referred to as post partum well being. **Aim** To explore important domains of women's postpartum experiences as perceived by postpartum mothers as in to determine pain index, physical and emotional well being and to investigate how postpartum preparedness could enhance patient care for the postpartum period. **Materials And Methods** Qualitative research study was conducted to explore women's perceptions of the postpartum experience. Postpartum women (n = 100) were questioned at a tertiary care center C U SHAH MEDICAL COLLEGE AND HOSPITAL, Surendranagar, Gujarat. Mothers did not expect many of the symptoms they experienced after childbirth. We classified all the complaints and covered various parameters for overall physical and emotional wellbeing. Also differences existed in the major postpartum concerns of mothers and obstetricians. However, both mothers and obstetricians agreed that preparation during the antepartum period could be beneficial for postpartum recovery. Results from this study indicate that many mothers do not feel prepared for the postpartum experience. Study findings raise the hypothesis that capturing patient-centered domains that define the postpartum experience and integrating these domains into patient care may enhance patient preparation for postpartum recovery and improve postpartum outcomes.

KEYWORDS

Postpartum women, Obstetricians, Preparation

BACKGROUND

Childbirth has a major impact on women's lives. Yet, the healthcare system does not adequately prepare women for the immediate maternal consequences post-delivery [1, 2]. Women suffer from a number of adverse physical and emotional symptoms postpartum. For example, data suggests that nearly 80 % of early postpartum mothers report cesarean-section or episiotomy site pain and breast pain; and nearly one-third report urinary incontinence [3]. Lack of preparation for the postpartum period is associated with adverse maternal outcomes including postpartum depressive symptoms and lower satisfaction with obstetricians [2, 3]. To approach these questions, it is essential to first establish domains that accurately characterize the postpartum period.

Traditionally, objective clinical measures such as maternal morbidity and mortality have been used to assess maternal health during the postpartum period. However, these measures fail to offer a complete description of the patient's experience post-delivery. Recent data on urinary and sexual functioning postpartum has broadened the definition of maternal health status after childbirth, [4–7] but more attention needs to be placed on patient-centered domains in order to fully capture the multiple components of health that are significant to women during the postpartum period.

Although some postpartum education is provided by a number of allied health-related-professionals (e.g. nurses [8], ASHA workers, FHWs) conducting postpartum/newborn home visits through a women, infants, and children's programs. Many of these educational activities focus on breastfeeding and infant care along with the physical, emotional, and social functioning of women postpartum. In this study, our objectives were to explore important domains of women's postpartum experiences with postpartum mothers and obstetricians and to investigate how postpartum care could be improved to enhance postpartum preparation and maternal outcomes.

METHODS

We conducted a qualitative study to explore patients' perspectives on the postpartum experience. The study was approved by Ethics committee of our institution.

When a patient gets sick they attempt to match their symptoms to a known illness, a time-frame (how long it will last), cause (stress), potential for control (to get back to one's normal self) and consequences. Each person has a view of their normal self, based on a life-time of experience. The framework engages and/or motivates them to enact cognitive and behavioral strategies and tactics with the goal of returning to a prior self as functional and symptom free. This framework is also applicable to the postpartum experience where mother's view of her "normal self" is often based on her pre-pregnant state. If she is not adequately prepared, she may have unrealistic views of how she should look, feel, and may have incorrect time frame for recovery, etc. Many of these unrealistic views are modifiable and we explored this framework.

Questions for the mothers sought to ascertain the specific problems mothers encountered following delivery and to identify ways new mothers thought their care could be altered to prevent those problems. Examples of questions include: Think back to the *first few days* after leaving the hospital. (a) How you were feeling? (b) What were the biggest problems you faced? (c) Did you know to expect these things after giving birth? How? (d) Were you prepared to deal with the problems you had when you left the hospital? We prepared a set of questionnaire for physical and emotional wellbeing parameters as in Table 1. The pain scale was used as reference to determine the grading of pain. [The Wong-Baker FACES® Pain Rating Scale]. [23] The emotional wellbeing scale was taken as reference from 5 zones of mental health continuum as mentioned in Delphis Mental health continuum. [24] The physical wellbeing questionnaire related to purperium was taken from Textbook of Obstetrics by Dr J B Sharma. [25]

The study population included 100 postpartum mothers from a tertiary care hospital C U SHAH MEDICAL COLLEGE & HOSPITAL, SURENDRANAGAR, GUJARAT. For the maternal fo cus groups potential participants, immediate to 12 months postpartum. The research team contacted eligible women when they came for routine postpartum visits.

Written informed consent was taken.

We used grounded theory, which is a method of analyzing qualitative data grounded in the data without preconceived theories and is characterized by analyzing data, sentence by sentence, or phrase by phrase [9]

RESULTS

(Table 1: Patient's Characteristics)

PATIENT CHARACTERISTICS	N(%)
MEAN AGE	25(+/-5)
MOTHER'S EDUCATION:	
• ILLITERATE	36(36%)
• PRIMARY SCHOOL	29(29%)
• 10TH PASS	22(22%)
• 12TH PASS	09(09%)
• GRADUATE	04(04%)
FATHER'S EDUCATION:	
• ILLITERATE	33(33%)
• PRIMARY SCHOOL	26(30%)
• 10TH PASS	25(20%)
• 12TH PASS	10(10%)
• GRADUATE	06(10%)
PARITY	
• PRIMI	44(44%)
• 2ND	32(32%)
• MULTI	24(24%)
MODE OF DELIVERY	
• VAGINAL	68(68%)
• CAESAREAN	32(32%)
PLACE OF DELIVERY	
• GOVT	7(7%)
• PRIVATE	4(4%)
• C U SHAH	89(89%)
POST PARTUM DAY	
• IMMEDIATE(UPTO 7 DAYS)	21(21%)
• 2WEEKS-6WEEKS	62(62%)
• >6 WEEKS-6 MONTHS	14(14%)
• 7TH-12 MONTHS	03(03%)
MOST COMMON PRESENTING COMPLAIN	
• STITCH LINE PAIN	54(54%)
• PELVIC PAIN	28(28%)
• BREAST PAIN/ OTHER ISSUES	74(74%)
• OTHER	23(23%)
PHYSICAL WELL BEING PARAMETERS	
SLEEP	
• ADEQUATE	14(14%)
• INADEQUATE/ FEELING OF FATIGUE	86(86%)
DIET/ APPETITE	
• ADEQUATE	59(59%)
• INADEQUATE	41(41%)
BOWEL/BLADDER	
• REGULAR	43(43%)
• INCONTINENCE/HESITANCY	30(30%)
• CONSTIPATION	26(26%)
BREAST COMPLICATIONS	
• FAILING/INADEQUATE LACTATION	62(62%)
• BREAST ENGORGEMENT	14(14%)
• CRACKED/ RETRACTED NIPPLE	10(10%)
• MASTITIS/ ABSCESS	2(2%)
LOCHIAL DISCHARGE RELATED ISSUES	
• NORMAL/ LACTATIONAL AMENN.	82(82%)
• EXCESSIVE	18(18%)
EMOTIONAL WELL BEING PARAMETERS	.
• IN CRISIS	04(04%)
• STRUGGLING	16(16%)
• SURVIVING	42(42%)
• THRIVING	31(31%)
• EXCELLING	07(07%)
WERE THEY PREPARED/ EXPECTING THESE ISSSUES?	
• NEVER	21(21%)
• SEMI PREPARED	49(49%)
• WELL PREPARED	30(30%)

Above findings evidently suggest that most of the postpartum mothers weren't prepared for the difficulties they were facing and with proper counseling, encouragement and support they were more accepting of the problems because they initially didn't have the slightest notion if it was normal. In emotional wellbeing scale, it was difficult to classify them as in any one specific group and we took guidance of psychiatrist to classify them accordingly. Majority of the women could be classified between "thriving" and "surviving" as there were okay in some parameters and not in others. And, a little motivation and counseling was enough to lift their spirits. Mothers falling under "STRUGGLING" and "IN CRISIS" categories were advised psychiatric consultation.

We identified four major themes , from the focus group discussions describing women's postpartum experiences: (a) lack of women's knowledge about postpartum health and lack of preparation, (b) lack of continuity of care and absence of maternal care during the early postpartum period, (c) disconnect between health care providers and postpartum mothers, and (d) bridging the gap: suggestions for improvement. Each theme is discussed below.

Lack of Women's Knowledge About Postpartum Health and Lack of Preparation

Women across all maternal groups described how the postpartum period brought about significant physical and emotional changes and challenges, including exhaustion, stress, poor body image, and marital discord. Yet, most women did not feel prepared for these physical and emotional symptoms. Several mothers did not expect symptoms such as urinary incontinence, headaches, hair loss, and back pain.

Even for those postpartum symptoms that women were more aware of, such as depression, sore breasts, and vaginal bleeding, they felt ill-equipped to manage these symptoms because they did not have a clear picture of how the symptoms would appear and develop over time, how long they should and could last, and the level of impact that they would have on their daily lives. One woman commented that she was bothered by the vaginal bleeding postpartum because it was different than what she was used to in her regular menstrual cycle:

It was annoying…your vagina, it was so swollen…And then you see you keep bleeding, keep bleeding, they give you an ice pack. I don't want an ice pack, I want the swelling to go down and I want the period to be a regular period and I don't want all these big lumps of things falling out of me.

The obstetric provider groups also noted that their patients had inaccurate expectations regarding many of the things they experienced postpartum including the severity of pain following delivery, amount of bleeding, changes in sex drive, and not losing pregnancy weight right away.

Lack of Continuity of Care and Absence of Maternal Care During the Early Postpartum Period

Women and clinicians alike expressed frustration with the lack of continuity of postpartum care. This concern was most evident in the two maternal groups. The inability to reconnect with providers impacted some mothers' ability to communicate their concerns and have those concerns addressed. Some mothers felt delivering doctors should follow up with their patients after discharge because they "know what you went through," and others were disappointed that due to changing providers, they "never got a chance to ask [the doctor] anything", found it difficult to establish a trusting relationship and to feel reassured in the care they received. One mother expressed her apprehension:

One thing that I didn't like about my last pregnancy –when I used to go to the clinic I used to see my regular doctor from my health clinic. But when I go to have my baby I ended up with a different doctor… And it makes you uncomfortable.

Obstetricians also acknowledged that care continuity was important in patient-provider communication during the postpartum visit. One provider remarked:

…if the patient knows you and feels comfortable with you, they're just gonna talk to you and say 'Hey this is bugging me' or whatever. But if the patient doesn't know you, she's just kinda… sitting there, waiting for you to ask…

Clinicians mentioned that maintaining the same provider in prenatal care through the postpartum period allowed providers to tailor postpartum care to the needs of the patients, rather than review a general checklist of items.

When you see them and you've been seeing them, it's a continuation of a discussion you've been having for nine months.

Disconnect Between Health Care Providers and Postpartum Mothers

Focus group discussions revealed a disconnect in the main postpartum concerns of mothers and those of providers. Women were most concerned about how their symptoms affected their daily functioning, while providers were mainly concerned about potentially dangerous physical complications, such as infection and bleeding. One midwife commented:

[The patients'] lists are a lot more practical. I mean, it's about things in their lives that are really tangible. They're not thinking about you know the fact that like I might have thrombophlebitis…or that I'm in an increased risk for it. They're thinking about money, they're thinking about time, they're thinking about their baby.

Providers believed that they discussed with their patients the major things that could be expected before, during, and after delivery, but could not cover all issues. On the contrary, 40% women in our focus groups often made remarks such as "not everything was told to me" when referring to the challenges they experienced after childbirth. Some mothers felt that they had not received adequate instructions by their postpartum nurses and obstetric providers prior to going home from the hospital.

Mothers and providers also had different perspectives on what information should be conveyed to postpartum women by their providers. Some clinicians placed little emphasis on the normal consequences of childbirth that they thought would resolve on their own or that they felt could not be fixed through medical intervention.

…if you investigate this problem [urinary incontinence] there's a limited utility to it. You're not going to do a lot of things to fix this problem at this point. So, you're just asking a question that's going to lead you to a place that you can't do any help for.

Women wished their providers had been more vocal about the things that might occur postpartum, irrespective of the normalcy of the symptom. One mother commented:

Like about I think the bleeding was fine. I knew what to expect. I knew it was normal. But just to hear someone say, 'Okay, yeah that is normal.' … It would've been great just to have somebody reassure me.

Also, mothers belonging to middle or upper socio economic class, who had received basic high school education atleast were more stable and knowing and accepting of everything they went through.

Bridging the Gap: Suggestions for Improvement

Mothers and clinicians offered their suggestions on how care could be improved to prevent or ameliorate the challenges women experience during the postpartum period. Women felt providers could better support mothers postpartum by providing a list to mothers during late pregnancy on what to expect and how to prepare for the postpartum period. One woman wished she had received the same level of preparation for c-section recovery as she had for previous surgical procedures:

I had knee surgery and I got a 'What to Expect' sheet from the doctor meaning that it said, 'Make sure you do this'…None of that came with that so trying to go home and cope with a c-section…you kind of have to feel your way through to see what kind of rhythm you need or something because none of that, none of it is really told to you. [Private, c-section delivery maternal group]

Some clinicians noted that preparation in the antepartum period might also lessen how much of a bother postpartum physical symptoms are to women.

…I think the patients…the more you talk to them beforehand about all of these things. Or just prep them for what's going to happen, what could happen. They'll have a lot less questions, they're just more reassured, they know what to expect.

Providers felt information regarding postpartum recovery could be introduced to patients during the 3rd trimester when most of the major medical issues have been resolved and there is more "free time" in the visit. They also commented that the development of a "nice, simple, short" educational tool to supplement the information they give to their patients might help them better prepare women for the postpartum period.

Some providers mentioned that improvements in care practices, such as pain management, could potentially have a positive impact on mothers' daily functioning.

I think pain control after a c-section could be better…If you haven't spent four days in excruciating pain, then you're in better mental condition to go home, basically, to do whatever you're doing…I mean it's very hard to get out of bed and feed the baby in the middle of the night after having a c-section. And if you're more comfortable – I mean it lends to your self-worth and your image. If taking a shower is a lot easier you feel better about yourself, you know?

DISCUSSION

We conducted focus groups with postpartum mothers to explore the problems mothers encounter following delivery and to identify ways that care could be altered to improve postpartum women's experiences. The results of our study indicate that women lack an understanding of and preparation for the physical and emotional symptoms they may encounter following childbirth—how common they are, their duration, their severity, and resources to cope with them. Postpartum mothers, mostly primiparas, in our focus groups also felt they lacked the kind of support that they wanted from their healthcare providers, in preparing them and in helping them cope with symptoms that occur. Also the mothers who were classified as "semi prepared" mentioned that they had heard about the issues but coping up in real was more difficult than expected. There was a disconnect between what providers viewed as "normal" parts of postpartum recovery and what mothers classified as major problems that created difficulty in their postpartum experience. Yet, both new mothers and their obstetricians suggested that there was time and receptivity during third trimester visits to share- through several different mediums, tips on what to expect and what to do.

Our results are consistent with other studies that have found that postpartum women feel inadequately prepared for the postpartum period [3, 10–12]. Lack of preparation after childbirth has been associated with report of more physical symptoms, functional limitations and depressive symptoms [2, 3]. These findings suggest that preparation and patient education for labor and delivery and the postpartum period are important for recovery after childbirth. However, our discussions also revealed that adequate preparation for the postpartum period requires that patients have a more comprehensive description of what they might encounter physically and emotionally during their postpartum experiences.

Studies have shown that care continuity is associated with trust in one's doctor, and a patient's desire for continuity is a significant predictor of trust [13, 14]. As noted by women in our focus groups, maintaining the same provider (or few providers) throughout pregnancy and the postpartum period was valued as an important aspect of obstetric care. Some mothers had multiple providers and had never seen the provider who delivered them until the day of their delivery. Results from two studies of care continuity also support this data, and found that continuity of care not only allowed women to build a relationship with their providers, but offered the reassurance to women that their providers would know their individual needs and provide the appropriate advice [15, 16].

The major postpartum concerns of obstetric clinicians might not adequately encompass the concerns of their patients. Clinicians emphasized objective markers of postpartum recovery, and these clinical outcomes did not fully capture all of the domains that were important to the mothers in our focus groups. Results also indicated that providers might not be aware of the extent to which normal physical and emotional consequences of childbirth impact the daily functioning of postpartum women. To address these gaps, several studies have investigated functional domains from the patient's perspective. These patient-centered outcomes assist in the understanding of the nature of the disease and recovery, and in understanding the implications on patient care [1, 17, 18].

There are some limitations to our findings. Qualitative research is exploratory in nature and therefore the results of this study may not be generalized to the population of postpartum women as a whole. We asked mothers (immediate to 12 months postpartum) to think back to

their experience immediately following childbirth and their recollections are subject to recall bias. Studies suggest that postpartum women may actually underreport physical and emotional experiences postpartum [19]. Additional data suggest that maternal recall is reliable compared with the medical record for certain pregnancy-related events such as complications [20–22].

CONCLUSION

Exploring aspects of postpartum recovery from women's perspectives is an important step to improve patient-centered obstetrical care. This information can be used to enhance providers' perspectives on the postpartum period and recovery after childbirth. In addition, providers might be better equipped to prepare their patients for the postpartum period, and ultimately improve maternal outcomes. Also we would like to add it here that after acknowledging the major concerns of postpartum mothers during our study and coming to conclusion after data analysis, we started preparing the antenatal mothers during their visits, admission and before discharge. They were made aware of the difficulties they might face physically and emotionally and were given basic information about normal and abnormal purperium.We eventually found that the mothers who were well prepared were in a better physical and emotional state during followup visits.

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