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Quality of Life of Postnatal Women after Vaginal Delivery in Comparison to Caesarean Section

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Abstract: ***The postpartum period is a critical time for a woman physiologically, emotionally and socially, as well as for her newborn and family. The changes in the postnatal period as well as the mode of delivery can have positive or negative effects on the quality of life (QOL). The objective of the study was to assess the QOL of postnatal women after vaginal delivery (NVD) and caesarean section (CS) and to compare their QOL with the mode of delivery. A descriptive-comparative design was used to assess the QOL of postnatal women. Convenience sampling technique was used to select 300 samples, (150 in NVD and 150 LSCS). The study was conducted in Well baby clinic of Christian Medical College, Vellore. Maternal Postpartum Quality of life (MAPP-QOL) Questionnaire was used to assess the QOL of postnatal women. Frequency, mean, standard deviation, and chi square were used for statistical analysis. The mean QOL of postnatal women was 19.8±1.6 after NVD and 19.3±1.6 after CS. There was a statistically significant difference in the QOL after NVD and CS (p=0.006). In normal vaginal delivery 57.33% of women had good quality of life and in caesarean section 41.33% of women had good quality of life. There was also a statistically significant association between QOL after NVD and parity (p=0.005) & sex of the present baby (p=0.008). There was a statistically significant association between QOL and parity (p=0.05) of postnatal women after caesarean section. In recent years, studies on overall postpartum wellbeing have gradually emerged, utilizing both qualitative and quantitative methods. These methods go beyond simple physical and psychological health outcomes and provide a more holistic approach for assessing postpartum wellbeing by including items related to the postpartum woman's context. However, studies evaluating overall QOL during the postnatal period have been very limited.***

Keywords: Quality of life, Normal Vaginal Delivery, Cesarean Section, Postpartum

1. Introduction

Pregnancy and childbirth are special and vital events in every woman's life, and indeed in the lives of their families, which needs special care from conception to postnatal period. The child birth experience is a significant event and of a great psychological importance in a woman's life. It is said that the experience of child birth shapes women's thoughts, impressions and values. Moreover, it may positively or negatively affect their quality of life as well as their relationships with other family members. According to Hammoudeh Weeam et al., (2014), this is a period when health problems may arise and where a majority of maternal deaths occur. The quality of life of postnatal women may also depend on the type of delivery, their experiences in labor room, sex of the baby, feeding difficulty, difficulty in resuming sexual activity and complications during postpartum such as postpartum depression, urinary incontinence etc. The extent of postnatal morbidity in vaginal delivery and caesarean section has increasingly been recognized in recent years. Morbidity during pregnancy and the postnatal period has been described in several studies and literatures.

Few studies have been carried out regarding the consequences of different modes of delivery in relation to the Quality of life. Based on the standards established by WHO, Nikpour et al. (2011) assessed the quality of life of 290 women eight weeks after childbirth; they realized that the scores of physical and mental domains in vaginal delivery were higher than those of caesarean section.

In India, several sociocultural factors like male dominance, preference for male child and the widespread domestic violence along with poor socio economic status, increased medical expenditure and younger age of mother also includes additional burden contributing to the poor quality of life (Bele D 2014). Psychological state is an important dimension of health-related QOL and studies conducted in several parts of India revealed a high incidence of postpartum depression (16% Tamil Nadu and 23% Goa).

2. Literature

The literature review is discussed under the following subtitles.

Introduction
- Quality of life
- Quality of life and vaginal delivery
- Quality of life and Caesarean section
- Comparison of mode of delivery with QOL.

Introduction

The traditional narrow concept of health has been replaced with a broad, holistic and positive concept of health formed by the WHO definition as "not merely the absence of disease or infirmity" but "a state of complete physical, mental and social well-being"

In the field of maternity care, decreasing morbidity and mortality rates in recent decades have prepared the ground for other expectations like enhancing the quality of life (Mousavi et al 2013). The focus of antenatal and postnatal care in developed countries has expanded from its traditional goal of preventing, detecting &managing problems and complications to enhancing the QOL of the women during pregnancy and postpartum.

A continuum of care throughout pregnancy and the postpartum period is critically important. Promoting antenatal care and skilled attendance at birth is clearly not enough for improving maternal and child health (Singh A et al 2012). The WHO guidelines on postnatal care recommend essential routine postnatal care for all mothers and their newborns, extra care for low birth weight and small babies, and early identification and referral or management of emergency conditions. The guidelines further recommend postnatal visits within 6 to 12 hours after birth, and follow-up visits from 3 to 6 days, at 6 weeks, and then at 6 months (WHO 2014).

In general, postnatal care uptake has been limited in south Asia and particularly in India. According to the 2005-06 National Family Health Survey (NFHS-3), only 42% of women reported receiving postnatal check-up after their recent birth. Of these, only about a third received check-up within the first two days after birth. (Reena Pal, 2015)

Women's mental health in the postnatal period has been extensively researched for many years (Cox, 1986). More recently, studies have demonstrated that women also experience a range of physical problems after birth (Glazener et al., 1995) and there has been increasing recognition of urinary and fecal incontinence as a sequel of childbirth (Sultan and Kamm, 1997).

Quality of Life

Quality of life (QOL) is a multi-dimensional concept that is difficult to define and measure. This concept of QOL can be traced back to the Greek philosopher Aristotle. He described this as a 'certain kind of virtuous activity of the soul, a happy mind works well and does well'. It was first used in USA after the Second World War (1939- 1945) to portray the view that there was more to having good quality of life than just being financially secure (Meeberg, 1993).

Quality of life assessment is complicated by the fact that there is no universally accepted definition in it. On exploring literature, various definitions come to light. The definition of WHO is given earlier. According to Oxford English Dictionary quality refers to degree of excellence, attribute, relative nature, kind or character. As per the Scottish Government publication (2007), Janes defined QOL as a "multidimensional construct including physical, emotion, mental, social, and behavioral components" while Hornquistt (1999) defined it in terms of "satisfaction of needs in the physical, psychological, social, material and structural realms". Researchers at the University of Toronto's quality of life research unit, defines the quality of life as a degree to which a person enjoys the important possibilities of his or her life. Quality of life can also be defined as 'the general well-being of a person or society, defined in terms of health and happiness, rather than wealth' (Collins, 2015). In more detail, the World Health Organization (WHO, 1997) describes Quality of life as: 'A broad ranging concept affected in a complex way by the person's physical health, psychological state, level of independence, social relationships, and personal beliefs.' Calman (1984) describes quality of life as 'the extent to which hopes and ambitions are matched by experience', with the aim of medical care being to 'narrow the gap between a patient's hopes and aspirations and what actually happens'. According to Choe et al. (2001), it is a multidimensional and dynamic concept, being affected by many factors including physical, mental, emotional, social, sexual and spiritual well-being

Pallida (1992) says that nursing is a caring practice in which nurse foster health promotion, maintenance and restoration of function. QOL refers to the life which is worth whiling and connotes the caring aspects of nursing is concerned not with only survival but also will improve the satisfaction and perception of well-being of the individuals.

Farquhar (1995) in a review of several works on the topic of quality of life found a variety of concepts used in definition of QOL; happiness, satisfaction, pleasure, sense of well-being, self-esteem, ability to function, respect, dignity, freedom, privacy and activity. The broad concept QOL incorporates a multiplicity of factors such as health, environment, politics, community and economy that influence a person's well-being. A narrower concept Health Related Quality of life (HRQOL) has become the focus of increasing attention in practice because it can be of great value in patient care, both in terms of clinical outcomes and patient satisfaction (Chirivella et al., 2009)

In the field of medicine and nursing, QOL is an important consideration in ill health and became an important indicator of the success or failure of the treatment for disease. The assumption is that quality of life will improve with treatment. However, in some circumstances the treatment itself proves difficult and has a significant impact (Karen, 2003). According to Leslie, Carole, (1995) health related QOL refers to the subjective and objective impact of dysfunction associated with any illness or injury, medical treatment or health care policy. Subjective QOL is about feeling good and being satisfied with things in general. Objective QOL is about fulfilling the societal and cultural demands for material wealth, social status and physical wellbeing. Padilla (1985) says that nursing is a caring practice in which nurse foster health promotion, maintenance and restoration of function. QOL as a concept fits in all the above goals of nursing. QOL refers to the life which is worth living and connotes the caring aspects of nursing because nursing is concerned with not only survival but also will improve the satisfaction and perception of wellbeing of the individuals.

Quality of Life and Vaginal Delivery

Quality of life for the mother of a newborn may be defined as her perceptions of her position in life in the context of the culture and value system in which she lives and in relation to her goals, standards, and concerns (World Health Organization, 1993). There have been assessments of the

feelings of women who have become mothers, but most studies have tended to focus on the intrapartum period and have naturally enough been conducted soon after childbirth.

Quality of Life is largely a subjective perception of the individual and is of utmost importance to explore and attend the specific concerns of mothers during the postpartum period. Researchers have emphasized the need for a multi-dimensional definition for QOL and have identified five dimensions or domains: physical, psychological, economic, spiritual, and social (Grant& Dean, 2003).

Postpartum is a period of considerable change that encompasses many facets of women's lives, the quality of life helps to focus on the postpartum period as a natural process requiring different support strategies rather than a series of problems to be solved. Women's perceptions of their wellbeing play a significant role in understanding what kind of support they require to prevent maternal morbidity and improve their experience during this vulnerable period of their lives.

Mothers in general, particularly first-time mothers, are concerned about the newborn's state of health as well as their ability to care and feed their newborn. Intuitively, the psychology of a mother will be negatively affected if she is distressed about her newborn. Moreover, the infant has a profound impact on the quantity and quality of sleep of mothers during the postpartum period (Hill, P. D et al 2006). A mother's perception of her pain, physical appearance, and sex life, energy for everyday activities, ability to care for self, and episiotomy improves over time and the mother gains encouragement and confidence during the postpartum period (Torkan et al, 2009).

A cross-sectional survey done by Hammoudeh (2009), utilizing the adapted Maternal Postpartum Quality-of-Life Questionnaire was completed in the Occupied Palestinian Territory with a sample size of 1020 women. The study revealed that the mean overall quality of life score for the sample was 21.53 (maximum = 30), suggesting that the women are slightly satisfied with their lives in the postpartum period.

Many women who had normal vaginal delivery might be free from the medical complications during the postpartum, but the areas suggested by women as being important such as tiredness, painful perineum, backache and hemorrhoids are often dismissed by health professionals as 'only to be expected' (Glazener 1997). While these aspects of life can appear relatively minor to health professionals, they can have a devastating effect on the person experiencing them. Thereby the quality of life of women is adversely affected in the postpartum period.

A longitudinal study was conducted with data collected at the first, the third, and the fifth weeks of the postpartum period. Five hundred and twenty-six postpartum women were included in the study. The Hung Postpartum Stress Scale (HPSS), Smilkstein's Social Support Scale, and the Chinese Health Questionnaire were used to obtain information about the women's postpartum stress, social support, and health status at each time point. The result showed that there are three factors associated with postpartum stress; maternity role attainment, lack of social support, and body changes. Furthermore, the level of postpartum stress at the third and the fifth postnatal weeks was higher than at the first.(Hung, C. H et al, 2001)

Quality of life and Caesarean Section

World Health Organization (WHO) recommended the rate of caesarean section be decreased to 15% in 2010. Despite WHO's recommendation, the rate of Caesarean section has dramatically risen over the past decades. This rate was reported to vary from 7% to 22% in Finland, Sweden, and England. In 2008, the WHO calculated that approximately 18.5 million caesarean sections are performed yearly worldwide. About 40% of the countries have Caesarean Section rates less than 10%, about 10% have Caesarean Section rates between 10-15%, and approximately 50% have Caesarean Section rates more than 15%. In India, the rate of the caesarean section was about 8.5% but the required caesarean section is 12.7% for the year 2008. The rate of caesarean section delivery has increased from 3 per cent to 10 per cent between 1992-93 and 2005-06 (IIPS, 2007) which is lower compared to some developing nations like Brazil and China. But as India is the second most populous country in the world, a small percentage increase affects a huge number of people.

Among the large states (population 10 million and above as per 2001 census), the proportion of women who have undergone caesarean deliveries is the highest in Kerala (31.8 per cent) followed by Andhra Pradesh (29.3 per cent) and Tamil Nadu (23.2 per cent) and the lowest in Rajasthan and Jharkhand (4.2 per cent in both the states). Data, released according to National Family Health Survey across 15 states and Union territories showed that a disproportionately high number of babies are delivered by Caesarean section in the private sector is mostly double that of the government sector. The figures range from 87.1 per cent of the deliveries in urban Tripura (against 36.4 per cent in government sector) to 25.3 per cent in urban Haryana (the figure in government sector is 10.7 per cent) (Indian Express 2016).

A cross-sectional study was conducted by Barrett, G et al (2005) to assess whether women who underwent Caesarean section experienced better sexual health in postnatal period than women with vaginal delivery. They found that there was no significant difference in better sexual health in postnatal women after caesarean section. Amidst the growing trend toward caesarean sections, parents and clinicians need to acknowledge the risks of operative deliveries. Women whose infants were delivered by caesarean section had significantly worse physical health than women who gave birth vaginally. Even in the absence of major surgical complications, women who had undergone caesarean sections were not completely recovered after 5 weeks (McGovern, 2006)

A study was done by Olsen, M.A, et al., (2008) to assess the risk factors of surgical site infection after caesarean section. Surgical site infection was identified in 5% (81) of women (n=1,605) who underwent Caesarean section. The risk factors were identified as hematoma after the surgery, higher body mass index and use of staples. Postnatal women

with surgery site infection in turn have a poor quality of life.

Comparative Studies on Quality of Life

Studies on either postnatal quality of life in general or studies that compare quality of life in new mothers after different types of delivery are limited. An investigation on psychometric evaluation of health-related quality of life measures in women after different types of delivery showed that women with vaginal delivery had better health-related quality of life compared with elective or emergency caesarean section. In particular comparing the health-related quality of life between three modes of delivery (vaginal, elective, and emergency caesarean) it was found that patients after vaginal delivery had higher mean physical health-related quality of life scores than after caesarean section, while mean mental health-related quality of life were similar among three groups .

In contrast, some investigators showed that in addition to variables such as the occurrence of pregnancy complications, life stress and less social support, caesarean delivery is predictor of poorer mental health in postpartum women. However, there are currently few instruments available for measuring the mothers' health-related quality of life in relation to the mode of delivery. Most recently the Mother-Generated Index (MGI) was developed to identify the areas of lives that are of most concern to mothers' quality of life and the Maternal Postpartum Quality of Life (MAPP-QOL) questionnaire that intend to measure quality of life during the early postpartum period.

A prospective study revealed that women with normal delivery and caesarean section from 5 health care centers' in Isfahan, Iran were entered into the study. Quality of life was measured using the SF-36 at two points in time (time 1: 6 to 8 weeks after delivery; time 2: 12 to14 weeks after delivery). On comparing the findings within each group the analysis showed that the normal vaginal delivery group improved more on physical health related quality of life while the caesarean section group improved more on mental health related quality of life. (Torkan et al.2009)

A Prospective, longitudinal study was done in Chicago to examine preterm, near-term, and term mothers self-reported quality of life in the early postpartum period. Using convenience sampling, a total of 184 mothers of either a preterm, near-term, or term infant were included. Maternal Postpartum Quality of Life tool was used .The result showed that the mothers of preterm infants scored significantly lower on the subscale-psychological of the Maternal Postpartum Quality of Life tool compared to mothers of near term and term infants (Hill, P. D et al 2006).

A cross-sectional survey of Quality of life in postpartum mothers was done for a period of 4 months in the city of Fortaleza in northeast Brazil. Data were collected using an interview technique along with two instruments: 1) A maternal questionnaire and the 2) Maternal Postpartum Quality of Life tool/Brazilian version. The association between maternal characteristics and quality of life in the postpartum period was investigated with bivariate and multivariable analyses. The result showed that Mothers who had the best Quality of Life were white, registered students, 30-40 years of age, who were married or living with a partner, and without physical complaints; in addition, they had at least an 8th grade education, more than 4 children, and had attended more than 8 prenatal visits with a nurse. The stepwise model indicated that white race and married or living with a partner were the best predictors of Quality of Life in postpartum women (de Oliveira, M.F., et al. 2015)

A retrospective study was done to assess the sexual function of two groups of women who underwent normal vaginal delivery and caesarean section. Sexual function of the subjects was assessed using a physician administered Female Sexual function Index questionnaire before pregnancy, 6 months and 24 months after delivery. The results showed that there was no significant difference regarding the six domains of sexual function including desire, arousal, lubrication, orgasm, pain, satisfaction between the two groups. Eighty percent of the women who had undergone vaginal delivery complained of hypotonic pelvic floor muscles (Hosseini et al, 2011).Culp and Osofsky (1989) studied the levels of depression, marital adjustment, and mother-infant interactions after delivery and found no significant difference between those who delivered by vaginal or caesarean birth.

Marat and Mercer (1979) compared the birth perceptions of 30 primipara who had delivered vaginally with 20 primipara who experienced an emergency caesarean delivery. Analysis of race, marital status, oxytocin augmentation during labor, postpartum complications, attendance at childbirth classes, sex of infant, feeding preference, and infants' weights and Apgar scores showed no significant differences between the two groups. Women who had an emergency caesarean birth had significantly less positive perceptions of their birth experience than those who delivered vaginally.

A descriptive cross-sectional study was conducted at the Obstetrics clinics of Ege University and Dr. Ekrem Hayri Ustundag Obstetrics and Gynaecology Hospital in Izmir, Turkey among three-hundred and forty-two women who had given birth via spontaneous vaginal delivery (SVD) or caesarean section (CS). Sixty-three per cent (n = 250) of women who underwent Caesarean section said that if they gave birth again, they would prefer to deliver via spontaneous vaginal delivery. Eighty-eight percent (n = 300) of women wanted the legal right to choose their birth method. Although the rate of caesarean section was high, most women stated that if given the choice, they would prefer a spontaneous vaginal delivery if they had another child.

3. Conclusion

The literature review has brought to light that mode of delivery has impact on quality of life of postnatal women. The studies reveal that the QOL after normal vaginal delivery is better compared to the caesarean section. The literature review also revealed that paucity of standardized tools to assess the QOL during postpartum. It is clearly evident that there is dearth of studies on the subject in India, particularly in South India. The current study findings will add to the existing body of knowledge.

4. Methodology

A descriptive -comparative design was used to assess the QOL of postnatal women. Convenience sampling technique was used to select 300 samples, (150 in NVD and 150 LSCS). The study was conducted in Well baby clinic of Christian Medical College, Vellore. Postnatal women between 6 -8 weeks of delivery and women who can comprehend in English, Tamil were selected for the study. A written informed consent was obtained from them. Women who could not comprehend the instruction due to mental illness or cognitive disorder. Women with twin babies, preterm babies and congenital anomaly baby were not selected for the study.

Instrument:
The data collection instruments had two parts.

PART I: Demographic variables and Clinical variable

PART II: Maternal Postpartum Quality of life Questionnaire (MAPP-QOL). The Maternal Postpartum Quality of life Questionnaire (MAPP-QOL) consisted of 41 items. The instrument had two parts (satisfaction and importance). The tool used a Likert-type scale, and the items were identical. Part 1 queried the participant about her satisfaction with each item (1-6), with 1 = very dissatisfied and 6 = very satisfied. Part 2 queried about her level of importance with each item(1-6), 1 = not very important and 6 = very important.

Date Collection Procedure: Data collection was done for 6 weeks, from Monday to Saturday. Women fulfilled the inclusion criteria were selected using convenience sampling technique. The investigator introduced herself and established a good rapport. Information sheet was provided in their own language. The investigator explained the purpose of the study and got verbal and written consent. MAPP-Quality of life questionnaire was given. Assistance was provided if needed. The time taken by the subjects to fill the questionnaire was approximately 20-25 minutes. Minimum of 6- 10 samples were obtained per day.

5. Results

Data Analysis
The collected data was entered in the statistical software SPSS 23.0 and were analyzed. The descriptive statistics like frequency, percentages, mean and standard deviation and inferential statistics like chi square were used to represent the data.
Among the postnatal women after normal vaginal delivery, 57.33% had good QOL and 42.67% had poor QOL. Whereas 41.33% had good QOL and 58.67 % had poor QOL after caesarean section as shown in figure 1. On Comparing the Quality of life of postnatal women after normal vaginal delivery and caesarean section, there was a statistically significant difference between the QOL after normal vaginal delivery and Cesarean section (p=0.006) as shown in table 1.

Table 1: Comparison of the Quality of life of post natal women after NVD and CS

Type of delivery	Quality of Life				$\chi 2$	*p* value
	Poor		Good			
	n	%	n	%		
Normal vaginal delivery	64	42.7	86	57.3	7.68	0.006*
CS	88	58.7	62	41.3		

***p<0.05**

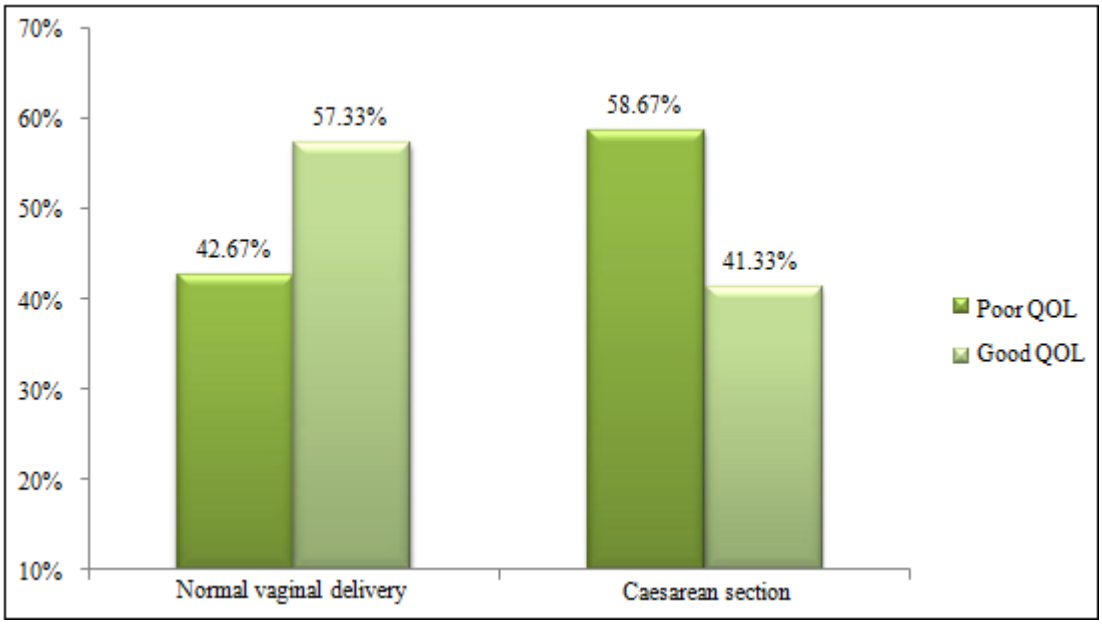

Figure 1: Comparison of the Quality of life of post natal women after NVD and CS

The study found that there was no statistically significant association between the selected demographic variables and Quality of life after NVD and LSCS. The study also showed that there was a statistically significant association between QOL of postnatal women after vaginal delivery and parity (p=0.005) and sex of the present baby (p=0.008), primi gravid mothers had good QOLthan multi gravid mothers; good QOL was observed in women with boy baby. There was a statistically significant association between QOL of postnatal women after caesarean section and parity

(p=0.05), primi gravid mothers had good QOL than multi gravid mother.

Table 2: Association of quality of life after vaginal delivery with selected clinical variables (n=150)

Selected clinical variable	Quality Of Life				$\chi 2$	*p* value
	Poor		Good			
	n	%	n	%		
Parity						
Primi gravid	36	56.2	67	77.9	7.99	**0.005***
Multi gravid	28	43.8	19	22.1		
Sex of the present baby						
Boy	27	42.2	55	64	7	**0.008***
Girl	37	57.8	31	36		

***p‹0.05**

6. Discussion

The first objective was to assess the quality of life among postnatal women after vaginal delivery and caesarean section.

Normal Vaginal Delivery
The mean score of quality of life of postnatal mothers after NVD was measured as19.8 in the current study. Therefore, the QOL of postnatal women after NVD was found to be good in 57.33% and poor in 42.67%.

Caesarean section
The mean score of quality of life of postnatal women after CS was measured as 19.3. Hence, the QOL of postnatal women after CS was found to be good in 41.33% and poor in 58.67% of them.

These findings were in congruence with study by Jansen et al. (2007) and Torkan et al.(2009) which showed that the women after vaginal delivery had higher QOL scores. The findings of the current study were also supported by the study done by Mousavi et al**.** (2013). He emphasized that the mean global scores of quality of life was higher (69.93±14.2) after vaginal delivery

The second objective of the study was to compare the quality of life among postnatal women after NVD and CS.
The current study shows a statistically significant difference in the Quality of life of postnatal mothers after vaginal delivery and caesarean section (p=0.006). Postnatal women after NVD had good QOL when compared to women after CS. Comparison of subscales has no significant difference in subscales of QOL and type of delivery. The findings of the current study were supported by the study done by Torkan et al. (2009). They used SF-36 and Health Related QOL (HRQOL) scales and they found that the mothers in NVD group reported higher scores of QOL than CS (P=0.03).Another study by Moawad et al. (2015) was in congruence with the current study. They revealed that Women who underwent caesarean section had significantly lower mean scores of HRQO Lin all the domains. Contradictory to the present study, the study by K Huang et al. (2014) found that the total score of QOL had no significant difference in women with NVD and CS (p = > 0.05).

The third objective of the study was to find the association between the selected demographic, clinical variables and quality of life.

Demographic and QOL
The study revealed that there is no significant association between the selected demographic variables and quality of life. Contradictory findings were noted in the study by K Huang et al. (2014) were the level of education of husband had association with poorer QOL of postnatal women. Whereas other findings in the study like mother's age (p=0.34), education (p=0.49) and family income (p=0.45) had no association with the QOL.

Parity and QOL
The study states that there is a significant association with parity and QOL after vaginal delivery(p=0.005) and caesarean section (p=0.05).M. F. de Oliveira et al (2015) showed there is no signification relation between parity and QOL. Due to socio cultural reasons the postnatal women stay in the parent's home and are taken care by their parents especially mothers. (Choudhry, U. K. 1997).

Sex of the baby and QOL

The preference for male children is deeply rooted in Indian society, as well as in Chinese and Turkey was noted in a study done by Patel et al. (2002).The study by K Huang et al. (2014) showed that there was a significant association between sex of the baby and QOL. DeTychey et al (2008) showed the birth of the boy baby reduces several dimensions of QOL.

7. Conclusion

This study revealed that the quality of life scores are higher in postnatal women after vaginal delivery; there is a significant difference in the quality of life of postnatal women after vaginal delivery in comparison to caesarean section; there is no significant association between selected demographic variables and quality of life; the is a significant association between selected clinical variables and quality of life.

Conflict of Interest: The author has declared no conflicts of interest.

8. Future Scope

Nurses are the providers of holistic care and this study finding will help professionals to assess, plan, implement and evaluate appropriate evidence based care in the management of postnatal women after vaginal delivery and caesarean section. It helps the researchers to critique over these research findings and explore the knowledge and various interventions to improve their quality of life.

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