Stressors and Coping Strategies Employed by Post Cesarean Birth Mothers in North Central, Nigeria

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Abstract

Objectives: Childbirth is exciting, and a very joyful experience in women’s live. As much as its beauty, childbirth often bring about a lot of stress, which requires coping and adaptation for the mother; especially for mothers who undergo caesarean birth. Most importantly, whether or not the caesarean birth was successful, it however creates memories, sometimes bad experiences and unmet expectations difficult for post caesarean birth mothers (PCBM) to cope and in some cases may leave the mother with those memories for life. Thus, this study explored lived experiences related to stressors and coping strategies employed by PCBM in Asokoro District Hospital, Abuja, Nigeria.

Material and Methods: a phenomenological-hermeneutics research design, a sample of 19 PCBM who were able to consent for themselves were purposively included in the study and data collected through an in-depth face-to-face interview with a semi-structured interview guide. Three major themes emerged from the data analytic process.

Results: Although, few PCBMs (five) sees caesarean birth as being scary, unwomanly and cause body image dissatisfaction; majority (ten) PCBM see the process as life saving for them and their baby which is the most important advantage of caesarean birth. Hence, pregnant women should be prepared early for possibility of caesarean birth during antenatal periods and visits.

Conclusion: Due to lack of physical accessibility to medical services which is an important barrier to maternal health care access; improving accessibility should be a focus of reforms.

Introduction
Childbirth is exciting, and a very joyful experience in everywoman’s lives [1,2]. As much as its beautiful, childbirth often brings about a lot of stress, which requires coping and adaptation for the mother; especially for mothers who undergo cesarean birth [3]. Furthermore, Waniala, et al. reported that cesarean birth can compromise a woman’s bio psychosocial health [4]. Cesarean births places an additional burden on the woman, physically, psychologically, socially and otherwise; whether or not the birth process was successful, cesarean birth leaves memories, sometimes bad experiences and an unmet expectations difficult for mothers to cope with [5].

Cesarean birth accounts for most abdominal surgery, with an indication often due to; obstructed labour, multiple large babies, breech presentation, fetomaternal distress, maternal age mal-presentation, women who present with transmissible infection such as HIV/AIDS, and currently maternal preference.2 These indications for caesarean section is most often not what most parturient anticipate to go through. Hence, unbearable for mothers; while those with low level of coping may experience postpartum mood disorders [6]. Post Cesarean section wound infection,
pelvic infection, lung infection, pulmonary embolism, and anesthesia morbidities are also additional stress and complications associated with Cesarean section [7].

Furthermore, a woman’s attitude towards birth expectations, personal and subjective attributes to the meaning of giving birth could affect her feelings of satisfaction, strength, esteem, and achievement [8]. Psychological vulnerability, cultural factors, and aspects of care received also appear to influence the psychological effects of caesarean delivery [9]. Some situation such as resources, competing demands, and the ability to control a situation influences how a mother can cope with postpartum stress after a caesarean birth [10]. However, coping strategy by mothers may moderate the impact of the mothers ‘overall experiences during the postpartum period. Again, stressors often experienced in the postpartum period are physiologically (the event of cesarean birth process), socio-environmentally (the people around the mother) and psychologically produced by a variety of different situations [11]. Besides, maternal postpartum stressors have some overlapping categories of physical, intrapersonal, and interpersonal phenomena [12].

Postpartum Stressors amongst women living outside their country of origin factored language barrier, living far from family members, and friends, cultural divergence, health care providers attitude to patients, poor/lack of information on childbirth method, cry of babies, lack of breast milk postoperatively and sometimes after hospital discharge, which makes them more worried. In addition, Hoang, et al., examined Pain, infection complications, support, from partner and others, employment, and financial status as physical stressors, while psychological stressors are loneliness, lack of social support, feelings of isolation by postpartum mothers’ unsatisfied expectations, birth plan disappointment, and abandonment support [13]. He further underscores the aforementioned as threat to maternal health with a reduced physical health and energy.

Again, the rate of caesarean birth has been increased globally over the past 30 year from single digit of 1% to multiple digit of 27.4% in the developed countries and developing countries not also left out [14-16]. Countries with high caesarean section rates include United Kingdom (Europe) 27.2%in 2015 as against 19.7 in 2000, America (United States) 32% in 2015, while in China (Asia) 47%,in the middle east (Turkey 50.4%, Iran 47.9and in east Africa (Egypt) 51.8% [17]. The rate of caesarean birth in Africa is now about 8% and in the sub-Saharan African countries like Nigeria and Guinea was 6% [18], however, in Nigeria, a recent study in Bayelsa State the south-south region reported 42% rate [19], in Ado-Ekiti the south west Nigeria, reported a rate of 47% [20], south east recorded about 25% [21], north west Nigeria 19% [22] north eastern Nigeria about 16% [23] and finally in the north central Nigeria where this study is been carried out the cesarean rate is about 48.3% [24].

Although birth through cesarean section has benefits and life-saving procedure when properly indicated; however, ability to coping with challenges in the post caesarean period varies from mother to mother [25,26]. Strumpfer added that, in the post cesarean period, mothers’ responses to threats and challenges are embedded complex and varies in nature/picture, (including the event’s presentations; genetics; physical conditions; life stage, and family, social, cultural factors [27]; parity, level of education, absence of antenatal education, unexpected pregnancy [28] and unexpected caesarean section [8] These factors may color and complicate mothers’ birth experience and influence how the mother perceives, evaluates, and interprets the stressors in the postpartum period.

Likewise, Jayaseelan and Mohan reported that about 10%–20% of mothers are more vulnerable to depression after c/s delivery [29]. However, only 5% of mothers with obvious symptoms are diagnosed [29]. Frequently, post caesarean birth mothers do not verbalize the stress and discomfort experienced in the postpartum period, and even the level of discomfort and/or stress condition(s) is little valued by the mother, since the priority is attention to the newborn [30,31]. However, there is usually an interplay between past experiences, current perceptions, and the perceived results of strategies employed, resulting in reevaluation of the experience [8,32]. More so, Lazarus and Folkman mentioned that, coping strategies are not successful outcome of objective evaluation; rather it is subjective to the experience to manage a stressful event [33]. Some studies have explored stressors and coping strategies of mothers in the postpartum period after a cesarean birth [1,9,34,35]. Nonetheless, Bennett, et al. and Miller and Myer-Walls posited that seeking and relying on social support systems is one method new mothers use to cope [34,35]. Other coping strategies such as seeking assistance from professional and information from media sources have been identified [35]. Furthermore, there are no empirical studies that connect specific coping strategies with specific maternal concerns as they relate to stressors experienced by post cesarean birth mothers. Hence, this study seeks to explore stressors and coping strategies employed by post cesarean birth mothers in North Central, Nigeria.

Material and Methods
A phenomenological-hermeneutics qualitative research design was adopted since the aim is to interpret the lived experience of mothers in their postpartum period, regarding coping strategies employed by post caesarean birth mothers. This study
was conducted in Asokoro District Hospital of Abuja, Nigeria. The target population of this study was made up of post caesarean birth mothers living in Asokoro, and its environs Abuja; that were delivered of their babies through cesarean section from the delivery time to one (1) year period of postpartum; and are attending post-natal clinic in Asokoro District Hospital in FCT, Abuja, Nigeria to elicit accurate information from them.

Sample Size and Sampling Technique
A sample of 19 participants was used for this study, determined by sample saturation (a point during the interview session where no new information was observed or gotten from the participants). A purposive sampling technique was used to recruit mothers for interview.

Instrumentation for Data Collection
Semi-structured interview guide was developed. Audio recorders were used by the researchers to guide the participant in-depth interview in generating data. Trustworthiness and Rigor of the Instruments in the following:

Credibility: Measures used to attain credibility in this study were; the instrument was pilot tested with four mothers and transcription was reviewed by expert, face and content validity of the instrument was done by experts for relevance and trustworthiness. The researchers also, took the conclusion and interpretations of the data collected back to the participants of the study for respondent validity.

Transferability: the researchers collected sufficient data as much as possible with detailed description to enable readers’ access and apply in other setting.

Dependability: Dependability was established by maintaining steadiness in data collection and the procedure of analysis were employed over the period of the study. An interview guide was employed to maintain consistency, and all transcripts were read and evaluated by the researchers. Dependability was also achieved by involving the experts, who continuously offered professional advice through the progression of the study. Their suggestions and expertise was incorporated into the analysis and evaluations of decisions were made, in order to determine whether a comparable conclusion could be reached given the same data and research setting.

Confirmability: Confirmability was promoted by the researchers taking detailed interviews with tape/audio-recorder (that are represented with identification codes); the records were transcribed verbatim to identify variations in response and verification. The process and methods used were described as much in detail as possible in order to allow readers to assess and apply in other contexts. Also, the researcher transcribed texts were made available for participants for cross checking and verification.

Procedure for Data Collection
Interviews were all conducted by the researchers and the data collection strategy was an in-depth face-to-face individual interview. An interview guide consisting of three (3) semi-structured questions and possible probe questions developed to elicit a description of mothers’ concepts of stressors and coping strategies used after caesarean delivery. The interview was aimed to facilitate in the process of exploration and offer a sense of freedom, enabling participants to steer up the interview from their personal views/perspective. All the interview sessions were audio-taped on a digital audio recorder, with the permission of the participant. Each interview lasted for 20 to 30 minutes as determined by participant level of experience and talk time. Each participant was interviewed once and a code assigned for proper identification and maintenance of confidentiality.

Method of data analysis
Collected data was analyzed using six steps of thematic data analysis [36]. The goal of this approach is to maintain the “holistic nature” of the data to be analyzed. By using this approach, the digital audio-taped interviews were transcribed verbatim by the researcher and checked for correctness by reading the transcripts while listening to the audio-tapes.

Below are the steps followed:

Step 1: The recorded audiotapes were listened to, read and transcribed to analyze all the data systematically, the way they appear. This was done to make a sense out of the whole data, and ideas were jotted down as they emerged.

Step 2: The interview transcripts were picked, read and re-read one at a time. The underlying meaning of the data was sought for, and written out as topics. Topics which represent positive or negative experiences were being written out differently.

Step 3: A list of sub-topics were highlighted, and similar topics also combined together. Columns were drawn to form major topics, lone topics and leftovers, (i.e. those that fit into major topics/categories and those that did not fit into either of the categories).

Step 4: The compiled list of topics were used to compare with the data, and the topics were given abbreviations as codes. The codes were written next each segments of the supporting text, while checking if new categories and codes emerged.

Step 5: Topics were sorted from the most descriptive words, and turned into categories. Topics that are related to each other were grouped/ compressed together, in order to reduce the list of categories. Each category was checked and coded using alphabet.

Step 6: Data was analyzed systematically to explore and generate meanings, and the existing data were recorded, Reporting of the findings was done where necessary [36]. This approach has been used by
researchers to interpret phenomenon of lived experiences in health-related research [37].

**Ethical Consideration**

The ethical approval for the study was obtained from the Health Research and Ethics Committee of the Federal Capital Territory Health and Human Services. Furthermore, permission from Medical Ethics Committee of Asokoro District Hospital for this study was obtained. Permission was also sought from the heads of the postnatal clinic and immunization clinic where the mothers for the study were sorted out. Informed consent for participation was also obtained from each participant (mothers) after they were informed of the purpose of the study. The participants were given detailed introductory information about the study topic without to enable them freely the subject matter. The researchers ensured that the participants’ wellbeing was paramount, and was protected from any form of harm. The researchers also ensured anonymity by omitting names and other personal identifiers. There was no falsification; objectivity and integrity were upheld in data analysis and presentation.

Respect for autonomy: Autonomy is the right of individuals to control their actions at will. This principle means that choices and actions of the participants must be respected; therefore, the researcher ensured that participants’ right to part take in the research study were respected without an external control, coercion exploitation or persuasion. Furthermore, the researcher ensured that they have mental and psychological capacity to make decisions.

**Results**

The table below showed a total of 19 participants for this study, of which all participants are married and all except one had a tertiary level education. The age range of the participants is within 28 and 49 (majority are within their 30s), the range of children they have is between 1 and 5 (with majority with 3 children) and monthly estimated income for the household is between 50,000.00 and 600,000.00 (fifty thousand naira and six-hundred thousand naira). Majority (10) of participants husbands are civil servants, others are self-employed, clergy, military or works with the private sectors. Also, majority (13) of participants revealed that they did exclusive breastfeeding for their babies.

<table>
<thead>
<tr>
<th>Items</th>
<th>Age</th>
<th>Marital status</th>
<th>Education</th>
<th>Earn a Living</th>
<th>Husbands Occupation</th>
<th>Estimated monthly income</th>
<th>No. of children</th>
<th>Breastfeeding pattern</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>35</td>
<td>Married</td>
<td>Tertiary</td>
<td>Self-Employed</td>
<td>Civil servant</td>
<td>#200,000.00</td>
<td>5</td>
<td>Mixed</td>
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<tr>
<td>P2</td>
<td>38</td>
<td>Married</td>
<td>Tertiary</td>
<td>Self-employed</td>
<td>Civil Servant</td>
<td>150-200 Thousand</td>
<td>3</td>
<td>Mixed</td>
</tr>
<tr>
<td>P3</td>
<td>33</td>
<td>Married</td>
<td>Tertiary</td>
<td>Public servant</td>
<td>Civil servant</td>
<td>#300,000.00</td>
<td>3</td>
<td>EBF</td>
</tr>
<tr>
<td>P4</td>
<td>37</td>
<td>Married</td>
<td>Tertiary</td>
<td>Civil servant</td>
<td>Civil servant</td>
<td>50,000.00</td>
<td>4</td>
<td>EBF</td>
</tr>
<tr>
<td>P5</td>
<td>40</td>
<td>Married</td>
<td>Secondary</td>
<td>Civil servant</td>
<td>Civil servant</td>
<td>100,000.00</td>
<td>3</td>
<td>EBF</td>
</tr>
<tr>
<td>P6</td>
<td>33</td>
<td>Married</td>
<td>Tertiary</td>
<td>Private Organisation</td>
<td>Self-Employed</td>
<td>250,000.00</td>
<td>1</td>
<td>EBF</td>
</tr>
<tr>
<td>P7</td>
<td>38</td>
<td>Married</td>
<td>Tertiary</td>
<td>Civil servant</td>
<td>Civil servant</td>
<td>290,000.00</td>
<td>3</td>
<td>Mixed</td>
</tr>
<tr>
<td>P8</td>
<td>29</td>
<td>Married</td>
<td>Tertiary</td>
<td>Civil servant</td>
<td>Civil servant</td>
<td>100,000.00</td>
<td>1</td>
<td>EBF</td>
</tr>
<tr>
<td>P9</td>
<td>36</td>
<td>Married</td>
<td>Tertiary</td>
<td>Self-employed</td>
<td>Civil servant</td>
<td>100,000.00</td>
<td>3</td>
<td>EBF</td>
</tr>
<tr>
<td>P10</td>
<td>31</td>
<td>Married</td>
<td>Tertiary</td>
<td>Civil servant</td>
<td>Civil servant</td>
<td>500,000.00</td>
<td>3</td>
<td>EBF</td>
</tr>
<tr>
<td>P11</td>
<td>33</td>
<td>Married</td>
<td>Tertiary</td>
<td>Civil servant</td>
<td>Clergy</td>
<td>100,000.00</td>
<td>2</td>
<td>EBF</td>
</tr>
<tr>
<td>P12</td>
<td>49</td>
<td>Married</td>
<td>Tertiary</td>
<td>Civil servant</td>
<td>Self-employed</td>
<td>250,000.00</td>
<td>1</td>
<td>EBF</td>
</tr>
<tr>
<td>P13</td>
<td>39</td>
<td>Married</td>
<td>Tertiary</td>
<td>Civil servant</td>
<td>Self-employed</td>
<td>300,000.00</td>
<td>3</td>
<td>Mixed</td>
</tr>
<tr>
<td>P14</td>
<td>36</td>
<td>Married</td>
<td>Tertiary</td>
<td>Civil servant</td>
<td>Military</td>
<td>150,000.00</td>
<td>3</td>
<td>EBF</td>
</tr>
<tr>
<td>P15</td>
<td>32</td>
<td>Married</td>
<td>Tertiary</td>
<td>Self-employed</td>
<td>Private</td>
<td>200,000.00</td>
<td>4</td>
<td>Mixed</td>
</tr>
<tr>
<td>P16</td>
<td>31</td>
<td>Married</td>
<td>Tertiary</td>
<td>House wife</td>
<td>Private</td>
<td>150,000.00</td>
<td>1</td>
<td>EBF</td>
</tr>
<tr>
<td>P17</td>
<td>31</td>
<td>Married</td>
<td>Tertiary</td>
<td>Self-employed</td>
<td>Public servant</td>
<td>200,000.00</td>
<td>2</td>
<td>EBF</td>
</tr>
<tr>
<td>P18</td>
<td>32</td>
<td>Married</td>
<td>Tertiary</td>
<td>Civil servant</td>
<td>Civil servant</td>
<td>100,000.00</td>
<td>2</td>
<td>EBF</td>
</tr>
<tr>
<td>P19</td>
<td>28</td>
<td>Married</td>
<td>Tertiary</td>
<td>Self-employed</td>
<td>Self-employed</td>
<td>600,000.00</td>
<td>1</td>
<td>Mixed</td>
</tr>
</tbody>
</table>
Table 2: Theme on Caesarean Delivery Experience of Post Caesarean Birth Mothers

<table>
<thead>
<tr>
<th>Theme 1: Caesarean Delivery experiences of PCBM</th>
<th>Excerpts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Category 1: The Nature of Caesarean section</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Subcategories</strong></td>
<td>Excerpts</td>
</tr>
</tbody>
</table>
| Caesarean birth is scary                      | No...it’s not scary and I advise mothers to always go to a good hospital, where you won’t have problem, and before you know it your out of it and return back home. P2  
... Hmmm well, it is not easy, even the CS is something that before is been done, there is this panic in you, a kind mixed feeling of how the whole procedure would go... P3  
But I think the surgery was not as bad as I actually thought, things are better now and the pain gone.  
When I was informed about going through the C/S, I panicked, but they tried explaining to me in such a way that I would not have fear, and hmmm..., that, I appreciated that actually because it helped me to calm down. Otherwise it would have been very scared. But, thank God for the information from the health workers, it really calm down my stressful mind of thinking and other things. |
| Avoiding the pain of Spontaneous Virginal Delivery | ...I didn’t want to have a caesarean birth... I didn’t feel it was normal.  
Hmmm..., for me Ooh! I don’t like it because it was not easy and so painful, you understand right; It was not painful while the surgery was ongoing but you start feeling serious pains once you’re out of the theater. I preferred the normal delivery that I will stand and do things on my own but this one (c/s) I have to lie down there so; I think I preferred normal delivery to CS. P9 |
| Painless to painful                           | Well, there are no much challenges, apart from the normal/regular pains you will experience and like in my own case the C/S was well done hence I didn’t have much challenge, few days after the C/S I was up and doing, going about my activities P2  
... but actually it’s not too hard because it has reduce the stress of that painful labour, hmmm... removing the baby and been under anaesthesia is like painless at the moment though after like 24hours or less than 24hours or there about you start feeling pains at the site of the operation, P3 |
| Restrictions with CS                          | First, every woman that undergoes C/S has a lot of restriction; you’re not just a normal woman that is: ok..., ‘just go to work, doing things like bending down or carrying out some vigorous activities’. You have to be very careful, even exercises we are not allowed to indulge in until after 6 months... hence you have to be very careful in terms of working and physical activities. P13 |
| Caesarean birth Preparedness                  | Prepared  
Yes, I was prepared for it because of my previous experience; I have had two pregnancies that ended in still birth. So my doctor assured me this time I will have my baby alive and hence had advised I opt for C/S which I accepted after I was properly counseled. really wanted to see my baby so I accepted the procedure, prepared for it, went for it and I came back with my baby. P2  
I prepare for it because, this is not my first time and this is not my second time. This is the third time have had CS. So I have an idea about it and knew something like this would come up which i have to bear. P5  
OK yes, I can remember that the choice for CS was actually based on the fact that my baby was on transverse lie, and after i have been educated by the medical team, taking care of me, we made the informed decision to do a CS. The preparation was good enough. I was emotionally and physically ready for it. P10  
Not Prepared  
But I was not really prepared for it; I only came for check-up and was told and booked for C/S the next week. So it was not funny, but lucky enough within the one week i got prepared and everything was arranged before I came and they did the c/s quite alright, and it was successful. P18 |
### Table 3: Theme on Caesarean Delivery Experiences of Post-Caesarean Birth Mothers (cont.)

<table>
<thead>
<tr>
<th>Subcategories</th>
<th>Excerpts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Super-Luckiest Woman: The care and support Received</strong></td>
<td>Thank God for the Health workers. The care in the hospital was very good and the staff were very supportive, they tried to calm me down in any situation that tries to be ugly. They tried to calm me down in the hospital. They were very supportive and they come around to bath me, bath the kids and they do that on time. P1 ...but I Thank God for the health workers actually where I delivered, they are very good, attended to me promptly, gave me some pain reliever as at when due and hmmm... also trying to ask if there were any unmet complaint anywhere, also dressing up the wound... P3 Wow! Well I will say am one of the supper or luckiest women because right from when I was pregnant from the care giver, the nurses the attendant, everybody that attended to me, was so supper they were so up and doing. P7</td>
</tr>
<tr>
<td><strong>The Joy of seeing the child</strong></td>
<td>I don’t know how to put it in English medical terms, but it was too bad. It was after the surgery I saw my baby and I was happy and then that was when the pain started but during the surgery there was no pain at all, perhaps due to anaesthesia effect.</td>
</tr>
<tr>
<td><strong>The Preference for Spontaneous Vaginal Delivery over Caesarean Birth</strong></td>
<td>...I didn’t want to have a caesarean birth... I didn’t feel it was normal. Hmmm... for me Ooh! I don’t like it because it was not easy and so painful, you understand right; It was not painful while the surgery was ongoing but you start feeling serious pains once you’re out of the theater. I preferred the normal delivery that I will stand and do things on my own but this one (c/s) I have to lie down there so, I think I preferred normal delivery to CS. P9</td>
</tr>
<tr>
<td><strong>Psychologically Satisfying</strong></td>
<td>Psychologically hmm, C/S was the only option medically at that point. I would have loved to have delivered by myself SVD; it would have been more satisfying to me honestly speaking. But at that point C/S was option to save my life and that of the baby, so I accepted it. P13</td>
</tr>
<tr>
<td><strong>Different kind of care for PCBM</strong></td>
<td>Am been affected Psychologically because I believed was supposed to give birth normal, for a woman it is not easy for them to be cutting you all the time, the joy of a mother is when you give birth and give birth by yourself and come home, but if C/S is destined for me to save my life and the baby’s life, then I have to accept it for both of us to come out healthy and strong. Psychologically now am stable but for the first month the stress of taking care of the child, and going through the pains, not having my full bath, just cleaning yourself and all that. It was not funny as my body kept itching and so discomforting. But I thank God am fine in all. P18</td>
</tr>
</tbody>
</table>

The above table showed theme 1-category 11: perceived experience of PCBM. The subcategories are: Super-Luckiest Woman: The care and support Received, The Joy of seeing the child, The Preference for Spontaneous Vaginal Delivery over Caesarean Birth and Different kind of care for PCBM.

Research Question two: What are the common challenges perceived by PCBM in ADH, Abuja?
The question on the common challenges perceived by PCBM in ADH, Abuja reveals the emergence of one theme. The theme is perceived challenges faced by PCBM.

Theme two: Perceived challenges faced by PCBM
Participant expressed their challenges in the postpartum period after their C/S. Six categories emerged, which are, Physiological/Biological stressors, Physical stressors, Psychological challenges, perceived Social-environmental challenges, financial/economic stressors and perceived cultural challenges. These categories also emerged sub-categories as shown in table five to ten as presented below.
Table 4: Themes on Perceived Challenges Faced by Post-Caesarean Birth Mothers

<table>
<thead>
<tr>
<th>Theme 2: Perceived Challenges by Post-Caesarean Birth Mothers</th>
<th>Excerpts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Category I: Physiological/Biological stressors</strong></td>
<td></td>
</tr>
</tbody>
</table>
| **Breastfeeding Challenges**                                  | Breastfeeding is troublesome  
Breastfeeding them is challenging since they are twin and I didn’t have that strength since there is cut in me and it was so troublesome in the sense that, if the first one calm down and I say let me have my sleep/rest, before like I will say let me have my sleep, the other one comes up again with trouble. P1  
They didn’t really have enough breast milk because of the stress i experienced. The stress was associated to me not having a helping hand at home; I mean a good support  
I could not cope with the exclusive breastfeeding because of the pains of C/S, again had pre-eclampsia before the C/S so with all these stress and other discomforting situations I decided to mix feed the baby to enable merest and also sleep well. P7  
I had a flat nipple, breast feeding the baby was a challenge and the pain after the surgery was also there. So I was managing pain for myself and also ensuring baby was able to suck when my nipple was flat. So all that was a stressor. And going and coming, going and coming. Again I didn’t start breast feeding immediately, because the breast milk was not flowing, when it started flowing eventually, baby was not sucking well but the midwives kept encouraging me to put baby to suck, so that he would not develop jaundice and extend hospitalization, it was a lot of stress for me. P6  
Breastfeeding is uncomfortable  
Actually what stresses are; hmmm... is breastfeeding the baby after the C/S. Sometimes is so uncomfortable the way the baby would lie on your laps, because you also have to careful with the wound and you want to place the baby properly, so those aspects sometimes are stressful P7  
The Need to eat properly  
Baby friendly is quite good, no big deal about that. The only thigh you need do is to eat very well as the mother, when you eat very well, you lactate well to breastfeed your baby and before you realise it baby is already six months old ready for complementary feeding. P5 |
| **Pain and reduced mobility**                                  | Caesarean section is one stressful situation and hmmm….., I thank God for my family members that have been around me, otherwise the stress would have been worsen if there was nobody around. sometime you want to do things all by yourself but you are not able to do them, simply because you’ve been careful of the wound site and at the same time some acute or chronic excruciating pains that you experience causing a whole lot of stress and discomforting situation. P3 |

The above table showed theme 2: Perceived Challenges by PCBM, with category I as physiological/biological stressors and subcategories: breastfeeding challenges and pain and reduced mobility as they emerged from the process of data analysis.

Table 5: Themes on Perceived Challenges faced by Post-Caesarean Birth Mothers (Cont.)

<table>
<thead>
<tr>
<th>Theme 2: Perceived Challenges by Post-Caesarean Birth Mothers</th>
<th>Excerpts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Category II: Physical Tensions</strong></td>
<td></td>
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</tbody>
</table>
| **Trouble with care**                                         | Self-care  
...do you know I could not even bath, initially on my first day post operatively, it was the nurses that bathed me ooh, at the hospital so even when I got home they said water should not touch the wound site, and I imagined how that could be possible. To avoid any complications I used my initiative by just dry cleaning my body till i was 10 weeks postpartum, it was like the 6th week before I was able to stand and pour water on myself. P4  
Hmmm, you can't full control of yourself; to dress up the way you want, move/walk the way you want. P3 |

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Thug-of-war Between baby and self-care

...Another thing actually, there are some things that you have to do yourself for the baby and manage yourself, not everyone around you can handle things your own way in order for you to cope, I’d wished for the baby to be cared for separately while I rest but that was not the case as I would wake up and then attend to the baby, it’s a little challenging. I’d wish... somebody can take care of baby and you just concentrate on yourself or perhaps it was SVD to enable you do things freely the way you want to do it. P3

I had a baby with low birth weight and you know, I wasn’t able to pay full attention to myself, my body, the healing process after the C/S, all attention was shifted to having a healthy baby and which was a stressful period...P10

**Inadequate information**

To be honest, I wasn’t given so much information, which I would still talk to you about. The information was very scanty/poor; I was expecting them to hmmm..., give me so much information about the whole procedure and the expectations thereafter to prepare me ahead. The information I gathered was mostly from co-patients and their relatives on the ward, those people that have had C/S operation.

So, most information that helped me was from patients on the ward. But for the nurses and the doctors, maybe they felt we are supposed to know it all since C/S is now regular procedure in the society. And then I used the information I got from some of the patients for myself..., you understand So after we came back from the C/S, I was asked to just lie down flat, but the nurses didn’t even tell me about it, it was from other patients I heard about it, though I kept my head straight, they would instruct me to lie down, not to turn my head, don’t turn here but they won’t tell you the implication to that action. All these information i got it from people that previously had C/S b/4. P15

Yes, I was ....in fact I was previously informed during antennal and even before i went. Especially in my own situation, I was a kind of a special patient. special in the sense that i was even having heavy complications before i went in to the c/s. so I was informed in all angles

**Not getting enough sleep**

I didn’t get enough sleep that was required of me to settle down and that really affected me. It’s been challenging since I gave birth to them, haven’t slept for like three hours at a stretch. P1

Research Question three: What are the available strategies frequently used by post cesarean birth mothers in coping management in ADH, Abuja.

**Table 6: Stress/Challenges and Frequently Used Coping Mechanism Employed by Post Caesarean Mothers**

<table>
<thead>
<tr>
<th>CHALLENGES</th>
<th>COPING MECHAMISM</th>
</tr>
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<tbody>
<tr>
<td>Physiological/biological stressors</td>
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<tr>
<td>Breastfeeding Challenges</td>
<td>Mixed feeding/Complimentary feeding</td>
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<td>Milk Expression</td>
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<tr>
<td>Pain and reduced mobility</td>
<td>Self-bearing</td>
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<td></td>
<td>Cooperating with the health team</td>
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<td></td>
<td>Adhering to medication regimen</td>
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<td>Rest and sleep</td>
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<tr>
<td></td>
<td>Support from family and friends</td>
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<tr>
<td>Personal stressors</td>
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<tr>
<td>Trouble with self-care</td>
<td>Self-encouragement and determination</td>
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<td>Inadequate information</td>
<td>Healthcare support</td>
</tr>
<tr>
<td>Between baby and self-care</td>
<td>Healthcare support</td>
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<tr>
<td>Psychological challenges</td>
<td></td>
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<tr>
<td>Body image Dissatisfaction</td>
<td>Health Information and self determination</td>
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<tr>
<td>Scare of c/s and Fear of the unknown</td>
<td>Health Information and self determination</td>
</tr>
<tr>
<td>Social-Environmental Challenges</td>
<td></td>
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</tbody>
</table>
The family
Lack of understanding
The Hospital
Financial/economic stressors
Economical Perspective/Financial constraint
Cultural Challenges
Misconception about Caesarean birth

Support from family and friends
Healthcare support

<table>
<thead>
<tr>
<th>Theme 3: Advice to mothers by Post-Caesarean Birth Mothers</th>
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</thead>
<tbody>
<tr>
<td><strong>Category I: Thought by Experience</strong></td>
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<tr>
<td><strong>Subcategories</strong></td>
</tr>
<tr>
<td><strong>Excerpts</strong></td>
</tr>
<tr>
<td>Avoid Quacks</td>
</tr>
</tbody>
</table>
| My advice to other mothers is to always visit qualified hospital for treatment and avoid patronising quacks ("I advise mothers to go to a better place, a good hospital. When you go to a good health facility you don’t have problem, and before you know it, you are out of it"). P2
| ...So in summary visit qualified hospital and also adhere to the instruction of the health personnel to fast tract your healing process. |
| Adhere to treatment regimen                               |
| ...In Summary I will say is, go to the right place, look for the right hospital, don’t go to quacks and stick to the instruction your doctors and nurses gave to you. Do what your asked to do and you will heal fast and will come out of it fast. P2 |
| Be grateful to God                                        |
| So whether I go through C/S or not if it’s God’s will for me to deliver normal without going through C/S I will still be grateful and now that its C/S am still grateful to God Almighty. P14 |
| Stay Positive                                             |
| Is to stay positive, have a positive mindset knowingly it’s just a phase in life which will pass and at the end of it I will bring forth and carry my baby. This is something that gives us joy and makes us happy and cope better. P3 |
| Trust in God                                              |
| Hmmm... even when you don’t have anyone to give you support or assist you, you should place your hope and trust in God for strengthen you. Have been able to cope well with this mind set. P3 |
| Someone to help                                           |
| ...Off course you need someone to help or assist with the house chores, the older children and some other things. But in my case my mother had left earlier to resume her official job, and there was no capable hand I could trust. The person staying with me wasn’t really helpful; I was even the one taking care of her... Laugher...infact I was practically doing everything; waking her up from sleep, and when I fail to wake her up, she could sleep beyond 8 O’clock. P13 |
| The key is Proper information                             |
| With good education people will conveniently opt for C/S and cope without much hesitation when the need arises rather than saying it’s not my portion, God forbid, I want to deliver like the Hebrew woman and the likes. The health personnel also should educate women accurately in the antenatal period to guide us ahead of time; it is not a must you deliver by yourself. If surgery is the best option by the medical personnel, with good education I think people will always opt for surgery, I think education, education, education is the key. |

**Discussion of Findings**

Birth experiences of PCBM are divergent, and greatly determined by the outcome of the delivery, experiences of pain, support and care received during the process, as well as other pre-existing conditions [38]. Birth experience is defined by Larkin et al. as an individual’s life event, which are interrelated subject to psychological and physiological processes, influenced by social, environmental, organizational and policies factors. Empirical literatures have shown that birth experiences influence the choice delivery method for subsequent pregnancies [39-41], and that mothers with positive birth experiences tend to have an optimal health in the postpartum period. While those with negative birth experiences tend to come up with postnatal depression and post-traumatic stress symptoms [40].

Nevertheless, it is worthy of note that as much as the importance C/S places in potentially protecting both mother and baby from harm, it is also linked with
portending short- and long-term physical and psychological risks which may in later years and affect the health of the woman, her child, and even future pregnancies [42]. Based on the shared views from PCBMs who participated in the study, three (3) major themes emerged from data collected and analyzed. They are: Lived-experiences of PCBMs, Common Conditions Perceived as Challenges and advice to mothers. Hence, this chapter based its discussion on the themes mentioned above.

**Theme 1: Lived-experiences of Post Caesarean Birth Mothers**

The nature of caesarean section and perceived expectation of PCBM were the categories that emerged under theme one. Furthermore, Caesarean birth is scary, by avoiding the pain of spontaneous vaginal delivery, painless to painful, restrictions with CS, and Caesarean Birth preparedness are sub-themes under the category one of theme one.

**The Nature of Caesarean Section**

Hashemi in a study previously conducted expressed anxiety and stress are considered psychological complications that could affect mothers that underwent a cesarean section and which often time occurs due to fear of the unknown associated with surgeries, getting into an unfamiliar environment, not being in touch with family, lack of knowledge and awareness about the entire process and the possible lifestyle changes that comes with C/S [39].

**Perceived Expectation of PCBMs**

This category is made up of the following sub-categories: Super-Luckiest Woman: The care and support Received, Joyful experiences: not the CS but the baby, The Preference for Spontaneous Vaginal Delivery over Caesarean birth and different kind of care for PCBMs are sub-themes under the category two of theme one.

**Super-Luckiest Woman: the care and support Received**

This study showed that mothers felt super-lucky and expressed satisfaction with their caesarean process and postnatal stay in hospital because of the care and support they received from the health care team and also, indicated that, satisfaction with care could have increased if their partner and relatives were allowed to stay with them in the ward. One participant expressed that, 

"I could not have imagined how I would have coped on the ward without the help of the nurses, relatives, and even my husband ...and all those that have stood by me this period".

In line with this, different empirical reports have highlighted the importance of the health care team [43-45], however, some other studies also indicated that, husband’s presence had been highly appreciated by women who have given birth by caesarean section [46,47]. More so, irrespective of the mode of delivery, research has shown that women place value and benefit from the presence of having someone support during childbirth/postpartum. Such type of support may be emotional support (continuous presence, reassurance and praise) and information about the labor progress. Advice about coping measures, comforting measures (soothing touch, massage, warm baths/showers, encouraging mobility, encouraging adequate fluid intake and output) and speaking up when needed on behalf of the woman. Insufficient support during childbirth has made women feel terrible in the postpartum period [46].

**The Joy of seeing the child**

The fulcrum of obstetric care is to ensure both mother and baby are physically healthy [42]. Most mothers in this study were filled with joy at the first sight or cry of their baby and a participant expressed that 

"...It was after the surgery I saw my baby and I was happy ... and what I cared about is to have a live baby".

Hence, the process and/or mode of delivery no longer matter anymore.

**The Preference for Spontaneous Vaginal Delivery over Caesarean Birth**

In this study most mothers envisioned vaginal births while majority knew it was going to be a caesarean birth for them. However, majority of the participants in this study expressed that, they would have preferred SVD. One participant shared,

I didn’t want to have a cesarean delivery... I didn’t feel it was normal.

Many times, feelings of acceptance of caesarean birth would be impeded by people’s comments, ideation inclined to culture/tradition/religion; especially when it has to do with the pride of not having the womanly experience through SVD. In fact, some women would struggle with feelings of grief over “not having that womanly experience. “A participant expressed,

“Psychologically is affecting me because I believed am supposed to give birth normal, for a woman it is not easy for them to be cutting you all the time, the joy of a mother is when you give birth and give birth by yourself and come, but if that is destined, now don’t have the option to save the life of yourself and your child you have to do it so that the both of you will be healthy and strong. Psychologically now am stable but for the first month the stress of taking care of the child and passing through the pains, going without bathing, you will just clean your waaoo (your body) it was not funny my body will be scratching g (itching) me and I was not comfortable. But I thank God at the end of the day am fine”.

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**Theme 2: Common Events and Conditions Perceived as Challenges**

There are reports of drastic upsurge of caesarean section (CS) worldwide in the last three decades, particularly in middle- and high-income countries [42]. Globally, CS rates have almost doubled between 2000 and 2015, from 12 to 21% [48]. This increase still does not reflect the rate of easy acceptance of C/S as an alternative birth method for women, other than vaginal delivery in most Africa countries; this is because most African women still tilt to towards traditional beliefs and often think that caesarean section signifies reproductive failure [49].

**Stressors**

**Breastfeeding Challenges**

The options of whether to breastfeed a baby is not considered for most women in Nigeria, because it is seen traditionally as a pride, womanly and a necessity for a mother to breastfeed her newborn. Evidence-based studies has reported the need and importance of breastfeeding within the first hour post-C/S delivery and citing that breastfeeding within the first hour after C/S delivery has an important indicator of a continuing breastfeeding [50]. However, reports have shown that women who deliver by C-section delivery are less likely to breastfeed, or have a delay in breastfeeding initiation [51]. Skin contact has been suggested to improve breastfeeding initiation, maintenance and duration [52]. Delayed breastfeeding initiation after C-section delivery is associated with maternal/infant separation, reduced suckling ability, and maternal threshold to pain and insufficient milk production, which are all challenges of breastfeeding [53].

A participant expressed that

"actually the stresses is; hmmm... you do c/s is how to breastfeed baby, the way the baby would lie on your laps, sometimes is uncomfortable, because you’re also been careful with the wound and you want to place the baby properly, so those aspects sometimes it is a bit stressful".

Though, the joy of breastfeeding a child cannot be over emphasis, however, the physical discomfort accompanied the process of caesarean birth are perceived as negative and contributed to in-effective breastfeeding pattern. A participant added that

"I could not cope with the exclusive breastfeeding of my baby because as a result of the c/s I had, was having pre-eclampsia before birth so with all these stress and other things put in place I now said instead of me breast feeding for 24 hours or breast feeding for some hours why not supplement so that I can sleep well”.

In support to this study, a previous study reported that mothers who gave birth via C-section were more likely to discontinue breastfeeding compared to those who delivered vaginally [53].

**Physical Tensions**

Many women in this study expressed that after the caesarean section, they were not completely their selves. Authors have reported that in expectation of caesarean section outcome, the perceived physical threats are not considered important. However, Kazemi et al. expressed that when the mothers perceived physical threats (whether imaginary or ideal) are neglects, it could further result or be associated with various psychological problems [54].

"do you know I could not even bath, initially on my first day post operation it was the nurse that bath me ooh, at the hospital so even when I got home they said water should not touch that place, and I was imagining how would I bath that water would not touch the site, so to me I just used some home-sense, I wasn’t bathing seriously...I was only cleaning myself each time I enter the bathroom,...I continued until, this is my 10th week. It was like the 6th week before I was able to stand and pour myself water. P4 Hmmm, you can’t just be yourself completely; to dress up the way you want, move the way you want. P3

**Inadequate Information**

Very importantly is the question—how “informed” are women indicated for caesarean section informed of the indication for CS, pre- and post-preparations or what are to be expected to be informed? So many times, it has been proven in many studies that women indicated for cesarean delivery are not properly informed especially in developing countries like Nigeria. Kirane et al. noted that, while most of the cesarean sections are done in good faith of the patient, it does not escape the confines of consumer awareness and protection.55 In this study, mother expressed that, they did not get as much information about the indication and the process as required. However, information gotten was given by other patients in the ward. A participant expressed this:

To be honest, I wasn’t given so much information, which I would still going to talk to you about. The information was very poor, I was expecting them to hmmm..., give me so much information on about how it will go and after it to prepare me for what the challenges, changes and all that, the..., what am expected to do, no information. The information I gathered was mostly from the people in the ward, those people that have done the operation before and those people that have done it before they even got to the hospital, some that have had their children before. So they just told me some few things which I was able to gather. But for the nurses and the doctors, they just feel we are supposed to know it, since is like a general thing that like so many people do which I asked and they gave me some. And then I used the information I got...
from some of the patients for myself... you understand So after we came back from the c/s, I was told to just lie down flat, but the nurses they didn’t even tell me about it, it was from the patient I even heard about it, though I kept my head straight, they would just say madam lie down don’t turn your head, don’t turn here but they won’t tell you what turning can cause to your health. P15

Psychological challenges
There rapid changes in body shape starting from the pregnancy period, some of which persist for some period and extended to the time after delivery and may cause dissatisfaction with body shape to the woman/mother [56]. In this study most mothers expressed that they did not like how they look after going through the caesarean section; mostly because it comes with a body size that is not socially accepted, one can no longer wear clothes and shoes as desired, and other problems that results to feeling embarrassed, dissatisfaction and mental break-down.

Cultural perspective
Delay in receiving obstetric care is one of the contributing factors to maternal mortality in the low- and middle-income countries like Nigeria. These delays in accessing maternal health services can occur in different phases [57]. Phase 1) delays in decision to seek ‘appropriate’ medical care on time on the part of the individual, family (including spouse) or both. Phase2) delays in reaching an appropriate healthcare facility. Phase3) delays in receiving adequate care at the facility. In relation to CS, phase 1 delays appear to be common. Several Nigerian studies have reported on women’s refusal to accept the procedure which is likely to lead to the delays or blunt refusal of CS [58,59]. Aversion and refusal appear to be common in trado-cultural beliefs that C-section is bad news and results in infertility, or even death [60], and being less of a cultural beliefs that C-section is bad news and results in infertility, or even death [60]. In this study a participant has this to say

You know to a lay man and to Africans especially my tribe Yoruba; they feel that is only a complete woman that will not go for c/s. why should a woman go to deliver through c/s if the woman is normal. You know to some people it is a taboo, you know... and that is why we have a lot of women dying during pregnancy. Because they believe for you to go to operation ahaa, ahaa is a taboo; you should not be heard of a normal woman. A normal woman should go through delivery not c/s but to me whether c/s or no c/s, I think your life and life of the baby is most important, and advice to attend your antenatal properly and if there is need for you to go through c/s just go for it. There is no harm; it is not a death sentence. There is no need for a woman that goes through c/s to be stigmatized. And Christians especially tries to play God too much, the doctor had told you, go for c/s, you would say no, we would use faith at the end of the day you have complications and all that, we shouldn’t. c/s is not a death sentence at all to me

in tune with the above a study by Naa-Gandau et al. expressed that, there is a common belief that African woman have fear for CS and it’s also regarded as a reproductive failure on the part of the mother [41]. Vaginal delivery is regarded as an ideal status symbol of womanhood; therefore, mothers who have had a CS might feel unfulfilled and failed to be an ideal woman they wished to be, loss of part of their womanhood, and live in fear that other women may ridicule them. Furthermore, a study carried out in Upper West Region of Ghana described women’s perception of caesarean section delivery as highly problematic; and that CS delivery is seen as a long-term disease [61]. Such views and opinion, when circulated in the public domain is capable of affecting the acceptance of medically indicated caesarean sections targeted at preventing perinatal, maternal and neonatal mortality, especially among rural women. Though, SVD is preferred, most participants in this study expressed that the most important thing is them and their baby coming out alive.

Perceived Social-Environmental Challenges

At the Hospital
Uncomfortable ward space, Noise from co-patients, overcrowding of ward, and uncomfortable toilet facilities and inappropriate odour in the hospital surrounding were all stressful environmental factors that were mentioned by mothers in this study. In another view by Delaram et al. being exposed to unfamiliar environments, such as inappropriate odour in the ward, cold and warm room, dirty room, wall and door colors, and low or high light triggers women to misbehave and theses are among stressful environmental factors [62].

At Home
At home, lack of understanding from family relative and friends. A participant expressed that

It’s not related to anxiety, is rather related to the help, is not getting support as required, so I had to do all night nursing, all day nursing all by myself nursing the twin almost single handedly and having a husband that is not working within my environment is that bad, I could not have 2-3 hours’ sleep.

Literature has it that, social support is a catalyst against depression and anxiety in pregnant women, this improves health through psychologically. Social support (especially, from her immediate family) in women is associated with positive mood, self-
efficiency, self-esteem, good quality of life, and positive interpersonal relations [63]. When a mother believes she has people around to help out, her ability to overcome psychological pressures increases. In social support plays a moderating role in stressful life situations and has a positive role in the physical and psychological health of individuals. Social support can help a person who needs effective psychological help to cope with pressures and problems of life because such a person has a clear thinking of someone to help when needed [64].

Summary
This study explored lived experiences related to stressors and coping strategies employed by Post Caesarean Birth mothers (PCBM) in Asokoro District Hospital, Abuja, Nigeria. It was a phenomenological-hermeneutics research design, a sample of 19 PCBM who were able to consent for themselves were purposively included in the study and data collected through an in-depth face-to-face interview with a semi-structured interview guide. Three major themes emerged from the data analytic process and were extensively discussed under each category and sub-categories. The result showed that Although, some of the PCBM perceived caesarean birth as being scary, unwomanly and caused body image dissatisfaction, majority of them perceived the procedure as life saving for them and their babies which is the most important advantage of a caesarean birth.

Common challenges reported by PCBM include: Pains and immobility, inadequate information about CS, Hospital environmental challenges, Lack of needed support from family members, psychological challenges associated with inability to have spontaneous vaginal delivery, and traditions related to cultural beliefs. There is need therefore that the pregnant women should be prepared early for possibility of caesarean birth during antenatal periods and visits. The study concluded that Proper information, counselling and health education could prepare the CS mothers to cope with the stress and stressors experienced by post CS birth mothers and recommended among other things that health care workers should encourage the mothers to utilize the health education programmes during the Antenatal periods to prepare themselves for the caesarean birth, if the need arise.

Conclusion
This study was carried to understand caesarean birth experiences of mothers, determine common conditions perceived by post cesarean birth mothers as challenges, and ascertain strategies frequently used by post cesarean birth mothers as coping management for perceived stressors. Some PCBM sees caesarean birth as being scary, unwomanly and cause body image dissatisfaction; while some PCBM see the process as life saving for them and their baby which is the most important advantage of a cesarean birth. However, it could be said that mothers with caesarean birth have traumatizing experiences, but, these perceived challenges were managed using personal determination, social support, health information and support from the health care professionals. Therefore, this study concludes that adequate information on CS should be provided during the antenatal periods to enhance preparedness; whether planed or emergency.

Implication for Healthcare Practice
Considering the findings of this study implies that the views of PCBM are quite different from that of relatives, friends, and health professionals; because individual experiences are sum of the total event of the pregnancy and surgery process. Therefore, nurses/midwives and other health care team should not disregard PCBM concern as regards their perception about labour process and post caesarean concerns, but rather embrace and treat every concern of PCBM as crucial with effective follow-up and home visitation, providing education as need arise. There is need for further research to investigate how PCBM cope with family challenges at home with family issues and the newborn and to know whether family relative truly understand what mothers go through in caesarean section delivery and how to care for the women in the post caesarean periods. This will bring about facts that will guide in the teaching/training of family relatives in preventing psychological issues associated with others who go through caesarean birth, while also promoting and maintaining the health of the PCBM.

Recommendation
Based on the finding of the study, the following are recommended
- Adequate physical, psychological and information
- Preparation for both planned and unplanned CS
- Advocacy for both family and health workers support to PCBM

Funding
There was no external funding for this study.

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