

Qualitative Study to Explore the Lived Experiences of Postpartum Depression Among Caesarian Section Mothers

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ABSTRACT

This qualitative study aims to explore the experiences of mothers who underwent Caesarean sections (C-sections) and are dealing with postpartum depression (PPD) to inform the development of better support systems and interventions. Employing a qualitative, phenomenological approach, the study involved in-depth, semi-structured interviews with 10–15 mothers within six weeks postpartum at selected hospitals in Chennai, focusing on their emotional experiences, coping strategies, and challenges, while ensuring ethical considerations such as informed consent and confidentiality. The analysis revealed five key themes: the emotional impact of Caesarean delivery, the influence of physical recovery on mental health, the effects of C-section on mother-infant bonding, the role of support systems, and the impact of cultural and societal pressures, all contributing significantly to PPD. The findings underscore the need for tailored support systems that provide emotional and practical assistance, while also addressing cultural and societal pressures to enhance the mental health and well-being of C-section mothers, ultimately leading to more effective strategies in postpartum care.

Key words: Postpartum Depression (PPD), Caesarean Section (C-section), Phenomenological Approach, Emotional Impact, Physical Recovery

Introduction

Postpartum depression (PPD) is a prevalent mental health concern affecting numerous women after giving birth. It encompasses deep feelings of sadness, anxiety, and exhaustion, which can hinder mothers from adequately caring for themselves and their newborns. Mothers who undergo Caesarean sections (C-sections) often encounter additional physical and emotional hurdles, increasing their susceptibility to PPD.

The recovery from a C-section typically involves a longer healing period, physical discomfort, and potential disappointment if the delivery experience differs from their expectations. These challenges, combined with the responsibilities of newborn care, can intensify emotional stress. In India, societal and familial expectations surrounding childbirth further complicate matters, often leaving mothers feeling guilty or inadequate.

While awareness of PPD is on the rise, there remains a gap in research specifically addressing the experiences of C-section mothers, particularly in Chennai. Gaining insight into their distinct challenges is crucial for developing more effective support systems.

This qualitative study aims to investigate the experiences of mothers who have undergone C-sections and are coping with postpartum depression. By understanding their struggles and coping mechanisms, the study seeks to offer valuable insights that could enhance care and support for this group of women.

Statement of the Problem

A qualitative study to explore the lived experiences of postpartum depression among Caesarian section mothers at selected setting, Chennai.

Objective

- To explore the lived experiences of postpartum depression among mothers who underwent Caesarean sections.

Methods

This study employed a qualitative, phenomenological approach to explore the lived experiences of postpartum depression among mothers who had undergone Caesarean sections at selected hospitals in Chennai. The target population included mothers within six weeks postpartum who had a self-reported symptom of postpartum depression. Using purposive sampling, 10–15 participants were selected, ensuring data saturation. In-depth, semi-structured interviews were conducted to allow participants to share their emotional experiences, coping strategies, and challenges. Each interview lasted 45–60 minutes, and all sessions were recorded, transcribed, and analyzed using thematic analysis to identify key themes. Ethical considerations, such as informed consent, confidentiality, and Institutional Ethics Committee approval, were prioritized.

throughout the study. Although the study focused on mothers in selected settings in Chennai, potentially limiting the generalizability of the findings, it provided rich insights into the unique challenges faced by this population.

RESULT

Theme 1: Emotional Impact of Caesarean Delivery on Postnatal Depression

Mothers who underwent Caesarean sections reported facing significant emotional challenges that contributed to their postnatal depression. Many were unprepared for the emotional impact, as they had primarily focused on physical recovery. Feelings of inadequacy and failure emerged for some, particularly those who had hoped for a natural birth. Anxiety surrounding the surgery and difficulties bonding with their baby added to their emotional distress. Disappointment and shame were common among participants whose childbirth experiences did not meet their expectations. One mother described feeling like a failure for not having a natural birth, while another recounted the heightened fear and anxiety during surgery, which worsened her postnatal depression. The prolonged and painful recovery process intensified their frustration and feelings of isolation, making it difficult to bond with their baby. Many mothers suffered in silence, not fully realizing the emotional toll the surgical delivery had taken on them. The absence of immediate skin-to-skin contact and the physical challenges of recovery left some mothers feeling disconnected and overwhelmed. Ultimately, these emotional challenges, including feelings of failure, trauma, and difficulties with bonding, played a substantial role in the development of postnatal depression among the participants.

THEMES	SUB THEMES	CODES
Emotional Impact of Caesarean Delivery on Postnatal Depression	Loss of Control and Trauma	<p>Perception of childbirth as unnatural</p> <ul style="list-style-type: none"> "I felt disconnected from the whole process, like it wasn't really my birth experience." (Participant 5) <p>Helplessness during surgery</p> <ul style="list-style-type: none"> "I couldn't do anything but lie there while they did the surgery—it was terrifying." (Participant 7) <p>Emotional trauma from unexpected surgery</p> <ul style="list-style-type: none"> "It all happened so fast. I wasn't prepared for a C-section, and it left me feeling traumatized." (Participant 6)
	Perception of Failure and Inadequacy	<p>Feeling of failure for not having a natural birth</p> <ul style="list-style-type: none"> "I felt like I failed because I couldn't give birth naturally. It just made me feel so low." (Participant 2) <p>Shame or guilt about delivery method</p> <ul style="list-style-type: none"> "There's this guilt that I didn't give my baby the birth they deserved." (Participant 8)
	Impact on Mother-Infant Bonding and Support	<p>Delayed bonding due to recovery</p> <ul style="list-style-type: none"> "I couldn't hold my baby right away because of the surgery, and that still haunts me." (Participant 9) <p>Lack of emotional support from healthcare providers</p> <ul style="list-style-type: none"> "I needed someone to talk to about my feelings, but all the focus was on my physical recovery." (Participant 10)

This version captures the core emotional experiences of LSCS mothers, highlighting their struggles with control, feelings of inadequacy, and the impact on bonding and support systems.

Theme 2: Physical Recovery and Its Influence on Postnatal Depression

Recovering from a Caesarean section presented significant challenges for mothers, often leading to postnatal depression. Many mothers did not anticipate the extent to which recovery would impact their mental health, as the focus was primarily on physical healing. Participants reported persistent pain, difficulty with daily tasks, and fatigue, all of which negatively affected their emotional well-being. Some found it hard to care for their newborns due to pain, leading to feelings of inadequacy and frustration. The prolonged recovery time also contributed to feelings of isolation, with some mothers

feeling helpless and overwhelmed. Overall, the physical recovery process after a C-section played a significant role in their emotional struggles, with pain and fatigue exacerbating their postnatal depression.

THEMES	SUB THEMES	CODES
Physical Recovery and Its Influence on Postnatal Depression	Pain and Physical Discomfort	<p>Prolonged pain and discomfort post-surgery</p> <ul style="list-style-type: none"> "The pain didn't go away for weeks, and it just made everything harder, especially taking care of the baby." (Participant 3) <p>Difficulty with mobility and daily tasks</p> <ul style="list-style-type: none"> "I could barely move without pain, let alone take care of my baby. It made me feel useless." (Participant 7) <p>Fatigue and exhaustion from recovery</p> <ul style="list-style-type: none"> "I was constantly tired. The exhaustion was overwhelming, and it made me feel more depressed." (Participant 5)
	Impact on Independence and Self-Esteem	<p>Feeling dependent on others for help</p> <p>"I hated that I had to rely on others for everything, even holding my baby. It made me feel so helpless." (Participant 2)</p> <p>Loss of confidence in caring for the baby</p> <p>"I felt like I couldn't do anything right because I couldn't move properly. It really affected my confidence as a mother." (Participant 4)</p>
	Emotional Response to Physical Limitations	<p>Frustration with the slow recovery process</p> <p>"I was frustrated with how long it was taking to recover. Every day felt like a struggle." (Participant 6).</p> <p>Feelings of isolation due to physical restrictions</p> <p>"I couldn't go out or do much because of the surgery, and it made me feel isolated from everyone." (Participant 8).</p> <p>Fear of complications affecting recovery</p> <p>"I was constantly worried that something would go wrong with my recovery, and that fear just added to my depression." (Participant 9).</p>

This structure highlights how the physical recovery challenges following a Caesarean section can significantly impact mothers' emotional well-being, contributing to postnatal depression. The sub-themes and codes provide insight into how pain, dependence, and emotional struggles intertwine during the recovery process.

Theme 3: Impact of Caesarean Section on Mother-Infant Bonding and Its Connection to Postnatal Depression

Participants were surprised by how much their Caesarean section affected their early bonding with their baby, feeling unprepared for the emotional and practical challenges that hindered this connection. All the mothers faced challenges in bonding with their babies, such as delayed physical contact, difficulties with breastfeeding, and emotional detachment. These problems were exacerbated by a lack of adequate support and guidance following the surgery. Many mothers

expressed sadness over not being able to hold their baby immediately after birth, which contributed to feelings of depression. Breastfeeding challenges, often caused by post-surgical pain and physical limitations, further undermined their confidence and added to feelings of inadequacy. Several participants shared that they did not anticipate how these bonding difficulties would affect their mental health. The delayed bonding and breastfeeding struggles led to emotional distress and isolation, with some mothers experiencing a profound sense of failure. These experiences highlight how recovery from a Caesarean section can deeply influence mother-infant bonding, causing emotional detachment and increasing the risk of postnatal depression.

THEMES	SUB THEMES	CODES
Impact of Caesarean Section on Mother-Infant Bonding and Its Connection to Postnatal Depression	Delayed Physical Contact and Bonding	<p>Inability to hold the baby immediately after birth</p> <ul style="list-style-type: none"> "I couldn't hold my baby right away because of the surgery, and it felt like something was missing." (Participant 2) <p>Limited skin-to-skin contact in the early hours</p> <ul style="list-style-type: none"> "The skin-to-skin bonding was delayed, and I think that affected how I connected with my baby." (Participant 5) <p>Separation from baby due to post-surgery care</p> <ul style="list-style-type: none"> "I had to be monitored after the surgery, so my baby was taken away, and that separation was hard for me." (Participant 3)
	Emotional Detachment and Guilt	<p>Feeling emotionally distant from the baby</p> <ul style="list-style-type: none"> I didn't feel that immediate connection everyone talks about, and it made me feel like something was wrong with me." (Participant 4) <p>Guilt over not bonding immediately</p> <ul style="list-style-type: none"> "I felt so guilty for not feeling close to my baby right away. I kept questioning if I was a good mother." (Participant 7) <p>Concerns about the long-term impact on the relationship</p> <ul style="list-style-type: none"> "I worry that the lack of bonding in those first days might affect our relationship in the future." (Participant 8)
	Struggles with Breastfeeding and Bonding	<p>Challenges with initiating breastfeeding due to recovery</p> <ul style="list-style-type: none"> "Breastfeeding was really tough because of the pain from the surgery. It just added to the stress." (Participant 6) <p>Frustration with breastfeeding difficulties impacting bonding</p> <ul style="list-style-type: none"> "I couldn't get breastfeeding right, and that made me feel even more distant from my baby." (Participant 9) <p>Feelings of failure related to feeding and bonding</p> <ul style="list-style-type: none"> "I felt like I was failing at everything—feeding, bonding, being a mother. It was overwhelming." (Participant 10)

This structure highlights how the physical and emotional challenges related to a Caesarean section can disrupt early mother-infant bonding, resulting in feelings of guilt and detachment, which contribute to postnatal depression. The sub-themes and codes emphasize the specific aspects of bonding that are impacted and the emotional repercussions of these challenges.

Theme 4: The Role of Support Systems in Postnatal Depression

Participants did not fully realize how significantly support from family, friends, and healthcare providers would impact their postnatal depression. The presence or absence of these support systems played a crucial role in either alleviating or worsening their emotional challenges. Many mothers found that strong support from partners or family members helped them manage their depression; for instance, one participant noted that her partner's involvement in caring for the baby and helping with household tasks reduced her feelings of overwhelm. Conversely, several mothers experienced a lack of understanding or support from family and friends, which exacerbated their feelings of isolation and depression. The role of healthcare providers was also critical, as some participants felt that insufficient emotional support contributed to feelings of neglect, with one mother noting that her provider focused solely on physical recovery and ignored her emotional needs. Overall, these experiences highlight how essential support systems are in managing postnatal depression, with effective support easing emotional challenges while a lack of support can increase feelings of isolation and depression.

THEMES	SUB THEMES	CODES
The Role of Support Systems in Postnatal Depression	Family and Partner Support	<p>Emotional support from partner or family</p> <ul style="list-style-type: none"> "My partner was my rock during this time. Without his constant support, I don't think I could have managed." (Participant 1) <p>Lack of understanding or support from family</p> <ul style="list-style-type: none"> "My family didn't understand what I was going through. They kept telling me to just get over it, which made me feel even worse." (Participant 4) <p>Impact of partner's involvement on mental health</p> <ul style="list-style-type: none"> "When my partner was involved and helped with the baby, I felt less overwhelmed and more connected." (Participant 6)
	Social Support from Friends and Community	<p>Support from friends reducing feelings of isolation</p> <ul style="list-style-type: none"> "Having friends who checked in on me made a huge difference. It helped me feel less alone." (Participant 3) <p>Lack of social interaction contributing to depression</p> <ul style="list-style-type: none"> "I felt so isolated. No one came to visit, and it made me feel like I was going through it all by myself." (Participant 8) <p>Positive impact of peer support groups</p> <ul style="list-style-type: none"> "Joining a mom's group where others understood what I was going through really helped me cope." (Participant 5)
	Healthcare Provider Support	<p>Importance of emotional support from healthcare providers</p> <ul style="list-style-type: none"> "The nurse who listened to me without judgment really helped. Just having someone acknowledge my feelings was a relief." (Participant 7) <p>Perception of inadequate support from healthcare staff</p> <ul style="list-style-type: none"> "The focus was only on my physical recovery. No one asked how I was

		<p>feeling emotionally, which made me feel neglected." (Participant 2)</p> <p>Access to mental health resources through healthcare</p> <ul style="list-style-type: none"> "When my doctor referred me to a counsellor, it was a turning point. I finally got the help I needed." (Participant 9)
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This structure illustrates how the presence or absence of support from various sources, such as family, friends, and healthcare providers, can either alleviate or worsen postnatal depression. The sub-themes and codes emphasize the essential role of emotional and practical support in the recovery process, highlighting the effects of both positive and negative experiences with support systems.

Theme 5: Cultural and Societal Pressures and Their Impact on Postnatal Depression

Participants did not fully anticipate how cultural and societal expectations surrounding childbirth would affect their mental health, leading to increased emotional strain and postnatal depression. Many mothers described how societal preferences for natural births, traditional beliefs about motherhood, and media representations contributed to feelings of inadequacy and guilt. Several noted that the pressure to have a natural birth resulted in disappointment and self-blame, which heightened their emotional distress. Cultural norms also added to their stress; one mother mentioned that a Caesarean section was viewed as a lesser option in her culture, intensifying her feelings of shame. Media portrayals of idealized natural births further exacerbated these feelings, with participants sharing that seeing “perfect” birth stories on social media deepened their depression and sense of isolation. Overall, the experiences highlight how cultural and societal pressures significantly influence postnatal depression by contributing to emotional challenges and feelings of inadequacy.

THEMES	SUB THEMES	CODES
Cultural and Societal Pressures and Their Impact on Postnatal Depression	Societal Expectations for Natural Birth	<p>Pressure to have a natural birth</p> <ul style="list-style-type: none"> "Everyone kept telling me that natural birth was the best. When I had a C-section, I felt like I had failed." (Participant 2) <p>Judgment from others about having a C-section</p> <ul style="list-style-type: none"> "People made comments like, ‘Oh, you took the easy way out,’ and it made me feel terrible." (Participant 5) <p>Perception of C-section as an inferior option</p> <ul style="list-style-type: none"> "There’s this stigma that if you didn’t have a natural birth, you didn’t really give birth. It’s so hurtful." (Participant 7)
	Cultural Norms and Expectations	<p>Cultural beliefs about motherhood and childbirth</p> <ul style="list-style-type: none"> "In my culture, a mother is expected to give birth naturally, and I felt like I let everyone down." (Participant 3) <p>Impact of traditional beliefs on self-worth</p> <ul style="list-style-type: none"> "The elders in my family kept reminding me that our ancestors didn’t need surgery to give birth, which made me feel less of a mother." (Participant 8) <p>Shame and guilt due to cultural pressures</p> <ul style="list-style-type: none"> "I was constantly ashamed that I could not fulfil the cultural expectation of giving birth the ‘right way.’" (Participant 4)
	Influence of Media and Social Comparisons	<p>Idealized images of childbirth in media</p> <ul style="list-style-type: none"> "All I saw in the media were stories of perfect natural births, which made me feel like my experience was wrong." (Participant 6). <p>Comparisons to others who had natural births</p>



		<ul style="list-style-type: none"> • "Seeing other moms who had natural births made me question why I couldn't do the same, and it made me feel inadequate." (Participant 9). <p>Social media amplifying feelings of failure</p> <ul style="list-style-type: none"> • "Scrolling through social media and seeing everyone else's 'perfect' birth stories just deepened my depression." (Participant 10).
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This structure examines how cultural and societal pressures surrounding childbirth can significantly affect the mental health of LSCS mothers, contributing to postnatal depression. The sub-themes and codes highlight the influence of societal expectations, cultural norms, and media portrayals in shaping mothers' perceptions of their childbirth experiences and their sense of self-worth.

CONCLUSION

This qualitative study reveals the complex challenges faced by mothers who have Caesarean sections and experience postpartum depression. Emotional and physical recovery after a C-section significantly affects mothers' mental health, leading to feelings of inadequacy, trauma, and isolation. The study emphasizes the importance of support from partners, family, friends, and healthcare providers in either easing or worsening these emotional struggles. Cultural and societal pressures regarding childbirth contribute to feelings of guilt and failure. To improve care for mothers dealing with postpartum depression, healthcare providers must address both their physical and emotional needs. Enhancing support systems and implementing targeted interventions can help reduce the negative effects of postpartum depression and promote healthier relationships between mothers and their infants. Future research should continue to explore the unique experiences of C-section mothers in various cultural contexts to develop effective support strategies.

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