

Psychological Nursing of Puerperae After Cesare Section: Problems and Nursing Measures

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ABSTRACT

Objective: To make the nursing for puerperae after cesarean section more scientific and effective, this paper analyzes the common psychological problems of puerperae after cesarean section and explores corresponding nursing interventions, so as to improve patients' treatment compliance and quality of life. **Methods:** Literature review and data analysis were adopted; observations were conducted on postoperative cases; multidimensional analysis was performed on different psychological problems from the perspectives of health education, exercise, drug therapy, medical nutrition therapy, and prevention and treatment of postoperative complications, and targeted nursing measures were proposed. **Conclusion:** Psychological nursing plays a connecting role in the nursing process of puerperae after cesarean section. Although postoperative wound care is crucial for infection prevention, psychological nursing is vital for postpartum recovery and lactation of puerperae.

KEYWORDS

Cesarean section; Postoperative period; Psychological nursing problems; Nursing intervention

1. INTRODUCTION

Cesarean section is a major operation in obstetrics. The first live cesarean section was performed in 1610 by surgeons Trautmann and Gusth, but the puerpera died 25 days after the operation. Cesarean section without medical indications not only fails to reduce perinatal mortality but also increases postoperative morbidity and maternal mortality; therefore, it is not advocated [1]. With the rapid development of medical technology and the rising rate of cesarean section year by year, cesarean section has become a relatively safe operation to deal with emergencies of mothers and fetuses. Most puerperae undergoing cesarean section suffer from fear. Through perioperative physical and mental nursing, puerperae can build strong trust in nurses, reach an optimal psychological state to accept surgery and nursing, and lay a solid foundation for postoperative recovery [2]. The success of cesarean section is closely related to comprehensive postoperative care. Accordingly, psychological nursing plays a connecting role in postoperative care and rehabilitation of puerperae. Based on this background, this paper mainly studies the psychological problems of puerperae after cesarean section and corresponding nursing measures.

2. PSYCHOLOGICAL PROBLEMS OF PUERPERAE AFTER CESAREAN SECTION

2.1. Regret

Many mothers who intended to have spontaneous delivery struggle to accept cesarean section. Most women begin to accept the fact one hour after surgery, but some puerperae lack timely psychological counseling and feel deep regret for failing to deliver vaginally, which slows down postoperative recovery and impairs rehabilitation. During clinical internship, case Wang XX was identified as a typical example of postpartum regret.

2.2. Disappointment

In the first week after delivery, regret over failed vaginal delivery gradually fades and is replaced by disappointment. Many women who undergo cesarean section do not experience natural childbirth and feel disappointed about their maternal role. Most cesarean-section mothers find it difficult to adapt to motherhood. Such disappointment hinders postoperative recovery and is unfavorable to the early establishment of mother-child bonding.

2.3. Ineffective Denial

Ineffective denial [3] refers to ineffective behaviors adopted intentionally or unintentionally by individuals to relieve anxiety or fear caused by health status changes. Starting from the 8th week postpartum, many women attribute imperfect mother-infant interactions to cesarean section. Many young mothers even dream of delivery frequently and doubt their maternal role upon waking, which is quite common.

3. NURSING MEASURES FOR PSYCHOLOGICAL PROBLEMS

3.1. Nursing Measures for Regret

3.1.1. Improve Postoperative Adaptability

Nurses should provide health education for puerperae and their families, guide them to focus on the safety of mother and infant rather than regret over vaginal delivery, and encourage them to learn more postpartum knowledge.

3.1.2. Supportive Psychotherapy

Answer puerperae's questions patiently, provide personalized care, and offer psychological comfort and guidance. Create a comfortable living environment. Strengthening understanding of cesarean section helps puerperae maintain a positive attitude and build confidence, thus reducing the incidence of postoperative complications, accelerating recovery, and improving quality of life.

3.2. Nursing Measures for Disappointment

3.2.1. Timely Health Education

Provide targeted health education for puerperae after cesarean section, especially those with insufficient knowledge. Comfort their emotions, enrich their daily life, and encourage them to confide in family members, friends, peers, medical staff or professional counselors. Inform puerperae that cesarean section is chosen for the infant's health to help them get rid of disappointment as soon as possible [4]. Meanwhile, pay attention to family members' emotional changes and provide timely psychological guidance to avoid caregiver role strain.

3.3. Nursing Measures for Ineffective Denial

3.3.1. Maintain Normal Physiological Activities

Puerperae with depression and anxiety often suffer from anorexia and self-blame, leading to insufficient nutrition. On the premise of reasonable food composition and calorie distribution, strengthen nutritional support to ensure adequate intake. Sleep disturbance is a common symptom of depression. Medical staff should provide proper guidance and distract puerperae's attention. Create a quiet sleeping environment at night; warm milk or foot soak with warm water before sleep can promote sleep and prevent potential harm to infants caused by maternal self-denial.

3.3.2. Family Support

Jin Caixia [5] pointed out that cesarean section is of great significance to women, and its advantages and disadvantages affect the emotions of numerous families in China. To promote better and faster postoperative recovery, family members should provide timely counseling, care and support for puerperae.

3.3.3. Social Support

Effective social support is also a feasible intervention for disappointment, depression and anxiety after cesarean section. Melissa A et al [7]. suggested that anxiety, depression and stress are key psychosocial factors; increased social support is inversely associated with emotional distress, and coping styles are related to social welfare, mental health and physical health outcomes. Support from family, friends or support groups is critical for puerperae after cesarean section. Encourage relatives and friends to visit puerperae to help them feel warmth and build confidence, and reduce worries about trivial family matters. Puerperae can also seek support from medical staff, sub-district offices or community service institutions. Medical staff can provide personalized guidance, education and support according to individual conditions, and offer comprehensive dietary therapy to promote postoperative rehabilitation.

4. CONCLUSION

With the development of medical technology, the rate of cesarean section is increasing year by year. Zhu Cunfang [6] stated that most puerperae have no surgical experience and fear potential impacts on themselves and infants, leading to varying degrees of fear and anxiety. With the development of modern nursing, nursing has shifted to health-centered holistic care, in which psychological nursing is particularly important. Therefore, effective psychological nursing helps puerperae maintain optimal psychological and physiological status to cooperate with surgery and nursing, which is crucial for surgical safety and postoperative rehabilitation.

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