

## POSTPARTUM PHYSICAL MORBIDITIES AMONG POSTNATAL MOTHERS IN A TERTIARY CARE CENTRE

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### ABSTRACT

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#### BACKGROUND

Puerperium refers to the six-week period following childbirth. This is a dynamic period when the physiological changes that occur during pregnancy resolve and the body system return to their pre-pregnant state. Many of the complications leading to postpartum maternal morbidity arise during labour and delivery and in the first 1-2 weeks following delivery. The complication during immediate postpartum periods is managed in hospital itself. But, there is a risk of persisting these complications and from the postnatal checkup, the magnitude of the postpartum morbidity of these women are assessed.

The aim of the study is to assess the postpartum physical morbidities among postnatal mothers and determine the association of those with selected variables.

#### MATERIALS AND METHODS

This is a descriptive study. Sample in this study consists of 406 consecutive cases of postnatal mothers after 6 weeks of postpartum period who are visiting Family Planning Outpatient Department of Sree Avittom Thirunal Hospital, Thiruvananthapuram, for postnatal checkup. Each woman was assessed by using interview schedule. The findings were presented under the following headings. Sociodemographic data, postpartum morbidities and association between selected variable and postpartum morbidities.

Study Setting and Design- The design adopted is descriptive research design. 406 postnatal mothers attending the Family Planning Outpatient Department of Sree Avittom Thirunal Hospital, Thiruvananthapuram, for postnatal checkup after 6 weeks postpartum are allocated. Each woman was assessed by interview schedule. The physical postpartum morbidities among postnatal women were assessed.

#### RESULTS

Data was analysed using SPSS software using descriptive and inferential statistics based on the objective using frequency and Chi-square test.

#### CONCLUSION

In the present study, 57.6% of women had morbidities of which 29.3% had postpartum anaemia, 45.5% had backache, 15% had perineal pain, 16.5% had constipation, 6.1% had stress incontinence, 11.8% had breast problems, 10% had haemorrhoids, 5.9% had urinary tract infection and 18.7% had leucorrhoea. Also, 9.8% of subjects had persistent diabetes and hypertension in the postnatal period too. The present study shows that there is significant association between postpartum morbidities and mode of delivery, parity, socioeconomic status and anaemia. The findings of the study have a lot of implications in the field of health, patient education and medical research. The study brings out certain critical area and salient points, which necessitate urgent attention of policy makers, service provide and the society.

#### KEYWORDS

Postpartum, Morbidity, Postnatal Check-Up.

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#### BACKGROUND

Pregnancy and childbirth involve significant health risks even for women with no preexisting health problems. Approximately, 40% of pregnant women experience pregnancy-related health problems and 15% of all pregnant women suffer long-term or life-threatening complications. The care during the process of birth is essential to reduce the physical and psychological trauma of the mother and child and prevention of development of complications. So, a clearly-defined protocol is essential to reduce the incidence of complications and increasing better perinatal outcome.<sup>1,2</sup>

Puerperium is the time of maternal changes that are retrogressive (the involution of uterus and vagina) and progressive (the production of milk for lactation, the restoration of menstrual cycle and the beginning of parental role) the physical postpartum care a woman receives can influence her health for rest of her life.<sup>3,4</sup> Many of the complications leading to postpartum maternal morbidity arise during labour and delivery and in the first one to two weeks following delivery for at least 18 million women. These morbidities become long term and often debilitating. Major acute obstetric morbidities include haemorrhage, sepsis and pregnancy-related hypertension. Long-term morbidities include uterine prolapse, vesicovaginal fistulas, incontinence, dyspareunia and infertility.

The role of postpartum care in reducing maternal mortality evidence indicate the postpartum period is the most critical time for both maternal and neonatal survival, yet it remains the most neglected component in the maternal and infant care. Women who survive life-threatening complications may suffer from lifelong trauma, may face long-term physical, psychological, social and economic consequences. The chronic ill health of a mother has also effect on their families, children who depend on their mother for feed, care and emotional support.<sup>5</sup>

**MATERIALS AND METHODS**

This is a descriptive study. Sample in this study consists of 406 consecutive cases of postnatal mothers after 6 weeks of postpartum period who are visiting Family Planning Outpatient Department of Sree Avittom Thirunal Hospital, Thiruvananthapuram, for postnatal checkup. Each woman was assessed by using interview schedule.

The findings were presented under the following headings.

Sociodemographic data, postpartum morbidities and association between selected variable and postpartum morbidities.

**RESULTS**

Majority (57.6%) of women had morbidities of which 29.3% had postpartum anaemia, 45.5% had backache, 15% had perineal pain, 24.8% had extreme tiredness, 6.1% had constipation, 11.8% had breast problems, 10% had haemorrhoids, 2.1% had episiotomy infection, 4.1% had wound infection, 5.9% had urinary infection and 18.7% had leucorrhoea. Also, 9.8% of women had persistent hypertension and diabetes each.

Regarding association, significant association was found between socioeconomic status, mode of delivery, parity and anaemia and postpartum morbidity.

Age	Minor Morbidities				Total		x <sup>2</sup>	Df	P
	Present		Absent		N	%			
	N	%	N	%					
<25	112	47.9	84	48.8	196	48.3	<b>0.305</b>	<b>2</b>	<b>0.858</b>
26-30	79	33.8	60	34.9	139	34.2			
>30	43	18.4	28	16.3	71	17.5			
<b>Total</b>	<b>234</b>	<b>100</b>	<b>172</b>	<b>100</b>	<b>406</b>	<b>100</b>			

**Table 1. Association of Postpartum Morbidities with Age**

Table 1 shows that there is no significant association between age and postpartum morbidities.

Socioeconomic Status	Minor Morbidities				Total		x <sup>2</sup>	Df	P
	Present		Absent		N	%			
	N	%	N	%					
APL	54	23.1	65	37.8	119	29.3	<b>10.358</b>	<b>1</b>	<b>0.001*</b>
BPL	180	76.9	107	62.2	287	70.7			
<b>Total</b>	<b>234</b>	<b>100</b>	<b>172</b>	<b>100</b>	<b>406</b>	<b>100</b>			

**Table 2. Association between Postpartum Morbidities and Socioeconomic Status**

Table 2 shows that P value obtained is less than table value, so there is significant association between socioeconomic status and postpartum morbidities.

Parity	Minor Morbidities				Total		x <sup>2</sup>	Df	P
	Present		Absent		N	%			
	N	%	N	%					
Primi	115	49.1	105	61	220	54.2	<b>5.656</b>	<b>1</b>	<b>0.017*</b>
Multi	119	50.9	67	39	186	45.8			
<b>Total</b>	<b>234</b>	<b>100</b>	<b>172</b>	<b>100</b>	<b>406</b>	<b>100</b>			

**Table 3. Association of Postpartum Morbidities with Parity**

Table 3 shows that p value obtained is less than 0.05, so there is significant association between postpartum morbidities and parity.

Mode of Delivery	Minor Morbidities				Total		x <sup>2</sup>	Df	P
	Present		Absent		N	%			
	N	%	N	%					
Normal Vaginal Delivery	107	45.7	104	60.5	211	52	<b>8.267</b>	<b>1</b>	<b>0.003*</b>
Caesarean Section	127	54.3	68	39.5	195	48			
<b>Total</b>	<b>234</b>	<b>100</b>	<b>172</b>	<b>100</b>	<b>406</b>	<b>100</b>			

**Table 4. Association between Postpartum Morbidities and Mode of Delivery**

Table 4 shows that P value obtained is lesser than table value, so there is significant association between mode of delivery and postpartum morbidities.

Mode of Delivery	Minor Morbidities				Total		x <sup>2</sup>	Df	P
	Present		Absent		N	%			
	N	%	N	%					
Present	63	26.9	29	16.9	92	22.7	<b>5.728</b>	<b>1</b>	<b>0.017*</b>
Absent	171	73.1	143	83.1	314	77.3			
<b>Total</b>	<b>234</b>	<b>100</b>	<b>172</b>	<b>100</b>	<b>4.6</b>	<b>100</b>			

**Table 5. Association between Postpartum Morbidities and Anaemia**

Table 5 shows that P value obtained is less than 0.05, so there is significant association between postpartum morbidities and anaemia.

**DISCUSSION**

The global maternal morbidity ratio has followed from 380 maternal deaths per 1,00,000 livebirth in 1990 to 210 deaths per 1,00,00 livebirth. India’s Maternal Mortality Rate (MMR) declined by 16% in 2011-12 from 2007-09.<sup>6</sup> But, despite these gains, almost 800 women shall die every year from causes related to pregnancy or childbirth.<sup>7</sup> This is about one woman every two minutes and for every woman who dies, 20 or 30 encounter complications with serious or long-lasting consequences.<sup>8</sup>

The present study was intended to assess the postpartum physical morbidities among postnatal mothers attending family planning OPD after six weeks of postpartum period. Based on this study, 57.6% of postnatal mothers had postpartum physical morbidities during six weeks of postpartum period, which was assessed by self-reported method and physical assessment at six weeks during postnatal checkup.

Findings of the present study were supported by the study conducted to assess the prevalence and determinants of postpartum morbidities in rural block of Zaghadia, Bharuch, Gujarat. The study estimated the prevalence of self-reported postpartum morbidity and its determinants among women aged 18-49 years in a rural block of Gujarat. Amongst the respondents, the prevalence of antenatal morbidity was 52%, intrapartum morbidity 41% and postpartum morbidity 48.6%. There were 24.7% of women who had postpartum morbidity with neither antenatal nor postpartum problems.

In the present study, out of 406 postnatal mothers 57.6% reported one of the following morbidities. Perineal pain, backache, extreme tiredness, stress incontinence, breast problems, haemorrhoids, genital tract infection, wound infection, urinary infection and leucorrhoea. Backache was the physical morbidity reported by most of the mothers. A population-based study conducted in Australia among 1295 postpartum women had similar findings.<sup>9</sup> Major problems identified were backache, tiredness, bowel problems, lack of sleep, haemorrhoids, perineal pain, excessive bleeding, urinary incontinence and mastitis.

A cross-sectional study of women delivering in 18 private hospitals in Lebanon was undertaken. Of the 269 women, physical postpartum health problems were reported by 93.6% and psychological health problems by 84.4%.<sup>10</sup>

Considering sociodemographic variables, majority (48%) of mothers were in <25 age group, majority (49.3%) were from extended nuclear family, majority (27.6%) were educated up to high school and majority (89%) were unemployed. 54% had undergone normal vaginal delivery, 53.2% were primipara and majority had birth spacing less than one year. The study findings is supported by study conducted in Gujarat to assess the postpartum morbidities and its determinants. The age of the study participants ranged from 18 to 40 years. The level of postpartum morbidity was higher in the younger ages and it declined with age. The gravida, spacing between the last delivery and previous one and the place of delivery were included as key demographic characteristics that could impact the experience of postpartum morbidity. About a quarter of the women were primigravidas and it was found that postpartum

morbidity was lower amongst them when compared to grand multipara (5 or more pregnancies). After excluding those who were primigravidas, postpartum morbidity was higher among those with short and extended birth intervals.

The prevalence of postpartum morbidity did not vary by site of delivery (institutional or non-institutional).

Present study shows there is no significant association between postpartum physical morbidities and selected variables like age, religion, type of family, education, occupation, place of residence, education and occupation of husband, socioeconomic status and age at marriage. It shows there is significant association between postpartum physical morbidities and selected variables like mode of delivery, parity, socioeconomic status and anaemia.

A population-based cohort study in Australia supported the present study association with mode of delivery and parity.<sup>10</sup>

A prospective community-based study conducted in a village in North India where a total of 211 women participated, 74% reported at least one morbidity.<sup>10</sup>

### CONCLUSION

The study brings out certain critical areas and salient points, which necessitate urgent attention of policy makers, service providers and the society. Anaemia having emerged as the single most postpartum condition emphasises the importance and remedial action for detection of anaemia among girls and women and supplemented with proper supply and availability of hematinics to them. To communicate and emphasise to keep the family size small in view of the finding of a correlation of postpartum morbidity with a high parity. Rather than seeing postpartum morbidity just as a medical problem need to address most of socioeconomic and other factors also is clearly underlined.

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