

Postpartum Maternal Self-Care:
The Experience of Women in
Rural Communities Following a Cesarean Section
Delivery

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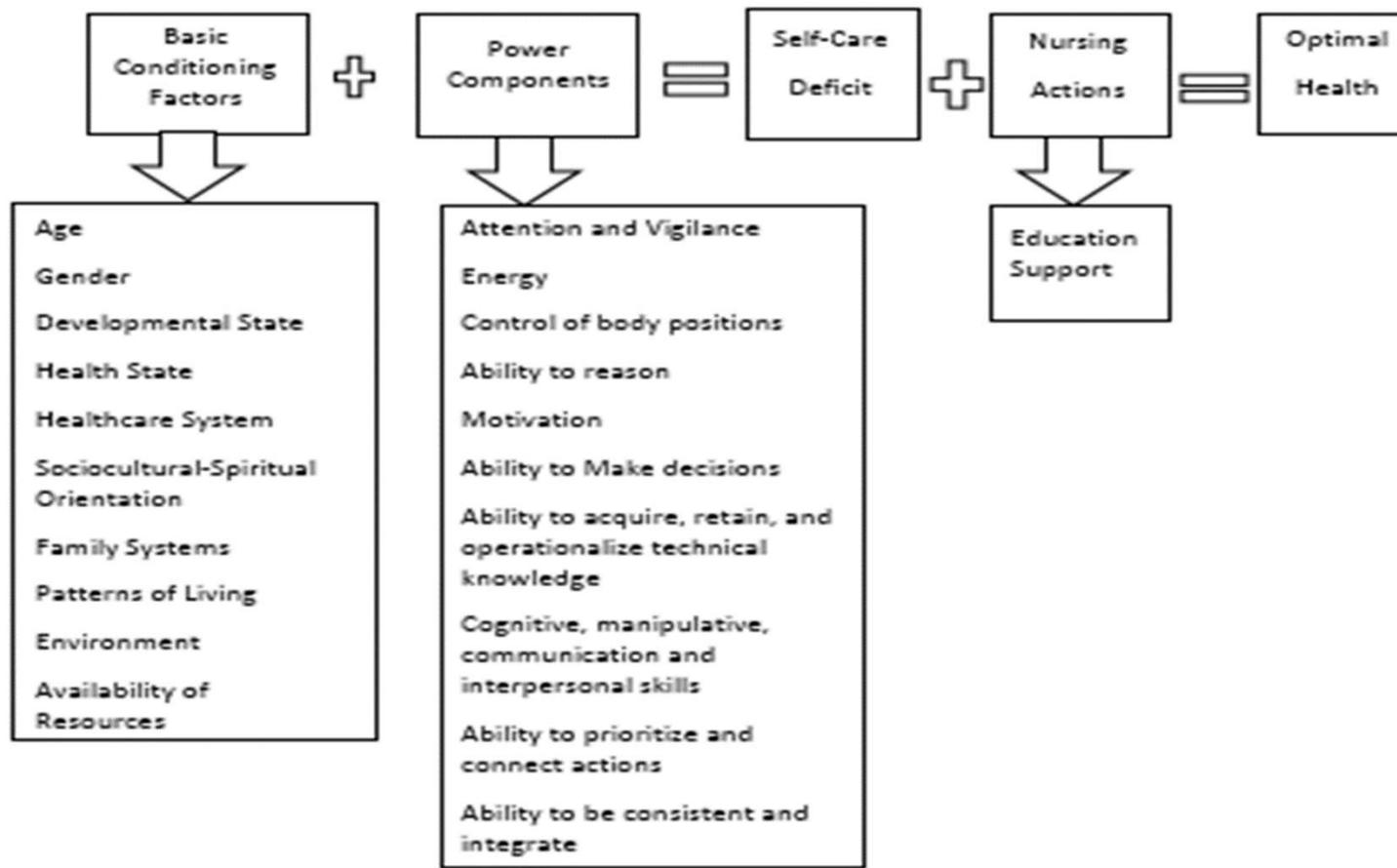


Introduction

- United States Healthcare Landscape
- Rural versus Urban Healthcare
- Maternal Health
- Severe Maternal Morbidity



Orem Self-Care Nursing Deficit Theory





Purpose and Research Question

Purpose

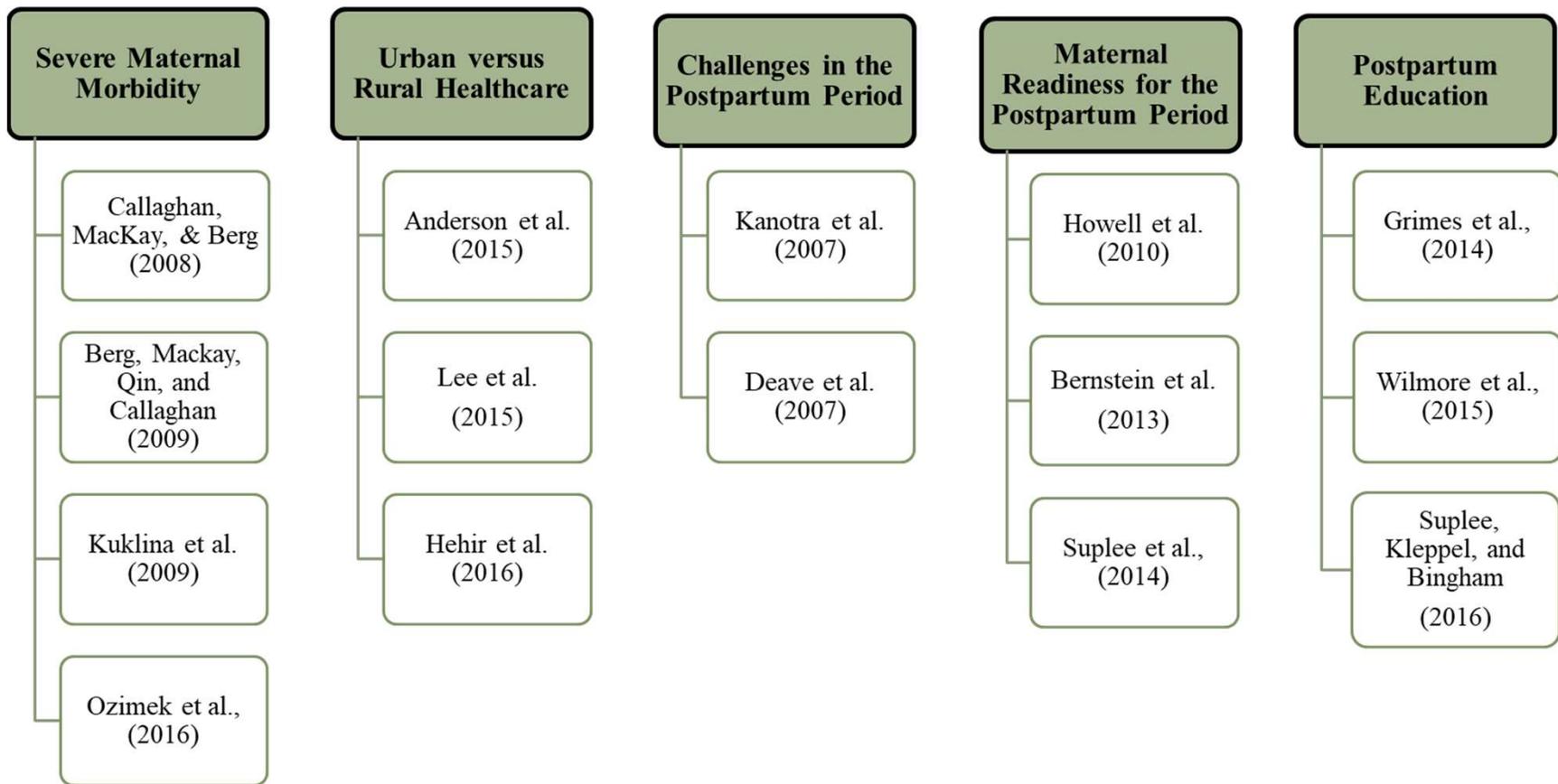
- to understand the maternal self-care educational needs of women in rural communities during the postpartum period following a cesarean section delivery.

Research Question

- What are the maternal self-care experiences of women residing in rural communities during the postpartum period following a cesarean section?



Literature Review





Why this study?

- Focus on cesarean section delivery.
- Focus on to the rural obstetrical patient.
- Focus on postpartum education on maternal health.
- Utilizes a qualitative methodology.
- Shares the women's perspective of the postpartum period.



Methodology

- **Qualitative Research Design**
 - *Interpretive Phenomenological Approach*
- **Rural communities located in Western New York State**
- **Inclusion Criteria**
- **Sampling**
- **Recruitment**
- **Sources of Data**
 - » Researcher
 - » Demographic Survey
 - » Semi-Structure Interviews
 - » Field Notes



Data Analysis

- **Self -Care Deficit Theory**
- **Six-Step process to interpretive phenomenological data analysis includes:**
 1. Reading and re-reading
 2. Initial note taking
 3. Developing themes
 4. Searching for connections across emerging themes
 5. Moving on to the next case
 6. Looking for patterns across cases

(Smith, Flowers, & Larkin, 2009, p.82-107)

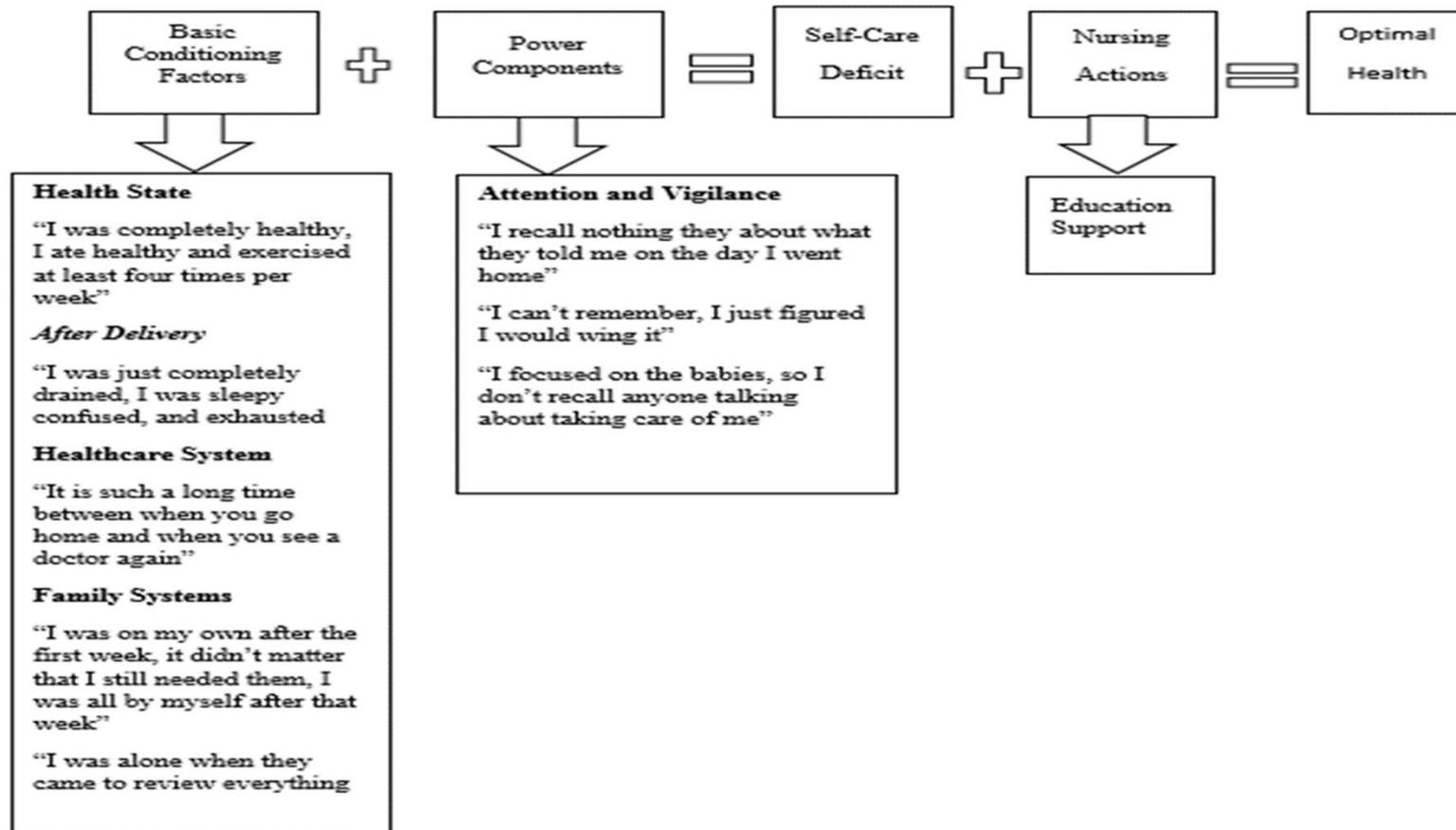


Participants N=5

Demographic	Total Participants (n=5)	Percentage
White Women	5	100%
Completed High School	5	100%
Live in Support Person	5	100%
Traveled > than 30 miles for care	5	100%
Primary Cesarean Section	4	80%
First-Time Mother	3	60%
Rural Hospital for Delivery	1	20%



Application of Self-Care Deficit Theory





Themes

Theme 1: Assumptions: "Everyone assumes"

- Expectations, reinforcement, and assumptions of a normal birth
- Perceived family caregiver assumptions of "bouncing right back"

Theme 2 : Perceptions of Barriers to maternal self-care

- Timing of self-care education
- Inconsistency of registered nurse instruction
- Lack of value related to childbirth classes
- Inadequate supplemental educational resources



Theme 1: Assumptions: "Everyone assumes"

- **Maternal**
 - I had totally just expected to go into labor, not have to get induced, um, not have a cesarean section...be able to just push the baby right out, ...I thought I was just going to go in, have a baby and come home (Dublin).
- **Provider**
 - My doctor was like; you're going to have no problem pushing this baby out "(Waterford)
 - "I am 100% for pushing the baby out, and I really think this is going to work. I don't really think you will need to have a C-Section"(Kildare)
- **Nurse**
 - When I asked about why I felt so dizzy and had so much bleeding, the nurse said you are a nurse aren't you; you should know this" (Dublin)
 - "She would say things like, are you trying different holds? Are you doing this? It's not that hard. You should know this from school. Didn't you have to teach patients about breastfeeding when you were a student?" (Dublin)
- **Family/Caregiver**
 - My family would say "you just had a baby, it's not a big deal. I keep thinking someone cut me open ... it was a big deal... but I figured no one thought it was a big deal. Everyone assumes you should be back to yourself once you get home. (Kildare).



Theme 2 : Perceptions of Barriers to maternal self-care

- **Timing of Discharge Education:**
 - “I just was going to have to wing it. I really wanted to get out of there, and my family was waiting for me to come to the car. I didn’t really listen just nodded my head. I had been there three days, and they were just dumping it all on me at once”(Kildare).
- **Inconsistency of Education:**
 - “One nurse says to move around; the other says you are moving around too much ... I just had a hard time figuring out how much was too much. One nurse says to take the tape things off your incision in a week the other said to leave them on till they fall off so which is it.... It [instructions] wasn’t always clear”(Kerry)
- **Lack of Importance Placed on Childbirth Education Courses:**
 - “I had my mind made up that I was going to have an epidural , it was not different this time , since classes only talk about breathing techniques they were not going to be helpful to me” (Clare)
- **Inadequate Supplemental Education Material:**
 - “They gave me this [booklet given to researcher], but I never even looked at them. I forgot about them till we started talking. I wish I had remembered because maybe I would have looked them over some. It is easier just to use the internet, or call my mom and ask her.”(Clare)



Limitations

- Lack of generalizability
- Use of purposive sampling
- Limited to urban hospital experience
- Lack of a diversity within the population of interest



Implications and Recommendations

- **Research**
 - Qualitative Observational Studies on nursing delivery of postpartum education,
 - Qualitative Document Analysis
- **Rural Healthcare**
 - Incorporation of telehealth interventions
 - Increase interprofessional community based-services
- **Nursing Practice**
 - Incorporate teaching-learning process into educational preparation for nursing students
 - Ongoing continuing education and mentoring of nurses in practice
 - Standardized written materials
 - Develop web-based educational materials
- **Healthcare Leadership**
 - Support patient engagement and nursing practice esp. nursing education



Conclusion

- A disconnect between nurses and women's perception of postpartum education
- Recognize the importance of patient education to improving maternal outcomes
- Develop and incorporate new and innovative care delivery models and educational resources for the postpartum patient.



References

- Aber, C., Weiss, M., & Fawcett, J. (2013). Contemporary women's adaptation to motherhood: The first 3 to 6 weeks postpartum. *Nursing Science Quarterly* 26(4), 344-351.
- Anderson, T., Saman, D., Lipsky, M., & Lutfiyya, M. (2015). A cross-sectional study on health differences between rural and non-rural U.S. counties using the county health rankings. *BMC Health Services Research*, 15(1), 1-8. doi:10.1186/s12913-015-1053-3
- Berg, C., Mackay, A., Qin, C., & Callaghan, W. (2009). Overview of maternal morbidity during hospitalization for labor and delivery in the United States: 1993-1997 and 2001-2005. *Obstetrics and Gynecology* 113(5), 1075-1081.
- Bernstein, H., Spino, C., Lalama, C., Finch, S., Wasserman, R., & McCormick, M. (2013). Unreadiness for postpartum discharge following healthy term pregnancy: impact on healthcare use and outcomes. *Academic Pediatrics*, 13(1), 27-39.
- Callaghan, W., MacKay, A., & Berg, C. (2008). Identification of severe maternal morbidity during delivery hospitalizations, United States, 1991-2003. *American Journal of Obstetrics and Gynecology*, 199(#), 133.e1-133.e8. doi:10.1016/j.ajog.2007.12.020
- D'Angelo, D., Williams, L., Harrison, L., & Ahluwalia, I. (2012). Health status and health insurance coverage of women with live-born infants: An opportunity for preventative services. *Journal of Maternal Child Health*, 16(Supp. 2), 223-230
- Deave, T., Johnson, D., Fielding, R., & Hicken, L. (2008). Transition to parenthood: The needs of parents in pregnancy and early parenthood. *BMC Pregnancy and Childbirth*, 8(30), 1-11. doi:10.1186/1471-2393-8-30
- Grimes, H., Forster, D., & Newton, M. (2014). Sources of information used by women during pregnancy to meet informational needs. *Midwifery* 30, 26-33.
- Hehir, M., Ananth, C., Wright, J., Siddiq, Z., Alton, M., & Friedman, A. (2016). Severe maternal morbidity and comorbid risk in hospitals performing 1000 deliveries per year. *American Journal of Obstetrics and Gynecology*, #(#), #-#. doi:10.1016/j.agog.2016.10.029
- Howell, E., Mora, P., Chassin, M., & Leventhal, H. (2010). Lack of preparation, physical health after childbirth and early postpartum depressive symptoms. *Journal of Women's Health*, 19(4), 703-708. doi:10.1089/jwh.2008.1338
- Jeong, H., & Othman, J. (2016). Using interpretative phenomenological analysis from a realist perspective. *The Qualitative Report*, 21(3), 558-570.



References

- Kanotra, S., D'Angelo, D., Phares, T., Marrow, B., Barfield, W., & Lansky, A. (2007). Challenges faced by new mothers in the early postpartum period: An analysis of comment data from the 2000 pregnancy risk assessment monitoring system (PRAMS) survey. *Maternal Child Health, 11*(6), 549-558. doi:10.1007/s10995-007-0206-3
- Kuklina, E., Meikle, S., Jamieson, D., Barfield, W., Hillis, S., & Posner, S. (2009). Severe obstetric morbidity in the United States: 1998-2005. *Obstetrics and Gynecology, 113*(#), 293-299. doi:10.1097/AOG.0b013e3181954e5b
- Lee, W., Phillips, C., & Ohsfeldt, R. (2015). Do rural and urban women experience different rates of maternal hospitalization? *Rural and Remote Health, 15*(3), 3335.
- Orem, D. (2001). *Nursing: Concepts of practice*. St. Louis, MO: Mosby Inc
- Ozimek, J., Eddins, R., Greene, N., Karagozyan, D., Pak, S., Wong, M., & . . . Kilpatrick, S. (2016). Opportunities for improvement in care among women with severe maternal morbidity. *American Journal of Obstetrics and Gynecology, 215*(4), 509.e1-6. doi:10.1016/j.ajog.2016.05.022
- Perla, L. (2002). Patient compliance and satisfaction with nursing care during delivery and recovery. *Journal of Nursing Care Quality, 16*(2), 60-66.
- Ruchala, P. (2000). Teaching new mothers: Priorities of nurses and postpartum women. *Journal of Obstetrics, Gynecology and Neonatal Nursing, 29*(3), 265-273.
- Suplee, P., Gardner, M., & Borucki, L. (2014). Low-income, urban minority women's perceptions of self and infant care. *Journal of Obstetric, Gynecologic, & Neonatal Nursing, 43*(6), 803-812. doi:10.1111/1552-6909.12506
- Suplee, D., Kleppel, L., & Bingham, D. (2016). Discharge education on maternal morbidity provided by nurses to women in the postpartum period. *JOGNN, 45*(#), 894-904. doi:org/10.1016/j.jogn.2016.07.006
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis*. London, England: Sage.
- Wilmore, M., Rodger, D., Humphreys, S., Clifton, V., Dalton, J., & Skuse, A. (2015). How midwives tailor health information used in antenatal care. *Midwifery, 31*(#), 74-79.