

Effect of Nursing Intervention Guidelines for Women Undergoing Cesarean Section on the Occurrence of Postoperative Complication

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Abstract

Background: Cesarean delivery is associated with increased maternal risks such as puerperal infection, hemorrhage, thromboembolism and death. Despite the gross increase in caesarean section rate, there is still high perinatal mortality.

Aim: The aim of the study was to determine the effect of nursing intervention guidelines for women undergoing cesarean section on the occurrence of postoperative complication.

Materials and Methods: The study was carried out in the obstetric and gynecological departments in Port Said Hospitals using a quasi-experimental study design. This study was carried out in the obstetric and gynecological department at three governmental hospitals located in Port Said city: Port Said general hospital, Port Fouad hospital and El-tadamon hospital. The sample constituted 250 women; the study subjects were divided into two equal groups of 125 parturient women each, as follows: *Group A*; the study group, who receive postoperative care program. *Group B*; the control group who receive postoperative routine hospital care after cesarean section. Data were collected using four tools devised specifically for the study.

Results: Women in the study group had lesser percentages of danger signals that denote wound infection than the control group. Majority of women in the study group had mild pain grade in the third day after the operation compared to the control group. The overall incidence of wound complication was higher in the control group than the study group. There was a statistically significant difference between the study and control groups in favor of the former regarding; sub-involution of the uterus, secondary PPH, breast problems In addition to DVT, abdominal distention, constipation

Conclusion: The majority of women in the study group had mild pain grade in the third day after the operation compared to the control group. Incidence of wound complication was higher in the control group than the study group.

Key words: Cesarean section, Postoperative complication, Nursing intervention

Introduction

THE intra-operative complications for elective and emergency CS are bleeding, lesion of the urinary bladder, urethra, intestines or arteries of the uterus. While the postoperative complications for elective and emergency cesarean section are bleeding, infection, anemia, increasing values of the blood pressure (140/100 or more), thrombosis, hematoma, high body temperature (38 °C and higher) as well as ileus (Elvidi-Gasparovic et al., 2006).

Concerning maternal complications, there is possibility of Intra-operative complications, which include; *anesthetic complications*: this is one of the major problems with emergency CS as deep venous clots that can travel to the lungs (pulmonary embolism) and brain (stroke). A full stomach is one of the most serious risk factors for general anesthesia because of the risk of inhalation of stomach content which is an extremely dangerous situation because the risk of patient's suffocation (Goer, et al., 2007).

In addition, General anesthesia may cause feeling sick, vomiting after surgery and sore throat if there is a tube in the airway. Spinals and epidurals anesthesia can lower the blood pressure and cause headache. Occasionally, they make the patients feel local tenderness in the back for a few days (Hoppe and Popham, 2007). Uterine lacerations are also more common at the lower uterine segment with a transverse uterine incision. These lacerations can extend laterally or inferiorly and can be repaired easily (Harish & Sehdev, 2005).

Moreover, bladder injury is an infrequent complication; it is more common with transverse abdominal incisions and in repeated cesarean deliveries. Most commonly the bladder has been injured when entering the peritoneal cavity or when separating the bladder from the lower uterine segment. Operator experience and the emergency nature of the cesarean delivery were found to be risk factors for bladder injury during cesarean delivery (Rahman, et al., 2009). Injury to the ureter occurs in up to 0.1% of all cesarean deliveries and up to 0.5% of cesarean hysterectomies. It is most likely to occur when repairing extensive lacerations of the uterus (Harish& Sehdev, 2005). Also bowel injury occurs in less than 0.1% of all cesarean deliveries. The most common risk factor for bowel injury at the time of cesarean delivery is adhesions from prior cesarean deliveries or prior bowel surgery (Phipps, et al., 2005).

Uterine atony is another intra-operative complication that can be occurred in a patient with a multiple gestation, polyhydramnios, failed attempt at a vaginal delivery in which the patient was on pitocin augmentation for a prolonged period is uterine atony (Harish & Sehdev, 2005). In addition to excessive Blood Loss during a cesarean section which typically

results from laceration of uterine vessels that occurs with extension of the uterine incision. Additional lacerations may extend into the vagina and result in significant bleeding and increased operative time. The risk of hemorrhage requiring blood transfusion increases substantially with increasing number of prior cesarean deliveries (Silver, 2006).

Concerning the Post-operative complications, Starr et al., (2005) mentioned postoperative complications of CS as wound infection; the risk of a wound infection ranges from 2.5% to higher than 15%. There is a three-fold increased risk of puerperal febrile morbidity in women who had a CS, compared with women who had a vaginal delivery (Allen, 2003). US data showed that women who had cesarean birth were more likely to require readmission for uterine infection than women who had assisted or spontaneous vaginal birth, (Lydon, 2000). Australian women who had a caesarean birth were more likely to require readmission to hospital for undefined health problems in the first eight weeks after birth, compared to women who had unassisted vaginal births because physical complications, minor and major after caesarean section, may delay maternal recovery (Lobel, 2007).

Moreover, fascial dehiscence; occurs in approximately 5% of patients with a wound infection and suggested when excessive discharge from the wound is present. Urinary tract infection (UTI) is one of the most common causes for post cesarean febrile morbidity its incidence ranges from 2-16% and the process of placing an indwelling catheter for the surgery is a risk factor in itself (Liu et al., 2007) .

Pelvic thrombophlebitis is another infection – related to CS complication. Two percent of patients with an endomyometritis or wound infection can develop these complications. Moreover, slow return of bowel function may also occur during the postoperative period because postoperative narcotics may delay return of normal bowel function in a few patients. Thromboembolic complications; pulmonary embolism remains the leading direct cause of maternal death. The incidence of such complications can be reduced by the identification of high risk women and appropriate administration of thromboprophylactic measures (Bonney & Myers, 2011).

Aim of the study:

The aim of this study was to; determine the effect of nursing intervention for women undergoing CS on the occurrence of health problem complications.

Materials and Methods

Study Design: A quasi-experimental study design was used to determine the effect of nursing intervention for women underwent CS on the occurrence of postoperative complications. This could enrich obstetrics and gynecological body of knowledge with evidence based practice to reduce postoperative problems.

Sample: The subjects of the study were all parturient women who undergoing cesarean section and attending the obstetric and gynecologic departments in Port Said Hospitals at Port Said general Hospital, Port Fouad Hospital and El-Tadamon Hospital (The total sample size was 250 women).

Setting: Study was carried out in the inpatient (obstetric and gynecological department) at three hospitals located in Port Said city as: 1- Port Said general hospital is the largest public hospital affiliated by ministry of the wide range of maternity services; it has tree rooms and ten beds. Also, contain fifty-six physicians, eleven nurses and three workers. 2- Port fouad hospital at private and inpatient (obstetric and gynecological department) has four rooms each room has 4 beds, privet ward consist of four rooms. The services are running by fifteen physicians, ten nurses and two work aids. And 3- El-tadamon hospital at private and inpatient (obstetric and gynecological department) it has ten rooms at thirty three beds. The services are running by four physicians, nine nurses and three work aids.

Data collection tools:

Tool (1): Structured interviewing questionnaire for mother

Tool (2): A follow up observation sheet: It was used for mothers in both groups. It consisted of two parts: - The first part: - Postoperative physical care: This was used to record postoperative physical care given to the mother by the researcher in the study group immediately within two hours after the operation, three days, and after two weeks, it covered the following items as positioning, checking of vital signs, recording intake and output, care of catheter, and to record postoperative physical care given to the mother by the hospital in the control group.

The second part: - Performance of women: - This was necessary to record women's practice during the postoperative period, concerning initiation of breast feeding, body cleanliness and mobilization

Tool (3): Observation Checklist: - was constructed by the researcher to record postoperative women health problems in both groups. Such as after pain, wound pain, chest complications, urinary tract infection, healing of wound, and any minor or major problems after two to four hours, three days and after two weeks.

Content Validity:

The researcher designed an opinionnaire sheet to test the content validity of the assessment questionnaire sheet for nurses and mothers by a jury including 10 Experts in the field of obstetric and gynecology from medical and nursing faculty staff. It involved two parts:

A- The opinions of the experts for each item were recorded on a two-point scale: relevant, not relevant and clear, not clear.

B- General or overall opinion about the form, they were requested to express their opinions and comments on the tool and provide any suggestions for any additional or omissions of items. Then necessary modifications were done. This phase was carried out in a period of two months.

A *pilot study*, which was carried out on 10 % from nurses .The main purpose of the pilot study were to test the clarity, feasibility of the tools and whether it was understandable, and to determine the time needed to fill the tool. The tool was handed to participants to fill it and collected by researcher. The time for the completion of the questionnaire sheet was ranged from 1- 1.30 hour. Following this pilot study, the process of data collection and implementation of educational program consumed 12 months from June 2010 to March 2011.

The investigator attended the inpatient unit from 2, 00 pm till 9, 00 PM. four times per week; 1st day and 2nd day for study group, 3rd day and 4th day for control group. This was repeated until the sample size reached 250 women. Interviewing was carried out for each subject in the two groups (study group and control group, upon admission to the inpatient unit. The investigator introduced her to the mothers and explains the aim of the study in a simple way before teaching. The researcher started the interview, which lasted about 20 minutes. The study was carried out during the period from February 2011 to April 2012.

Mothers were followed –up by the researcher daily until discharge to observe maternal problems, which may arise during hospitalization. The mothers were interviewed again after discharge on the third day. During the follow – up visit observation, by means of the checklist, which was performed for each mother three times during the two to four hours after cesarean section on the third day and after two weeks, it was conducted at home.

Results

Table (1): presents the utilization of ANC services among women in the two groups. It indicates that women in the study group had more mean number of antenatal visits (9.5 ± 1.8) than the control group (8.1 ± 1.7). Moreover, women in the two groups had partially similar proportion of minor problems during their last pregnancy. From Continuous vomiting constitute the higher percentage in the two groups.

The mode of last delivery was shown in table (2). The majority of women in both the study and control groups had CS (80.5% and 84.5% respectively). Moreover, more women in the control group (63.3%) had history of complications during the previous labor compared to 44.2% in the study group, this were mainly obstructed labor and premature rupture of membranes.

Table (3) Points to a statistically significant difference between the study and control groups regarding the level of the fundus during the third day after the operation ($P=0.031^*$). Thus more women in the study group had reached the normal level of the uterus (98.4%) compared to those in the control group (92.8%). While, the blood loss was partially similar in both groups with no statistical significant difference

Table (4) shows that the majority of women in the study group had started early the intake of oral fluids, in the first day after the operation compared to the control group (84.8% vs. 5.6% respectively), with a highly significant difference ($P<0.0001^*$). Moreover, they were less likely to suffer from vomiting or being exposed to difficult elimination. Also differences observed are statistically significant ($P<0.0001^*$).

Table (5) that woman in the study group had lesser percentages of danger signals that denote wound infection than the control group. Thus they showed lesser redness, edema, inadequate healing during the follow up care than the study group. Differences observed are statistically significant ($P<0.0001^*$).

Table (6) demonstrates that the great majority of women in the study group had mild pain grade in the third day after the operation compared to the control group (92.0% vs. 4.0% respectively) with a statistical significant difference ($P<0.0001^*$).

Table (7) compares the problems encountered among women underwent CS in both the study and control groups during the follow up schedule. It indicates that the overall incidence of retention of urine was higher (1.6%) in the control group than the study group (0.0%) with a highly significant difference ($P=0.49$) in the first day. Again, in the third day there was a statistically significant difference ($P=0.49$) between the control and study groups in favor of the former regarding; sub-involution of the uterus (1.8vs.0.0), vaginal bleeding (4.0vs.7.2), breast problems (12.8 % vs4.8 %). In addition to DVT (4.8 % vs. 0.0 %), abdominal distention, constipation (47.2 vs. 22.4) and hemorrhoids. Differences observed are statistically significant ($P<0.0001^*$).

Discussion

The past obstetric history in the present study revealed that the mean parity ranged between one and two Para among the studied sample. Li et al., (2003) reported that in New Jersey and Joseph et al., (2005) in Canada reported high rates of C.S in their studies among the nulliparous women. However, Abd El-hamid (2007) and Mahmoud (2007) found that more than two thirds of women who underwent C.S were multigravida and multipara and the small proportion of them was Primipara. Such a discrepancy between the above results may be explained by the differences in sample size and its criteria. Also, it could be due to the fact that the highest percentage of CS in the current study was of the primary type.

Concerning the current CS indications, the present study finding has indicated that previous CS was at the top of the list, with the highest percentage of indications. This was followed by mal-presentation and cephalopelvic disproportion. This is supported by El-Refaey, (2000) who stated that the majority of women had one or two previous deliveries and a sizable proportion of them had previous cesarean section. Meanwhile, McAleese (2000) has reported that previous CS is a relative indication of cesarean section. In addition, Hewson et al., (2000) have mentioned that planned CS is better than planned vaginal birth for the term fetus in the breech presentation. Also McAleese (2000) has stressed that cephalopelvic disproportion is an absolute indication for cesarean birth. Additionally, Chhabra et al., (2000) has reported that CS is the best treatment for a brow presentation with the head at the level of pelvic brim. These findings are going on with the present study.

The better uterine contraction, with normal fundal level and lochia were noticed in the study group than the control group, with a significant difference between the two groups in favor of the former, this might be due to early mobilization and the practice of pelvic floor exercises. In addition, Robertson (2011) confirmed the association between the condition of the uterus during the postoperative period and the incidence of postpartum hemorrhage and puerperal infection.

Meanwhile, the present study has revealed statistically significant relation between the occurrence of moderate and severe level of pain and nursing care provided which was in favor of the study group ($p= 0.0001^*$). Where the researcher used different measures for woman in the study group to alleviate pain such as; analgesic administration, relaxation exercises, therapeutic communication, measures to promote comfort and satisfaction as well as decreasing fear, tension and anxiety. In this respect William (2005) emphasized the importance of investigating the various factors associated with pain which are mainly; medical, technical and psychological factors. Similarly, Gilbert (2007) examined the postoperative pain after CS and found that postoperative pain is usually underestimated although it could be easily alleviated by EB pain relief measures. These were also used by the researcher for the study group.

Moreover, Abd El-Ati (2005) has reported that statistically significant difference among the two studied groups regarding constipation, breast engorgement, cracked nipple, and urinary tract infection. These findings were also in accordance with, yaagoub (2010) who found that wound infection and hemorrhages are the most frequent complications that happened after cesarean section.

Women who had delivered by C.S are at risk for developing minor problems that may be a sign for major problem that if not diagnosed as early as possible, may have a devastating effects on the mother so the early investigation and detection of these problems help in saving the mother's life. Eugene (2008), examined mothers reports of their postpartum experiences with pain stratified by method of delivery and pointed that about 79 % of mothers who had a C.S experience pain from their surgery in the first 2 months after birth.

Conclusion:

Based on study findings, it can be concluded that:

statistically significant improvement immediately in the practice of mothers as well as decreasing the incidence of health problems in the post-operative period. And statistically significant improvement knowledge of the mothers undergoing cesarean section regarding the different aspects of their post-operative care and care of their child and breast-feeding.

Recommendations:

Mother classes could be conducted in antenatal settings, outpatient clinics, to discuss the care that should be provided to women undergoing CS and possible complications. Further researches is needed in different settings to develop evidence based practice that focuses on issues related to postpartum maternal health problems either for women who delivered normally or by C.S.

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Table (1):- History of previous labor of women in the study and control groups

History of previous labor	Group				Significance
	Study (n=77)		Control (n=90)		
	No	%	No	%	
<i>Type of last delivery</i>					$^{MC}P=0.458$
Vaginal	15	19.5	13	14.4	
Assisted	0	0.0	1	1.1	
Cesarean section	62	80.5	76	84.4	
<i>Place of delivery</i>					$X^2=4.61$ $P=0.032^*$
Hospital	60	77.9	81	90.0	
Private clinic	17	22.1	9	10.0	
<i>Occurrence of complications</i>					$X^2=6.15$ $P=0.013^*$
Yes	34	44.2	57	63.3	
No	43	55.8	33	36.7	
<i>Type of complications</i>	[n=34]		[n=57]		$^{MC}P=0.08$
Obstructed labor	8	23.5	25	43.9	
Premature rupture of membrane	23	67.6	22	38.6	
Antenatal hemorrhage	1	2.9	2	3.5	
Septicemia	1	2.9	2	3.5	
Perineal tear	1	2.9	1	1.8	
Stillbirth	0	0.0	5	8.8	

Table (2): Characteristics of current pregnancy of women in the study and control Groups

Current pregnancy	Group				Significance
	Study		Control		
	No	%	No	%	
<i>Antenatal care visits</i>					
No	0	0.0	15	12.0	$\chi^2=15.957$ P<0.0001*
Yes	125	100.0	110	88.0	
<i>Start of ANC visits</i>					MC P<0.0001*
First trimester	91	72.8	44	35.2	
Second trimester	29	23.2	61	48.8	
Third trimester	5	4.0	5	4.0	
<i>Total number of ANC visits</i>					Z=6.825 P<0.0001*
Mean \pm SD	9.5 \pm 1.8		8.1 \pm 1.7		
<i>Occurrence of complications</i>					$\chi^2=0.312$ P=0.576
Yes	87	69.6	91	72.8	
No	38	30.4	34	27.2	
<i>Type of complications</i>	[n=87]		[n=91]		MC P=0.206
Continuous vomiting	44	50.6	53	58.2	
Bleeding	2	2.3	6	6.6	
Gestational Diabetes	0	0.0	1	1.1	
Toxemia	1	1.1	1	1.1	
Twin pregnancy	4	4.6	2	2.2	
Increase liquor	0	0.0	2	2.2	
Mal-presentation	36	41.4	26	28.6	

Table (3): Examinations of post cesarean section women in the study and control groups

Results of observation		Group				Significance
		Study(n= 125)		Control (n=125)		
		No	%	No	%	
<i>Uterus condition</i>						
1 st day	Contracted	120	96.0	116	92.8	$\chi^2=1.211$ P=0.41
	Un-contracted	5	4.0	9	7.2	
3 rd day	Contracted	125	100.0	124	99.2	^{FE} P=1.0
	Un-contracted	0	0.0	1	0.8	
7 th day	Contracted	125	100.0	124	99.2	^{FE} P=1.0
	Un-contracted	0	0.0	1	0.8	
<i>Funds level condition</i>						
1 st day	Normal	121	96.8	115	92.0	^{MC} P=0.014*
	Abnormal	4	3.2	10	8.0	
3 rd day	Normal	123	98.4	116	92.8	$\chi^2=4.66$ P=0.031*
	Abnormal	2	1.6	9	7.2	
7 th day	Normal	124	99.2	124	99.2	^{FE} P=1.0
	Abnormal	1	0.8	1	0.8	
<i>Blood loss (pads/day)</i>						
1 st day	2-3	44	35.2	38	30.4	^{MC} P=0.174
	4-5	81	64.8	84	67.2	
	5+	0	0.0	3	2.4	
3 rd day	2-3	54	43.2	50	40.0	$\chi^2=0.26$ P=0.608
	4-5	71	56.8	75	60.0	
7 th day	2-3	125	100.0	125	100.0	-----
	4-5	0	0.0	0	0.0	

Table (4): Fluid intake and output among women in the study and control groups

Results of observation		Group				Significance
		Study (n= 125)		Control (n=125)		
		No	%	No	%	
<i>Fluid intake</i>						
1 st day#	Oral	106	84.8	7	5.6	$\chi^2=158.3$ P<0.0001* ^{FE} P=0.448
	Parentral	123	98.4	121	96.8	
3 rd day#	Oral	125	100.0	119	95.2	^{FE} P=0.029* $\chi^2=1.67$ P= 0.197
	Parentral	3	2.4	7	5.6	
7 th day#	Oral	125	100.0	124	99.2	^{FE} P=1.0
	Parentral	0	0.0	1	0.8	
<i>#Output fluids</i>						
1 st day	Urine	122	97.6	122	97.6	^{FE} P=1.0 $\chi^2=4.77$ p=0.029*
	Vomitus /others	31	24.8	47	37.6	
3 rd day	Urine	124	99.2	124	99.2	^{FE} P=1.0 ^{FE} P=0.446
	Vomitus /others	5	4.0	2	1.6	
7 th day	Urine	121	96.8	119	95.2	$\chi^2=0.417$ p=0.519 ^{FE} P=0.498
	Vomitus /others	2	1.6	0	0.0	

Table (5): Wound status among women in the study and control groups

Wound status		Group				Significance
		Study (n= 125)		Control(n=125)		
		No	%	No	%	
3rd day						
Redness	None	74	59.2	1	0.8	$\chi^2=103.46$ P<0.0001*
	Mild	49	39.2	110	88.0	
	Moderate \ severe	2	1.6	14	11.2	
Edema	None	1	0.8	51	40.8	$\chi^2=62.82$ P<0.0001*
	Mild	114	91.2	63	50.4	
	Moderate \ severe	10	8.0	11	8.8	
Hematoma	None	124	99.2	123	98.4	^{FE} P=0.498
	Mild	1	0.8	2	1.6	
Lack of healing	Mild	0	0.0	31	24.8	^{MC} P<0.0001*
	Moderate	125	100.	92	73.6	
	Severe	0	0.0	2	1.6	
7th day						
Redness	None	124	99.2	77	61.6	$\chi^2=56.07$ P<0.0001*
	Mild	1	0.8	48	38.4	
Edema	None	112	89.6	16	12.8	^{MC} P<0.0001*
	Mild	13	10.4	107	85.6	
	Moderate \ severe	0	0.0	2	1.6	
Hematoma	None	125	100.	124	99.2	^{FE} P=0.498
	Mild	0	0.0	1	0.8	
Lack of healing	Mild	123	98.4	123	98.4	^{FE} P=1.0
	Moderate	2	1.6	2	1.6	

Table (6): Pain experienced by women in the study and control groups on the first, third, and seven days

Level of pain	Group				Significance
	Study (n= 125)		Control (n=125)		
	No	%	No	%	
1st day					$\chi^2=116.38$ P<0.0001*
Mild	28	22.4	6	4.8	
Moderate	73	58.4	10	8.0	
Severe	24	19.2	109	87.2	
3rd day					$\chi^2=194.19$ P<0.0001*
Mild	115	92.0	5	4.0	
Moderate	10	8.0	109	87.2	
Severe	0	0.0	11	8.8	
7th day					^{FE} P=0.066
Mild	124	99.2	118	94.4	
Moderate	1	0.8	7	5.6	

Table (7): Post – cesarean complications among women in the study and control groups

Complications	Group				Significance
	Study (n= 125)		Control (n=125)		
	No	%	No	%	
At 1st day#					
Retention of urine	0	0.0	2	1.6	^{FE} P=0.498
Vaginal bleeding	5	4.0	9	7.2	$\chi^2=1.211$ (0.271)
Wound bleeding	0	0.0	2	1.6	^{FE} P=0.498
Breast engorgement	12	9.6	11	8.8	$\chi^2=0.048$ (0.827)
Abscess	0	0.0	1	0.8	^{FE} P=1.0
Wound infection	0	0.0	0	0.0	----
Puerperal sepsis	0	0.0	1	0.8	^{FE} P=1.0
D.V.T	0	0.0	0	0.0	----
Sub-involution	0	0.0	2	1.6	^{FE} P=0.498
Pulmonary complications	0	0.0	4	3.2	^{FE} P=0.122
Abdominal distension and Constipation	41	32.8	92	73.6	$\chi^2=23.56$ (0.0001)*
Hemorrhoidis	2	1.6	5	4.0	^{FE} P=0.446
At 3rd day#					
Retention of urine	0	0.0	1	0.8	^{FE} P=1.0
Urinary tract infection	0	0.0	1	0.8	^{FE} P=1.0
Vaginal bleeding	0	0.0	0	0.0	----
Wound bleeding	0	0.0	2	1.6	^{FE} P=0.498
Breast engorgement	6	4.8	16	12.8	$\chi^2=4.98$ (0.026)*
Abscess	2	1.6	2	1.6	^{FE} P=1.0
Wound infection	0	0.0	0	0.0	----
Puerperal sepsis	0	0.0	0	0.0	----
D.V.T	0	0.0	6	4.8	^{FE} P=0.029*
Subinvolution	0	0.0	0	0.0	-----
Pulmonary complications	0	0.0	3	2.4	^{FE} P=0.247
Abdominal distension and Constipation	28	22.4	59	47.2	$\chi^2=13.03$ (0.0001)*
Hemorrhoidis	18	14.4	22	17.6	X ² =0.476 (0.49)

تأثير إرشادات الرعاية التمريضية المقدمة للسيدات اللاتي أجريت لهن ولادة قيصرية علي حدوث مضاعفات بعد العملية القيصرية

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الخلاصة

الدراسة الحالية دراسة شبة تجريبية هدفها تقييم تأثير إرشادات الرعاية التمريضية المقدمة للسيدات اللاتي أجريت لهن ولادة قيصرية وتقييم أثر هذه الرعاية التمريضية علي حدوث مضاعفات بعد العملية . وشملت عينة البحث (٢٥٠) سيدة .وقد تم تقسيم العينة إلي مجموعتين: المجموعة الأولى (المجموعة الضابطة) تشتمل علي (١٢٥) من السيدات تم إعطائهن الرعاية التمريضية من المستشفى و المجموعة الثانية (مجموعة الدراسة) تشتمل علي (١٢٥) من السيدات تم إعطائهن كتيب الرعاية التمريضية المساندة من الباحثة. وقد تم تجميع البيانات عن طريق استخدام ثلاث استمارات استبيان ؛ الاستمارة الأولى استمارة استبيان للسيدات، ، الاستمارة الثانية استمارة للمتابعة وتنقسم إلى جزئين تطبيق الرعاية التمريضية ، ملاحظة أداء السيدات، الاستمارة الثالثة استمارة ملاحظة تقييم المشاكل الصحية لدي السيدات بعد إجراء العملية مباشرة ثم بعد ثلاثة أيام ثم بعد أسبوعين . وتم تنفيذ برنامج الرعاية من خلال المقابلة الشخصية . وكان متوسط سن الأمهات ما بين ٢٠ - ٤٠ سنة . وقد أسفرت نتائج البحث علي أن البرنامج التدريبي أدي الي وجود فروق ذات دلالة إحصائية عن وجود تحسن واضح في معلومات ومهارات الأمهات بالنسبة لبداية الرضاعة الطبيعية خلال الساعتين الأولى بعد الولادة القيصرية وأيضا بالنسبة إلي الحركة المبكرة والنظافة الشخصية والتغذية واستخدام التمرينات والعناية بالجرح بعد الولادة القيصرية لدي أمهات مجموعة الدراسة . كما لوحظ أن معظم مضاعفات ما بعد الولادة التي تم تسجيلها كانت في المجموعة الضابطة . بناء علي نتائج الدراسة أوصي بأن تطبيق برامج تعليمية باستخدام الوسائل المتاحة فيما يخص الرضاعة الطبيعية وصحة الأم في فترة ما بعد الولادة القيصرية.

الكلمات الدالة : الولادة القيصرية -إرشادات الرعاية التمريضية - المضاعفات بعد العملية القيصرية .