

Reasons for C-Section and Experiences of Recovery: A Qualitative Survey of US-Based Mothers



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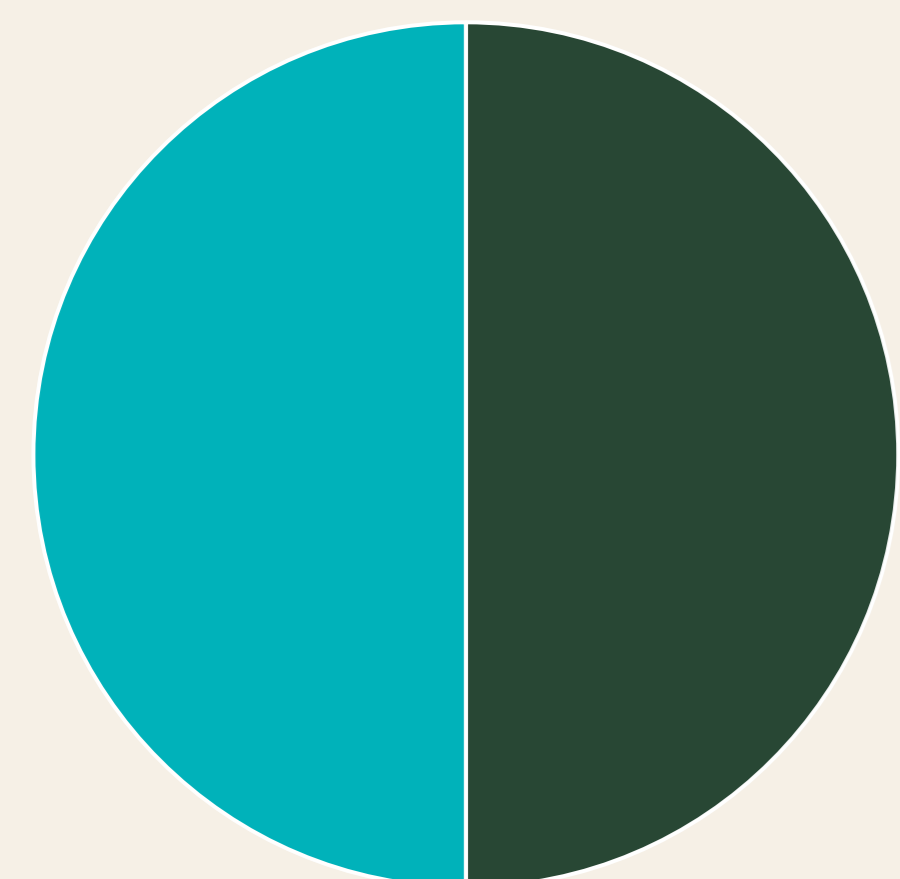
Background

Despite measures to reduce Caesarean section (CS) rates, 31.8% of babies in the USA were delivered by CS in 2020. Reasons for a mother requiring a CS delivery are complex, including medical, psychosocial and cultural factors. Despite the 'routine' nature of a CS, it is a major abdominal surgical procedure which is associated with an extended recovery period. Simple tasks such as lifting, carrying or breastfeeding the infant can be difficult and recovery may be impacted or delayed if the mother overexerts herself while trying to care for her child, or any older children. The objective of this study was to better understand the reasons for CS, respondents recovery experiences and to quantify any complications suffered.

Methods

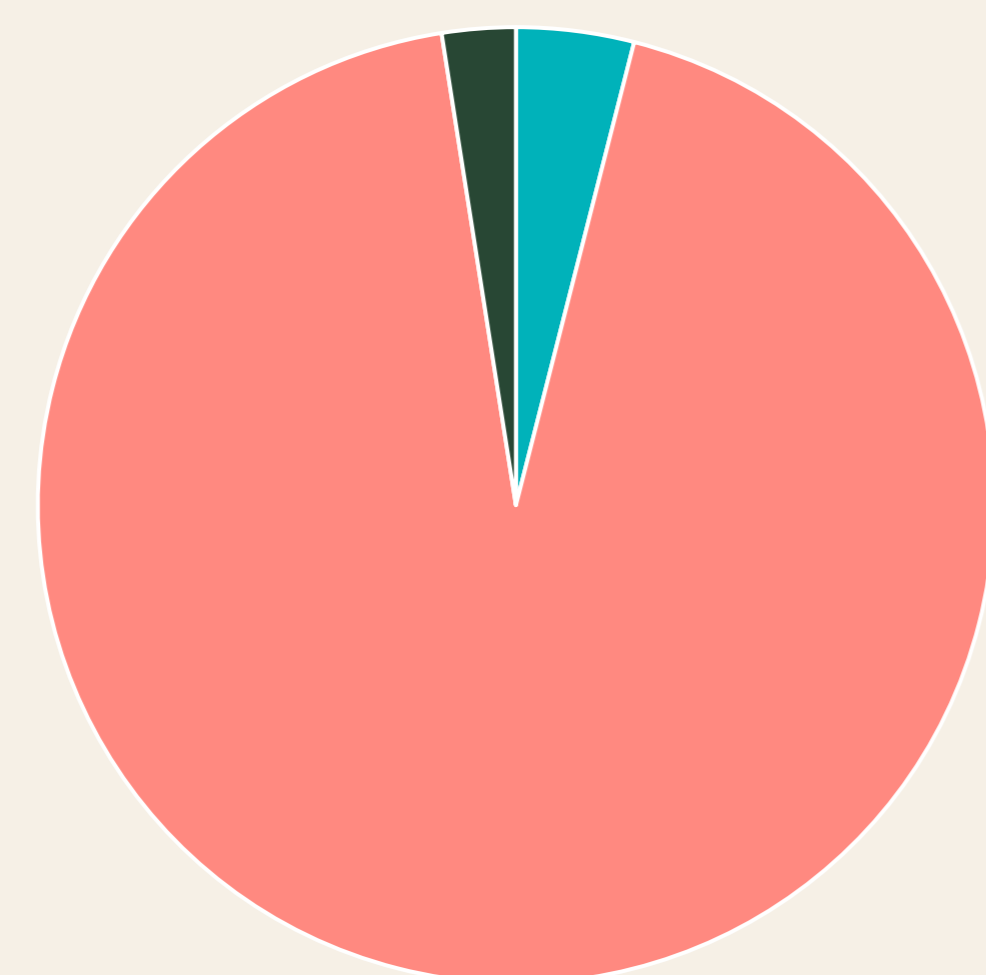
Study Design: This survey-based study captured recalled experiences of birth and recovery using an online platform. Ethical approval and informed consent was obtained. Data was collected from 201 US-based mothers, who had undergone a CS delivery in the past 6 months. The panel included both primiparous and multiparous participants. Qualitative data was collected via online survey, containing both multiple choice and free text box questions. The survey focussed on CS experience and the respondents' experiences of recovery in the short and medium term. This data was analysed for trends, with specific focus on differences in experience between first- and second-time mothers.

50% of respondents had just given birth to their first child



■ C section with first child ■ C section with subsequent child

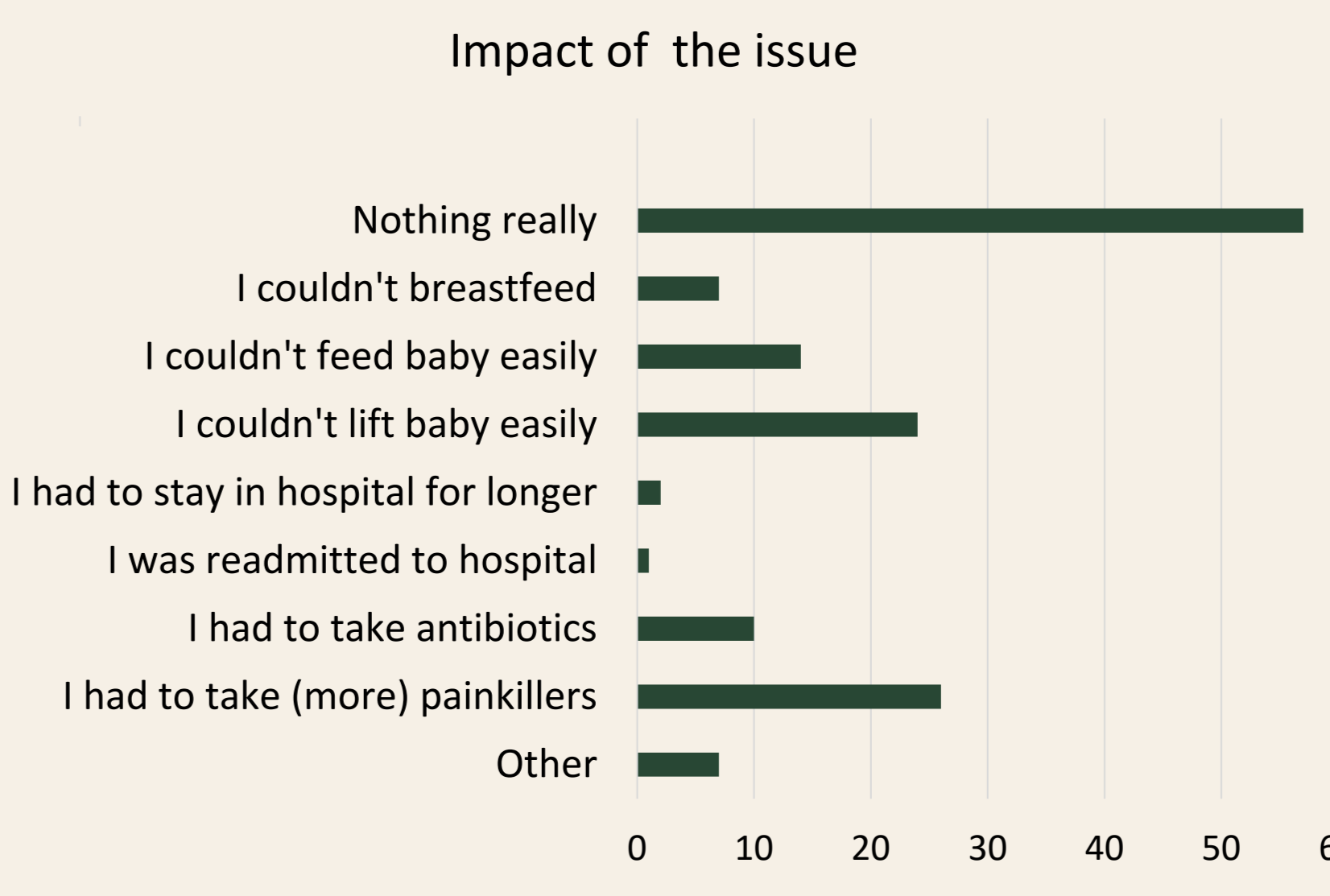
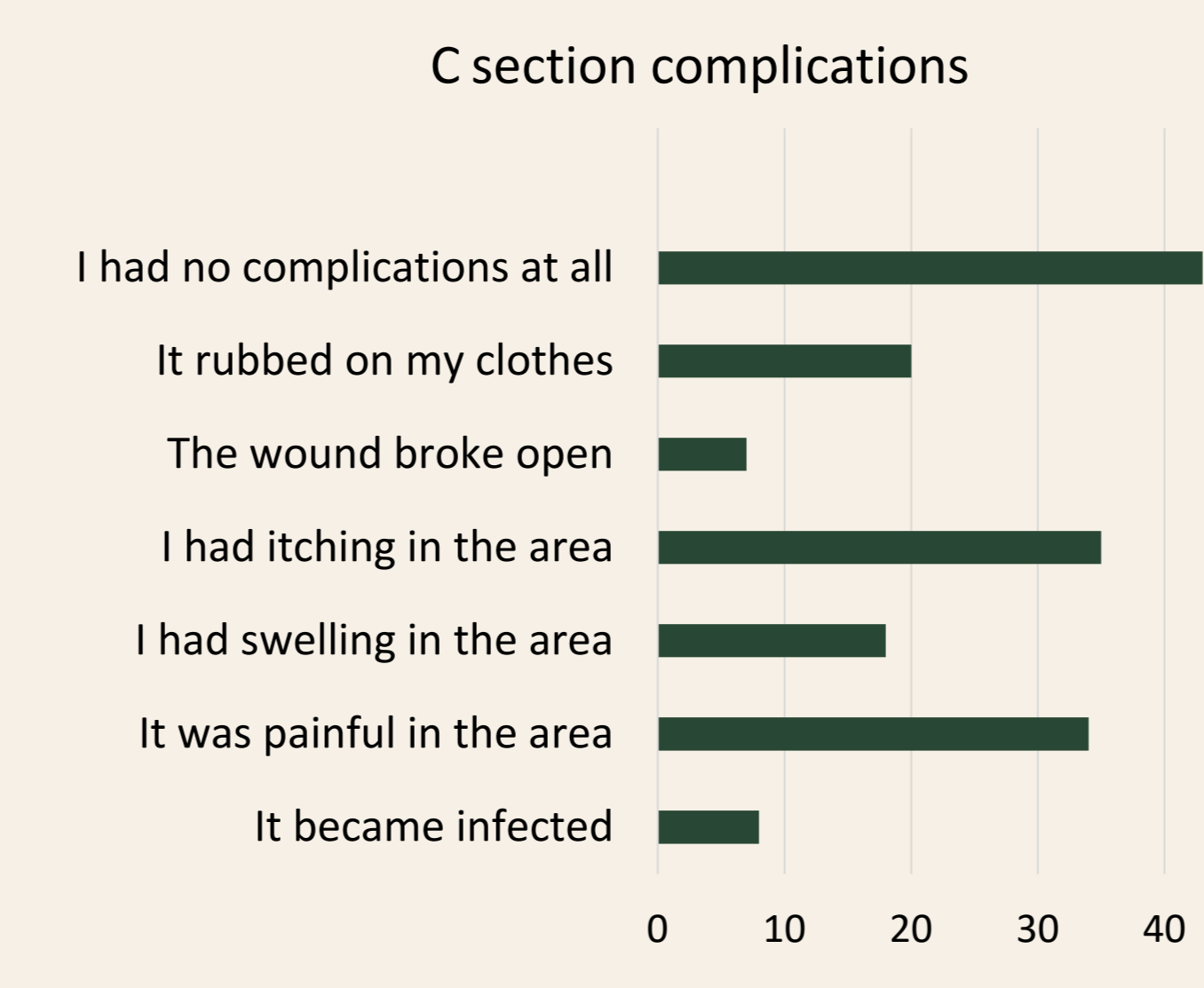
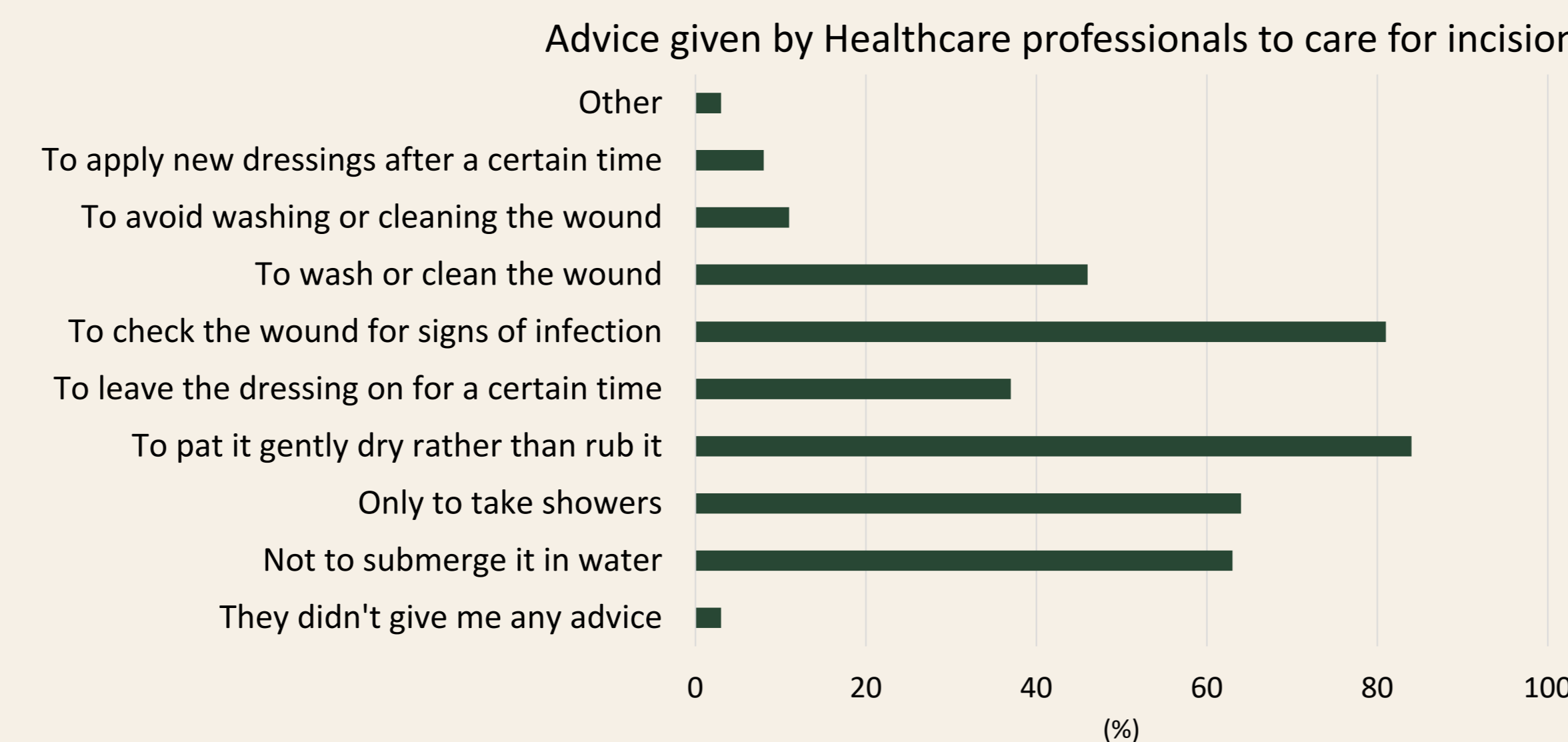
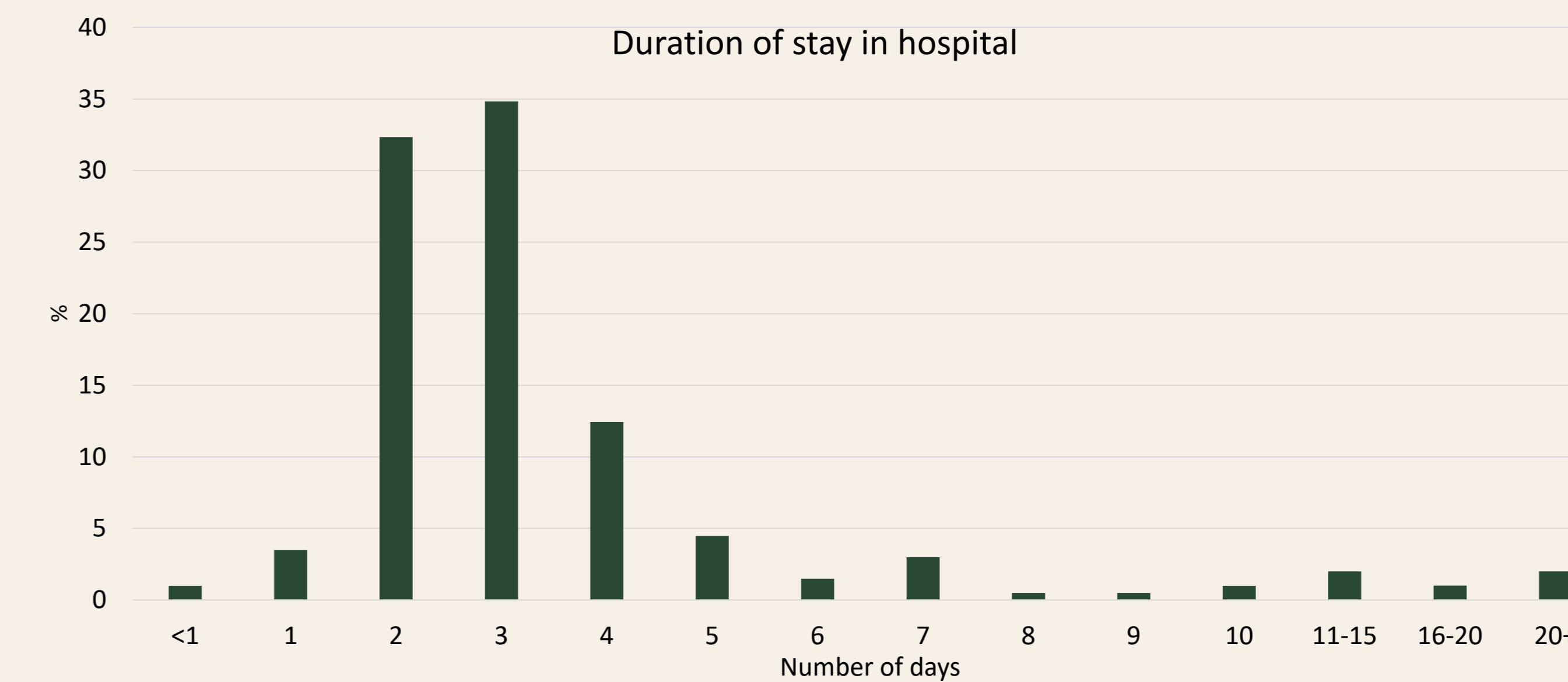
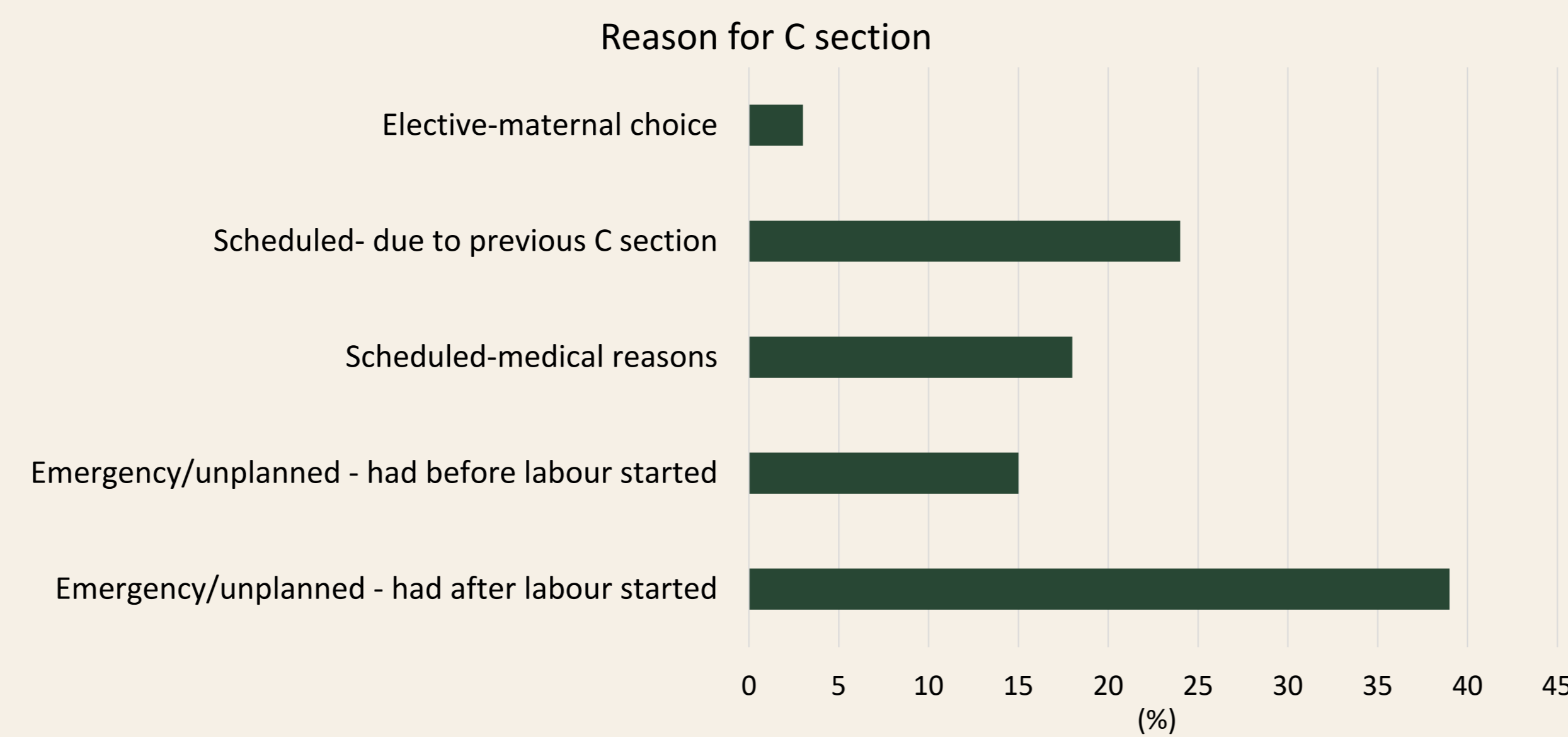
The majority had a horizontal incision



■ Vertical C-Section ■ Horizontal C section ■ Type unknown

Results:

Over half of respondents (54%) had an emergency CS, with 78% of these emergency CS taking place after labour had initiated. Other reasons for CS included; previous CS (24%), other medical reasons (18%), maternal choice (3%). Of the first-time mothers, 58% had an emergency C section which was decided after the labour had started. 46% of respondents felt the birth was harder than they expected. Average length of hospital stay was 3.9 days (primiparous; 4.4 days). Care relating to CS incision was variable, however nearly all were given aftercare advice including checking for infection (81%), avoiding baths (64%). Despite this, over half suffered complications during healing, including itching, pain, clothes rubbing and infection. This resulted in increased use of pain medication and difficulty caring for baby. Ten percent of the 201 respondents required antibiotics.



57% suffered complications with their C section incision

71% were very anxious about protecting their incision

10% required antibiotics to manage an infected wound

CONCLUSIONS

Many CS occur for emergency reasons, leaving the birthing parent underprepared for any potential complications during recovery. This may lead to anxiety, particularly relating to protecting their CS incision. Wound aftercare instructions were almost always given to patients upon discharge, however the high level of complications reported by this study population suggest that additional actions are required to ensure patients care for their incision correctly and protect it as it heals. A certain degree of pain and itching are to be expected during the healing process, but the location of a CS incision renders it vulnerable to friction from clothes which can irritate the newly-healed skin and introduce contamination. A supported self management plan to help patients care for and protect their CS incision during the healing process and may improve patient comfort and healing outcomes.