



FACTORS ASSOCIATED WITH CAESAREAN SECTION AND PROBLEMS OF THE MOTHERS AFTER CAESAREAN SECTION

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INTRODUCTION

Pregnancy is a challenging time for all women as they adjust to the changes they experience and prepare to assume a new role as mother of one child or of two or more children. It is the most exciting period of expectation and fulfillment in a woman's life and its unique natural gift to women. Every pregnant woman hopes for a short labour and delivery

with no complications, but it does not always work out that way. Caesarean section is a lifesaving operation when either mother or fetus faces certain problems before or during labour and delivery. Caesarean section (C.S.) has become an increasingly common method of delivery worldwide, also increasing in developing countries. Many factors are associated with CS such as mother's age, doctor's preference, medical indications and mother's economic status. Other indications for a CS include risk of uterine rupture, induction of labor, decreased use of operative vaginal delivery and other medical-legal concerns. Caesarean birth is associated with increasing rates of severe maternal morbidity, including potentially fatal complications, including sepsis, thromboembolic events, anaesthetic complications and hospital readmission.

OBJECTIVES OF THE STUDY

1. Identify the factors associated with caesarean section.
2. Identify the problems of mothers associated with caesarean section.
3. Find out the association between the problems associated with caesarean section and demographic variables.

METHOD

A descriptive study was conducted among 60 mothers who were selected by non probability purposive sampling technique. The study was conducted in selected hospital, Lucknow.. Data was collected through demographic proforma, checklist and questionnaire. The data collected was analysed and interpreted based on descriptive and inferential statistics.

RESULT

The major factors associated with caesarean section were failure to descend in 11(18.3%) mothers, repeat caesarean section was 8(13.4%), non reassuring fetal status was 6(10%), failure to dilate in 5(8.3%), prolonged rupture of membrane in 5(8.3%), failure to progress and failed induction was 4(6.7%), pregnancy induced hypertension was 4(6.7%),

cephalopelvic disproportion in 3(5%), malpresentation in 3(5%), separated placenta was 3(5%), prolapsed cord in 2(3.3%), primary elective was 2(3.3%), macrosomia in 2 (3.3%). Pain was the major physical problem found in 52 (86.7%) mothers, followed by extreme tiredness in 49(81.7%) mothers, breast feeding difficulties was present in 43(71.7%), hemorrhage was present in 39(65%), sleeplessness was found in 33(55%), bowel obstruction was present in 20(33.3%), infection was present in 16(26.7%), urinary tract infection was found in 15 (25%), and wound separation was present in 2(3.3%) mothers after caesarean section. The psychological problems found after caesarean section was cold blue in 15(25%), 40 (66.7%) mother had anger, anxiety found in 36(60%), irritability was present in 28(46.7%), 16 (26.7%) mothers had frustration, and confusion was present in 15 25%) mothers after caesarean section. And also it was observed that there was an association found between the problems of themothers with caesarean section and type of caesarean section at 0.05 level $X^2=3.9$ at df 1.

INTERPRETATION AND CONCLUSION

Findings of the present study showed that the major factors associated with caesarean section was failure to descend, repeat caesarean section non reassuring fetal status and failure to dilate and the major physical problems after caesarean section was pain, extreme tiredness and breast feeding difficulties, the major psychological problems were cold blue, anger, anxiety. The study concludes that health conditions & obstetrical complications alone do not account for increased rates of CS. The preferences of the individual care provider & the mother on CS rates may play a key role and require further investigations.

Key words: factors, problems, caesarean section, mothers.

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