

Research Article

A Phenomenological Study to Narrate the Post-Delivery Lived Experiences of Mothers Who Have Undergone Caesarean Section at a Selected Hospital in Mohali, Punjab

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A B S T R A C T

Background : Caesarean section (CS) rates have been increasing globally, leading to a significant impact maternal physical, emotional and psychological well-being. While CS is a life -saving intervention, postnatal recovery is often very challenging, affecting maternal experiences, newborn care and psychological improvement, postpartum care and maternal well-being.

Aim: The present study intended to explore and narrate the post-delivery lived experiences among mothers who had undergone caesarean section.

Material and Methods: A qualitative phenomenological research approach was used to gain in-depth insights into the experiences of post-natal mothers. Data were collected through in depth –interview with the mothers who have undergone caesarean section at a selected hospital in Mohali, Punjab. Thematic analysis was applied to interpret the response identify the key themes, and understand the complex realities of post-CS recovery.

Result: The findings reveal that the mothers experience varying degrees of physical discomfort, emotional distress and psychological challenges post –CS. Common concerns include pain management, breastfeeding difficulties, mobility limitation and delayed maternal-infant bonding. Emotional and psychological experiences ranged from anxiety to sadness. The support system, including health care professionals and family members, played a critical role in the mother's recovery and adaptation to motherhood.

Keywords: Caesarean Section, Postnatal Experience, Maternal Health, Phenomenological Study, Postpartum Recovery, Psychological Well Being

Introduction

Childbirth is a life-altering experience that can have a profound impact on a woman's physical, emotional, and psychological well-being. For women who undergo a caesarean section (CS), the experience can be particularly complex and influenced by a range of factors, including medical necessity, personal expectations, and societal attitudes. Despite being a common surgical procedure, caesarean section can be a source of anxiety, trauma, and stress for many women, affecting their transition to motherhood and overall postnatal experience.¹

Caesarean section is one of the most crucial procedures in obstetrics and gynaecology; caesarean sections can save the lives of both the mother and the foetus. Although the precise recommendations for its usage have altered, it has temporarily assisted in lowering maternal and prenatal mortality and morbidity (Amiegheme, Lawani et al, 2019). In the events that a woman gives birth vaginally, a caesarean section is necessary, particularly when the life of the mother, the foetus, or both is in danger.²

After the baby is delivered, physical fatigue is common. The pulse rate may be elevated for a few hours following delivery due to discomfort or excitement, but it usually returns to normal on the second day. Even though blood pressure is often within the normal range, pain or excitement can cause it to rise. A significant decline in blood pressure ($\geq 20\%$ below baseline) could be a sign of postpartum haemorrhage or septic shock.³

Women's birth experiences are varied and heavily impacted by pre-existing expectations, the delivery's result endured, and the process's management, assistance, and care.—Larkin describes the birth experience as a unique and personal event that involves both the mind and body, shaped by the people around, the environment, the healthcare system, and the rules or policies in place. ⁽⁸⁾ This study aims to explore the lived experience of postnatal mothers who have undergone a CS, with a focus on their physical, emotional, and psychological experiences during the postnatal period. By using a qualitative, phenomenological approach, this study seeks to provide a rich, detailed understanding of the complexities and challenges faced by postnatal mothers who have undergone a CS, and to identify areas for improvement in postnatal care and support.⁴

According to our research, a normal birth is a better way to start a positive relationship between a mother and her child early on. Whether a mother had a C- section or a normal delivery, the support of her family, nurses, doctors, and other medical professionals is crucial for developing strong ties with her infant during the postpartum period. By examining the experiences of caesarean section mothers, this study seeks to contribute to a deeper understanding

of the complex and multifaceted nature of childbirth and the postpartum.⁵

Need of the study

This study aims to explore the experiences of mothers who have undergone caesarean section, with a focus on their physical, emotional, and social experiences during the postpartum period. By examining the experiences of caesarean section mothers, this study seeks to contribute to a deeper understanding of the complex and multifaceted nature of childbirth and the postpartum experience. ⁽⁶⁾

Childbirth is a life-changing experience for women, marked by a mix of emotions, physical challenges, and significant life transitions. For some women, childbirth may involve unexpected medical interventions, such as a caesarean section (CS).⁷

The objective of this study is to prospectively analyze the connection between the physical and psychological well-being of mothers at eight weeks after giving birth. Participants were enlisted, and in-depth interview were used on postnatal caesarean section mothers. A high burden of physical issues was categorized as back pain and wound numbness as well as a high burden of issues related to breastfeeding (such as inverted nipples, breast engorgement, or insufficient milk supply) mood of the mother.

By exploring the lived experiences of caesarean section mothers, this study aims to address these gaps in current research and contribute to a deeper understanding of the complex and multifaceted nature of childbirth and the postpartum experience. Despite the increasing rate of caesarean sections (CS) worldwide, there is a paucity of research that explores the lived experience of postnatal mothers who had undergone a CS. The available literature primarily focuses on the medical aspects of caesarean section, with limited attention to the emotional, psychological, and social implications of this experience. ⁽⁸⁾

Methodology

A qualitative descriptive phenomenological design was used to explore the post-delivery lived experiences of mothers who underwent caesarean section. The study was conducted at Health Sure Multispecialty Hospital, Gharuan, Mohali, Punjab, among postnatal mothers aged 18 years and above. Maximum variation purposive sampling was adopted to select participants with diverse backgrounds, and the sample size was determined by data saturation. Data were collected through semi-structured in-depth interviews, which were audio-recorded with participants' consent. The collected data were transcribed verbatim and analyzed using thematic analysis to identify meaningful codes and themes reflecting physical and psychological experiences. Credibility and trustworthiness were ensured

through member checking, triangulation, and consensus among researchers. Ethical approval was obtained from the Institutional Ethics Committee, written informed consent was taken from all participants, and confidentiality and anonymity were strictly maintained throughout the study.

Analysis and Interpretation

Based on the responses provided by the 08 participants. The following themes and subthemes emerge.

Theme: pain and its management

- Physical pain intensity
- Pain management Discomfort during recovery
- Comfort measures
- Emotional comfort
- Physical discomfort
- Environmental comfort
- Coping mechanism
- Breathing techniques
- Relaxation techniques
- Supported from loved ones
- Theme: Resilience and growth
- Proactive recovery Subtheme:
- Self-Care and Prioritization Balancing
- Motherhood and Personal Well-being.

Theme: Support system

- Family support Partner support. Parental support. Sibling support.
- Professional support: Healthcare provider support.
- Practical support Baby care support. Care of me.

- Emotional support: Emotional validation Encouragement and validation.
- Companionship

Theme: Self-identity and body image

- Self- perception and identity
- Body image and appearance
- Self-acceptance and self esteem

Theme: Satisfaction with quality and care

- Overall satisfaction Positive experience Meeting expectations
- Communication Clear communication Responsive to concerns Lack of communications

Theme: Overall experiences

- Physical appearance
- Surgical process Pain and recovery
- Emotional and psychological impact
- Relief and gratitude. Body image concerns.
- Bonding and breastfeeding Delayed bonding. Breastfeeding difficulties.
- Support system Family and partner support Health care support.
- These themes and sub themes provide insights into the experiences ,needs ,and perspectives of individuals lived experiences undergone caesarean section. They highlight the multifaceted nature of the challenges faced by mothers and the importance of support systems, physical, and psychosocial well-being in managing their condition.

Table I. Demographic variable of mothers

Participant	Age	Educational Qualification	Employment status of spouse	Religion	Area of Residence	Type of Hospital	Length of time undergone caesarean section
P1	35	PG Nursing	Government Employee	Sikh	Punjab	Private	4 days
P2	33	PG Education	Government Teacher	Sikh	Punjab	private	4 days
P3	32	12 th Pass	Housewife	Hindu	Punjab	Private	3days
P4	34	12 th	Private. Employee	Sikh	Punjab	Private	4 days
P5	26	10 th	Housewife	Sikh	Punjab	Private	4 days
P6	26	5 th	Housewife	Hindu	Punjab	Private	4 days
P7	30	Graduation	Government. Employee	Sikh	Punjab	Private	3 days
P8	31	Post-graduation	Government Employee	Sikh	Punjab	Private	3 days

Table 2.Obstetrical History of postnatal caesarean mothers

Participants	Parity(No. of previous pregnancies)	Duration of Marriage	Gestational age	Caesarean section cause	Type of caesarean section
P1	No previous pregnancy	One year	42 weeks	Gestational Diabetes and hypertension	Emergency
P2	G2L2	Four years	42 weeks	Prolonged and difficult labour	Emergency
P3	No previous pregnancy	One year	38 weeks	Small pelvis size	Elective
P4	No previous pregnancy	One year	39 weeks	Difficult labour	Elective
P5	No previous pregnancy	One year	39 weeks	No labour progression	Emergency
P6	G2A1L1	Three years	41 weeks	Small pelvis size	Elective
P7	G2A1L1	Four years	40 weeks	Breech presentation	Elective
P8	No previous pregnancy	One year	39 weeks	Gestational and hypertension	Elective

Major Findings of the Study

This phenomenological study explored the lived experiences of mothers who underwent caesarean section (CS) during the postnatal period. The major findings of the study are summarized as follows:

Physical Challenges after Caesarean Section

Mothers experienced significant physical discomfort, including postoperative pain, limited mobility, fatigue, delayed wound healing, and difficulties in performing daily activities. Delayed initiation of breastfeeding and challenges in lactation were also commonly reported.

Emotional and Psychological Experiences

The post-caesarean period was marked by emotional distress, including anxiety, fear, feelings of helplessness, and concerns regarding recovery and newborn care. Some mothers reported emotional instability and stress related to unmet expectations of childbirth.

Impact on Maternal Identity and Body Image

Many participants expressed altered self-identity and negative body image due to surgical scars, reduced physical independence, and perceived inability to fulfill maternal roles effectively during the early postnatal period.

Mother–Infant Bonding Concerns

Mothers reported concerns about delayed bonding with their newborns due to pain, reduced mobility, and separation immediately after surgery, which affected their confidence in care giving.

Role of Support Systems

Emotional, physical, and practical support from family members, partners, and healthcare professionals played a crucial role in coping with post-caesarean challenges. Lack of adequate support intensified stress and recovery difficulties.

Satisfaction with Quality of Care

Mothers' satisfaction was closely linked to effective pain management, empathetic communication, timely assistance, and emotional reassurance from nurses and healthcare providers. Continuity of care and respectful treatment positively influenced their experiences.

Coping and Adaptation Strategies

Mothers adopted various coping mechanisms, including reliance on faith, family support, positive thinking, and gradual acceptance of their childbirth experience to adapt to post-caesarean life.

Perception of Caesarean Section as Life-Saving yet Challenging

While mothers acknowledged CS as a necessary and life-saving intervention, they also recognized it as a physically and emotionally demanding experience requiring comprehensive postnatal support.

Need for Holistic and Multidisciplinary Postnatal Care

The study highlights the necessity of integrating physical, emotional, psychological, and social support into postnatal care plans to improve maternal well-being and overall satisfaction.

Table 3. Themes & Subthemes Emerge

Themes	Subthemes
Pain and its management	Physical pain
	Comfort measures
	Coping mechanism
Emotional state	Emotional rollercoaster
	Emotional support
	Coping mechanism
Resilience and growth	proactiverecovery
	Self-Care and Prioritization
	Balancing Motherhood and Personal Well-being
Support system	Family and friends support
	Professional support
	Emotional support
Self-identity and body image	Self-perception and identity
	Body image and appearance
	Self-acceptance and self esteem
Satisfaction with quality and care	Overall satisfaction
	Communication
Overall experiences	Physical appearance
	Emotional and psychological impact
	Bonding and breast feeding

Implications for Nursing and Healthcare Practice

Findings emphasize the vital role of nurses, midwives, and healthcare providers in delivering holistic, individualized, and compassionate care to enhance recovery, emotional resilience, and mother–infant bonding in post-caesarean mothers.

These findings provide valuable insights for improving postnatal care practices and developing targeted interventions to support mothers undergoing caesarean section.

Conclusion

This phenomenological study highlights that while caesarean section is a life-saving procedure, it is often accompanied by significant physical, emotional, and psychological challenges during the postnatal period. Mothers experienced pain, limited mobility, emotional distress, and concerns related to bonding and self-identity. The findings emphasize the crucial role of comprehensive postnatal support, effective

pain management, empathetic care, and strong family involvement in improving maternal well-being. A holistic and multidisciplinary approach to post-caesarean care is essential to enhance recovery, promote mother–infant bonding, and ensure positive postnatal outcomes.

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