WOMEN'S PERSPECTIVES ON CAESAREAN SECTION RECOVERY, INFECTION, AND THE PREPS TRIAL: A QUALITATIVE STUDY

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BACKGROUND

PREPS (Vaginal **P**reparation at caesarean section to **R**educe **E**ndometritis and **P**revent **S**epsis-Feasibility study of chlorhexidine gluconate), a feasibility Trial at Birmingham Women's Hospital, compares vaginal cleansing with chlorhexidine versus standard practice of no vaginal cleansing immediately before caesarean section (CS) to reduce post-partum endometritis and sepsis.

As part of this trial, the authors conducted a qualitative study.

- 27.8% of pregnant women have a CS (NHS Digital, 2017).
- 1 in 10 CS lead to infection (Wloch et al, 2012).
- 3% of women have emergency overnight readmissions within 42 days of a CS (RCOG, 2016).

AIMS

Examine women's experiences of recovery and infection (prevention) after CS.

Gain women's views on PREPS to inform trial design and identify possible barriers to recruitment.

METHOD

Two focus groups at Birmingham Women's Hospital (n=17) & telephone interviews (n=6) with women who had a CS.

The authors independently determined when saturation was reached.

Interviews were analysed using thematic analysis (Braun and Clarke, 2014)

SAMPLE

AGE	Range 26-45 years	Mean 34.4 years		
MARITAL STATUS	Married = 15	Partner = 5	No response = 1	
ETHNICITY	White British = 16	British Asian = 1	Mixed race British = 2	White American, African Asian = 1 each
IN EMPLOYMENT	Yes = 18	No = 2	No response = 1	
EMPLOYMENT HOURS	Full time = 11	Part-time = 8	Unemployed = 2	
NO. OF CHILDREN	Range = 1-4	Mean = 1.9		
FIRST C-SECTION	Yes = 12	No = 9		
TYPE OF C-SECTION	Elective = 12	Emergency = 9		

FINDINGS

PAIN (OR LACK) THEREOF

Participants' descriptions of CS recovery centred on experiences of pain (or lack thereof).

Pain was discussed in terms of severity, duration and the ways in which it impacted the ability to 'get up and about'.

Those who had CS previously compared their recovery experiences in these terms (pain severity, duration and impact upon mobility).

"I healed quicker, I was able to get up and about a lot quicker than before".

"It was intense pain with the second one. With the first one, it was sort of an ache".

MOBILITY, EVERYDAY & CAREGIVING ACTIVITIES

Participants based their recovery progress not only on pain cessation, but also on their ability to take on caregiving activities (including lifting babies [out of cots] and doing night feeds) and every day activities (such as driving and going for a walk).

"A good recovery would be being out of pain within a week or two; being able to drive again and getting back to normal life".

INFECTION PREVENTION

Many women, especially those who had never had a CS before, reported not knowing 'what's normal' in relation to wound healing and were worried they would not be able to identify signs of an infection. The majority of the women were not aware of possibilities of womb (as opposed to wound) infection. While most reported receiving some information regarding infection prevention and wound care, some reported receiving no or little information. A majority of the women reported that any advice given post-surgery was difficult to recall.

"My mum had a hysterectomy and the level of information she got for a fairly similar surgery was mountains and we just don't have anything on [C-sections".

➢**Confusion:**
Many women expressed confusion about the purpose of the trial, as they did not know womb (as opposed to wound) infections could occur post C-section.

➢**Participation in RCTs**:
Vaginal cleansing was acceptable. Randomisation into one of the two trial wings was acceptable.

➢**Consent considerations**:
Participants felt consenting women in an emergency could be problematic as its difficult to obtain informed consent immediately before surgery. Some participants, however, felt it was acceptable to recruit at this time as women were already consenting to surgery.

Women advised information provided about PREPS be very short and written in easily accessible language. Some advised that all pregnant women (including those not planning C-sections) receive information about PREPS during the third trimester as they would be more likely recall this information later if approached to take part.

There was no one pathway or timeline to recruitment that the majority of participants agreed upon.

CONCLUSIONS

This study begins to address the absence of high-quality qualitative research on women's experiences of recovery and prevention of infection after CS delivery.

Women reported uncertainty in their knowledge of what constituted a 'typical' recovery experience and some did not feel well equipped to identify signs of infection.

Additional qualitative research is needed to identify women's care, support and information needs in this area.

Women welcomed the opportunity to take part in research.

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