

Conference Paper

Pain Experience After Caesarean Section: A Qualitative Study

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Abstract.

Pain is a sensory experience that is most often felt by a person when experiencing an injury. Pain is classified as a positive sensory disturbance. In essence, pain cannot be interpreted and cannot be measured, but it cannot be denied that pain is an unpleasant feeling. Caesarean section surgery performed on the mother has a side effect of pain that occurs due to network connectivity and surgery. The purpose of this study was to describe the pain experience of patients after their caesarean section. In this study, three themes were obtained, namely: 1) pain experiences; 2) disturbed sleep patterns; and 3) causes of caesarean section. From this study it is hoped that mothers can share their experiences of pain.

Keywords: pain, experience, caesarian section

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1. INTRODUCTION

Pain is very important as a protective mechanism of the body that arises when tissue is being damaged and causes the individual to react to eliminate this painful stimulus [1] Pain is a sensory experience that is most often felt by a person when experiencing an injury. Pain can be caused by many factors, for example surgery. According to The International Association for the Study of Pain (IASP), pain is an unpleasant sensory and emotional experience, usually associated with surgery or tissue damage [2]. Sectio Caesarea is one of the actions that can cause pain for the person who does it. The pain felt after this action is physiological pain where the pain felt can still be tolerated.

According to the World Health Organization (WHO), the rate of maternal deliveries through Caesarean Section (CS) has increased and exceeded the recommended limit of 10%-15%. In Indonesia itself, the data from the 2018 Basic Health Research (Riskesdas) shows that the Caesarean section rate in childbirth is 17, 6% [3]. Sectio Caesarea surgery

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performed by the mother has side effects of pain that occur due to tissue continuity and surgery [4].

CS delivery has an impact on the mother and baby, the pain that comes and goes due to surgery on the abdominal wall and uterine wall that does not go away in just one day has an impact such as limited mobilization, disturbed/ unfulfilled bonding attachments, Activity of Daily Living (ADL) is disrupted in the mother and consequently the baby's nutrition is reduced due to delays in breastfeeding from the beginning.

To reduce pain usually use analgesics, however, the administration of pharmacology cannot be fully successful. Thus, a combination of pharmacological and non-pharmacological administration is needed so that the sensation of pain can be reduced and the recovery period is not prolonged [4]. Various kinds of non-pharmacological techniques that can be given to mothers after Sectio Caesarea, namely using hand-foot massage techniques, deep breathing relaxation, hydrotherapy, counseling, etc. [5]. There are several researchers who have proven that the application of a combination of pharmacology and non-pharmacology can reduce the intensity of pain indirectly but can reduce pain gradually [6][7].

Based on the experience experienced by this patient, researchers were interested in conducting a deeper study of the pain experience of patients with post-op sectio caesarea. Researchers explored more about the form of the patient's pain response and things that can reduce pain in postoperative scars.

2. METHODS

2.1. Study design and research area

This type of research is carried out using a qualitative research approach with a case study strategy. The research was conducted in February in the city of Malang. For data collection, data were taken from the client directly by interview technique on the 1st day and conducted subsequent interviews on the 2nd day with 2 other participants, namely the client's husband and the client's cousin at the client's house but at different times. Interviews to P1, P2, and P3, lasted for 30-45 minutes, P1 explained from the beginning the reasons for doing a cesarean section and what kind of pain experience was felt after a cesarean section was performed.

2.2. Data collection processes and instruments

The interview was conducted at the client's house, before conducting the interview the researcher prepared writing instruments, question sheets and a recorder to record voice during the interview. Data collection was carried out on participants alternately and recorded on a tape recorder. Interviews were conducted in a semi-structured manner in which each question was asked to participants and developed according to the answers of each participant.

With case studies conducted, researchers need to use a test method that is useful for measuring Pain Levels in post-Op Sectio Caesarea clients by examining PQRST (Provoking Incident, Quality of Pain, Region/ Radiation, Severity/ Scale of pain, Time) on the client.

2.3. Data Validity Test Method

The validity of the data here was tested by triangulation. Triangulation is an examination of the validity of the data by utilizing something else from outside or existing sources for checking purposes or as a comparison against the author's data. The research data was taken from P1 which would then be compared to test the quality of the data with P2 and P3.

2.4. Data analysis

The data was analyzed utilizing interviews and documented observation approaches in this study. This method was used to aid researchers in gathering data, establishing the topic matter, and devising a strategy for solving an issue.

3. RESULTS

3.1. Main Participant's Health History

The client said she had no history of diabetes mellitus, hypertension, heart and kidney diseases. The client has a history of giving birth by cesarean section and has had surgery for the second time. The client said that in the 1st operation, the indication for sectio caesarea was due to prolonged labor so the doctor suggested surgery, while for the second operation, it was carried out because of the current pandemic condition and

the existence of a long labor, the doctor again suggested for sectio caesarea. The client said she had felt pain in the area of the sectio caesarea operation since the operation on September, 2020. After surgery, pain was the most prominent feeling felt by the client in addition to the discomfort that causes the client to have difficulty sleeping and activities were hampered due to limited activity. After 4 months postoperatively, the client still feels pain but the intensity of the pain felt has also decreased and only comes back when the client does strenuous activities at home.

3.2. Medical Therapy

The client said that in the second sectio caesarea operation, he was only given ointment for the wound from the sectio caesarean operation which is useful for accelerating the drying of wounds on the abdomen. The client said he was not given medication by the doctor and had never taken pain medication/other drugs during the healing process. Whereas at the time of the first surgery experience 7 years ago the client was still given medicine by the doctor to relieve the pain

3.3. Physical Examination/Test Result Data

At the time of data collection, the researcher conducted a test to assess the level of pain in the second operation in the abdominal area on the client using the PQRST technique which result: P: Activities that are too strenuous, Q: sore, R: Abdomen/surgical area, S: 4, T: Pain occurs when the client has strenuous activities.

3.4. The Themes

After conducting semi-structured interviews with clients and other participants regarding the experience of pain in post-op sectio caesarea patients which was carried out in February 2021, the results of the study were as follows:

Based on the results of the data above, there are 3 main themes, namely Response to pain, Obstacles felt during pain and the success of non-pharmacological techniques to reduce pain. Of the 3 themes can be explained as follows:

TABLE 1: The Themes.

No	Keywords	Sub Theme	Theme
1.	- Nervous moaning/grinning	- Behavioral response	Response to pain
2.	- Sleep disturbance	1. Discomfort	Obstacles that are felt when pain
	-Advise to take a break	2. Unable to complete activities	
3.	- Comfortable feeling - Relieves pain	Use of massage techniques	The success of non-pharmacological techniques to reduce pain

3.4.1. Response to pain

The results of interviews obtained from participants that the client feels pain from the intensity of the light and when the pain comes the client will feel restless and look grimacing. Evidenced by the results of interviews

"...it feels sore but if you rub it like this, it's pretty good, sis, it's like a wound if you want to heal, if it's itchy, you want to heal but the pain doesn't stab, then it's like a nervous person" (P1/ 02/02/2021)

Participant 1 explained that the feeling of restlessness is often felt at night. This statement is also supported by the second and third participants, as follows:

"... if I think it's the same, Ms. Complaints that the pain is a scar from the surgery, and when I'm restless at night, I can't sleep, I can't move" (P2/04/02/2021)

"...if you complain that it hurts, you must have had surgery, then at the beginning, it still hurt, then when the pain came, you winced" (P3/04/02/2021)

3.4.2. Obstacles felt during pain

1. Sleep disturbance

The results of interviews obtained from participants said that after performing sectio caesarea the client felt discomfort because of the pain experienced, causing disturbed sleep. This was supported by the statement of participant 1 as follows:

"... yes, ma'am, after the operation, after washing the clothes at home, it hurts, even though this is my second operation, but it still hurts, I feel restless and I can't sleep because of the pain" (P1/02/02/2021)

Participant 1 said that when the pain comes at night it often disturbs his sleep and keeps him awake so that his sleep rest is not satisfactory. This statement is also supported by participants 2 and 3 as follows:

"... if I think it's the same, you're complaining, yes, the pain is a result of the surgery and I can't sleep and I can't move" (P2/04/02/2021)

"...if you complain that it hurts, you must have had surgery, then when you first started walking, it still hurts when the pain comes and makes you wince, usually at night you can't sleep"(P3/04/02/2021)

2. Unable to complete activities

The results of interviews obtained from participants that the pain they feel often makes participants have to postpone their activities, unable to complete activities optimally, usually participants will take a break to reduce pain, this is evidenced by the participant's statement as follows:

"...if it hurts, I use rest, Ms. If you feel like that at night after all day's activities, usually I just take a break until the pain goes away" (P1/02/02/2021)

The statement given by P1 is strengthened by statements from P2 and P3

".....yes, if I don't tell you to rest, sis, I'm at home cooking, cleaning, washing clothes after it's usually painful, they say then don't tell me to rest, don't continue" (P2/04/02/2021)

"...I don't take any medicine at home either. If it relieves pain, usually just rest" (P3/04/02/2021)

3.4.3. The success of non-pharmacological techniques for pain relief

The results from interviews with participants that the use of non-pharmacological techniques using massage is enough to affect pain causing feelings of comfort and pain slightly reduced. This was evidenced by the participants' statements as follows:

"...then I can't sleep, sis, because of this pain, my husband usually massages my feet, if it's not with my father or brother, it's enough to divert the pain, madam, so it's more comfortable" (P1/02/02/2021)

This statement was reinforced by the statements P2 and P3

".....if I can't sleep at night, I don't massage, thank God the pain is reduced" (P2/04/02/2021)

"...usually I also ask for a massage to divert the pain but thank God it's better after being massaged." (P3/04/02/2021)

4. DISCUSSION

The results of the interview with P1 show that the client's response when the pain comes was restless and grimacing. This was also supported by the statements of P2 and P3 which also stated that when the client feels pain the client's response was to look restless and grimace. Because this pain had an intensity from mild to severe, a feeling of restlessness and a grimace was often felt by clients when the intensity of pain was severe.

Pain felt by a person has many responses including physiological responses to pain, behavioral responses to pain and individual responses to pain [8]. Verbal statements such as groaning, crying, then facial expressions such as grimacing, grinding teeth and restless body movements, immobilization and muscle tension are included in a person's behavioral response when the pain felt occurs with severe intensity. This can happen because of receptor stimulation and then forwarded to the thalamus in the brain and forwarded to the spinal cord which is then continued to the peripheral nerves so that emotional, psychological, and motor reactions emerge.

Pain causes the patient to suffer greatly, unable to move, difficulty sleeping, not eating well, anxiety, restlessness, hopelessness, unable to breathe and coughing badly [9] [10]. This situation is very disturbing the daily life of sufferers. The quality of life is very low, even to the point of not being able to live independently like healthy people. Pain management is essentially not aimed at reducing pain but to achieve an increase in the quality of life of the patient, so that they can return to enjoying their lives. Meanwhile, the patient's quality of life decreases because the patient cannot rest and move.

Based on the statement above, it can be concluded that pain with mild intensity triggers a response to feelings of restlessness and looks grim from the client, this is a natural thing that the effect of pain with decreasing pain intensity will make feelings of restlessness and grimace appear to decrease as well.

The results of the interview with P1 showed that when pain was felt it often hindered the client's sleep rest so that he had unsatisfactory sleep and this statement was also supported by P2 and P3 which stated that the client often woke up at night because of pain.

Research by Gunawan (2016) [11] stated that *"When someone experiences pain or psychological distress, it causes someone to have difficulty sleeping, so that the patient's sleep needs are disturbed."* Someone who has shortness of breath or has trouble breathing often has trouble sleeping. Likewise, someone who experiences pain often wakes up or has difficulty sleeping because of pain. Sleep rest is used to restore

energy after doing a lot of activity. When people sleep, in general there is a process of cell regeneration, improvement of the circulatory cycle, growth and development of tissue performance, the emergence of substances that relieve anxiety and anxiety, remove toxins, improve nerve performance and many other repair processes. It can happen while people are sleeping.

Patients who experience moderate-to-severe pain, anxiety, fear and sleep disturbances will be occurred [12] [13]. This happens because of the patient's discomfort with his condition where the patient suffers from the pain he/she is experiencing. As the duration and intensity of pain increase, the patient's anxiety and fear will release cortisol and catecholamines, which will interfere with the function of other organs. Organ system disorders that occur can worsen the patient's psychological condition.

Based on the above, it can be concluded that pain inhibits the client during sleep breaks. This also takes place at night so that the client's sleep becomes unsatisfactory.

The results of the interview with P1 said that the feeling of pain he felt hampered daily activities so that sometimes the client was unable to complete his activities to the maximum, if the pain came, the client would stop from his activities and rest to relieve pain. This statement is supported by P2 and P3 which say that the client will rest from his activities if pain comes.

Mothers who perform sectio caesarea surgery experience pain in the suture wound area, this complaint is natural because the body is injured [14] [15]. Pain in the incision area that makes the patient irritated and uncomfortable. An unpleasant sensation, both sensory and emotional, associated with tissue damage, so that the individual feels tormented which will eventually interfere with daily activities.

The pain felt by the mother can make the mother feel uncomfortable and unable to carry out activities as she usually does, pain can affect various aspects ranging from physical, psychological, and social [16]. These all include limitations in daily activities, anxiety, difficulty sleeping, and stress that the sufferer can feel if the pain continues and is not treated immediately. Patients who suffer from severe acute pain will experience anxiety, fear and sleep disturbances. This is due to the patient's discomfort with his condition, where the patient suffers from the pain he experiences then the patient is also unable to move. As the duration and intensity of pain increases, the patient may experience a depressive disorder, then the patient will become frustrated and irritable towards those around herself.

Based on the above, it can be concluded that post-op cesarean section pain can inhibit the daily activities of the mother and make the mother unable to complete activities optimally.

The results of interviews conducted with P1 said that when pain comes the client usually uses non-pharmacological techniques such as massage or massage to divert the pain. The use of this non-pharmacological technique according to the client is quite helpful and creates a sense of comfort and reduces pain. This statement is also supported by P2 and P3 which say that if pain comes the client will ask for a massage to reduce pain.

The use of non-pharmacological massage techniques for mothers before and after childbirth can reduce anxiety, reduce pain and reduce discomfort from the effects of postpartum pain [17]. Pain management can be done pharmacologically and non-pharmacologically. Pharmacologically using narcotic analgesic drugs both intravenously and intramuscularly. Non-pharmacologically using hand massage techniques, breath relaxation, hydrotherapy, counseling, and others. Relaxation techniques and hand foot massage are non-pharmacological therapies proven to be able to reduce the pain scale of post SC patients.

Based on the above, it can be concluded that the use of non-pharmacological techniques is quite effective to provide a feeling of comfort, reduce and divert pain and reduce the scale of pain experienced by the client.

5. CONCLUSION

Based on the results of the research that has been done, it can be concluded that the experience of pain in post-op sectio caesarea patients results in 3 themes: response to pain, barriers felt during pain, and the success of non-pharmacological techniques to reduce pain. The response to this pain is the response experienced by the client when the pain occurs, the obstacles felt when the pain comes are what are obstructed when the pain appears and the last success of non-pharmacological techniques to reduce pain is how effective/influential the technique used to reduce pain experienced by clients.

References

- [1] N.P. Wardani, *Manajemen Nyeri Akut.* , Denpasar, 2014.
- [2] S.N. Raja, D.B. Carr, M. Cohen, et al., "The revised International Association for the Study of Pain definition of pain: concepts, challenges, and compromises.," *Pain*. vol. 161, no. 9, pp. 1976–1982, 2020.

- [3] A.R. Sulistianingsih, "Peluang Menggunakan Metode Sesar Pada Persalinan Di Indonesia.," *Jurnal Kesehatan Reproduksi*. vol. 9, no. 2, p. 3, 2018.
- [4] S. Rini and I.H. Susanti, "Penurunan nyeri pada ibu post sectio caesaria pasca intervensi biologic nurturing baby led feeding.," *Medisains*. vol. 16, no. 2, p. 83, 2018.
- [5] C. Yuniwati, "Efektivitas Teknik Relaksasi Pernapasan dan Teknik Foot and Hand Massage Pada Pasien Pasca Persalinan Sectio Caesarea (SC) di RSUD Langsa, Aceh.," *Indonesian Journal for Health Sciences; Vol 3, No 1 (2019): March* DO - 10.24269/ijhs.v3i1.1611. p. 2019.
- [6] R.H. Dworkin, A.B. O'Connor, J. Audette, et al., "Recommendations for the pharmacological management of neuropathic pain: an overview and literature update.," *Mayo Clinic proceedings*. vol. 85, no. 3 Suppl, pp. S3–S14, 2010.
- [7] K.-H. Kim, H.-J. Seo, S. Abdi, and B. Huh, "All about pain pharmacology: what pain physicians should know.," *The Korean journal of pain*. vol. 33, no. 2, pp. 108–120, 2020.
- [8] A.H. Ahmad and R. Zakaria, "Pain in Times of Stress.," *The Malaysian journal of medical sciences: MJMS*. vol. 22, no. Spec Issue, pp. 52–61, 2015.
- [9] P.H. Finan, B.R. Goodin, and M.T. Smith, "The association of sleep and pain: an update and a path forward.," *The journal of pain*. vol. 14, no. 12, pp. 1539–1552, 2013.
- [10] D. Whibley, N. AlKandari, K. Kristensen, et al., "Sleep and Pain: A Systematic Review of Studies of Mediation.," *The Clinical journal of pain*. vol. 35, no. 6, pp. 544–558, 2019.
- [11] M.R. Gunawan, "Faktor-faktor Yang Berhubungan Dengan Gangguan Pola Tidur Pada RSUD Dr . H . Abdul Moelok Provinsi Lampung.," *Jurnal Kesehatan Holistik (The Journal of Holistic Healthcare)*. vol. 10, no. 4, pp. 1–4, 2016.
- [12] A.K. Woo, "Depression and Anxiety in Pain.," *Reviews in pain*. vol. 4, no. 1, pp. 8–12, 2010.
- [13] E.W. de Heer, M.M.J.G. Gerrits, A.T.F. Beekman, et al., "The association of depression and anxiety with pain: a study from NESDA.," *PloS one*. vol. 9, no. 10, pp. e106907–e106907, 2014.
- [14] J. Jin, L. Peng, Q. Chen, et al., "Prevalence and risk factors for chronic pain following cesarean section: a prospective study.," *BMC anesthesiology*. vol. 16, no. 1, p. 99, 2016.

- [15] S. Gizzo, A. Andrisani, M. Noventa, et al., “Caesarean Section: Could Different Transverse Abdominal Incision Techniques Influence Postpartum Pain and Subsequent Quality of Life? A Systematic Review,” *PLOS ONE*. vol. 10, no. 2, p. e0114190, 2015.
- [16] D. Marfuah, N. Nurhayati, A. Mutiar, M. Sumiati, and R. Mardiani, “Pain Intensity among Women with Post-Caesarean Section: A Descriptive Study,” *KnE Life Sciences*. vol. 2019, pp. 657–663, 2019.
- [17] K.I. Tazkiyah and Yanti, “Pengaruh Teknik Massage Terhadap Pengurangan Nyeri Persalinan Kala I Fase Aktif,” *Jurnal Kebidanan*. vol. VI, no. 01, pp. 1–10, 2014.