

To Find the Quality of Life in Multiparae Women Who Have Undergone Multiple C-Section

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Abstract

Background: The rate of caesarean section has been increasing steadily in recent years. There is increased risk of maternal morbidities such as haemorrhage, infection, postpartum depression along with fatigue, headache, lack of sleep, anaemia, urinary infection and other conditions in women who underwent caesarean section which has an influence on their quality of life.

Objective: The aim of the study is to find the quality of life in multiparae women who have undergone multiple caesarean section in Kattankulathur.

Methodology: 30 multiparae mothers who have undergone multiple caesarean section were included in this study according to the criteria and the Maternal Postpartum Quality of Life questionnaire was distributed to them to assess their quality of life post-delivery.

Outcome Measures: Maternal Postpartum Quality of Life questionnaire.

Results And Conclusion: Caesarean section is followed by number of complications affecting the mother's quality of life. This study concludes that the quality of life is reduced in multiparae women who have undergone multiple c section.

Keywords: caesarean section, multiparae, quality of life, maternal postpartum quality of life questionnaire

I. INTRODUCTION

In recent years, the rate of cesarean section has been increasing steadily. Elective c-section is indicated in conditions such as CPD, DM, eclampsia, serious injury or illness to the mother, previous C-section, placenta praevia, multiple births and breech delivery. The reasons for emergency c-section involves fetal or maternal distress, failed trial of forceps, prolapse of cord, failure to progress. Lower segmental c-section is more commonly performed procedure when compared with that of classical or longitudinal incision. The surgical procedure can be performed either under general or epidural anesthesia out of which both plays a part in post-operative complications.¹

Following the delivery of the baby through c-section, the possible complications include hemorrhage, abdominal wind which causes acute discomfort, wound infection, abdominal adhesions and pelvic infection.

Repeat LSCS is majorly associated with complications such as an increase in the risk of placenta praevia with other operative complications such as abdominal wall adhesions, bladder and bowel adhesions and injuries, ureteric injuries, haemorrhage, uterine dehiscence and rupture of the uterus. Studies reveal that women undergoing repeat caesareans are more prone to have maternal morbidities than those having a trail of labour after caesarean section.

Quality of life post delivery is majorly affected due to pain in the suture site, various changes occurring in the maternal body, increased stress on the mother to impose duly care on the new-borns. Postpartum depression also has a major role in affecting the quality of life of the mothers. Maternal Postpartum Quality of Life (MAPP-QOL) questionnaire measures the quality of life during the early postnatal period. The MAPP-QOL is composed of five domains and demonstrates validity with measures of life satisfaction and mood states.

II. MATERIALS AND METHODS

30 women who have undergone repeat caesarean section were included in the study who were within 2 weeks of postpartum period and an informed consent was obtained by them. After the explanation of the study, the Maternal Postpartum Quality of Life Questionnaire was distributed among them and were asked to fill it accordingly to assess their QOL.

III. RESULTS AND DISCUSSION

Studies reveal that the rate of c-section is rising steadily, where mother's preference is also heading towards the selection of this procedure. Ghaffari S et al suggested that when compared to general anaesthesia, spinal anaesthesia is chosen for caesarean section as it provides effective pain control, mobility and fast return back to daily activities for mothers and increase their quality of life.

Ghazala A Choudhary et al revealed that the thinning of lower uterine segment was higher in the emergency group of all subgroups of CS, compared to the elective group.

Oonagh E. Keaget al suggested caesarean section is associated with a reduced rate of urinary incontinence and pelvic organ prolapse when compared with vaginal delivery.²

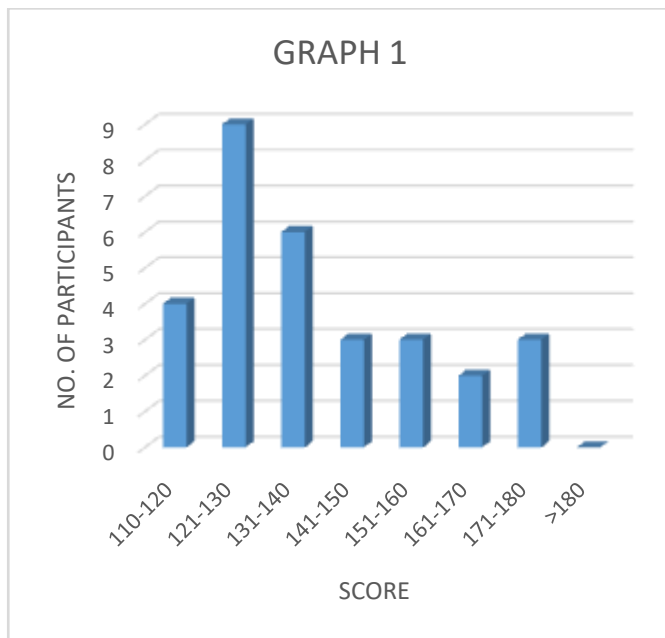
Fobelets M et al concluded that repeat caesareans results in a poorer HRQoL compared with vaginal birth and when there are no contraindications for vaginal birth, women with a history of one previous caesarean should be encouraged to give birth vaginally rather than have an elective repeat caesarean.

Ibrahim Abdelazim et al concluded that the risk of dense omental adhesions and bladder injury was significantly high in women with previous ≥ 3 caesarean sections compared to women with previous one caesarean section.

Kohler.S et al concluded that when compared with vaginal births, caesarean births have reduced QOL among Indian women.

Murat bozkurt et al suggested that elective c-section (without trial of labour) seems to lower the risk of postpartum UI within a short period of time.⁴

The purpose of this study was to find the quality of life in multiparae women who have undergone multiple c-section. MPQOL questionnaire was used as a tool to evaluate the quality of life in postpartum mothers who have undergone c-sections and it was found that the quality of life was reduced in those mothers with repeat LSCS.



Graph 1 shows the scores obtained by the participants.

Higher the score higher is the quality of life of the participants.

IV. CONCLUSION

The results of this study concluded that there is significant reduction in the quality of life of postpartum mothers who have undergone repeat caesarean section by using Maternal Postpartum Quality of Life Questionnaire as an outcome measure.

ACKNOWLEDGEMENT

The authors are thankful to Mr. K. VADIVELAN, ASSOCIATE PROFESSOR, SRM college of physiotherapy for his proper guidance and encouragement.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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