

Effective Nursing Care for Mothers having Undergone Lower Segment Caesarean Section

V Vasanthalakshmi¹, K Rajalakshmi², N Kokilavani³

Abstract

During pregnancy, particularly in cases when caesarean is the choice or only option, specialised nursing care is required. An attempt was made to assess the health condition of mothers having undergone lower segment caesarean section, evaluate the nursing care provided to them and associate effectiveness of such cases with demographic variables using modified Lydia Hall's care, Core, Cure model. The study, conducted on 30 postnatal mothers in a hospital in Tamil Nadu showed that comprehensive nursing care has been quite effective in improving health conditions of mothers having undergone lower segment caesarean section.

Pregnancy has been an amazing phenomenon of nature that would be the core of our existence. Munro Kerr (1926) introduced the ideas of transverse lower segment caesarean section. The word caesarean is derived from the Latin word "caedere" which means "to cut". There has been a tremendous increase in the use of caesarean delivery for the past three decades. Globally, the rate has been nearly one in two births in China, two in five in Thailand and Vietnam, nearly one in five in India. According to World Health Organisation, which reviewed 110,000 births from nine countries in Asia (2010), 27 percent births were delivered by caesarean section. Similar survey conducted in Latin America found that 35 percent of pregnant women have been delivered by caesarean section. The caesarean section rate of above 15 percentage has not been acceptable, whereas in India the prevalence rate has been 18 percentage.

The National Centre for Health Statistics reported that more than one woman in 2,500 who had caesarean section had died compared to the rate of one in 10,000 for the vaginal delivery. The maternal mortality rate has been the measure of quality of a health care system. The World Health Organisation estimates that out of 529,000 maternal deaths, globally each year, 136,000 (25.7%) have been contributed by India. This has been the highest burden for any single country. In many countries, most common cause of maternal death are deep vein thrombosis

The authors are : 1. Lecturer, Adhiparasakthi College of Nursing, Melmaruvathur; 2. Principal, CSI Jeyaraj Annappakkiam College of Nursing, Madurai; 3. Principal, Adhiparasakthi College of Nursing, Melmaruvathur.

and post-natal infections. The decline in maternal deaths have largely been due to improved asepsis, fluid management and better post-natal care.

The World Health Organisation affirmed that special attention needs to be paid for women's health, especially for postnatal mothers. Thus the activities of midwife have to find out the importance of individualised and comprehensive nursing care, which have to be provided to mothers, who have undergone caesarean section.

Objectives

The objectives of the study were to : (i) assess the health condition of the mothers, who have undergone lower segment caesarean section; (ii) provide comprehensive nursing care; (iii) evaluate the effectiveness of nursing care; and (iv) associate the effectiveness of nursing care for the mothers who have undergone lower segment caesarean section with demographic variables.

Modified Lydia Hall's Care, Core, Cure Model were utilised to guide the research process.

Material and Methods

An evaluative case study design was adopted for this study. A total number of 30 post-natal mothers, who have undergone lower segment caesarean section, were included in the study by convenient sampling method from the post-operative ward of Melmaruvathur Adhiparasakthi Institute of Medical Sciences, Melmaruvathur, Kancheepuram district (TN). The women with classical caesarean section were excluded.

A structured rating scale and checklist were used to assess the effectiveness of nursing interventions,

which were provided to mothers having undergone lower segment caesarean section. The reliability, validity tests had been performed.

Independent variables: Planned comprehensive nursing interventions have been provided to the mothers, who had undergone lower segment caesarean section.

Dependent variables: Coping ability with pain, free from post-natal complications, progress in general health condition of the mothers after lower segment caesarean section.

Method of Data Collection

A structured rating scale was utilised to monitor the health condition of the mothers from the post-operative day one up to discharge on the following aspects: pain level, wound-status, lochia, breast condition, post-anaesthetic complications, bowel and bladder pattern, Homan's sign, totally to the extent of 15 criteria. Each carries maximum score of 3 and the minimum score of 1 and as per the scoring, progress in the maternal health condition have been divided into Severely deteriorated, Improved moderately and Normal. A structured check list of 9 criteria, assessed the effectiveness of nursing care on the following aspects: Pain relieving measure, Wound care, Perineal care, Bowel and bladder care, Maintenance of hydration and nutritional status, Breast care, Exercises and Hygienic measures.

Results and Discussion

According to the first objective, the health condition of the mothers was assessed on a daily basis, before providing nursing care. Based on the rating scale, 93.3 percent of mothers' health condition had been severely deteriorated on post-operative day 1 and according to the second objective, comprehensive nursing care had been provided. The health

condition of mothers on day 1 and day 7 have been compared, which have been gradually improved. The overall mean at post-operative day 1 was 33.03 with standard deviation 2.51 and the mean at post-operative day 7 was 15.20 with standard deviation 0.66. The paired 't' test value of overall scores of nursing care was highly significant at $p < 0.05$ levels. According to the third objective, there has statistically been no significant difference between nursing care of mothers who have undergone lower segment caesarean section and the demographic variables.

Recommendation and Implications

The study can be replicated on large samples and also in rural maternity centres. Similar studies can be conducted among primigravida and multigravida mothers. The present study can help the nurses to enrich their skills such as critical thinking, decision making and problem solving capacity on comprehensive nursing care.

Conclusion

The study shows that the comprehensive nursing care has been more effective to improve the health condition of the mothers, who had undergone lower segment caesarean section.

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Revision of TNAI Membership Fee w.e.f. April 1, 2012

Please note as per the decision of combined EC/Council and SNA General Committee TNAI (meeting held on November 26-27, 2011 at Bengaluru, Karnataka) vide Minute No.SNA/G.C./41/2011/2 (ii) and SNA/G.C./41/2011/3 (i), following membership charges have been revised:

S.No.	Category	Existing Fee (Rs.)	Revised Fee (Rs.) [w.e.f. 1.04.2012]
1.	SNA to TNAI	2,000	2,200
2.	Annual Membership for SNA Unit Subscription per student (SNA Members)	100	150
3.	One Time SNA Scholarship Fund per student (SNA Members)	30	50