

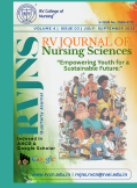


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## A Study to Assess the Stress, Anxiety and Depression Level After Cesarean among Postnatal Mothers at Selected Hospital, Bangalore, Karnataka.

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### ABSTRACT

A Cesarean section (C-section) is a surgical procedure in which a baby is delivered through an incision made in the mother's abdomen and uterus, instead of through the birth canal. The objective of the study is to assess the stress, anxiety and depression after cesarean among post-natal mothers and to find out association between demographic variables and perceived stress, anxiety and depression of post-natal mothers. The 41 Samples were selected purposively and standardized DASS 21 scale was used to collect data. The mothers were selected as a sample for the study. The obtained data was analyzed using descriptive statistics. The study reveals that 23(56%) are not having stress, 13(32%) have mild stress, 05(12%) has moderate stress. 18(44%) has moderate anxiety, 15(37%) has severe anxiety, 03(08%) has mild anxiety and 01(03%) has no anxiety. 20(49%) has moderate depression, 17(42%) has mild depression and 04(09%) has no depression. The study concluded that among 10 demographic variables we got significant association in stress is history of surgery and in anxiety education level, family income, marital satisfaction, number of parity, satisfaction with the baby's gender, type of cesarean are significant and depression there is no significant association was found.

### Introduction:

Cesarean section means the exit of one or more newborns or rarely, a dead fetus through the incision in the mother's abdominal wall and the uterus. It is often performed because vaginal delivery would put the mother or child at risk. Cesarean delivery, a common surgical intervention in child birth, can significantly impact maternal mental health. Stress, anxiety and depression are prevalent among new mothers, and the transition into motherhood, particularly after a cesarean section, can exacerbate these feelings. Pregnancy and child birth are transformative experiences, yet they can also be fraught with emotional challenges. Existing literature indicates that women undergoing cesarean deliveries may experience higher levels of psychological distress compared to those with vaginal births.

The aim of this study is to assess the levels of stress, anxiety and depression experienced by mothers after undergoing a cesarean section. Stress, anxiety and depression can have adverse effects for the mother and baby. By examining these psychological aspects, the study seeks to identify potential risk factors, provide insights into

the mental health needs of cesarean mothers, and contribute to better clinical practices that address both the physical and emotional well-being of women during the postnatal period. Understanding the

psychological impact of cesarean delivery is essential; for developing targeted interventions that can improve maternal mental health outcomes and provide better support for mothers during this critical period.

Women undergo cesarean birth might have an increased risk for poor mental health after child birth, possibly because of maternal and neonatal physical problems, low parental confidence, and decreased levels of oxytocin. However, this relationship remains further examination. Cesarean section deliveries account for nearly 30% of births annually with emergency C-sections to postpartum depression (PPD). OBJECTIVES:

To assess the stress, anxiety and depression after cesarean among postnatal mothers.

To find out association between demographic variables and stress, anxiety and depression among mothers.

**MATERIALS AND METHODS:**

Materials and Methods Source of data: The data was collected from the post natal mothers at selected hospitals, Bengaluru, Karnataka.

Research approach: Quantitative approach.

Research design: Descriptive design was adopted for the study.

Research setting: The study was at postnatal ward at selected hospitals, Bengaluru, Karnataka.

Sampling technique: Purposive sampling technique was used for the selection of samples.

Sample size: The sample size is 41 who fulfill the inclusion criteria was selected for the study.

Instrument used:

• Section A: Demographic data.

• Section B: DASS 21Scale

Plan for Data Analysis:

• The data was analyzed using descriptive statistics.

**Score Interpretation:**

Scores on the DASS-21 will need to be multiplied by 2 to calculate the final score.

	Depression	Anxiety	Stress
Normal	0-9	0-7	0-14
Mild	10-13	8-9	15-18
Moderate	14-20	10-14	19-25
Severe	21-27	15-19	26-33
Extremely Severe	28+	20+	34+

**Results and Interpretation**

**Table1: Frequency and percentage distribution of stress, anxiety, depression among post-natal mothers**

**N = 41**

DASS 21	Stress		Anxiety		Depression	
	frequency	%	frequency	%	frequency	%
Normal	23	56	01	03	04	09
Mild	13	32	03	08	17	42
Moderate	05	12	18	44	20	49
Severe	00	00	15	37	00	00
Extremely Severe	00	00	04	08	00	00

Table 1 reveals that 23(56%) are not having stress, 13(32%) have mild stress, 05(12%) has moderate stress. 18(44%) has moderate anxiety, 15(37%) has severe anxiety, 03(08%) has mild anxiety and 01(03%) has no anxiety. 20(49%) has moderate depression, 17(42%) has mild depression and 04(09%) has no depression

**Table 2: Association between Stress, Anxiety and depression with selected socio-demographic variables.**

**Table 2.1 the stress level among postnatal mothers after cesarean in selected Hospital**

Stress level									
Sl. No	variables	Normal	Mild	Moderate	Severe	Extreme severe	chi square	df	Significance
1	History of surgery								
	Yes	15	8	3	0	0	35.8283	4	*
	No	0	0	2	5	8			

\*-Significant at 0.05 level of significance, \*\* - not significant at 0.05 level of significance

Table 2.1 reveals that out of 10 demographic variables we got significant association with history of surgery.

**Table2.2: The Anxiety level among postnatal mothers after cesarean in selected Hospital.**

Anxiety level									
Sl. no	variables	Normal	Mild	Moderate	Severe	Extreme severe	chi square	df	Significance
1	Educational level								
	Primary education	0	0	5	5	2	35.823	16	*
	Higher secondary	0	1	12	7	1			
	Under graduate	1	2	1	2	1			
	Graduate	0	0	0	1	0			
	No formal education	0	0	0	1	0			
2	Family income								
	Below 10000	0	0	4	2	0	27.1652	12	*
	10001 - 20000	1	1	8	12	1			
	20001 - 30000	0	0	10	1	3			
	above 30001	0	0	2	0	0			
3	Marital satisfaction								
	Yes	1	3	18	15	4	0	4	*
	No	0	0	0	0	0			
4	Number of parity								
	0	1	0	2	1	0	38.44	16	*
	1	2	6	8	6	2			
	2	0	1	7	7	1			
	3	0	0	1	1	1			
	above 3	0	0	0	0	0			
5	Satisfaction with the baby`s gender								
	Yes	1	3	18	15	3	9.537661	4	*
	No	0	0	0	0	1			
6	Type of caesarean								
	Elective	1	3	18	15	3	9.5232	4	*
	Emergency	0	0	0	0	1			

\*-Significant at 0.05 level of significance, \*\* - not significant at 0.05 level of significance

Table 2.2 reveals that out of 10 demographic variables the significant association was found with education level, family income, marital satisfaction, and number of parity, satisfaction with the baby's gender, and type of cesarean.

The study reveals that there was no significant association was found with the depression levels and selected socio demographic variables at 0.05 level of significance

**RESULT:**

The study revealed that 23(56%) are not having stress, 13(32%) have mild stress, 05(12%) has moderate stress. 18(44%) has moderate anxiety, 15(37%) has severe anxiety, 03(08%) has mild anxiety and 01(03%) has no anxiety. 20(49%) has moderate depression, 17(42%) has mild depression and 04(09%) has no depression.

The significantly association was found in the area of history of surgery in stress ( $\chi^2 = 35.8283$ ,  $df = 4$ ) and in anxiety such as education level ( $\chi^2 = 35.823$ ,  $df = 16$ ), family income ( $\chi^2 = 27.1652$ ,  $df = 12$ ), marital satisfaction ( $\chi^2 = 0$ ,  $df = 4$ ), number of parity ( $\chi^2 = 38.44$ ,  $df = 16$ ), satisfaction with the baby's gender ( $\chi^2 = 9.5376$ ,  $df = 4$ ), type of cesarean ( $\chi^2 = 9.523$ ,  $df = 4$ ).

**Discussion:**

This study findings showed that 32% of mother has mild stress, 44% has moderate anxiety and 49% has moderate depression. The study conducted by Khadijah SK, Zeinab H. Indicated that the degree of the overall rate of stress before cesarean was 36.1% and in the post operation stage 13.9%, degree of the overall rate of anxiety before cesarean was 58.9% and in the post operation stage 19.5% and degree of the overall rate of depression before cesarean was 35.5% and in the post operation stage 21.7% respectively.

**Recommendations:**

- The study can be conducted in different settings may be in rural community areas
- The study can be done on larger population.
- The study can include prenatal mothers
- The study can be either correlational or experimental

**Conclusion:**

Considering the prevalence of stress, anxiety and depression after cesarean section, it was associated with an increased risk of postpartum stress and depression symptoms. Health Professionals should avoid unnecessary cesarean birth, pay attention to women who deliver by cesarean, and intervene appropriately in an attempt to improve mental health among postpartum women. It should be placed on the top of the research list of the university and preventive programs for pregnant women.

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