

UTILIZATION OF SELF CARE GUIDELINE TO PROMOTE QUALITY OF LIFE AMONG WOMEN UNDERGOING CESAREAN SECTION

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ABSTRACT

Background: The rates of cesarean section have increased significantly in recent decades. Postpartum period is accompanied by significant changes in women's quality of life. These alterations can affect the health of mothers and baby. Considering the importance of postnatal quality of life and the factors affecting it, this study is aimed to explore the effect of utilization of self care guideline to promote quality of life among women undergoing cesarean section. **Design:** An intervention (Quasi-Experimental) study was adopted. **Setting:** The study was conducted at postpartum unit of Maternity department in Fayoum University Hospital. **Sample:** A purposive sample was used which included 120 mother in postpartum department after cesarean section delivery. They were divided randomly into two groups: the study group which received a self-care guideline while the control group received the routine care. **Results:** It was found that self-care guideline has a positive effect on improving the quality of life among women undergoing cesarean section. **Conclusion:** The present results can be used as a self care guideline to positively enhance women's quality of life after cesarean section delivery. **Recommendation:** The study recommended that the importance of utilizing self care guideline as a part of routine care for postpartum women in all maternity hospital.

Keywords: Self care guideline, Cesarean Section, Quality of life

INTRODUCTION

Technological advances, have altered the meaning and importance of concepts such as delivery and childbirth. Prevalence of caesarean section (CS) can be considered as one of the first consequences of technological advances related to childbirth (Webber, 2013). Cesarean birth happens through an incision in the abdominal wall and uterus rather than through the vagina. Cesarean delivery (CD) is the most common major surgery performed, as its rates continue to increase worldwide. There has been a gradual increase in cesarean births over the past 30 years (American College of Obstetricians and Gynecologists, 2012).

In 2005, the Centers for Disease Control and Prevention (CDC) reported the cesarean birth rate at 29.1% in USA, which was the highest rate ever recorded

involving more than a quarter of all births. This means that more than 1 in 4 women are likely to experience a cesarean birth. Rates of caesarean section in many countries have increased beyond the recommended level of 15% (WHO, 2012). This indicates almost doubling the amount in the last decade. Similar trends have also been documented in low-income countries, especially for births in private hospitals. Recent evidence also shows increasing demand for caesarean section among young, educated women residing in urban areas.

The postpartum period is the most challenging time for the mothers who deliver caesarean babies, since it is one of the major surgeries. Women who undergo the cesarean section delivery face risks of maternal morbidity and mortality compared with normal delivery. Caesarean sections are associated with short

and long term risks which can extend for many years beyond the current delivery and affect the health of the woman, her child, and future pregnancies (Ye *et al.*, 2014). Results of some studies indicate that symptoms such as pain, fatigue, headache, lack of sleep, post-traumatic stress disorders, anemia, sex-related concerns, urinary infection and other conditions that required treatment in the first 8 weeks after delivery, are higher among women with cesarean section than those who underwent vaginal delivery (VD). The health of women after childbirth may be primary contributor to their children's health. As a result mothers' negative perception of their own health can have a negative impact on their infant (Mutahir & Utoo, 2015).

The postpartum period can have a significant physical, emotional, and social impact on the quality of life for new mothers. The health related quality of life (HRQoL) is a multidimensional concept, measuring different aspects of life, including: physical function, which includes activities of daily living; psychological function, which includes cognitive, perceptual and personality traits of a person; and social function, which involves the interaction of the individual with society (Jansen *et al.*, 2014). The World Health Organization Quality of Life group (WHOQOL, 1996) released its definition of QoL: "An individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns". It is a broad concept, affected in a complex way by the person's physical health, psychological state, level of independence, social relationships, personal beliefs, and their relationship with environmental characteristics.

The goal of promoting self care by the patient has a long tradition in nursing, including the Nightingale model and the Orem theory of nursing. Orem describes self-care as the practice of activities that individuals personally initiate and perform on their own behalf to maintain life, health and wellbeing. Processes for achieving these goals include selecting healthy lifestyles, self-monitoring and assessing symptoms, perceiving and assigning meaning to symptoms, evaluating the severity of the situation, and determining treatment alternatives (Webber, 2013).

Provision of information to women is one of the most important factors of supporting the postpartum women. The goal of providing information is to prepare the postpartum women for their new life, to decrease

maternal morbidity in this period and to promote recovery. Teaching women about their treatment reduces anxiety, increases self-confidence, improves compliance and enhances their participation in self-care (Moursy *et al.*, 2014).

Nurse plays a crucial role in the care for cesarean section (CS) women. Therefore the goal of nursing care is to help a woman to bond successfully with their new infants. CS woman should develop an additional caring concern immediately in the postpartum period, because they aren't only postpartum women but they are also in their post surgical phase. Nurses directly or indirectly play an important role in evaluating and improving patients QOL after delivery, that is achieved by providing support for women to deal with physical and psychological complains which can make a negative effect on their life. In addition, nurses represent a broad range of care settings in diverse specialty areas including clinical practice, education, administration and research. So, obstetric and gynecology nurses are key providers of postpartum care (Souza, 2016).

Justification of the Study

According to WHO (2012) statistics, the highest maternal mortality and morbidity are seen in the postpartum period. Moreover, the maternal mortality rate for a cesarean section is higher than with vaginal birth. Also, the results of some studies indicate that symptoms such as fatigue, headache, lack of sleep, itching in cesarean incision, anemia, urinary tract infections and other conditions needing treatment in the first weeks after delivery are higher in cesarean section women than those who underwent vaginal delivery (VD). It is evident that the experience of previous complaints can negatively affect women's quality of life (QOL) after birth. Outcomes of self-care behaviors include reduction in morbidity associated with illness, increase use of health resources, more effective coping strategies, enhanced role performance, and increased independence in performance of daily living activities and enhanced self-esteem and well-being including all that improve the quality of life. Self-care guideline is an integral component of the care model which serves as a framework for organizing and delivering health care across the continuum of care. There is a shortage of studies that evaluate the effect of adopting self-care guideline on improving postpartum women's quality of life in Fayoum city. So this study explores the effect of

utilization of a self-care guideline to promote quality of life among women undergoing cesarean section.

The aim of this study

To study the effect of utilization of self care guideline to promote quality of life among women undergoing cesarean Section.

Research Hypothesis

Postpartum women undergoing cesarean section show more improvement related to their quality of life after utilization of self care guideline than the women who does not use it.

RESEARCH METHODOLOGY

Research design

An intervention (Quasi-Experimental) study design was used.

Study setting

The study was conducted at postpartum unit of Maternity department in Fayoum University Hospital, which offer free ante-partum, intra-partum and post-partum care for normal pregnant women along with low risk and high risk pregnant women counselling for family planning and gynecological health services from variety of socio-economic classes.

Sampling

Sample type

A purposive sample was used.

Sample size and technique

A sample of 120 primipara women with cesarean section in early post partum period were included in the study. According to the sample size equation based on the statistics of year 2016 for primipara women delivered by cesarean section in the obstetrics department

$$n = N / (1 + Ne^2)$$

where n=sample size

N=Population size

e=level of precision

The sample was randomly divided into two groups using tossing method, each group composed of 60

women. Study group received the self care guideline and the control group received routine hospital care.

Inclusion criteria: Both groups had the following matching criteria: primiparous women delivered either elective or emergency C.S; delivered a single live healthy baby; free from any medical and obstetric risk factor or without any psychiatric disorder that could affect the quality of life, can read and write and women accepting to participate in the study.

The exclusion criteria: Women who did not follow the self care guideline instructions as well as any woman suffering from postpartum complications.

Tools of Data Collection

Four tools were used for data collection, The first one: A Structured interviewing questionnaire: was designed by the researchers, it is divided into two parts: First Part: to assess personal characteristics of women as age; educational level; occupation and residence. The second part: to assess the current cesarean section delivery, which includes date of delivery, type of CS, indication of CS and type of anaesthesia.

The second tool is the Short Form-35 (SF-35) questionnaire developed by Ware & Sherbourne (2012). This tool evaluates women's quality of life and includes 35 items divided into eight health concepts: physical functioning, bodily pain, role limitations due to physical health problems, role limitations due to personal or emotional problems, emotional well-being, social functioning, energy/fatigue, and general health perceptions. Calculation of the scoring system was through two step process. First, precoded numeric values are recoded per the scoring key given in Step (1). Note that all items are scored so that a high score defines a more favorable health state. In addition, each item is scored on 0 to 100 range so that the lowest and highest possible scores are 0 and 100, respectively. Scores represent the percentage of total possible score achieved. The higher score indicate good quality of life. Step (2) averaged value was calculated to create the 8 scale scores together to create each scale. Items that are left blank (missing data) are not taken into account when calculating the scale scores. Hence, scale scores represent the average for all items in the scale that the respondent answered.

Step 1- Recoding Items

Item members	Change original response category	To recoded value of:
1,2,20,22,34	1?	100
	2?	75
	3?	50
	4?	25
	5?	0
3,4,5,6,7,8,9,10,11,12	1?	0
	2?	50
	3?	100
13,14,15,16,17,18,19	1?	0
	2?	100
21,23,26,27,30	1?	100
	2?	80
	3?	60
	4?	40
	5?	20
	6?	0
24,25,28,29,31	1?	0
	2?	20
	3?	40
	4?	60
	5?	80
	6?	100
32,33,35	1?	0
	2?	25
	3?	50
	4?	75
	5?	100

Step 2- Averaging Items to Form Scales

Scale	Number of items	After recoding per step1, average the following items
Physical functioning	10	3, 4, 5, 6, 7, 8, 9, 10 11,12
Role limitations due to physical health	4	13, 14, 15, 16
Role limitations due to emotional problems	3	17, 18, 19
Energy/fatigue	4	23, 27, 29, 31
Emotional well -being	5	24, 25, 26, 28, 30
Social functioning	2	20, 32
Pain	2	21 22
General health	5	1, 33, 34, 35

The third tool: Included Self-Care diary scale designed by the researchers. This diary contained a checklist of self-care activities during postpartum period for CS women. The purpose of the diary was to quantify women's involvement in self-care during this period. The diary entailed mainly closed ended questions answered by the mother with Yes or No.

The fourth tool: Likert scale was adopted from Hollins and Martin, (2014). This was used to assess the

women's overall satisfaction with method of receiving postpartum instructions. It consisted of 10 statements, three responses were offered for each statement. Named as follows: (1. Not satisfied with 1 score. 2. Somewhat give 2 score. 3. satisfied give 3 score). This tool was collected by the researchers at the 40th day after delivery for both groups. The scoring system is: twenty scores represented somewhat satisfied, more than twenty scores considered satisfied while less than twenty considered not satisfied.

Supportive Arabic material (Self care guideline):

Designed by the researchers after review of local and international books and magazines. Consists of two parts; the first one concerned with essential information about CS (definition, indication ,advantages and disadvantages). The second part is concerned with the proper self-care measures that could apply during this period like wound care and healing, postpartum emotions, methods for pain relief, faster recovery as well as reduced complications, exercise, breastfeeding, contraceptive, newborn care, warning singe and others along with dealing with minor discomfort during postpartum period. It is constructed as a form of booklet using simple Arabic language and different illustrative pictures in order to facilitate understanding of its contents.

Content validity and reliability :

Content was tested by a panel of five experts in the field of maternity health nursing, the tools was modified according to panel's judgment on clarity of sentences and appropriateness of content, simple modifacations were considered such as omission of some repeated sentences and rephrasing some sentences. The tools of the current study showed perfect Cronbach's Alpha reliability.

Step 3 -The validity of the SF-35

Scale	Items	Alpha
Physical functioning	10	0.93
Role functioning / physical	4	0.84
Role functioning / emotional	3	0.83
Energy / fatigue	4	0.86
Emotional well-being	5	0.90
Social functioning	2	0.85
Pain	2	0.78
General health	5	0.78

Pilot study

A total of 10% of the study sample (12 women) was included in the pilot study in order to assess the feasibility of the study, accessibility of the sample and clarity of the tools, as well as determine time needed to answer the questions. All women who participated in the pilot research were excluded from the main sample of research.

Ethical considerations

An official permission was granted from the director of Fayoum University Hospital. The researchers introduced themselves to women who met the inclusion criteria and informed them about the purpose of this research to obtain their oral acceptance to participate in the study. The researchers assured that, the research posed no risk or hazards on them. All women were informed that the participation in the research is voluntary and any one can withdraw from this research anytime without giving any reason, and anonymity and confidentiality were assured. Finally primipara were assigned randomly to either the study or control group using simple random sample.

Field Work

Recruitment and follow-up of participants were carried out from August, 2017 to the beginning of February, 2018. The researchers attended the predetermined hospital three days per week. Data collection was carried out through three phases: 1) interviewing 2) implementation and 3) evaluation.

The interviewing phase: started in the next day after the cesarean section with eligible women who met the inclusion criteria. At the beginning of the interview the researchers explained to the women the aim of the study and then the oral consent of women were obtained. The researchers spent time with the participants to prepare them to be involved in the study and to establish rapport with them. Then the researchers started to collect data related to the personal and obstetric issue for about 15 minutes by using a structured interviewing questionnaire. After that the researchers collected data related to the women's quality of life as baseline data by using Short

Form-35 (SF-35) questionnaire for about 20-25 minutes.

The implementation phase: After previous data collection the researchers distributed the self care guideline regarding postpartum period for the study group. These session was conducted at the postpartum department of the prementioned hospital. Before the session the researchers discussed the participant's fears and questions regarding this period. After that the researchers started with overview about the delivery and the indication of cesarean section then, discussed the proper self-care measures that could apply during this period according to the sequences of the pre-designed guideline. While the control group received the routine hospital care only. The end the researchers explained to the women how to used Self-Care diary scale.

The evaluation phase: Each woman was evaluated three times during the study period utilizing the predetermined tools. The first evaluation was done at the base line before the initiation of the intervention (Day after delivery); the second evaluation was at the seventh day after delivery, and the third evaluation was done at the 40th day after delivery. The evaluation was done through use the short form (SF35) sheet for both groups to assess their quality of life before and after implementing the self care guideline for the study group. Besides that the researchers followed up the study and control groups to ensures that they apply the self care measure by meeting them after delivery in the outpatient clinic or called them over telephone. Women who did not follow the instruction were excluded from the study sample. Finally the women were assessed by women satisfaction" likert scale sheet at the 40th day after delivery to assess the women's overall satisfaction with method of receiving postpartum instructions

Limitation of the study

Some of women delay answer day after day through telephone follow up.

Statistical Design

Data entry and statistical analysis were done using SPSS version 22 software package. Results were

presented using descriptive statistics in the form of frequencies and percentages for qualitative variable. Mean & standard deviation for quantitative variables. Qualitative categorical variables were compared using chi-square test and independent *t*-test. Statistical significance was considered at *p*-value <0.05.

RESULTS

Table 1 represented the distribution of the personal characteristics and obstetric data among the studied sample; women's mean ages were (21.6±3.9; 20.8±4.2) years for study and control group respectively. The results illustrated 46.6% and 48.3% of the study and control group respectively can read and write. The majority of the sample (71.7% and 80%) of study and control group respectively had elective cesarean section. As well as 61.7% and 68.3% of the study group and control group respectively received regional anesthesia. There was no statistically significant differences between the groups regarding all personal characteristics and obstetric data variables.

Table 1: Distribution of the personal characteristics and obstetric data among the Studied Sample.

Personal characteristics	Study n=60		Control n=60		X ²	P- value
	N	%	N	%		
Age (in years) M & SD	21.6±3.9		20.8±4.2		2.99	0.08
Residence					1.13	0.77
Rural	42	70	35	58.3		
Urban	18	30	25	41.6		
Educational level					0.49	0.78
Read and write	28	46.6	29	48.3		
Intermittent	21	35	20	33.3		
High education	11	18.3	11	18.3		
Occupation:					2.30	0.13
Employed	29	48.3	28	46.7		
Unemployed	31	51.7	32	53.3		
Types of cesarean section					1.13	0.77
Emergency	17	28.3	12	20		
Elective	43	71.7	48	80		
Types of anesthesia					0.29	0.87
General	23	38.3	19	31.7		
Regional	37	61.7	41	68.3		

Table 2 depicted the quality of life score among the studied sample at the day after delivery (baseline). There were no statistically significant differences observed in mean scores for all domains.

Table 2: Quality of life score among the studied sample at the day after delivery (baseline)

Quality of life and subscales	Study group n=60	Control group n=60	t	P
M±SD				
Physical functioning	31.80 ± 18.50	36.15 ± 17.80	2.5	>0.001
Physical limitations	43.11 ± 15.20	42.15 ± 16.01	2.1	>0.001
Emotional limitations	43.01 ± 9.82	44.17 ± 10.18	5.7	>0.001
Fatigue	20.12±19.20	21.29±15.45	6.8	>0.001
Mental health	50.72 ± 9.10	49.10±4.05	2.7	>0.001
Social functioning	52.10 ± 6.17	48.70 ± 9.82	4.1	>0.001
Physical pain	46.19 ± 12.9	45.50±8.91	5.2	>0.001
General health	52.19 ± 9.50	51.00±8.20	4.3	>0.001

p*<0.05(Significant) , *p*<0.01(Highly Significant)

Table 3 showed the quality of life score among the studied sample at 7th day of postpartum after intervention. The result indicated highly statistically significant difference in all domains of women's quality of life except in physical pain (48.13±16.25 & 45.50±19.96) for study and control group respectively. Also the table revealed that, the highest domain among the study group was emotional domain, represents as 65.32±18.62.

Table 3: Quality of life score among the studied sample at 7th day of postpartum after intervention.

Quality of life and subscales	Study group n=60	Control group n=60	t	P
M±SD				
Physical functioning	50.60±27.61	34.94±29.55	14.82	<0.001**
Physical limitations	54.76±26.84	49.57±27.31	15.63	<0.001**
Emotional limitations	65.32±18.62	55.57±20.87	17.42	<0.001**
Fatigue	26.15±23.20	23.58±25.65	9.76	<0.001**
Mental health	55.25±23.21	42.70±24.07	9.17	<0.001**
Social functioning	63.45±19.01	44.20±18.45	18.62	<0.001**
Physical pain	48.13±16.25	45.50±19.96	7.87	>0.001
General health	60.25±21.3	50.00±23.58	11.04	<0.001**

p*<0.05(Significant) , *p*<0.01(Highly Significant)

Table 4 described the quality of life score among the studied sample at 40th day of postpartum after intervention. The results revealed that, all the domains showed highly statistically significant difference

between the groups. with a high improvement in quality of life mean score for study group more than control group by comparing with results at 7th day after delivery which represented in Table 3.

Table 4: Quality of life score among the studied sample at 40th day of postpartum after intervention.

Quality of life and subscales	Study group n=60	Control group n=60	t	P
	M±SD			
Physical functioning	85.00±10.45	47.90±30.56	12.52	<0.001**
Physical limitations	82.36±15.12	52.14±37.28	14.97	<0.001**
Emotional limitations	81.44±13.44	60.57±19.87	13.84	<0.001**
Fatigue	77.91±18.89	69.54±21.45	44.8	<0.001**
Mental health	85.21±11.19	63.72±26.12	6.57	<0.001**
Social functioning	90.28±4.87	40.18±10.35	1.12	<0.001**
Physical pain	76.70±13.14	62.31±17.95	12.00	<0.001**
General health	91.25±5.3	62.00±9.65	10.27	<0.001**

*p<0.05(Significant) , **p<0.01(Highly Significant)

Figure 4 illustrates the quality of life mean score among the studied sample at baseline, 7th and 40th day of postpartum. The results revealed that the two groups were nearly equal immediately after delivery with no statistically significant difference. While at 7th day of postpartum there was clear improvement among study group regarding their quality of life with statistically significant difference. In addition at the 40th day after intervention there was very clear improvement in study group's quality of life, more than in control group with statistically significant difference.

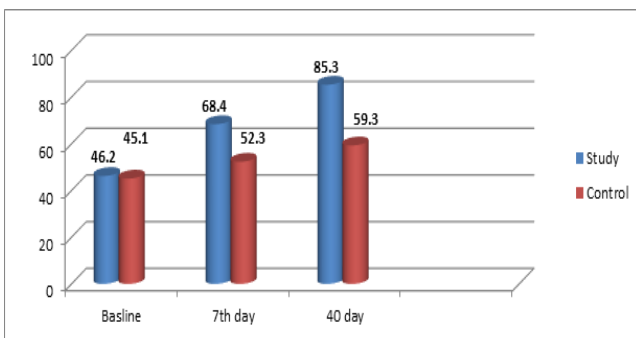


Figure 4: Quality of life mean score among the studied sample at baseline, 7th and 40th day of postpartum

Figure 5 shows the results of women's satisfaction regarding method of delivery of postpartum care instructions and showed that, 72.2% of the study group sample was satisfied compared to 25% in control group. On the other side 60% of women in control group were dissatisfied against 11.1% of women in study group.

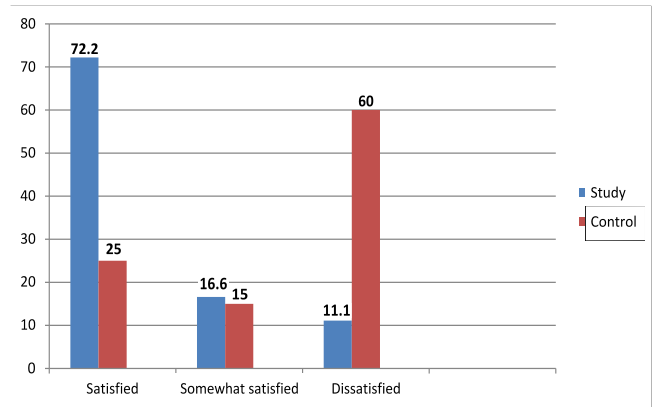


Figure 5: Women's satisfaction regarding method of received postpartum care Instruction

DISCUSSION

The result of the current study will be discussed in the frame of research hypothesis based on the women who utilizes self care guideline. They showed more improvement related to the quality of life than those who did not use it. The aim of the study was significantly achieved through quasi-experimental design that formulated the hypothesis.

Regarding personal characteristics of study sample, the present study indicated that the mean age for both group was 21.6±3.9; 20.8±4.2 years for the study and control group respectively. This age group represents the most prevalent reproductive age groups and reflects the fact that women undergoing CS were likely to be in the middle age group. The current results also revealed that statistically significant differences between the groups were not found regarding all variables related to personal characteristics and obstetric data. These results were consistent with Grullon & Grimes, (2014) who studied the post cesarean bio-physiological health parameters, and found that the most of CS women were between 20-35 year.

Concerning the quality of life among post cesarean women at baseline, the results revealed that, both study and control groups achieved low mean scores of quality of life regarding all domains in the next day of delivery (baseline), with no statistically significant differences between the two groups due to non intervention for both groups. This may be due to the fact that women

after operation suffer from severe pain as an unpleasant feeling and a stressful experience. Apparently, chronic pain leads to the reduction of the quality of life after caesarean surgery; it may also disturb the individual's life.

This result agreed with Saurel *et al.*, (2014) who studied the effect of the type of delivery on postpartum women's quality of life and concluded that the type of delivery is one of the most important determinants of postpartum quality of life. The results showed a significantly lower status for postpartum general health and quality of life in women undergoing CS or assisted vaginal deliveries than women with normal vaginal delivery.

The current study will clarify a highly statistically significant difference between two groups related to the mean score of the quality of life in all domains on the 7th day of postpartum except in physical pain (48.13 ± 16.25 & 45.50 ± 19.96) for the study and control group respectively. The table also revealed high mean score among the study group for emotional domain (65.32 ± 18.62). This may be due to the pain after caesarean section is usually chronic and continues for a long time period after delivery. Meanwhile when women are provided with sufficient knowledge and practices in form of education like self-care guideline, accompanied by clear media as pictures, it may relieve the mother's stress and fear which can improve her emotional status.

This result is the same line with Bahrami (2012) who studied the effect on quality of life depending on the type of delivery and reported that a non statistically significant difference between the average pain of mothers with C-section in study and control group after one week of delivery. So, it is normal to feel severe pain after caesarean delivery. Meanwhile, the pain after C-section is usually chronic and continues up to 18 months.

In addition, the current study describes the difference between study and control groups on the 40th day of postpartum regarding all domains of quality of life after the intervention. The results revealed that all the domains had highly statistically significant difference between the groups. There was major improvement in quality of life mean score for study

group more than control group by comparing the results on the 7th day after delivery. The high mean scores for domains is due to the knowledge gained regarding physiologic, social and psychological changes during the postpartum period, including factors associated with recovery from the birthing process and caring of newborns. This means the self care guideline has a positive effect to improve post caesarean section women's quality of life.

Postpartum care is essential and vital for the improvement of maternal and neonatal health. Mothers' knowledge on proper postpartum care enables them to avoid the associated consequences and helps them to behave properly in case of any problems. Considering the frequency of health problems in postpartum mothers, knowledge about personal hygiene in perineal care, breast care and the use of medicines can reduce postpartum complications Moursy & Ead (2014).

The current study revealed a highly statistically significant difference between the study and control group regarding total dimensions of the quality of life where the mean score among the study group was more than control group on the 7th and 40th day after intervention. This may be attributed to the effect of using self care guidelines in the study group which provides them with knowledge and practices needed to carefully cope this period which is reflected by the improved quality of life. The self care guideline involved healthy life style, management of minor discomfort, breast feeding, exercise, emotional support, hygienic care, contraceptive method, warning signs and baby care that impact a positive effect by reducing postpartum anxiety and fear and improve the coping abilities with the new responsibility specially for primiparous women.

This findings agrees with Ahmed (2014), who reported that quality of life is influenced by the form of the educational program which is given to the mothers after delivery. The present study is also supported by Fayers & Machin (2012) who reported that women's quality of life is improved after the intervention of the self care guideline that provide mother's rehabilitation and help to modify their bad habits and encourage positive practices.

The finding of current study is similar to the result

of Tang & Goggins (2013), who showed improvement of the women's quality of life in postpartum women after CS. The study group registered a significant improvement in physical health status two months after intervention. As well as Tulman & Fawcett (2014) reported that there was improvement in physical health, social and mental wellbeing after the educational intervention utilizing self care guideline in postpartum women.

The satisfaction of women regarding the received method of postpartum care instruction, results of the present study indicated that large proportion of the women (more than half of the studied sample) in the control group were not satisfied with the method of postpartum instruction care provided by the nurse as they received very brief information and they were not able to participate in the decision related to their care of their babies along with the lack of advices and support. The women also complained that they were not prepared enough for the postpartum period. However, slightly less than three fourth of the studied sample were satisfied with the self care guideline method.

These results were agreed with Mohammed (2013) who reported that the women who had continuous support of a caregiver as well as sufficient knowledge regarding their needs during postpartum period in the form of self care guideline, commonly report feelings of empowerment, they were also less likely to report negative feelings because they have more help during the postpartum period. Accordingly, they have less

difficulty with the adjustment to new motherhood.

CONCLUSION

Based on the results of the study, the researchers concluded that there was a highly statistically significant improvement in postpartum women's quality of life after providing the mother with knowledge and teaching good practices organized in scientific manner as self care guideline. These interventions potentially reduces their levels of anxiety, pain and stress, which in turn, may improve maternal health and quality of life during early postpartum. Moreover, the hypothesis of the study was supported through utilization of the self care guideline that enhances the mother's quality of life positively.

RECOMMENDATIONS

- Applying self care guideline as a part of routine care in all Maternity hospital.
- Educational programme for maternity nursing to improve the ability of the mothers regarding the use of self care guideline as the method of postpartum education for the women.
- Integrating self care guideline concept among undergraduate and postgraduate nurses in the course dealing with maternal and newborn health.
- Further research and reapplication of the present study on a large sample size and at different setting.
- Study the factors that obstacles the utilization of self care guideline.

REFERENCE

- Ahmed, M. (2014). Quality of life of postpartum women medically diagnosed with kidney disorder. Unpublished M.S.c Thesis. Medical Surgical Department, Faculty of Nursing, Benha University, Egypt.
- American College of Obstetricians and Gynecologists (2003). ACOG Committee Opinion. Surgery and patient choice: the ethics of decision making. *Obstetrics & Gynecology*, 102(5 Pt 1), pp 1101–1106.
- Bahrami, N. & Bahrami, S. (2009). The effect of type delivery on quality of life. 8th International obstetrics and Gynecology Congress; Iran; pp 175.
- Centers for Disease Control and Prevention, National Center for Health Statistics (2005). Preliminary births for 2004: Infant and maternal health. Retrieved from <http://www.cdc.gov/nchs/products/pubs/pubd/hestats/prelimbirths04/prelimbirths04health.htm>.
- Fayers P.M. & Machin, D. (2012). *Quality of Life: The Assessment, Analysis and Interpretation of Patient-Reported Outcomes*. John Wiley & Sons, West Sussex.

- Grullon, K.E. & Grimes, D.A. (2014). The safety of early postpartum discharge: A review and critique. *Obstetrics and Gynecology*, 90(5), pp 860-865.
- Hollins, M.A. & Martin, C.R. (2014). Development and psychometric properties of the women satisfaction scale-revised (BSS-R). *Midwifery*, 30(6), pp 610–619.
- Jansen, A.J., Essink-Bot, M.L., Duvekot, J.J. & van Rhenen, D.J. (2014). Psychometric evaluation of health-related quality of life measures in women after different types of delivery. *Journal of Psychosomatic Research*, 63(3), pp 275–281.
- Mohammed, N.A. (2013). Effect of instructional guideline for relieving chemotherapy side effects on women with ovarian cancer. Thesis doctorate degree in maternal and neonatal health nursing. Faculty of Nursing, Helwan University.
- Moursy A.M.E.S. & Ead A.Y.S. (2014). Self-Care Practices of health promotion for women after cesarean section. *Life Science Journal*, 11(4), pp 212-222.
- Mutihir, J.T. & Utoo, B.T. (2015). Postpartum maternal morbidity in Jos, North Central Nigeria. *Nigerian Journal of Clinical Practice*, 14(1), pp 38-42.
- Saurel-Cubizolles, M.J., Romito, P., Lelong, N. & Ancel, P.Y. (2014). Women's health after childbirth: a longitudinal study in France and Italy. *British Journal of Obstetrics and Gynaecology*, 107(10), pp 1202-1209.
- Souza, J.P., Gulmezoglu, A., Lumbiganon, P., Laopaiboon, M., Carroli, G., Fawole, B., Ruyan, P.; WHO Global Survey on Maternal and Perinatal Health Research Group (2010). Caesarean section without medical indications is associated with an increased risk of adverse short-term maternal outcomes: *BMC Medicine*, 8:71.
- Tang, C.S. & Goggins, W.B. (2013). An educational intervention to improve women's ability to cope with childbirth after utilizing self-care guideline. *Journal of Clinical Nursing*, 18(15), pp 2125-2135.
- Tulman, L. & Fawcett, J. (2014). Recovery from childbirth: Looking back 2 months after delivery. *Health Care for Women International*, 12(3), pp 341-350.
- Ware, J.E., Jr. & Sherbourne, C.D. (1992). The MOS 36-Item Short-Form Health Survey (SF-36): I. Conceptual Framework and Item Selection. *Medical Care*, 30(6), pp 473-483.
- Webber, D., Guo, Z. & Mann, S. (2013). Self-care in health: we can define it, but should we also measure it? *SelfCare*, 4(5), pp 101-106.
- WHOQOL-BREF (1996). Introduction, Administration, Scoring and Generic Version of the assessment. World Health Organization, Geneva.
- World Health Organization (2012). Appropriate technology for birth. *Lancet*, 326(8452), pp 436–437.
- Ye, J., Betrán, A.P., Guerrero Vela, M., Souza, J.P. & Zhang, J. (2014). Searching for the optimal rate of medically necessary cesarean section. *Birth*, 41(3), pp 237-244.