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Major Concerns of Women After Cesarean Delivery

Susan M. Miovech, RNC, BSN, Helen Knapp, CRNP, MSN, Lynne Borucki, RNC, MSN, Marianne Roncoli, RN, PhD, Lauren Arnold, RN, PhD, and Dorothy Brooten, RN, PhD, FAAN

Abstract

Objective—To identify women's major physiologic, psychologic, and life-style concerns at 2 and 8 weeks after cesarean delivery.

Design—Descriptive study with open-ended interviews.

Setting—Large urban hospital affiliated with a major university.

Participants—One hundred six women who had unplanned cesarean deliveries and delivered live, full-term neonates.

The mean maternal age was 28.7 years.

Main Outcome Measures—The major physiologic, psychologic, and life-style concerns.

Results—Seven women reported no concerns at both data points. The number of physiologic concerns that the women expressed decreased markedly from 2 to 8 weeks postdelivery, but the number of psychologic and life-style concerns did not.

Conclusions—These findings reinforce the need for prenatal teaching and postnatal follow-up regarding these concerns.

One in four women who gives birth in the United States does so by cesarean delivery, making cesarean section the most common hospital surgical procedure (Stafford, 1990). Health professionals have attributed this high rate of cesarean delivery to an increased use of electronic fetal monitoring, a reluctance to deliver vaginally in cases of breech presentation or prolonged labor, a decreased use of forceps, a fear of malpractice suits, and increasing numbers of previous cesarean deliveries (Zdeb & Logrillo, 1989).

In 1987, health-care providers performed 934,000 cesarean deliveries, one-third of them repeat procedures. This trend continues even in the face of a National Institutes of Health recommendation "that a proper selection of cases should permit a safe trial of labor and vaginal delivery for women who have had a previous low segment transverse cesarean birth" (Marieskind, 1989, p. 196). The American College of Obstetricians and Gynecologists in 1982, 1985, and 1988 repeated and further defined this recommendation (Marieskind, 1989). Past and current trends indicate that the incidence of cesarean delivery is likely to remain significant (Holland, Dupre, Blake, Martin, & Martin, 1992), making care of women who have cesarean deliveries a major focus of perinatal nursing.

Cesarean delivery is not benign. Normally, birth involves stress associated with the physiologic, emotional, and life-style changes of pregnancy and the puerperium, including fatigue, mood swings, body image changes, and assumption of the parental role (Berry, 1983; Brouse, 1988; Mercer & Stainton, 1984; Tilden & Lipson, 1981). Cesarean birth adds additional stress, including the stress of surgery. Women who experience cesarean delivery

have reported feelings of depression, anxiety, guilt, less satisfaction with the birth experience, loss of control, and loss of self-esteem (Cox & Smith, 1982; Crowe & Von Baeyer, 1989; Hedahl, 1980; Tilden & Lipson, 1981; Trowell, 1982). Reportedly, unplanned or emergency cesarean birth is especially problematic (Affonso, 1977; Lipson & Tilden, 1980; Marut & Mercer, 1979).

Physiologic Stresses

Cesarean birth imposes the physiologic stresses of anesthesia, a major surgical procedure, physical recovery, and postoperative complications (Mercer & Stainton, 1984). Women who experience an unplanned cesarean birth are at greater risk for infection, including endometritis, bacteremia, and urinary tract and wound infection (Nielsen & Hokegard, 1983; Yudkin & Redman, 1986). Lengthened hospitalization caused by such infections can make the mother more vulnerable to both physiologic and psychosocial concerns, including nosocomial infection, depression, and anxiety.

Psychologic and Life-Style Stresses

Researchers have reported a variety of maternal psychologic responses to cesarean birth. Trowell (1982) reported increased anxiety in women who experience cesarean deliveries. Affonso and Stichler (1978) reported that 88% of their sample of women who experienced cesarean birth expressed a fear of surgery, pain, possible death, injury to their child, or a changed relationship with their spouse or children. Marut and Mercer (1979) found that women who have cesarean deliveries are less satisfied with the birth experience and themselves, perceiving the cesarean delivery as significantly different from “normal” birth. Walker (1989) reported similar findings. Concerns with body image after cesarean birth also have been reported (Cox & Smith, 1982; Mercer & Stainton, 1984).

An unplanned, emergency cesarean delivery can be especially stressful. As Cranley noted, the unplanned experience, with its unfamiliar and intrusive procedures occurring in rapid succession, strain the ability of the woman to assimilate the experience (Cranley, Hedahl, & Peggs, 1983). Additionally, several researchers reported that women who have emergency cesarean deliveries express more negative perceptions of the birth experience than those who have planned cesarean deliveries (Cranley, Hedahl, & Peggs, 1983; Fawcett, 1981; Hart, 1980; Lipson & Tilden, 1980; Marut & Mercer, 1979; Trowell, 1982).

In sum, the current rate of cesarean delivery in the United States remains high. Numerous investigators have reported physiologic and psychologic stresses accompanying cesarean birth; however, the researchers conducted most of this work in the late 1970s and early 1980s. Given changes in protocols, technology, and consumer awareness over the last 20 years, the literature does not clearly indicate whether or not the concerns women associated with cesarean delivery previously reflect the concerns of women experiencing cesarean delivery today (Erb, Hill, & Houston, 1983; Shearer, 1989). The purpose of the current study was to determine the major physiologic, psychosocial, and life-style concerns women report today at two points in time: 2 weeks and 8 weeks after an unplanned cesarean delivery.

Design and Method

This descriptive study used an open-ended interview to obtain women’s major physiologic and psychologic and life-style concerns at 2 and 8 weeks postdelivery. The researchers chose the 2-week data point because that is a time of known stress and letdown as family supports diminish and mothers assume a greater role in caring for the newborn, themselves, and the house-hold. The researchers chose the 8-week data point because normal postpartum physiologic recovery is expected by that time. The interview, conducted by telephone,

consisted of three open-ended questions. The questions were: What are your major physical concerns at this time following your cesarean delivery? What are your major psychologic concerns at this time following your cesarean delivery? What are your major life-style concerns at this time following your cesarean delivery? The researchers pretested these questions for clarity on the first 10 women in the larger study of which this interview was a part, but they did not include these women's responses in the analysis.

The likelihood that the incidence of cesarean delivery will remain significant makes care of women who deliver by cesarean section a major focus of perinatal nursing.

Two perinatal master's degree students who were trained for the interviews by members of the research team conducted the interviews. The interviews lasted a mean of 15 minutes, with a range of 10–20 minutes. The researchers collected data between July 1988 and January 1991. The study was part of a larger study on early hospital discharge and the role of the clinical nurse specialist in the home follow-up of women who experience unplanned cesarean delivery (Brooten, Gennaro, Knapp, Brown, & York, 1989).

Sample

The larger study, of which the current study was a part, was a randomized clinical trial of early hospital discharge for 122 women who experienced unplanned cesarean delivery. The university's institutional human subjects review committee and the hospital's research review committee approved the study. Women participated in the study after receiving a thorough explanation of it and signing an informed consent form. The sample for this portion of the larger study ($n = 106$) consisted of 110 subjects who were asked to respond to the interview after a phased-in start of the larger study. Four subjects chose not to respond to this portion of the larger study. All the women delivered full-term, live neonates at a large urban hospital affiliated with a major university. The mean age of the mothers was 28.7 years (range, 16–42 years; SD, 6.4 years). The educational level of the respondents was as follows: less than high school education (24%), a high school education (25%), and greater than a high school education (58%). The average annual income was between \$17,500 and \$19,999 (range, < \$5,000 to > \$50,000). Hospital insurance coverage included private insurance (58%), public insurance (33%), and no insurance (9%). Race distribution was as follows: white 46%, black 48%, Asian-American and other 6%. Sixty-four percent of the women in the sample were married, and 64% were primiparas.

Total reported physiologic concerns decreased markedly by the 8-week data point; total reported psychologic/life-style concerns did not.

Results

Of the 106 subjects, 7 reported no concerns at both the 2-week and 8-week data points. Of the remaining 99 women, 8 reported no concerns at 2 weeks but did report concerns at 8 weeks; and 34 reported no concerns at 8 weeks, but reported concerns at 2 weeks. Tables 1 and 2 list the results of the physiologic, psychologic, and life-style concerns reported at the 2- and 8-week data points. Because considerable overlap occurred in the responses to the psychologic and life-style concerns questions, the researchers combined the responses to these two questions in reporting the data. Because most women reported more than one concern, the researchers discuss the results as a percentage of total reported concerns.

Physiologic Concerns

Of the 99 women who reported concerns after cesarean delivery, 14% reported no physiologic concerns at 2 weeks, and 24% reported no physiologic concerns at 8 weeks. The

women reported the most physiologic concerns at the 2-week postdelivery data point and markedly fewer by the 8-week data point (see Table 1).

At 2 weeks postdelivery, the concerns reported most frequently were pain, incisional problems, activity intolerance, fatigue, and gastrointestinal disturbances. Regarding the 30 reports of pain at 2 weeks postdelivery, 21 subjects reported abdominal pain (70%), 6 reported incisional pain (20%), and 2 reported back pain (7%). The researchers included concerns regarding pain in this category only if the women mentioned pain and discomfort as opposed to tenderness or similar sensations.

In the reports of incisional problems, concern focused on incisional itching, wound pulling, incisional “dent,” wound infection, staples, “hard incision,” and incisional numbness. At 2 weeks postdelivery, 20 subjects reported concerns with activity intolerance, including getting out of bed and walking, bending, lifting, handling the newborn, not being able to take a bath, and not being able to do everything the subjects wanted to do. Fifteen subjects reported concerns with fatigue, including lack of sleep. Gastrointestinal disturbances included complaints of gas, vomiting, and intolerance to certain foods. Two subjects complained of breast engorgement, and two complained of nipple soreness. Other concerns included difficulties with an ovarian cyst, bronchitis, leg edema, elevated blood pressure, Bell’s palsy, and chest discomfort.

The major physiologic concerns at 2 weeks were pain, incisional problems, and activity intolerance; at 8 weeks, incisional problems, pain, and fatigue.

At 8 weeks, the major concerns focused on incisional problems (42%). Women complained of numbness of the incision, pulling and itching, and tenderness around the incision. Seven subjects complained of pain at 8 weeks postdelivery, and six still reported concerns with fatigue.

Psychologic and Life-Style Concerns

Of the 99 women who reported psychologic and life-style concerns postdelivery, 21% reported no concerns at 2 weeks postdelivery, and 19% reported no concerns in this category at 8 weeks postdelivery. Compared to the total reported physiologic concerns, which decreased markedly at 8 weeks, the total reported psychologic and life-style concerns differed less at the 2- and 8-week data points. As with the physiologic concerns, however, the types of concerns changed between the 2-week and 8-week data points.

The major psychologic and life-style concern at the 2-week data point was change in activity (40%). This category included complaints of being limited in activity, not feeling like entertaining visitors, not being able to get out, taking too long to feel better, having trouble getting organized, and being tied to the house. The next most reported concern was depression (16%). This was described as feeling blue, feeling low, just not feeling like themselves, feeling alone and bored, and feeling emotionally overwhelmed. The reported concerns in family interaction (13%) related to changed family patterns, including having less time with older children, sharing the house all day with a partner or significant other, not being interested in sex, and husbands having to make major changes in activities at home. Concerns regarding body image (11%) included feelings of being out of shape or being “damaged.” Eight subjects reported child-care concerns. These concerns related to getting upset when the newborn cried, having problems feeding the newborn, and feeling that life was all mothering.

The major psychologic and life-style concerns at 2 weeks were changes in activity, depression, and concerns related to family interactions; at 8 weeks, changes in activity, body image, and family interactions.

At the 8-week data point, the most frequently reported concern was still changes in activity (27%). These concerns included reports of having less time for socializing, being housebound, being much busier, taking longer to do things, being bored when the infant slept, and having less time for oneself. The second major area of concern at the 8-week data point focused on body image changes (23%). The concerns here focused on weight gain and abdominal stretching. Eleven of the subjects (12%) reported concerns with family interactions. This category included concerns over family members who were relocating, the husband's job loss, a perceived lack of support by partners, and separations. The next major concerns (11%) related to school and work. This category included planning future educational goals, worrying about becoming pregnant again too soon, reexamining returning to work, and not liking to leave the infant to go back to work. Nine (10%) of the respondents still reported child-care concerns, including feeding, spending all available time caring for the infant, not being able to go out without help, and feeling nervous going shopping or doing errands with the infant. The researchers received only 5 reports of depression at 8 weeks postdelivery, compared with 17 at the 2-week data point.

Discussion

The study results support, in part, findings of previous work. The total reported physiologic concerns (160) were slightly fewer than the total reported psychologic and life-style concerns (197). The reported data also made clear that overall physical concerns decreased markedly from the 2nd week postdelivery, whereas psychologic and life-style concerns did not.

Concerns with pain, which were the most frequently reported concerns at 2 weeks after cesarean delivery in this study, were an area of concern identified previously by Affonso and Stichler (1978) in a similar sample. In later work (1980), the same investigators reported that women's concerns over incisional healing after cesarean delivery were similar to those identified in this study. In the current study, incisional concerns ranked as the number two and number one physiologic concerns at the 2- and 8-week data points, respectively.

Activity intolerance, the third most frequently expressed concern at the 2-week data point, was much less problematic at 8 weeks postdelivery. Affonso and Stichler (1978) reported that 100% of the women in their sample reported this concern at 2–4 days postdelivery. Fatigue also was an important concern at 2 weeks postdelivery but was less problematic at the 8-week data point. This finding supports the work of Tulman and Fawcett (1991), and Tulman, Fawcett, Groblewski, and Silverman (1990), who reported that while women who have cesarean deliveries experience lessening fatigue as time progresses, these women still are not fully recovered at 6 months postdelivery.

Previous studies have identified such psychologic and life-style concerns as depression, changed activity patterns, fatigue, and work-related concerns in association with cesarean delivery. In the current study, concerns about changed activity patterns were the major psychologic concerns at both the 2- and 8-week data points. These findings support the work of Tulman and Fawcett mentioned previously. Depression, the second-ranking concern at 2 weeks postdelivery in this study, also was reported as problematic by Tilden and Lipson (1981) in their study of women that extended 2 years postdelivery. Those findings indicated that a cesarean birth for many women was a negative experience causing emotions ranging from disappointment to serious postpartum depression. Cohen (1977), who interviewed women in postcesarean delivery support groups, found unexpected cesarean deliveries to be associated with increased reports of depression.

Concerns with changes in family relationships, which ranked as the third concern at 2 and 8 weeks in this study, also were reported to be concerns by Affonso and Stichler (1978) in their sample taken at 2–4 days postdelivery. Concerns in Affonso and Stichler's study focused on the roles of mother and wife, changing family relationships, and topics similar to those identified in the current study. In a later study, Affonso, Mayberry, and Sheptak (1988) found similar concerns at 6 weeks postpartum.

Concerns about body image changes ranked fourth at the 2-week data point and second at 8 weeks. Numerous investigators have reported similar concerns between 2 days and 5 weeks postpartum (Affonso & Stichler, 1978; Berry, 1983; Cohen, 1977; Mercer & Stainton, 1984; Smith, 1989; Tilden & Lipson, 1981). Child-care concerns ranked fifth at 2 and 8 weeks. Other investigators have reported similar concerns in caring for children, including physical care of the infant and interpreting newborn behaviors and abilities (Brouse, 1988; Smith, 1989; Trowell, 1982; Tulman, Fawcett, Groblewski, & Silverman, 1990). These studies reported data from 3 days postdelivery to 1 year postdelivery.

Work and school-related concerns were more problematic at the 8-week data point than at the 2-week data point. Returning to work or starting a new job was related to perceived stress in Walker's (1989) study of women between 2 and 12 weeks postdelivery. Gardner and Campbell (1991) also discussed the economic pressure to return to work as a stress factor in a group of postpartum women followed between 2 days and 6 weeks postpartum. Killien (1990) reported working during pregnancy and returning to work after delivery as both a psychological stressor and an asset.

Decreased lengths of stay necessitate providing anticipatory guidance related to these concerns during both the antepartum and postpartum periods.

Implications for Nursing Care

These study findings have clear implications for child-birth classes and for discharge teaching for women and couples. Today women are being discharged from the hospital earlier than ever before. Early discharge potentially compromises the ability of the postpartum nurse to provide comprehensive care by seriously limiting the time available for transmitting information and supporting role changes and physiologic adaptation (Gillerman & Beckham, 1991). Each interaction with the postpartum woman should have specific teaching and learning goals because often the woman will be discharged according to externally applied criteria (e.g., diagnostic-related groupings) rather than personal readiness. Therefore, the nurse must assure that the woman and family are prepared for discharge. Both the prenatal and postdelivery periods are needed to prepare the woman and family adequately for recovery and parenting. Methods to accomplish this teaching can include pamphlets, videos in the postpartum unit, audiocassettes, and postpartum follow-up calls. Fawcett (1990) developed a pamphlet that focused on cesarean delivery and was incorporated into the teaching materials of prenatal classes. Discussions of the pamphlet near the end of the classes, combined with postdelivery phone calls, helped the women and families integrate the cesarean experience.

On the basis of the study findings, specific information about the incision, pain and discomfort, body image changes, and changes in family interactions should be included in prenatal classes. Explanations about the process of returning to the nonpregnant state should be provided at this time, along with information on all the changes the woman will experience as her pregnancy advances. Women need to learn that the discomfort associated with the healing incision (pain, tingling, numbness, tenderness, and abdominal muscle flabbiness) may take months to be resolved. The ability to move quickly and easily will return gradually. Fatigue, and often feelings of inadequacy related to caring for the new

infant and other members of the family, also will take time to resolve. Encouraging exercises, such as walking, during pregnancy will increase muscle tone and potentially improve post-partum healing so that incisional concerns maybe less problematic. Realistic expectations of the healing process should be emphasized.

Discharge planning should include helping parents make arrangements for obtaining help from relatives and friends and spacing activities throughout the day to reduce fatigue. Frequent rest periods are important, along with good nutrition and adequate fluid intake. Careful assessment of the effects and symptoms of depression should be made so that true depression can be differentiated from the normal changes associated with pregnancy (Affonso, Lovett, Paul, & Sheptak, 1990). The management of one is not effective for the other; therefore, a correct evaluation is necessary so that the woman receives the appropriate interventions. Furthermore, the findings suggest that postpartum visits might be scheduled over the first 2 or 3 months rather than immediately after discharge. Nurses need to assume a larger role in providing postpartum care, which has traditionally been offered, if at all, only during the 6-week postpartum visit to the obstetrician.

Limitations and Recommendations for Further Research

Study limitations include the limitations inherent in using open-ended questionnaires and problems generalizing study results beyond urban middle class populations. Recommendations for further work include refinement of the open-ended questions to include specific probes or cues. These more specific questions might be developed from the major concerns reported in each category in the current study. Further research should be targeted to other populations, including lower socioeconomic, rural, and suburban populations and different racial and ethnic groups.

Conclusion

After cesarean delivery, women report both physiologic, psychologic, and life-style concerns associated with it. Although physiologic concerns decrease markedly from the 2nd to the 8th week postdelivery, psychologic and life-style concerns do not. In this time of early hospital discharge, anticipatory guidance and teaching regarding these concerns should be initiated during the antepartum period, reinforced during the hospital stay, and followed up during the postpartum period.

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Biographies

Susan M. Miovech is a graduate student and research assistant at the University of Pennsylvania School of Nursing and a staff nurse at the Lower Bucks Hospital in Bristol, PA. She is a member of AWHONN.

Helen Knapp is a clinical lecturer and project manager in the University of Pennsylvania School of Nursing and a staff nurse at the Hospital of the University of Pennsylvania. She is a member of AWHONN.

Lynne Borucki is a clinical lecturer at the University of Pennsylvania School of Nursing. She is a member of AWHONN.

Marianne Roncoli is an assistant professor at the University of Pennsylvania School of Nursing.

Lauren Arnold is the clinical director of obstetric-neonatal nursing at the Hospital of the University of Pennsylvania and an assistant professor at the University of Pennsylvania School of Nursing. She is a member of AWHONN.

Dorothy Brooten is a professor within and chair of the Health Care of Women and Childbearing Division of the University of Pennsylvania School of Nursing. She also is the director of that school's center for Low Birthweight Research: Prevention and Care and a member of AWHONN.

Table 1Physiological Concerns of Women Postcesarean Delivery, $N = 99$ Women

Category of concerns reported	2 Weeks # (%)	8 Weeks # (%)
Pain	30 (26)	7 (16)
Incisional problems	29 (25)	18 (42)
Activity intolerance	20 (17)	4 (9)
Fatigue	15 (13)	6 (14)
Gastrointestinal disturbances	11 (9)	3 (7)
Breast/nipple problems	4 (3)	1 (2)
Other	8 (7)	4 (9)
Totals	117 (100)	43 (100)

Table 2Psychological and Life-style Concerns of Women Postcesarean Delivery, *N*= 99 Women

Category of concerns reported	2 Weeks # (%)	8 Weeks # (%)
Changes in activity	44 (40)	24 (27)
Depression	17 (16)	5 (6)
Family interactions	14 (13)	11 (12)
Body image changes	12 (11)	20 (23)
Child care	8 (7)	9 (10)
Healing	5 (4)	1 (1)
Fatigue	4 (4)	4 (5)
Financial concerns	4 (4)	4 (5)
Work/school related	1 (1)	10 (11)
Totals	109 (100)	88 (100)