



A QUALITATIVE EXPLORATION OF WOMEN'S EXPERIENCES ASSOCIATED WITH EMERGENCY CAESAREAN SECTION

Obstetrics And Gynaecology

Neha Patyal*	Msc . Nursing Dept. of Obstetrics and Gynaecological Nursing, M.M University, Ambala, Haryana, India. *Corresponding Author
Mr. Ajesh Kumar TK	Msc. Nursing Dept. of Mental Health Nursing, M.M University, Ambala, Haryana, India.
Dr. Jyoti Sarin	PhD in Nursing Dept. Of Child Health Nursing, M.M University, Ambala, Haryana, India.

ABSTRACT

Purpose: The processes occurring during a hurtful birth experience could affect a woman's emotional and psychological state; thereby this can hinder the caring of newborn. A deep understand of the emotional aspects during emergency caesarian delivery is essential to identify the correct interventions.

Materials And Methods: A qualitative descriptive phenomenological research design was adopted. A total of 15 women who had undergone emergency caesarian section were interviewed with open ended interview guide. Rigor was maintained using Lincoln and Guba model. Interviews were transcribed using Gorgi's method of analysis.

Results: Women's explored their experiences with their expectations related to pregnancy, physical and emotional aspects, care and support from health care professionals and family, problems faced during, and after operation and their expectation about future. The findings revealed that the women's after their unplanned caesarian section as distressing and traumatic. A total of five themes and 15 subthemes were identified from the analysis of qualitative data. The major themes emerged were Preparations, The Very First Moment with Baby, Obstacles In Terms of Physical and Emotional Experiences, The Supporters and Future Expectations. Emergency caesarian section had a noticeable impact on women's views about pregnancy and delivery.

Conclusion: women's need to be prepared well in advance regarding the mode of delivery so that they can deal with this emergency situation effectively and mitigate the associated distress.

KEYWORDS

Emergency Caesarean Section, Women's Experiences, Descriptive Phenomenology.

INTRODUCTION

An emergency Caesarean section is one that must be done urgently, either for the health of the mother or the baby. Situations where an emergency Caesarean section may be needed include umbilical cord prolapsed, placental abruption, uterine rupture, or an abnormal fetal heart rate that does not improve with routine measures.¹

Caesarean section rate is increasing across the world. According to World Health Statistics (WHS) of 2012 nine percentages of births in India were occurred through Caesarean section. The latest data shows that one in ten Indian women who gave birth between 2005 and 2010, had gone under the surgical knife.² Caesarean section is the second commonest surgery performed on women in India after Tubectomy Operation. Caesarean section rate for Haryana appears very high considering the 3.1% and 12.1% in the rural and urban areas respectively. This can be the end result of the rising trend towards institutional delivery due to the efforts of bottom-line health care providers such as Accredited Social Health Activist (ASHA), Auxiliary Nurse Midwives (ANM).³

Women who experience a caesarean respond in different ways. For some women, the experience is no big deal, and they quickly move on with their lives.⁴ Woman who have undergone unplanned caesarean deliveries expected to have more negative emotional responses and dissatisfaction with pregnancy than their counterparts with planned operation.⁵ Research shows that some women experience significant long-term adverse reactions to their Caesarean deliveries.⁶ Hence, it's needed to intervene deeply into the phenomena and there is necessity to explore their experiences to provide better health care in all aspects. Therefore the study focus to explore and understand the subjective experiences and perceptions of women with emergency caesarean deliveries.

MATERIALS AND METHODS

Study Population

A qualitative descriptive phenomenological study comprise of 15 women with criterion sampling after emergency caesarean section were included. In this paper we will report data containing experiences associated with emergency caesarean section.

Open Ended Interview

Women aged between 18-40 years and who were undergone first time caesarean section were included in the study. Data was collected on 5th

day after emergency caesarean section by interview technique with open ended interview guide. The interview guide includes wide range of questions including questions regarding socio demographic and research variables, as experiences of emergency caesarean birth. Duration of interview and number of questions varied from one participant to another. Length of interview lasted from 20 minute to 40 minute. The participants were asked to present themselves and talk freely about their experience about emergency caesarean section. Women's were interviewed in a separate room and audio recording was done with tape recorder. The Ethical approval was taken from the University research ethical committee of Maharishi Markandeshwar University, Haryana, India for the study and informed written consent was taken from all participants.

Data saturation was achieved after interviewing 13 women who had undergone emergency caesarean section at Maharishi Makandeshwar Institute of Medical Sciences and Research Hospital, Haryana, India. Researchers interviewed two more mothers to explore the possibility of any new code and to confirm that saturation had been achieved or not.

Thematic Analysis

For open ended questionnaire interview guide, the analysis of responses was done and themes were coded. The reliability is calculated using Lincoln and Guba's Model(1985) on four aspects of enhanced trustworthiness of a study including credibility, transferability, conformability and dependability. The analysis of responses was done and themes were coded. Coding was done by the researcher and the experts. Three experts thoroughly reviewed the transcripts to gain a full sense of their meaning. Initially concept that emerged was discussed and coding was performed to identify the statements that were related to objective of the study. Codes were examined and compared and various subthemes were sorted out. The accuracy of these sorted themes was confirmed by discussion in which all experts participated and agreed. In the final step, five themes and 15 subthemes were formulated to describe women's experiences.

The researcher paid careful attention throughout interview and analyses to pre-understanding that certainly will influence the interpretation of women's emergency caesarean section experiences.

RESULTS

Women's were in the age group of 18-25 years. Nearly half of women

(40%) were having education up to graduation and above. More than half of women belonged to nuclear family. Majority of women had duration of marriage of 0- 5 years and were primi-parous. Participants were in the labour for 5 to 6 hour and in 6-12 hours. With regards to the parity 84.67% were primiparous and 93.34% mothers were the first caesarean mothers in their family. It is also worth to note that none of any woman had medical, surgical and obstetrical problems.

A. Preparations

The First theme is preparations for childbirth. Childbirth is an important life event in women life, and as such is a multifaceted experience. Women prepare her in all aspects of motherhood during this long awaited period.

Expected Normal Delivery

"I felt I would have normal delivery, but i never knew that caesarean would be, so on the spot I knew. Doctors didn't say anything, not even about delivery would be normal. But I had chances of normal delivery since beginning. Ha, all diet, exercise, like elders and doctors say do work till nine months, such sweeping etc is good for widening of uterine muscles, this increase chances to have normal delivery by 90%, So I came here with full preparation to have a normal delivery." (P6).

"I had a great wish to have a normal delivery, due to this reason, I worked hard at home, I didn't have rest. Till Six months my mother in law was not with me, I had done all domestic work with my own hands. Everyone told that if you do work delivery would be normal. I did every house-hold work till baby was not born by normal." (P12)

Most of participants' wished to have normal delivery and all were mentally and physically prepared for it. They asserted that they had done lots of work and preparations for normal delivery. Participants were very upset after knowing about caesarean section because of all their preparations went into vain. It is also worth to note that mothers were not prepared psychologically to have caesarean section during antenatal period.

Reasons For Caesarean Section

"The expected date of delivery is crossed and there was no bleeding and pain. So they told for operation. My family member's wanted to have normal. But when doctors said that it won't be normal.. it can be dangerous. So needed to be operated. Then all agreed for operation. All of a sudden, I was not aware that operation needs to be done... but it happened very swiftly." (P2)

" I couldn't feel any pain start during this whole six hours, Only starting one hour there was pain and that too was also very mild,after that there were only slight pains..... then after that there was nothing, then yes at second time, they infused medicines again then also nothing happened, then I went to washroom, the moment I came back from washroom, so I felt that I just passed urine again. The moment they checked it was not urine..... It was the starting of leakage. Profuse leakage was there, and doctor said that child passed stools inside..... So they finalised for caesarean." (P6)

The cause for emergency caesarean section varied from participant to participant. Some of these reasons are foetal distress, failure of induction, second stage arrest, and oligohydramnios. Immediate caesarean section was disheartening and all the expectations regarding normal delivery has been shattered. Few of the participants were not able to differentiate between the immediate caesarean section and failure to induce delivery with drugs.

Initial Shock

"I was feared and was anxious too. As I have never undergone any such long treatment.. that's why I had bit fear that what will happen during operation... weather baby will be fine or not." (P2)

"I felt very fear that time....and I felt that normal won't be possible. Don't know... he was not moving forward.... he was stucked there like he was set in the chest." (P5)

As one of the participants was very scared and anxious about caesarean section. She was crying when she got to know about mode of delivery:

"I cried a lot... I was not aware that this would happen to me... not even I thought that caesarean would take place. I didn't felt much as it is

usually informed by doctors, at that time they said there were 50% of chances..... But during that time I was very..... means I was thinking that... Today I am gone....like I will survive or not." (P6)

Majority of the participants were terrified after knowing about operation. All were worried about pain, obstruction of foetus, well being of the baby, and the outcome of operation. Few of the participants were very afraid of losing life, and being disabled. Participants expressed their feelings about unknown fear about operation and related complications. Participants were very nervous and scared after listening to their operation.

Accepting Truth For Foetal Well Being

"I just wanted that child should be fine either by operation or normal. I was not in anger but I wanted my baby should be fine... No... I didn't feel anything bad... as there was threat to child's life for saving his life operation is fine" (P2)

"I calmed myself so that the baby would be safe and would come out healthy... So I was cool....and I wanted to have it safe. Doctor explained to me that if baby is not brought out.... so it would be harm to him, then....it was not good for him neither me... So I prepared my mind and..... then calmed then I was ready." (P3)

Participants were very afraid to undergo operation since they were not aware and experienced operation. Mothers were informed about pros and cons of operation towards baby and themselves. Mothers got connived after understanding the risk of waiting for normal delivery, subsequently almost all of them accepted for caesarean section.

Divine Intervention

Few of the participants believed that delivery is in god's hand. When they get to know about the caesarean section they said it is because of god's wish, however they wished for normal delivery.

"The way in which God has given it, it is fine" (P4)

"It has to be happenedit's all because of god's wish....now there is nothing to worry." (P5)

"What I must feel.... I left everything on god... was not worried... i left everything on god... now whatever will happen that will happen." (P10)

"I only wished.... God... everything must happen fine." (P12)

Participants expressed that normal delivery is in god's hand, it's not in their wish. They accepted that fact that it's God's wish and they have to follow.

B. The Very First Moment With Baby

The second theme is very first moment with baby. The mode of delivery influenced the first moment that women spent with their baby. It is an undeniable fact that when mothers who see their baby for the first time will eventually fall in love with them, despite of their hardships during pregnancy and delivery.

Stage Of Ravishment

"I felt good, when I saw baby first time." (P1)

"I saw my baby at the time of operation. Felt good because for me whether a boy or girl... both are very sweet. Now... feeling good because my baby is very innocent and not crying at all." (P2)

omen were saddened because a physical response to the surgery kept them from being able to hold their baby right away. Surprisingly, one of the participants was very happy and she really narrated the whole situation very precisely with correct time and day. It can be clearly seen from the responses of the women that few of the mothers were still dependent on the other family members in meeting the needs of themselves and their babies

Feeling Of Motherhood

"Finally I become mother (participant was very happy)..... like celebration chatty puja (a special type of worship to thank God and welcome the arrival of new family member) is done.... I hold him....after taking him I felt like a mother... I felt like that." (P3)

"All were very happy and distributed sweets to all. All congratulated me and family members. It's great news of happiness." (P14)

When a mother sees her baby for the first time which is an iconic moment. All participants have welcomed the motherhood with both the hand.

C. Walking Through Obstacles: In Terms Of Physical And Emotional Experiences

The third theme is walking through obstacles: in terms of physical and emotional. It is commonly observed that the recovery period after the caesarean sections is always troublesome. These are not only the physical sufferings but also the psychological. With regards to physical problems this can be like pain, inability to move, care of self and baby. Emergency caesarean section is a traumatizing procedure and women have fear, anxiety related to procedure and its outcome.

Breakdowns During Operation

"When I was in operation theatre, there were many people.... I was feeling scared with them... don't know what will they do... how will they do. No one had informed me anything.... only two three people were standing near to me...they asked me while they were picking up the things like what it is.... what's that.... and my name is been asked.... like this only. I was not aware anything... was having full pain... then they gave injection and then.... pain subsided. After that my whole body was anaesthisied. Pain stopped. ... then I fall into sleep, after some time I become consciousness....opened my eyes in 2-4 minutes.... I vomited and I was shivering too." (P5)

"I was thinking about injections which are going to administer.... was very frightened because my mother and aunty told that ... it really pains a lot when injection is being administered. Yes....I felt that, I remembered my god... and I forgot all pain. All doctors supported me a lot and felt very happy.... means they cared me very well and did operation really well. During operation there was a little bit pain... I was scared from inside at that time." (P6)

Many of the women experienced a more difficult physical recovery, which created a sense of helplessness at a time when they expected themselves to be a caretaker. For some women operation was very anxious and nervous. They were feeling cold, nauseated and not able to feel lower part of their body. Others also expressed their views and satisfaction about the care which they received from doctors. However, few mothers noted that they were not properly informed about the operation which accelerate their anxiety level.

Feeling Drowsy & Dazed

"I was a bit conscious, was feeling very cold... two to three blankets were on me. Then... also having difficulty in breathing, then they had vaporized with electricity, through electricity machine. Then felt bit better. Half of the body was not able to feel where it is. When I was in operation theatre, was scary with them... what will do, how will do.. Don't know. Nobody informed anything... only two three people were standing near to me. They were asking while lifting things, like what is it? what is it?...and were asking my name." (P5)

"After the operation I could not feel anything as my body was anesthetized but till the time my baby was not shown to me I was feeling scared that how is my baby." (P11)

Many mothers pointed out that they felt confusion after operation and not able to feel lower portion of body for one day. Though a mother could hear everything but could not move her body.

Troublesome Recovery

"Difficulty to sit, pressure on stitches that's why my mother assist to sit....feed" (P1)

"Yes, have sorrow... pain also. When I eat chapattis... feel pain... problem while sitting and standing, unable to go the bathroom alone....mother assist me to go" (P4)

"I m feeling very bad as I could not feed her and sit properly (Participant is crying). I wish to walk properly like everyone." (P12)

Few of the respondents were very unhappy with emergency caesarean section as they expected to have normal delivery. This has catalysed difficulties during the post operative period.

Mothers faced various problems like feeling cold after operation till two to three hours, vomiting, and pain, not able to move and feed properly.

D. The Supporters

The fourth theme emerged is the supporters. A woman is not walking alone towards motherhood. They are supported by number of people who can be a family member, relatives, friends, health care providers or neighbours.

Support From Husband

"He is helping me... like running and bringing things and followed all the doctors instructions.. I wish in future also he should support me like this, and when I am in trouble he should handle baby." (P3)

"I don't have any further expectation... He is already doing well, cares a lot... every expectation is fulfilled." (P6)

"He is helping me... takes care of everything." (P15)

Many mothers were very happy with the support and care which they receive from their partners. Participants opined that their expectations from the husband are fulfilled.

One of the participants was not happy with the care and responses from her husband. She is not even having any further hope that he will help her in future.

"He didn't ask me anything about the operation, didn't talk much...he just talked little and went away with his mother. I do not have much expectation from him as he did not do anything for me. But with joy towards the birth of a baby boy... Who knows do or not?" (P4)

Support From Family Members

"My family members are taking good care for me." (P1)

"My mother-in-law and my mother are taking care of me..... they care for me." (P2)

"My family members are doing good care of me...." (P9)

"Both mothers are with me... They give good care of me..." (P10)

All mothers reported that they are highly satisfied with the care and support from the family members. Few of the mothers-in-laws even wish to get discharge mother and baby as soon as possible and take them to their home.

Support From Health Care Providers

"Sisters (Nurses) and doctors are taking care of me very well.... they give medicine and injections on time, all check up are also doing on time. I'm satisfied with the care they are providing." (P2)

"All nurses are good, everybody is co-operated with us, though my child was crying they make him calm very well, like treating us like a family. Doctors are very friendly and really nice." (P7)

"Doctors wish wellness of everyone.... doctor wish to deliver normally... but condition became like this... then operation had to be do... they see danger and try to save both lives. That is why I don't have any complain against doctors.... they take full care. Everything is happening properly, everybody is asking now and then.... it feels good....it is a good hospital... gives good care." (P12)

Participants were satisfied with the care and support provided by the doctors and staff nurses. All most all of their needs were fulfilled by doctors and nurses and behaved well with them. Having said that one of the participants pinpointed nurses was not punctual in rendering care and meeting other her needs.

E. Future Expectations

The fifth theme is future expectations with two subthemes i.e. lifelong struggles and desire to have normal pregnancy. It is imperative that complication associated with caesarean section can last long and this may have direct impact on the lifestyles of mothers. Though this caesarean section does not guarantee a normal delivery in future, many desire to have normal because of many consequences related to caesarean section.

Lifelong Struggles

"Feeling frightened that till date I had not undergone such a long treatment so feeling scary.... what will happen!" (P2)

"I think, I won't be able to do heavy work.... I feel like that....like it may take time for me to recover and like my movements which could have been early but now it will be late." (P3)

"Operation is a different thing, it always creates problems. First of all weight gain, and gas in stomach... I have fear about this only. A lady who resides in neighbourhood became obese after operation. So I'm scared of it. Problem can arise in future, Don't know first time it has happened, I fell that it may take two to three months to be fully recovered" (P5)

The caesarean section scar is a constant physical reminder for the women that their delivery did not go as planned. For some women, this had a profound effect on their body image.

"Yes, my body.....because I'm a bit healthy and my body may gain weight and I'm very scared about fatness. Even now I asked to doctors just before getting operated that what can be done if I am fat, and then they told to me that no problems.... do exercises otherwise my I will be obese." (P6)

Participants feel that there may be unforeseeable consequences after operation such as getting obese, changes in diet and hurdles in recovery.

Desire To Have Normal Delivery

"Now we don't have any idea about whether to have a next baby or not, but if it happened then will prefer normal (delivery)." (P2)

"Who wish to have operation.....everybody wants normal (delivery) and its Gods wish that if we have to come here, then will be here. The best is in home." (P4)

Majority of the participants are not in a state to think about the next pregnancy now. However, all most all mothers agreed that they will prefer to have normal delivery in the future. However, one of the participant expressed that normal delivery is more traumatic than operation and participant feel that operation happens swiftly and do not need to bear pain for long period. Hence, she prefers to be operation as mode of delivery in future.

"I will say this only that normal delivery is more painful, though it is for short duration, for me it is very painful. I know operation will take more time in my recovery but operation takes place in less time and I'm scared of normal...and I don't have any problem with operation." (P10)

DISCUSSION

The first theme which was emerged from data was preparations. The findings are consistent with the study conducted by Kelly M. Van Busum, as women participated in the study was hoping for a normal vaginal birth with limited medical intervention. Because they had healthy pregnancies that seemed to be progressing normally, they had no reason to expect anything other than a straightforward vaginal birth.⁷ Similarly, Philip M Boyce and Angela L Todd, found that women had anticipated a spontaneous vaginal delivery. Most pregnant women invest lots of time preparing for a normal delivery and an element of self esteem is bound up in being able to have a "natural" childbirth.⁸

Furthermore, the present study revealed that women expressed that in order to save life of baby we adopted caesarean section. Women expressed they were afraid that time for baby and self. Similar findings were found by Deirdre J Murphy, Catherine Pope, and Julia Frost in their study, women understanding of the medical reasons that necessitated surgical intervention was significant in determining the level of acceptance of the failed natural birth. This was associated with recognition of the Caesarean section as having been a life-saving procedure, rather than a reflection of the mother's own inadequacies.⁹

The second main theme which was emerged from data analysis was the very first moment with baby. Similar findings were noted by Akbari S and Ahmadi S, mother seeing her baby for the first time is an iconic moment.

But, the physical and emotional effects of having just experienced a c-section can cloud this moment, evoking powerful emotions in many of the women. Many of the women were frustrated by the c-section causing the moment they got to meet their baby to be delayed.¹⁰

Third major theme related to physical and emotional problems women was faced were Breakdowns, Feeling drowsy dazed and troublesome recovery after the emergency caesarean section. Karlstrom et al., identified consistent findings as feelings of physical invasion and exposure, together with physical reactions to medication and anaesthesia, described as feelings of detachment, can be experienced as unsettling. The experience of an unplanned Caesarean section was therefore described as an "emotional rollercoaster" a regularly emerging theme in qualitative research on unplanned Caesarean sections.¹¹

The fourth theme which is emerged from interview of participants on how they were getting Support from husband, family members and health care providers. Similar findings were pinpointed by Roux, S., and Van Rensburg, E, the most important source of support and encouragement for women came from their husbands. The familiarity and company of their partners provided a sense of comfort and security throughout the birth experience. These findings are supported by other studies, which describe partners as valuable in providing support, encouragement and reassurance, and in helping a woman to maintain control and acting as her advocate.¹²

Fifth theme was future expectations about fear of unpredictable consequences and desire to have normal delivery. Most of the Participants were having fear, anxiety and unpredictable consequences after operation and fear about unforeseeable consequences and don't know anything about next pregnancy but if it will be there then it will be normal. One of the participant expressed that normal delivery is more traumatic than operation and she would like to go for operation next time also. These results are congruent with study conducted by Deirdre J Murphy, Catherine Pope, and Julia Frost and they reported that many women described ongoing anxieties about future pregnancies despite anxiety; many women still preferred to try for a natural labour in a future pregnancy and hoped that it would go according to their plan. One woman thought that a future operative delivery would be less worrying: others were sure that they would opt for caesarean section.⁹

CONCLUSION

Our study revealed that most of the participants expected for normal delivery till they were having labour pains. The moment when they get to know about emergency caesarean section, they were very depressed and dishearten. However mothers accepted to undergo operation by foreseeing the safety of her and baby. The support from the partner, family member and health care professionals helped the mothers to cope with the difficulties faced during and after caesarean section. This study recommends that there is need to prepare mother for the emergency caesarean section since the beginning of the pregnancy, though everything normal. Hence, mothers can easily adjust and prepare to face the hurdles associated with operation.

Conflict of Interest: There is no any conflict of interest

Table 1 Themes & Subthemes

S. no	Themes	Subthemes
A.	Preparations	1. Expected normal delivery 2. Reasons for caesarean section 3. Initial shock 4. Accepting truth for foetal well being 5. Divine interventions
B.	The very first moment with baby	1. Stage of ravishment 2. Feeling of motherhood
C.	Walking through Obstacles: in terms of physical and emotional experiences	1. Breakdowns during operation 2. Feeling drowsy& Dazed 3. Troublesome recovery
D.	The Supporters	1. Support from husband 2. Support from family members 3. Support from health care providers
E.	Future expectations	1. Fear of unpredictable consequences 2. Desire to have normal delivery

REFERENCES

- Fraser MD. Myles Textbook for Midwives. 14th ed. Churchill Livingstone publishers; 2003
- World Health Statistics [Internet]. World Health Organization. 2013 [cited 2015 Dec 28]. Available from: http://www.who.int/gho/publications/world_health_statistics/EN_WHS2013_Full.pdf.
- Singh G, Gupta ED. The rising incidence of Cesarean section in rural area in Haryana.

- India: A retrospective analysis. The Internet Journal of Gynecology and Obstetrics [Internet]. 2013 [cited 2015 Dec 17];17(2). Available from: <http://ispub.com/IJGO/17/2/2972>.
4. KMom. Emotional Recovery from a Caesarean. 1998-2001. [cited 2016 Jan 23]. Available from: <http://www.plus-size-pregnancy.org/CSANDVBAC/csemotional-recov.htm>
 5. Marianne Weiss, Jacqueline Fawcett, Cynthia Aber. Adaptation, postpartum concerns, and learning needs in the first two weeks after caesarean birth. *J Clin Nurs*. 2009 Nov;18(21):2938-48. <http://dx.doi.org/j.1365-2702.2009.02942.x>.
 6. Ryding, E. L., Wijma, K., Wijma, B. and Elsa Lena. Experiences of Emergency Cesarean Section: A Phenomenological Study of 53 Women. *Birth*. 1998 Dec;25(4):246-51.
 7. Kealy, M.A., Small, R.E., Liamputtong, P. Recovery after caesarean birth: a qualitative study of women's accounts in Victoria, Australia. *BMC Pregnancy and Childbirth*. 2010;10:47. <http://dx.doi.org/10.1186/1471-2393-10-47>
 8. Boyce P, Todd A. Increased risk of postnatal depression after emergency caesarean section. *Med J Aust*. 1992 Aug;157(3):172-4.
 9. Murphy DJ, Pope C, Frost J. Women's views on the impact of operative delivery in the second stage of labour: qualitative interview study. *Journal of BMJ*. 2003 Nov 15;327(7424):1132. <http://dx.doi.org/10.1136/bmj.327.7424.1132>
 10. Akbari S, Ahmadi S. Analyzing the effective factors of choosing the delivery method of the primiparous pregnant women attending to Khorramabad's Asalian Hospital in 2014. *Indian Journal of Fundamental and Applied Life Sciences*. ISSN: 2231- 6345. 4 (3): 656-663
 11. Karlstrom A, Engstrom-Olofsson R, et al. Postoperative pain after caesarean birth affects breastfeeding and infant care. *J Obstet Gynecol Neonatal Nurs*. 2007 Sep-Oct;36(5):430-40. <http://dx.doi.org/10.1111/j.1552-6909.2007.00160.x>
 12. Roux, S., Van Rensburg, E. South African mothers' perceptions and experiences of unplanned Caesarean Section. *Journal of Psychology in Africa*. 2011;21:429-438. <http://dx.doi.org/10.1080/14330237.2011.10820477>