Short Communication

Availability of physical therapists for women after their caesarean section

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Objective: To identify availability of physical therapy management and the reasons for not getting physical therapy in obstetric department of hospitals in Rawalpindi.

Methodology: This cross sectional survey was done in various hospitals of Rawalpindi from July 2017 to January 2018. Calculated sample size was 400 by using Rao soft. We used non probability purposive sampling technique by self-structured questionnaire. Data were analyzed by SPSS 21.

Results: Among 400 women of mean age 24.4 years, 277 (69.0%) had epidural, while 123 (30.8%) had general anesthesia. 119 (29.8%) women received while 281 (70.3%) did not get physiotherapy. 176 (44.0%) had no knowledge of physical therapy and 72 (18.0%) had unavailability of physical therapists.

Conclusion: There is unavailability of physical therapy management in obstetrics departments. Main reason for this and lack of awareness were to consult with women health physical therapist for post cesarean physical therapy management.

Keywords: Cesarean section, physical therapists, women health.

INTRODUCTION

Cesarean section (CS) delivery can use spinal anesthesia, epidural anesthesia or general anesthesia. After CS, to start early walk and physiotherapy can speed up recovery.[1] About 77.5% of CS were performed in emergency.[2] Spinal anesthesia is primarily used for urinary tract, genital procedures, delivery, and surgery in the pelvis and legs.[3] Complications may occur such as anesthesia induced nerve damage, difficulty urinating, bleeding around the spinal column (hematoma), spinal headache, low back pain, nausea, numbness in lower limb and severe headache.[4]

Delayed early ambulation is one of the major disadvantages of general anesthesia for proper re-strengthening of the deep core muscles scar tissue mobilization is needed.[5,6] For the proper mobility in the lower abdomen and to gain full recovery of both motor and sensory nerves, posture is important as exercise is for healing and recovery.[7,8] Exercises from the very early stage need to be started with sitting in a firm and straight back chair and cushion or pillow near lower back and hips.[9]

The purpose of study was to find out the reasons of unavailability of physical therapy management in obstetric and gynecological department. This study can provide awareness about physical therapy after CS and the availability of Physical therapist in gynecology and obstetrics department to prevent the complications of anesthesia and CS.

METHODOLOGY

This cross sectional survey was conducted on 400 post caesarian women. Sample size was calculated by using Rao soft sample size calculator. It was found to be 377 with 95% of confidence interval, 20000 population sizes with 50% response distribution. We used non-probability purposive sampling technique from July 2017 to January 2018. The data was collected from Fuji foundation hospital, Pakistan Railway General Hospital, Maryam Memorial Hospital, Rawal General Hospital, Nusrat Hospital, Rawalpindi, Pakistan.

Informed consents from the participants were taken before filling questionnaire. Women of 20 to 35 years of age post CS who underwent both epidural and general anesthesia were included in the study. Women who had procedures like epidural anesthesia for normal delivery and other modes of delivery like spontaneous vaginal delivery (SVD), episiotomy (epi) and instrumental were excluded. A self-structured questionnaire consisting of 10 closed ended questions was used to collect data.

Statistical Analysis: SPSS 21 was used for statistical analysis.

RESULTS

Among 400 women, mean age was 24.4 years. 277 (69.0%) patients had epidural anesthesia, while 123 (30.8%) patients had general anesthesia. Common co-morbidities were diabetes 20 (5.0%), anemia 125 (31.3%), cardiac problems 3 (0.8%), hypertension 54

(13.5%), while 198 (49.5%) reported no co-morbidities. Study showed that 119 (29.8%) patients received physical therapy while 281 (70.3%) did not get physical therapy. Among patients who received physical therapy protocol two (0.5%) received during antenatal time, 115 (28.8%) post natal/post-surgical, and two (0.5%) in both antenatal and post natal time period.

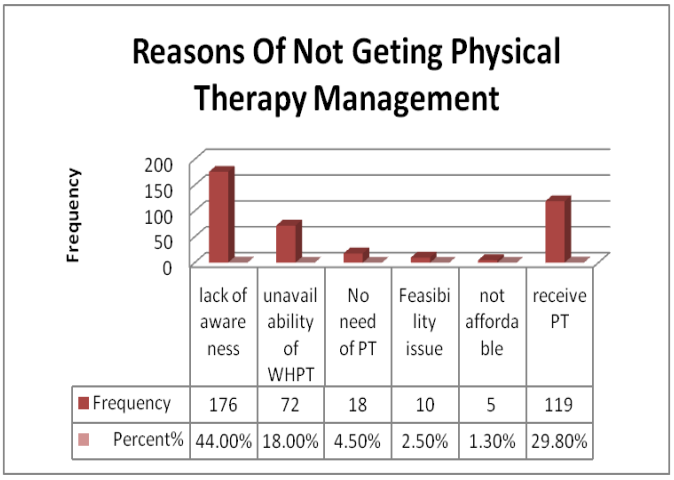

Fig. 1: Reason for not therapy management.

It was found that 72 (18.0%) patients heard about physiotherapy, while 328 (82.0%) were those who have never heard about it. It was found that 176 (44.0%) patients reported no awareness of physical therapy, 72 (18.0%) had unavailability of physical therapists, 18 (4.5%) reported that they had no need for physical therapy, 10 (2.5%) had feasibility issues while 5 (1.3%) mentioned that they could not afford to get physical therapy services (Fig. 1).

DISCUSSION

A systematic review was done by Richard et al and they concluded that physical therapy using exercise, pelvic supports and acupuncture was useful to enhance functional outcomes in the pregnant ladies with pelvic or lower back pain.[10] Unfortunately, we found that there was lack of availability of physical therapy management. The Health and Human Services guidelines recommend that pregnant women should work with their care providers to modify their exercise programs appropriately according to their pre pregnancy fitness levels and complications in the pregnancies.[11]

A study from Scotland showed that there was a significant increase in the likelihood of respondents who practiced pelvic floor muscle exercises having attended antenatal education compared with respondents who were not practicing pelvic floor muscle exercises, suggesting that social opportunity and the knowledge and motivation gained from attending antenatal education might be valuable.[12] A previous study from Australia found that although all physiotherapists delivered education classes, their class contact time was very limited, with less than half of women who attended a publicly held antenatal education class.[13]

Pregnant women surveyed in Australia had limited knowledge and awareness about pelvic floor muscles, in particular if they were primiparous or came from a traditionally diverse background. However all women did not plan to attend antenatal education.[14]Similar results found in our study. A study by Karakaya et al found that women who received physiotherapy, started bed exercises earlier and more comfortably compared to the control group, and their intestine functions started earlier.[15]

In the study of Malhotra et al, women in the experimental group stood up earlier and did the exercises such as in-bed sitting after CS earlier than the control group.[16] We found that 29.8% patients received physical therapy while 70.3% did not get physical therapy. Among patients who received physical therapy 28.8% got it post natal/post-surgical period.

Time duration was very short to cover all hospitals of Rawalpindi and Islamabad. Awareness programs should be done in community as well as in gynecology and obstetrics departments to provide proper physical therapy management through trained women health physical therapist.

CONCLUSION

It is concluded that there is unavailability of physical therapy management in obstetrics departments. Main reason was unavailability of physical therapists and lack of awareness among patients to consult with women health physical therapist for post cesarean physical therapy management.

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REFERENCES

1. Spong CY, Berghella V, Wenstrom KD, Mercer BM, Saade GR. Preventing the first cesarean delivery: summary of a joint Eunice Kennedy Shriver national institute of child health and human development, society for maternal-fetal medicine, and American college of obstetricians and gynecologists workshop. Obstet Gynecol. 2012; 120: 1181-3.
2. Dharmalingam TK, Zainuddin NAA. Survey on maternal satisfaction in receiving spinal anaesthesia for caesarean section. Malays J Med Sci. 2013; 20: 51-4.
3. Sherwood ER, Williams CG, Prough DS. Anesthesiology principles, pain management, and conscious sedation. Sabiston textbook of surgery 18th ed. Philadelphia, PA: Saunders Elsevier. 2008: 543-9.
4. Horlocker TT, Wedel DJ, Benzon H, Brown DL, Enneking KF, Heit JA, et al. Regional anesthesia in the anticoagulated patient: defining the risks (the second ASRA Consensus Conference on Neuraxial Anesthesia and Anticoagulation). Reg Anesth Pain Med. 2003; 28: 172-97.
5. Páez L, Jairo J, Navarro V, Ricardo J. Regional versus general anesthesia for cesarean section delivery. Revista Colombiana de Anestesiología, 2012; 40: 203-6.
6. Goma HM, Flores-Carrillo JC, Whizar-Lugo V. Spinal additives in subarachnoid anaesthesia for cesarean section. Topics Spinal Anaesthesia, 2014; 99: 67.
7. Meltzer-Brody S, Maegbaek M, Medland S, Miller W, Sullivan P, Munk-Olsen T. Obstetrical, pregnancy and socio-economic predictors for new-onset severe postpartum psychiatric disorders in primiparous women. Psychol Med. 2017; 47: 1427-41.
8. MacArthur C, Wilson D, Herbison P, Lancashire R, Hagen S, Toozs H Obson P, et al. Urinary incontinence persisting after childbirth: extent, delivery history, and effects in a 12–year longitudinal cohort study. BJOG. 2016; 123: 1022-9.
9. Cunningham FG, Leveno KJ, Bloom SL, Spong CY, Dashe JS, Hoffman BL, et al. Obstetricia de Williams. Porto Alegre; Artmed; 24 ed; 2017. 1358 p. Ilus. 2017; 32: 1358-58.
10. Richards E, Van Kessel G, Virgara R, Harris P. Does antenatal physical therapy for pregnant women with low back pain or pelvic pain improve functional outcomes? A systematic review. Acta obstetricia et gynecologica Scandinavica, 2012; 91: 1038-45.
11. Committee PAGA. Physical activity guidelines advisory committee report, 2008. Washington, DC: US Department of Health and Human Services, 2008.
12. Whitford HM, Alder B, Jones M. A cross-sectional study of knowledge and practice of pelvic floor exercises during pregnancy and associated symptoms of stress urinary incontinence in North- East Scotland. Midwifery, 2007; 23: 204-17.
13. Wilson J, Berlach RG, Hill A-M. An audit of antenatal education facilitated by physiotherapists in Western Australian public hospitals. Aust NZ J Obstet Gynaecol. 2014; 20: 44-7.
14. Hill A-M, McPhail SM, Wilson JM, Berlach RG. Pregnant women's awareness, knowledge and beliefs about pelvic floor muscles: a cross-sectional survey. Int Urogynecol J. 2017; 28: 1557-65.
15. Karakaya İÇ, Yüksel İ, Akbayrak T, Demirtürk F, Karakaya MG, Özyüncü Ö, et al. Effects of physiotherapy on pain and functional activities after cesarean delivery. Arch Gynecol Obstet. 2012; 285: 621-7.
16. Malhotra N, Khanna S, Pasrija S, Jain M, Agarwala RB. Early oral hydration and its impact on bowel activity after elective caesarean section—our experience. Eur J Obstet Gynecol Reprod Biol. 2005; 120: 53-6.