**Research Article**

**Personal Accounts of Lasting Pregnancy-****Related Physical, Emotional or Psychological Complications Six- Months or Longer After Birth**

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**Abstract**

**Aim:** The aim of this study was to gain insight into the lives of women who have had or were currently experiencing lasting pregnancy-related physical, emotional, and psychological complications six months or longer after birth,

**Background:** Women discuss amongst themselves their birth experiences but may not share their lasting pregnancy- related complications that impact their physical, emotional, or psychological health. Medical and psychological complications related to pregnancy have been well documented particularly during the antepartum, intrapartum, and the immediate postpartum period but missing from the literature are the experiences of women with lasting pregnancy related complications beyond the six-month postpartum period.

**Design:** Participants who met the study criteria were asked to respond in writing to demographic and open-ended questions about their lasting pregnancy-related physical, emotional, or psychological complications beyond the six-month postpartum period. Narrative responses of women were collected until saturation was attained.

**Data Analysis:** A narrative analysis of the participant’s experiences was conducted using [1] Six-Phase framework. All four researchers reached consensus on the codes and emerging themes.

**Results:** The relevant themes that emerged from this research included: Lasting Pregnancy Complications Impact Current and Future Mothering, Lasting Pregnancy Complications Impact the Ability to Return to Former Roles, and Lasting Pregnancy Complications Should not be Faced Alone.

**Conclusion:** Information gathered from this study will help provide healthcare providers gain insight into the unique problems that women face who are having lasting physical, emotional, or psychological complications. Nurses and healthcare providers should collaborate to promote early identification and intervention with all women who experience pregnancy and labor-related trauma and complications. . Acknowledging the postpartum period as the 4th Trimester of pregnancy will help identify physical, emotional and psychological issues and help optimize women’s health.

**Keywords:** Lasting Pregnancy-Related Complications: Long-term Pregnancy-Related Complications: Narrative Analysis

**Introduction**

Women discuss amongst themselves their birth experiences but may not share their lasting pregnancy- related complications that impact their physical, emotional, or psychological health. Medical and psychological complications related to pregnancy have been well documented, particularly during the antepartum, intrapartum, and the immediate postpartum period, missing from the literature are the experiences of women with lasting pregnancy related complications beyond the six-month postpartum period.

In research conducted by [2] on the “Lived Experience Single Middle-Aged Mothers," a sub-theme was identified of women experiencing lasting physical, emotional, and psychological complications beyond the six-month postpartum period. Most literature describes the postpartum period lasting between six-to-eight weeks, but researchers defined the postpartum period as lasting up to six months after birth. Also, [3] noted the postpartum is less well defined, and women can take longer than 6-8 weeks to return to their baseline and returning to baseline may s not necessarily be a linear process. The author indicated that some members in the field believe the postpartum may extend as long as 12 months after delivery. After conducting an extensive literature review related to the types of physical, emotional or psychological complications experienced by women six months or more past the postpartum period, as well as their specific needs, it was determined that further exploration of the phenomena was warranted and a qualitative study appropriate.

**Purpose**

This study was conducted to gain insight into women who have had or are currently experiencing lasting pregnancy-related complications six months or longer after birth, as well as the impact it has or had on their everyday lives and health. In a study by the authors [4] nurses reported they themselves were not aware and did not prepare women upon discharge for the possibility of acute complications or continuing long-term physical complications of pregnancy during the postpartum period.

**Methodology**

**Design-Written Narrative Analysis**

The research design for this qualitative study was a thematic analysis of personal written narratives of women who were currently experiencing or had experienced lasting pregnancy-related complications beyond the six-month postpartum period. [5] found adults use a more advanced narrative language in describing powerful recollections from their past experiences and assign more consequence and significance to their autobiographical memories.

**Protection of Human Subjects**

West Chester University provided the IRB approval for this research study. All participants were provided information about the study before signing informed consent. Only after affirming consent were they able to move on to the to address the questions in which to base their written accounts of their lasting pregnancy-related complications beyond the six-month postpartum period

**Sample**

Advertisement for recruitment of participants was through reputable online sites, OB/GYN provider practices, Midwife practices, Family Nurse Practitioners, clinics, and women's groups. The participant needed to be currently experiencing or have had lasting pregnancy-related complications for six months or more after birth and be between the ages of 18 years-70 years of age. All participants in the study were required to speak, read, and understand English or Spanish. The consent, demographic questions, and qualitative questions were translated into Spanish by faculty fluent in the language.

**Inclusion Criteria**

Inclusion in the study was dependent on participants currently experiencing or having had a lasting pregnancy-related physical, emotional, or psychological complication and be between the ages of 18-70 years old. All participants in the study were required to speak, read, and understand English or Spanish.

**Exclusion Criteria**

Participants who did not speak, read, or understand English or Spanish were excluded from participation in the study. Women who had not experienced a lasting physical emotional or psychological complication related to their pregnancy were eliminated, as well as women younger than 18 and older than 70.

**Data Collection**

Data was collected through a Survey Monkey questionnaire. The first section of the questionnaire consisted of demographic data to assure participants met the inclusion criteria. One hundred fifteen initial participants responded to the survey, which surprised the researchers, however only 30 met criteria by addressing the questions that would inform the study. The demographic information gathered included: participant's age, marital status, ethnic origin, religion, educational background, employment, type of perinatal complication, type of delivery, postpartum complications, and current pregnancy-related lasting complication. The study participants also provided their written personal account about their experiences with lasting physical, emotional, and psychological complications beyond the six-month postpartum period. Collection of data continued until saturation was accomplished, and no further codes and themes could be identified.

**Demographic Analysis**

Of the 115 women who responded to the study, only 30 women met the criteria and completed the questions necessary to inform the research. The women who participated were between the ages of 24-38 years. All participants were Caucasian, and all were college graduates with fourteen out of the thirty having graduate and post-graduate education. Nineteen of the participants had vaginal deliveries; six of the participants had instrument deliveries, five participants have C-Sections with two out of the five having emergent C-Section deliveries. The participants reported their lasting pregnancy-related physical, emotional, or psychological pain included anxiety, postpartum depression, pelvic girdle pain, pelvic floor injury, urinary stress incontinence, recurrent urinary tract infections, back pain, and symptoms of sexual dysfunction up to six months or longer after birth.

**Data Analysis**

Thematic Analysis was conducted according to [1] Six-phase Framework on all of the participants’ written narratives. In Phase 1: each narrative was read two-three times. In Phase 2: Codes were generated, and all coding was done manually, and a codebook developed. Coding continued until no further codes could be developed and saturation obtained. After code saturation, codes were given to another study researcher to assure Inter-Coder agreement. In Phase 3: Theme development occurred and continued until four distinct themes emerged. In Phase 4: Themes were reviewed by all researchers and consensus obtained. In Phase 5: Themes were defined and refined. The relevant themes that emerged from the codes included: Lasting Pregnancy Complications Impact Current and Future Mothering, Lasting Pregnancy Complications Impact the Ability to Return to Former Roles, and Lasting Pregnancy Complications Should not be Faced Alone. In Phase 6: Final analysis and the written report of finding.

**Results**

As this was a qualitative study, it was surprising to have 115 women willing to share their lasting pregnancy-related physical, emotional, or psychological complications that persisted beyond the six-month postpartum period. Unfortunately, a small number of eligible participants adequately addressed the questions needed to inform the study. It was from reading these accounts the researchers confirmed that Lasting Pregnancy Complications are Real. The first theme that arose was Lasting Pregnancy Complications Impact Current and Future Mothering. One participant stated, "The pain makes me unable to take good care of my child." Another participant said, "most of the time, my husband takes care of my child. Another stated, "I cannot even breastfeed well' while still another felt she was "not a competent mom." Also, of note was the impact lasting pregnancy-related complications had on future pregnancies as many women were reluctant to become pregnant again. One participant shared that “lasting pain makes me afraid to get pregnant again” Another stated her “plans for a third child are now over." A third participant said "we don't plan to get pregnant anymore." The second theme that emerged was that Lasting Pregnancy Complications Impact the Ability to Return to Former Roles. Twenty-eight of the thirty women did not return to their employment. One participant stated, "the pain makes me unable to work well” Two other participants resigned due to Postpartum Depression. Also noted was that there were intimacy issues and sexual dysfunction preventing many women from returning to their role as an intimate partner. One participant stated, "I don't want to be close to anyone." Another participant said "my husband has difficulty understanding me." While another stated, "pain made it difficult to share with my husband." The third and final emerging theme was that Lasting Pregnancy Complications Should not be Faced Alone. A majority of the women felt that support was essential and reported receiving help from their healthcare provider through referrals to support groups or specialists, and by acknowledging there was a problem. Also, of importance was family support. One participant stated, "I am very grateful to my husband for his understanding and support." Another patient reported her husband "hired a baby nurse for me" when she needed the help. A third participant stated," my husband and I love each other, and we will get past this."

When asked what advice the participants would give other women experiencing lasting pregnancy-related physical, emotional, or psychological complications six months or longer postpartum many said it was essential to see a doctor to get help and that women should not wait. One participant captured the sentiment when she stated: “Don't try to take care of all the consequences yourself; let everyone share it to make it easy for you.”

**Discussion**

Women experiencing lasting pregnancy-related complications feel they are not functioning to their full potential. Healthcare providers need to acknowledge lasting pregnancy-related complications can exist and question women about the presence of long-term physical, emotional, and psychological complications of pregnancy as part of assessing health and planning care after the postpartum period. Women who experience lasting pregnancy-related issues may benefit from support groups, follow-up visits after six months postpartum, and behavioral counseling. Nurses and healthcare providers should collaborate to promote early identification and intervention with all women who experience pregnancy and labor-related trauma and complications to reduce the incidence of lasting postpartum depression, bonding and breastfeeding issues, intimacy issues and sexual dysfunction, and any other lingering physical, emotional or psychological effects of the birth experience. It can be beneficial to acknowledge the postpartum period as the 4th Trimester of pregnancy so that additional resources, support, and more frequent provider visits during the first year after birth can be provided to identify physical, emotional and psychological issues and help optimize women’s health [6].

**Limitations of the Study**

The major limitation of the study was that the participants were all Caucasian, and experiences of lasting pregnancy complications may differ in women of different ethnic and racial backgrounds. According to [7] different cultures believe in “Mothering” the mother and providing support during the postpartum period. Providing new mothers with direct care, allowing them to rest, providing nutrition, providing infant and childcare and maintaining a balance between hot and cold is believed to assure future health. It is believed that not following traditional postpartum care is the cause of future health problems for the mother. Also, there is no set time in many cultures when the postpartum period ends which may influence pregnancy -related complications. Another limitation is a variety of long-term pregnancy-related complications were not evident in this set of participants, as noted in the literature review.

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**Future Research**

Continuing research needs to be conducted on diverse populations of women and the types of lasting-pregnancy related complications they may experience. Also, further study on physical sequela, bonding and breastfeeding issues, intimacy issues, and sexual dysfunction, and the desire for no further pregnancies warrants further investigation.

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