

**Evidence based practice paper sample  
on impact of Caesarian Section on  
Postoperative Recovery**

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## **Impact of Caesarian Section of Postoperative Recovery**

Postoperative recovery allows individuals to regain control over psychological, physical, habitual, and habitual functions and attain optimal psychological well-being and preoperative dependence/independence in daily activities. The maternal care, mothers recover during the postpartum period that begins after delivery and can last between six and eight weeks. Statistics indicate that 19% of maternal deaths occur during the postpartum period: between one to six days postpartum (Tikkanen et al., 2020). Although these maternal deaths are preventable, the deaths have been increasing for the last two decades. Therefore, the postpartum period for a mother is significant for short and long-term well-being.

Postoperative recovery after birth depends on various aspects of pre-delivery care intending to standardize post-delivery outcomes among pregnant females. Whether a pregnant female undergoes a caesarian section or normal birth, some degree of surgical procedure influences postoperative recovery (Wilson et al., 2018). In a normal delivery, a doctor may make an incision (also known as the episiotomy) at the perineum, while a caesarian section involves a uterine or abdominal incision. These concepts justify the importance of postoperative recovery in improving maternal health outcomes, reducing postoperative hospitalization, and enhancing patient satisfaction. The paper evaluates the effect of a caesarian section on the postoperative recovery of new mothers compared to natural vaginal delivery within six weeks.

### **Significance of the Practice Problem**

New Mothers face several challenges after delivery. These challenges include regaining the pre-delivery state of physical, psychological, and social well-being. The challenges are exacerbated by choice of delivery, caesarian section or normal birth, which determines the number of days before recovery following birth. The mode of delivery is a significant determinant of postpartum care among females (Chaka et al., 2019). Significantly,

the rising maternal mortality during the postpartum period requires an appropriate intervention.

In the United States, more mothers die between the first and six weeks of postpartum. According to Tikkanen et al. (2020), 21% of postpartum maternal deaths occur between one and six weeks. As such, the healthcare delivery system and policymakers consistently seek ways to reverse maternal mortality. Factors such as severe bleeding, infections, and high blood pressure are commonly associated with maternal death during the first week after delivery. Besides, the USA experiences a shortage of maternity care personnel. Therefore, it is crucial to explore the impact of cesarean section on postoperative recovery to guide postpartum intervention measures.

The primary aim of every maternal healthcare team is to offer safe delivery. Caesarian section was introduced to reduce the risks for the fetus and the mother, yet mothers perceive it as an escape from labor pain. Consequently, there is a high prevalence of false supposition that a caesarian section is safer, healthier, and painless compared to natural vaginal delivery. More than 50% of women voluntarily opt for the caesarian section are the primary perseverance mode of delivery (Mazzoni et al., 2016). Studies show that first-time mothers do not have a high preference for the caesarian section. Between 6 and 8% of nulliparous women prefer a caesarian section (Mazzoni et al., 2016). The high preference of multiparous mothers for a caesarian section is attributed to safety and fear of pain.

Despite the positive health benefits, a caesarian section is associated with various health outcomes for the mother and the baby. Caesarian section affects breastfeeding initiation, low milk supply, and infant interest in breastfeeding compared to normal vaginal birth (Hobbs et al., 2016). A caesarian section is also associated with early breastfeeding cessation, and women considering a caesarian section should be guided on breastfeeding.

Moreover, supportive care is crucial for lactating women undergoing a caesarian section immediately after birth and during the postpartum period.

Studies have also shown that a caesarian section affects the infant-mother relationship. According to Chen & Tan (2019), a caesarian section does not promote a healthy relationship between the infant and the mother compared to natural vaginal birth. Temmerman & Mohiddin (2021) argued that underuse or overuse of the caesarian section is associated with child survival rates on a case-by-case basis. Although a caesarian section is a lifesaving procedure in some instances, informed decisions are critical when choosing the mode of delivery for pregnant women. An informed decision is necessary to promote patient autonomy and uphold nonmaleficence.

Besides the healthcare outcomes, a caesarian section is associated with a significant economic burden compared to normal delivery. DeJoy et al. (2020) established that for women with singleton, vertex, and term pregnancies, the overall costs of caesarian procedure and newborn care are higher than natural vaginal birth by \$ 5989. The economic burden of a caesarian section for consequent birth is estimated to be higher than normal vaginal birth by \$4250. The increased economic burden due to a caesarian section is associated with increased length of stay and additional postpartum care requirements. These costs are born collectively by individuals, healthcare providers, and the government.

### **PICOT Question**

In pregnant females (P), how does caesarian section (I) compared to natural vaginal delivery(C) affect postoperative recovery within six weeks (T)?

### **Population**

The target population is multiparous females above 20 years of age. Studies have shown a low prevalence of C-sections among nulliparous and teenage mothers (Rydahl et al.,

2019). These findings could be explained by experience with labor pain and limited knowledge of maternal health safety.

### **Intervention**

Various factors influence the recommendation or preference for a caesarian section. Pregnant females, nulliparous or multiparous, have different preferences for mode of delivery depending on various factors related to health and attitude. The intervention, a caesarian section, involves a surgical incision at the uterine or abdominal region as a mode of delivery (Sung & Mahdy, 2022). Furthermore, the choice of C-section is influenced by the obstetric culture; culturally appropriate care (Jones et al., 2017). Different cultures have different views of a caesarian section which must be incorporated when recommending a given mode of delivery.

### **Comparison**

Vaginal delivery involves spontaneous delivery through the vaginal opening. Spontaneous vaginal delivery is the preferred mode of birth. However, studies have shown increased risks of postpartum health outcomes with maternal age (Omih & Lindow, 2016). Nulliparous females are less likely to undergo a caesarian section than multiparous females.

### **Outcome**

Given other factors constant, the perceived outcome is an increased length of hospital stay with a caesarian section. Otherwise, a reduction in the length of hospital stay compared to natural vaginal delivery should be explained by other factors.

### **Timing**

The postoperative recovery following will be evaluated in six weeks. The average recovery time following a C-section is documented to be between four to six weeks (Sultan &

Carvalho, 2021). The proposed time is optimal for measuring the impact of caesarian delivery on postoperative recovery.

### Search Strategy and Results

A Systematic search of electronic databases, including Academia Search Complete, MEDLINE, and CINAHL, was conducted. Search terms such as "caesarian section", "C-section", and "postoperative recovery" were combined into MeSH as "impact of C-section on postoperative recovery." The inclusion criteria were articles written in English, pregnant participants followed through the postpartum period, and quantitative or systematic reviews. A total of 478 studies were identified from the search, and ten were selected for detailed analysis.

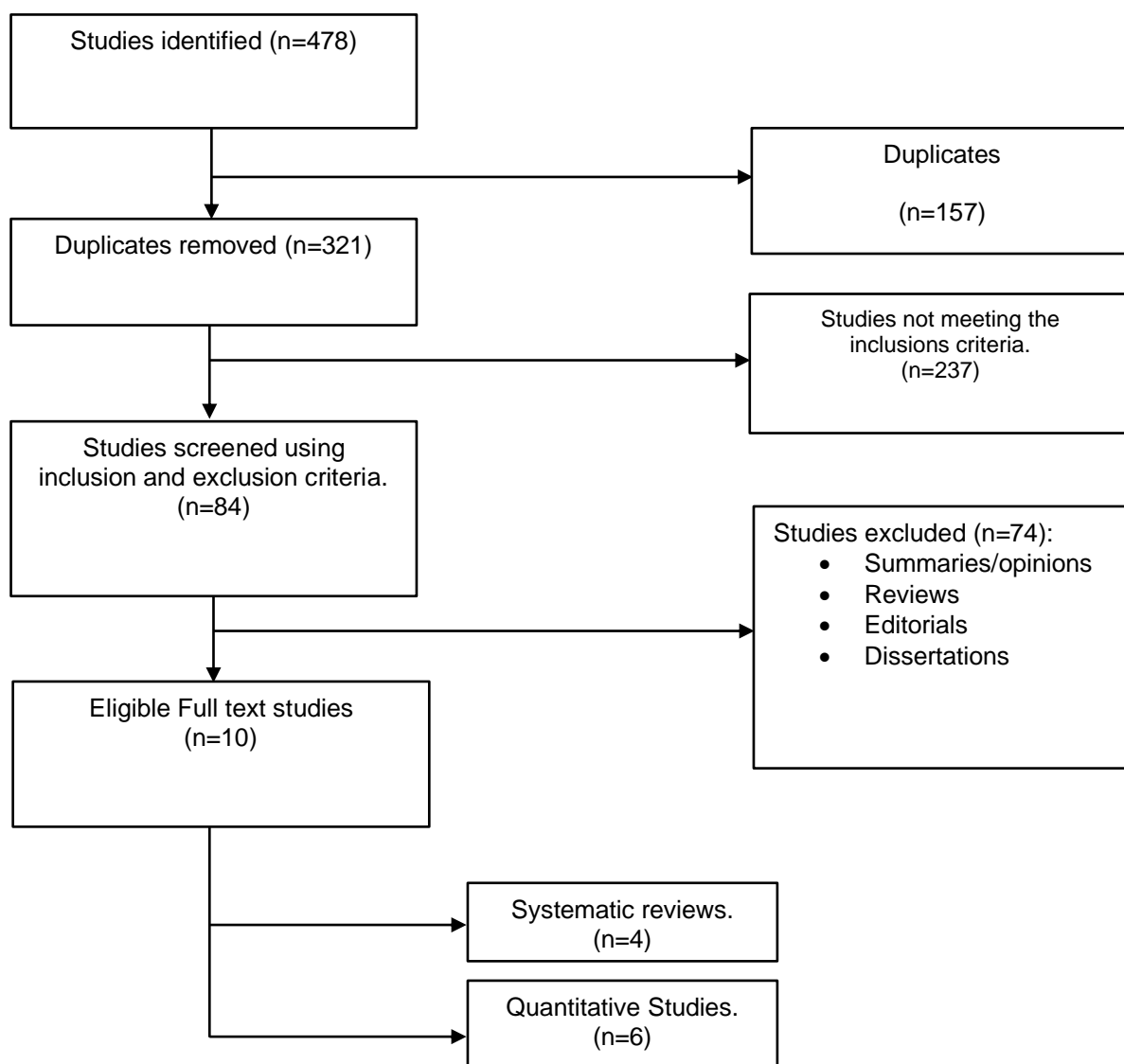


Figure 1: Flow Chart of literature search

**Conclusion**

The purpose of this study is to evaluate the effect of a caesarian section on the postoperative recovery of new mothers compared to natural vaginal delivery within six weeks. The paper includes a background to postoperative recovery, a PICOT question, and proposed search criteria. Ten articles, including quantitative studies and systematic reviews, have been identified to help answer the PICOT question.

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