

Positive effect of psychological nursing on the breastfeeding success rate of parturients who underwent caesarean section.

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Abstract

Objective: This study investigated the positive effect of psychological nursing on the breastfeeding success rate of parturients who underwent caesarean section.

Methods: A total of 120 parturients who underwent caesarean section in our department from January 2015 to August 2016 were collected and divided into the observation (n=60) and control (n=60) groups by using a random number table. The control and observation groups adopted conventional and psychological nursing, respectively. The clinical therapeutic effects of the two groups were compared.

Results: The proportion of low lactation yield in the observation group (10.00%) is significantly lower than that in the control group (45.00%) (P<0.05). The proportion of high lactation yield in the observation group (46.67%) is significantly lower than that in the control group (25.00%) (P<0.05). The two groups show no statistically significant differences in other indexes (p>0.05). The breastfeeding success rate of the observation group (98.33%) is significantly higher than that of the control group (75.00%) (P<0.05). The depression score of the observation group (41.41 ± 3.02) is significantly lower than that of the control group (56.41 ± 3.19) (P<0.05).

Conclusions: Psychological nursing can significantly increase the breastfeeding success rate of parturients who underwent caesarean section and deserve further promotion in clinics.

Keywords: Parturient underwent caesarean section, Psychological nursing, Breastfeeding.

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Introduction

Adaptation indexes of caesarean section have become increasingly loose, and the rate of cesarean section has increased accordingly [1]. Under some circumstances, parturients experience unhealthy emotions (e.g., nervousness, fear, and anxiety) due to inadequate mental preparation, poor understanding of the surgery, and fear of accidents in the operation [2]. These unhealthy emotions influence the operation and could increase the occurrence of postpartum hemorrhage. Therefore, psychological nursing should be strengthened among parturients who underwent caesarean section. This initiative can help eliminate the influences of psychological factors on the operation, promote successful operation, and increase the post-operation success rate of breastfeeding [3]. The present study investigated the positive effect of psychological nursing on the breastfeeding success rate of parturients who underwent caesarean section. Results are reported in the following text.

Information and Methods

General information

A total of 120 parturients who underwent caesarean section in our department from January 2015 to August 2016 were collected and divided into the observation (n=60) and control (n=60) groups by using a random number table. The control group received conventional nursing, whereas the observation group was provided with psychological nursing. The parturients in the observation group were 21-40 y old (30.8 y old on average). Their reasons for caesarean section include cephalopelvic disproportion (26 cases), scarred uterus (12 cases), placenta previa (16 cases), fetus valuable (4 cases), and fetal distress in uterus (2 cases). Epidural anesthesia was used, and the caesarean section was accomplished at the lower uterine segment. The parturients in the control group were 22-39 y old (31.3 y old on average). Their reasons for caesarean section include cephalopelvic disproportion (25 cases), scarred uterus (13 cases), placenta previa (15 cases), fetus valuable (5 cases), and fetal distress in uterus (2 cases).

The anesthesia mode and surgical procedures were the same with those of the observation group. All primiparas had well-developed breast and nipple and were in good nutritional status, without any breastfeeding contraindications. The two groups showed no significant difference in general information and were comparable.

Methods

The control group received conventional nursing, whereas the observation group was offered with psychological nursing.

Some parturients volunteered to accept caesarean section. Some received caesarean section due to dystocia pregnancy complications, or other related indicators, which triggered nervousness and anxiety. In this case, nurses cared for and communicated with them positively and answered their questions patiently to make them relaxed and maintain a good doctor–patient relationship.

The nurse introduced attending doctors and nurses to parturients positively to protect them and their family members from unnecessary concerns.

Most existing caesarean sections were conducted at the lower uterine segment while parturients were sober during the operation. This procedure could cause confusion, anxiety, and fear as to whether the surgery is painful, whether accidents occur during anesthesia administration, and whether the baby is safe. Therefore, nurses comforted the patients to stabilize their emotions.

Medical staff monitored and recorded patient vital signs, such as heart rate, temperature, breathing, and blood pressure during the operation.

After the operation was finished, the parturients were allowed to have a short contact with the new-born and were informed about the success of the operation and the normal indexes of the baby.

Considering the new mom's lack of experience and confidence in child rising and education, the medical staff provided relevant knowledge and technical guidance appropriately. Crying means that the baby is expressing emotions and requiring attention. The medical staff taught the parturients and their family members to distinguish different demands of crying (e.g., hunger or discomfort). Corresponding solutions such as feeding or changing diaper were adopted. Postpartum discomfort and baby crying are inevitable. The first feeding involves various challenges, which easily upset and depress parturients. Therefore, psychological counselling was given timely to encourage the parturients to look at their babies, touch their small hands and feet gently, change diapers, and participate in other activities that can cultivate a relationship with the baby. These practices could eliminate negative emotions and help the parturients adapt to the new role smoothly.

Evaluation indexes

The lactation yields of the two groups at the third day of caesarean section were compared. High: abundant residual milk is noticeable after breastfeeding, and the baby sleeps for a long time, urinates at least six times daily, and excretes normal feces. Enough: some residual milk is noticeable after breastfeeding, and the baby sleeps for a short time and has normal urine and feces. Low: the baby cries after breastfeeding and could not sleep soundly, accompanied with small amounts of urine and feces.

Breastfeeding success rates and depression scores were evaluated 1 d before discharge. The depression scores were evaluated by the "scale of depression score."

Statistical analysis

Data statistical analysis was carried out by SPSS 19.0. Enumeration data were analysed by χ^2 test, and measurement data were analysed by t-test. Statistical significance was considered at $P < 0.05$.

Results

Comparison of lactation yield at the third day of caesarean section

The proportion of low lactation yield in the observation group (10.00%) is significantly lower than that in the control group (45.00%) ($p < 0.05$). The proportion of high lactation yield in the observation group (46.67%) is significantly lower than that in the control group (25.00%) ($P < 0.05$). The two groups show no statistically significant differences in the other indexes ($P > 0.05$, Table 1).

Comparison of breastfeeding success rate and depression scores 1 d before discharge

The breastfeeding success rate of the observation group (98.33%) is significantly higher than that of the control group (75.00%) ($P < 0.05$). The depression score of the observation group (41.41 ± 3.02) is significantly lower than that of the control group (56.41 ± 3.19) ($P < 0.05$). Results are shown in Table 2.

Comparison of nursing satisfaction

In the observation group, only one case is satisfied with the nursing service. In the control group, 15 cases are unsatisfied with the nursing service (Table 3).

Table 1. Comparison of lactation yield at the third day of caesarean section.

Group	n	Low	Enough	High
Observation	60	6 (10.00)	26 (43.33)	28 (46.67)
Control	60	27 (45.00)	18 (30.00)	15 (25.00)
χ^2		8.890	5.901	11.345

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P	<0.05	>0.05	<0.05
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Table 2. Comparison of breastfeeding success rate and depression scores 1 d before discharge.

Group	n	Breastfeeding rate	success	Depression score ($\bar{x} \pm s$)
Observation	60	59 (98.33)		41.41 \pm 3.02
Control	60	45 (75.00)		56.41 \pm 3.19
χ^2		9.890		2.446
P		<0.05		<0.05

Comparison before and after the operation of each group (*P <0.05). Comparison between the two groups (**P <0.05).

Table 3. Comparison of nursing satisfaction (n).

Group	n	Satisfied or relatively satisfied (>85)	Dissatisfy (<85)	Satisfaction rate
Observation	60	45	15	75.00%
Control	60	59	1	98.33%
χ^2	/	2.879	12.986	9.895
P	/	<0.05	<0.05	<0.05

Discussion

With the increasing living standards and health consciousness of people, the traditional nursing mode could not adapt to the demands of patients and their family members. The concept of comfort nursing has become an inevitable product of the development era. It has been applied with outstanding effects in patients with indwelling gastric tube and nutrient canal as well as in patients after hypospadias [4,5]. However, its application in breastfeeding of primiparas who underwent caesarean section has not been reported yet. The present study shows that the lactation yield of the observation group at the third day after caesarean section is significantly higher than that of the control group (p<0.05). Compared with the control group (85.71%), the observation group has a significantly higher breastfeeding success rate 1 d before discharge (98.21%) ($\chi^2=5.920$, P=0.015). However, the observation group has a significantly lower depression score than the control group (P<0.05). These results agree with previous findings because delivery, being a normal biological phenomenon, could bring fear to people. Particularly, primiparas could feel nervous, anxious, panic, and lonely to some extent before the delivery [6,7].

Caesarean section could cause direct psychological effects (anxiety or fear) on primiparas, which may trigger a series of physiological responses (e.g., slow postoperative recovery) [8]. Psychological disorder significantly influences the postoperative breastfeeding of primiparas. Scientific and reasonable psychological nursing can help primiparas

overcome psychological disorder to some extent, thus increasing their breastfeeding success rates. Good psychological nursing, a direct form of humanized nursing, is necessary [9]. Due to the complexity brought by external factors such as patients and operation, the applications of psychological nursing in clinical practice are faced with certain challenges. Hence, the nurse shall strengthen the analysis on patient demands under the premise of meeting the basic demands of patients and having foreseeability and critical thinking during nursing services [10].

Conclusion

In conclusion, psychological nursing can significantly increase the breastfeeding success rate of primiparas who underwent caesarean section. The practicability of psychological nursing in the caesarean section shall be promoted to help more primiparas in breastfeeding.

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