

**Original Article**

## **Problems Experienced by Puerperants in the Postpartum Period and Views of the Puerperants about Solution Recommendations for these Problems: A Qualitative Research**

**Nurcan Kirca, PhD**

Lecturer, Mediterranean University Faculty of Nursing, Antalya, Turkey

**Sadiye Ozcan, MSc**

Lecturer, Erzincan University Faculty of Health Science, Erzincan, Turkey

**Correspondence:** Nurcan Kirca, Lecturer, PhD, Mediterranean University Faculty of Nursing, Antalya, Turkey E-mail: nurcankirca@akdeniz.edu.tr**Abstract**

Voice responses were transcribed for data analysis and they were separated into themes and subthemes by researchers in line with responses. Before starting the research, ethics committee approval, institution permission and written and oral consent were taken from individuals participating in the study.

**Findings:** Four main themes were created as a result of this study. These were metaphors produced relating to care types taken in the postpartum period, problems experienced in the postpartum period, solution recommendations for these problems and the postpartum period. Educations given in the postpartum period for mothers are quite insufficient. Due to this insufficiency, many problems are experienced and efficient solution can not be found for these problems. Mothers who aren't taking any education and can't cope up with their problems live a trauma in the postpartum period. As a result of this, both health of the mother and health of the baby are effected negatively.

**Conclusion:** Discharge education must be given to mothers in the postpartum period inclusively. All problems experienced by mothers must be addressed in detail and individualistically by doing home visits even if it is once.

**Key words:** Discharge education, nursing care, postpartum period, qualitative research

**Introduction**

Many significant changes occur in life of women in pregnancy, delivery and the postpartum period (Tulman and Fawcett, 2002). The postpartum period starting with birth of the placenta includes six weeks period in which changes occurred during pregnancy and delivery in the body of women returns to normal (Çiçek et al., 2006; Piejko, 2006). The postpartum period is a period in which many significant biopsychosocial changes are experienced and family order is arranged again because a new member attends to the family (Altuntug and Ege, 2013; James, 2014). This period is a very important transition period in which mothers can have difficulty. Transition periods are very important in terms of nursing care because they are related to the concepts such as change and continuity in human life (Glavin et al., 2016). Mothers can have difficulty in adapting to new family order, new baby and changes in their bodies in the postpartum period (Nazik and Eryilmaz, 2009). They especially reported that they had

problems because of insufficient breast feeding education, physical and emotional support (Barimani and Vikstrom, 2015). One of the important reasons for these problems is that period of staying in hospital after the delivery is short and support given to women after the delivery is structured insufficiently (Brown et al., 2002). When mothers are discharged in the postpartum period, they must feel themselves sufficient and ready for taking responsibility of care of the baby at home. For this reason, mothers must take medical care and education about health of them and their newborn babies in order to be ready for home environment during the time in which they stay in the hospital (Jing et al., 2017). Besides, nurses must give qualified, attentive and comprehensive care for mothers and they must help them to adapt new situation as a family while being discharged (Nazik and Eryilmaz, 2009). Care implementations in this period must be planned and focused on needs of the baby, mother and family ideally rather than traditional and unplanned implementations. In other

words, care must change according to need in this period (James, 2014). If mothers don't take enough qualified care, they can use alternative treatment methods to tackle with these problems, sometimes these implementations can even be harmful for health (Haggerty et al., 2013). In a study, 17% of mothers had to go to the emergency service in first two weeks after delivery due to the postpartum complications, health condition of the baby and problems in breast feeding (Barimani et al., 2014).

The aims of this study was determine types of cares taken by mothers in the postpartum period, which problems they experienced in this period and methods to tackle with these problems. If what were the problems or how could be tackled with them or couldn't are determined, in which issues nurses are insufficient in education given by them or in which issues they must give more detailed educations in the postpartum discharge education can be understood.

### Research Questions

- 1- Are they taking education about the postpartum period? If they are, what are they?
- 2- What are the problems experienced by mothers in the postpartum period? Can mothers cope up with these problems by using the education given while being discharged? Has the education led to a behavioral change?
- 3- Which methods are used by mothers in order to cope up with the problems experienced in the postpartum period? What kind of solution seeking method are they using?
- 4- If there is a necessity to liken the postpartum period to anything, how do mothers describe it? Why?

### Method

#### Study design and participants

This study was a qualitative research. In this research, holistic multiple case design was used based on case study which was also based on interpretative paradigm one of the qualitative research methods. Target population of the research was 24 volunteer mothers older than 18 years old who were followed in Gynecology and Obstetrics Clinic of Mengücek Gazi Training Research Hospital between the dates of July- December 2015 by using purposive sampling method and homogeneous sampling method. Because it was determined that there was sufficient number of data source when concepts occurred in qualitative research started to repeat themselves (saturation

point), first author collecting research data decided to complete data collection process with 24 puerperants for this study. Data was collected by doing home visits to the puerperants accepting interview voluntarily in the study. Firstly, telephone interview was realized with the puerperants who completed first 40 days after the delivery. Interviews were done with all the puerperants accepting to participate in the research between 40<sup>th</sup>- 42<sup>nd</sup> days after delivery. Especially, problems experienced by the puerperants during first 40 days were addressed. Women who can communicate were included into the study. Data was collected between the dates of August 2015- January 2016. Semi-structured interview form developed by researchers was used in data collection. Interview form included two parts. Questions defining the puerperants in first part (age, educational status, the number of children, occupation, health insurance) were collected under four main headings as discharge educations for the puerperium period, problems which they experienced, solution recommendations for these problems and to what they liken the postpartum period and the reason for it in second part.

Data was collected by doing sound recording during interviews. Interviews were realized averagely between 45-60 minutes with each puerperant. Before starting research, ethical committee approval dated 03.07.2015 and numbered 07/03 from Clinical Trials Ethics Committee of Erzincan University, institution approval, written and oral consent from mothers were taken. Abbreviations and numbers were used to define the puerperants. Abbreviation of "M1, M2" was used for participants. Privacy of the participants was protected by writing numbers beside abbreviations.

### Data Analysis

Voice responses which puerperants gave during interviews were transcribed for data analysis. Themes and subthemes were separated in line with responses by the second researcher. Reliability of descriptive analysis and content analysis in qualitative research is directly proportional with how well coding is realized. One of the most important features which categories need to have is to have clarity in which another researcher using the same document for same objective can reach similar results remarkably (Karasar, 2015). For this reason, coding was done by two more colleagues who work in obstetrics and gynecology field and do qualitative research in order to see how much consistent coding was done for themes of the research. Kappa analysis was done to measure

reliability of comparative correspondence between two evaluators. Obtained value was 1,00 in analysis (perfect fit). That Kappa value was between 0.81 and 1.00 was interpreted as a perfect fit, too (Landis and Garry, 1977). For examples; educations which mothers took in the postpartum period, *they sent someone to give me information about breast feeding. They showed me how I would feed my baby. They didn't even control me (M7, 1,1)*. Problems experienced by mothers in the postpartum period; *no one gave me information after the delivery. No one gave me information before being discharged (M14, 2, 1)*. Solution recommendations; *I generally get information from my neighbours.(M8,3,1)*.

### Ethical Considerations

The aim and benefits of the study were explained to the hypertensive patients and asked if they want to participate in this study to ensure their participation was voluntary. In addition, written permission was obtained from the Ethics Committee of Erzincan University, Faculty of Health Sciences.

### Findings

It was tried to show views of the mothers in the postpartum period in this study. Views of the mothers were classified as care types after delivery, problems about the postpartum care, solution recommendations and the postpartum metaphors. Privacy was protected during the research.

#### Theme 1. Educations which mothers took in the postpartum period

As it is seen in Table 1, 5 subthemes were determined for educations taken in the postpartum period. 13 of mothers expressed that they took breast feeding education. 10 of mothers stated that they took drug usage education, 7 of them took dietetics education for mothers, 6 of them took wound care education, 6 of them took education about bleeding control. Some expressions about education which they took in the postpartum period are given below.

As it is seen in Table 1, it is seen that breast feeding education is in the first place if we interpret education given for mothers in the postpartum period generally. Some views of the puerperants about this issue are given below:

*They sent someone to give me information about breast feeding. They showed me how I would feed my baby. They didn't even control me. (M7, 1,1)*

*... "Breast feeding education was given after first day of the delivery, I do not understand much. Later they did not ask me how to nurse "... (M9, 1,1)*

*... "I made follow-up at the health clinic before birth. Height-weight-vaccination. They did ultrasonography, nothing else was done "... (M10, 1, 1)*

*... "They offered to teach me to eat these should not eat them. I did not know what to eat to increase the milk "... (M12, 1, 1)*

Another issue is drug usage. Views of the puerperants about this issue are given below:

*I had chaps on my breast, doctor gave me a drug. The drug which the doctor gave me recovered my chaps. (M6, 1, 2)*

*Doctor gave me cream just for my breast chaps in the postpartum period. (M7, 1,2)*

It was stated that mothers took dietetics education. Views of the puerperants about this issue are given below:

*They advise me to drink water very much, but I can't. (M1, 1, 3)*

*... "Breastfeeding training was given on the first day of birth "... (M9, 1, 3)*

*... "The doctor told me what to eat, suggested walking. Doctor said do exercise, but I can not "... (M12, 1, 3)*

*"Midwifery kept me informed and made me very comfortable "... (M22, 1, 3)*

They stated that they took education about wound care and bleeding control. Views of the puerperants about this issue are given below:

*She taught me how to do caesarean drain. (M9, 1, 4)*

*They taught me caesarean wound care. (M10, 1, 4)*

*... "They said me to do drain. the bleeding was a long time and I was changing 5-6 pets a day. I went to the doctor again and he gave me medicine "... (M11, 1, 4)*

*"He told me how to do my cesarean section resistance dressing " ... (M9, 1, 4)*

#### Theme 2. Problems experienced by mothers in the postpartum period

As it is seen in Table 1, 7 subthemes were determined about the problems experienced after the delivery. 23 of mothers stated that healthcare personnels were not concerned about them very

much. 17 of mothers stated that they had gastrointestinal complaints, 16 of them experienced breast problems, 12 of them experienced back, low back and headache, 11 of them experienced fatigue, weakness and psychological problems and 10 of them stated that they had infection. Some expressions about the problems experienced in the postpartum period are given below:

As it is seen in Table 1, insufficiency in healthcare personnel's concern is in the first place if we interpret problems experienced by mothers in the postpartum period generally. Some views of the puerperants about this issue are given below:

...*"Any nurse didn't give me information. I could cope up with my problems more easily if someone gave me information. Baby care, it's very difficult to get a bath"* (M9, 2,1 )

...*"No one gave me information after the delivery. No one gave me information before being discharged. I was very difficult when dressing, there was no one else to help"*... (M14, 2, 1)

Second one is gastrointestinal problems. Some of the views of the participants about this issue are given below:

...*"I had intestinal obstruction after a week, I used some drug. I struggle to catch up with everything. I have another child. I forget to drink the bait"*... (M2, 2, 2)

...*"I had many problems after being discharged, for example I vomited many times. I did what I heard from the neighbors to relax"*... (M5, 2, 2)

Breast problems are seen. Some of the views of the participants about this issue are given below:

...*"My breast swelled, I had pain very much, I couldn't feed my baby regularly. I could not do my own bathroom. The doctor said the throat covered the germ. I have two more children, I need to take care of them, I have no one"*... (M5, 2, 3)

*"I had chaps on my nipples and then it turned into wound"*... (M11, 2, 3)

*"I went to the doctor who had a nipple crack, and gave very good medicine"* ... (M6, 2, 3)

...*"My breasts were sore, my nipples were absent baby. The nurses did not tell me anything. Nobody looked at the mammary gates beforehand. I could not guess. Later my meme was very bad. I suffered a lot. I did not breast-feed my baby for 7 hours, I could not wake up my baby's blood sugar, then I noticed that if a nurse told me how many seats I needed to breastfeed"*... (K4, 4, 2)

Another issue is having back, low back and headaches. Some of the views of the participants about this issue are given below:

...*"I have still backache. I have also low back ache, too. I asked my mother, she said to me that it could be due to effect of anaesthesia, so I didn't care it very much. I had sharp headaches"*... (M9, 2, 4)

*"I had very sharp headaches and this lasted 40 days"*... (M13, 2, 4)

Another one is experiencing fatigue and weakness. Some of the views of the participants about this issue are given below:

... *"I feel myself exhausted and weak. I can't move my hands or arms"*... (M10, 2, 5)

*I'm very tired and exhausted"*... (M12, 2, 5)

*"I have tiredness because I have not slept very well at night. I'm alone, I have to do everything by myself"*... (M9, 2, 5)

Another one is having psychological problems. Some of the views of the participants about this issue are given below:

...*"I sometimes cried without any reason. I started to become emotional and cry for everything. I was sorry for my other children. I had specific emotional changes"*... (M6, 2, 6)

*I felt very bad myself after birth, never wanted to meet anyone. I wanted to cry all the time. I did not even want to talk"*... (M7,2,7)

*"I am crying very easily. My neighbours and people around me said that I was crying because of the puerperality. They said me that I would be okay"*... (M10, 2, 6)

Another one is infection. Some of the views of the participants about this issue are given below:

... *"I have pain while urinating, color of my urine is cloudy, I feel need to urinate very often. I leak my urine, but they say me that I need to drink water very much, too. I drink water very much, but I suddenly feel need to go to toilet"*... (M3, 2, 7)

*"There was a lot of redness in the wound, I could not breastfeed my baby. I had a lot of pain and fever"*... (M17,2,7)

... *"I had urine leaking problems. I feel urinary burning. I feel that I'm always leaking urine. I have got temperature"*... (M9, 2, 7)

**Table 1. Themes and subthemes about the postpartum period (n=24).**

Theme	Subtheme
Educations taken by mothers in the postpartum period	Breast feeding education
	Drug usage
	Dietetics education of the mother
	Wound care
	Bleeding contro
Problems experienced by mothers in the postpartum period	Unconcernedness of healthcare personnels
	Gastrointestinal problems
	Breast problems
	Back, low back, headaches
	Fatigue/weakness
	Psychological problems
Solution recommendations for problems experienced by mothers in the postpartum period	Infection
	Consulting to family elders/neighbours
	Coping up with it by herself
	Searching for information on the internet
	Getting information from healthcare personnels
	Not caring it at all

### Theme 3. Solution recommendations

As it is seen in Table 1, 5 subthemes were determined about solution recommendations for problems experienced by mothers in the postpartum period. 11 of the mothers stated it as asking, consulting to family elders, neighbours, 7 of them as cope up with it by herself, 6 of them as searching for information on internet, 5 of them as taking information from healthcare personnels and not caring it very much. Some expressions from views about solution recommendations for problems experienced in the postpartum period are given below:

As it is seen in Table1, if we interpret solution recommendations of mothers for problems experienced in the postpartum period generally, consulting/asking to family elders and neighbours is in the first place. Second one is coping up with it by herself. Views of the participants about this issue are given below:

*Generally, I can solve my problems when I ask my mother (M7,3,1).I generally get information from my neighbours.(M8,3,1).I had many problems. I often coped up with them by myself, I sometimes consulted my family elders. (M4,3,1)*

Searching for information on the internet follows these. Views of the participants about this issue are given below:

*... "I search for information on the internet for my baby. I wish they could tell us, we could find solutions to our problems "... (M10,3,3)*

*...“ I researched on the internet, but I couldn't solve all my problems. I could not reach the internet sometimes on the right information. I wish we had a comprehensive education "... (M21,3,3)*

*... "I looked at the internet where there was not enough information there, and I was asking mother "... (M2,3,3)*

Getting information from healthcare personnels and not caring it very much were also stated. Views of the participants about this issue are given below:*I called the nurse in healthcare center when I had problem with navel cord. (M18,3,4).I don't care about my problems, I actually don't care them at all. (M1,3,5).First, I try and if I can't solve them, I don't care it then. (M3,3,5)*

### Theme 4. The postpartum period metaphors

Metaphors about the postpartum period were stated. Data obtained from Figure 1. is seen.

As it is seen in Figure 1, two of the participants likened the postpartum period to a clock. Participant 1 created a connection between the

postpartum period and the clock. She explained the reason of it as *"I have never looked at the watch/clock so much in my life so far. I have to feed the baby every two hours."*

Participant 18 expressed that she likened the postpartum period to a turning wheel. She explained the reason of it as *"How is the wheel turning all the time? Breast feeding, burping the baby, cleaning baby's bottom. After a while, you realize that you are doing the same things."*

Two of the participants likened the postpartum period to an animal. Participant 3 likened the postpartum period to a cow. She explained the reason of it as *"I resemble a cow giving milk. My only thought is whether the milk is coming or not. How will I feed my baby? I have never been concerned about the milk before. I have never looked my breasts so much before."*

7 of the participants likened the postpartum period to the nature. Participant 2 likened the postpartum period to pouring down. She explained the reason of it as *"I think, it resembles a downpour with thunders, lightning. Because it is very complicated, everyone is saying different things. I feel myself getting wet in this downpour. I hope there will be sun after this rain."*

Participant 5 likened the postpartum period to water. She explained the reason of it as *"It is as beautiful as water and clear. It is like water."*

Participant 7 likened the postpartum period to a flower. She explained the reason of it as *"It resembles hyacinth. This period passed beautifully because it smelled beautiful. The baby was calm and so was I."*

And participant 11 likened the postpartum period to a thorny flower. She summarized the reason of it as *"It is a very difficult period. When you are pricked, you get hurt. I have another son who is 2 years old. He is jealous of the baby. I don't know what to do. I feel myself exhausted. I can't create a balance between them, I'm very sleepless."*

Participant 17 likened the postpartum period to the sun. She explained the reason of it as *"It is like the sun rising after a stormy rain. The sun makes people feel warm, it makes us happy. I want to hug it."*

One participant, participant 4 expressed that she likened the postpartum period to milk. She explained the reason of it as *"It is because my biggest problem for 40 days is milk. I can't feed the baby in any way, I try but the baby isn't taking the breast in his/her mouth. I am thinking about how I will feed the baby."*

Another one participant, participant 9 expressed that she didn't liken the postpartum period to anything. She stated the reason of it as *"Because it was very bad. I didn't want to have another baby, it is my tenth child. I think I'm exhausted. I have problems with my husband, too. Our financial situation is bad. There isn't something that I can liken it to."*

Participant 10 expressed that she likened the postpartum period to an exam. *"It is trying my patience. It was a very difficult exam for me. My family is far away, there is no one to help me. I can not take care of myself."*

Only participant 13 expressed that she likened the postpartum period to her heart. *"Because I can't live without my heart. I love my baby. My baby smiles very beautifully. He/she sleeps at nights, so I'm very happy."*

Participant 16 expressed that she likened the postpartum period to rebirth. *"I feel myself as if I was born again with my baby. I'm starting a new beautiful life with my baby. It is pleasing";* while participant 19 expressed that she likened the postpartum period to joy of life. *"My baby is my joy of life. He/she helps me to hold on to the life. He/she helps me to survive."*

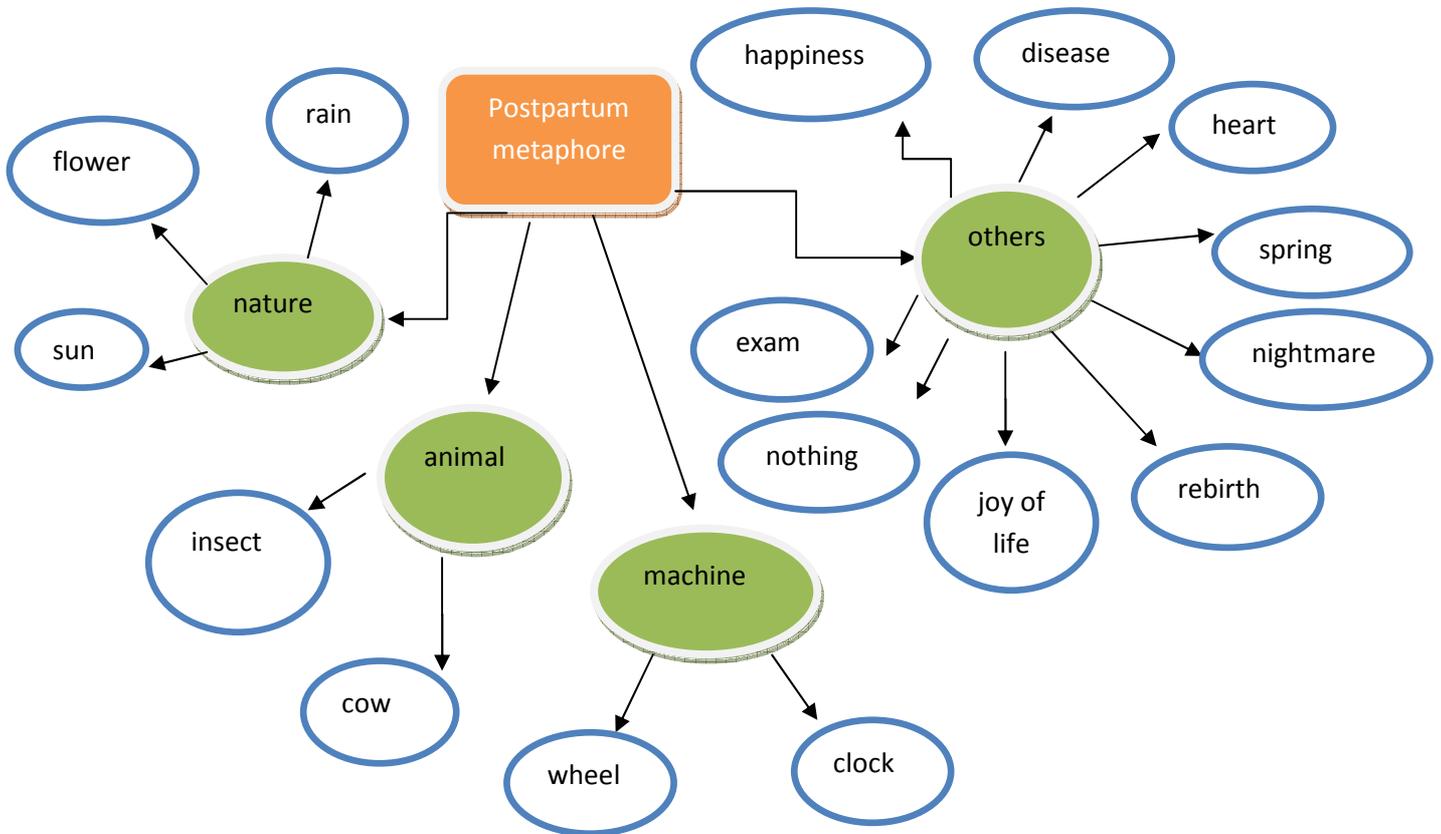
Another participant (20) expressed that she likened the postpartum period to happiness. *"You wait for months and a new living being is coming into the world from you. We are together day and night. Being with my baby makes me very happy";* while participant 12 expressed that she likened the postpartum period to recovery from a disease. She expressed the reason of it as *"I had many difficult times, but I said that I was glad to have a baby when my baby calmed."*

Participant 15 said that she likened the postpartum period to a nightmare and the reason of it as *"I got pregnant involuntarily when I thought that I got used to comfort. The baby is crying very much at night, I can't sleep at night. It is a period like a nightmare. I have four children, I sometimes complain about this situation. I ask myself why I have this baby, but then I regret."*

Participant 23 expressed that she likened the postpartum period to an incubus. She summarized *"It is very boring, tiring, you always have to stay at home and I'm always at home. I can't go to my work. I want to take a break for some time. I have no one to get help. I have to do everything by myself. I have also a child who is two years old. It is very difficult situation for me. It makes me feel depressed."*

Participant 24 expressed that she likened the postpartum period to life- draining. She stated the reason of it as “I’m always busy with my baby. You

can’t do anything else. I’m always very tired, I feel myself exhausted. I got pregnant involuntarily but I didn’t have my baby aborted.”



**Figure 1. Metaphors produced for the postpartum period**

## Discussion

Discussions were made with supporting data in line with headings in findings.

### 1. Educations taken by mothers in the postpartum period

Women need to reach more professional support, information and healthcare easily in first 7-11 days after being discharged from hospital in the postpartum period (Ong et al., 2014). Educations of mothers about the postpartum period were determined in the study as nutrition of mother and baby, drug usage, wound care and bleeding control. However, it was confirmed as a result of interviews in this study that most of the educations which were given were insufficient in terms of content, they included only a few sentences and they were explained very fast.

Postpartum care is to improve family and community support to protect and improve the

health and well-being of the primary purpose woman and the baby (WHO). Mothers must be encouraged for breast feeding not just for its nutritional and immunological benefits for the baby but also for its psychological and social benefits for the mother, too (Eichmann et al., 2015). American Academy of Pediatrics (1992) recommends breast milk as ideal nutrition in order to support optimal growth and development in first 4-6 weeks after the delivery. Furthermore, breast feeding which is a unique situation for both baby and mother must be continued even after the baby start to eat hard food (Eichmann et al., 2015). Undesirable situations such as failing to feed the baby and hepatitis in infant can occur when mothers get insufficient information about self care and newborn baby care in the postpartum period (Simpson et al., 2016). For this reason, education and support about self-care and baby care must be provided for mothers before being discharged. In this period, nurses must use concise materials with pictures having significant

information while providing education rather than using electronic computer printout which are read by a few parents (Simps, 2017). Nurses also need sufficient time to provide an inclusive and individualized discharge education (Simps, 2017). According to a study done in our country, it was determined that mothers taking education in the postpartum period had less difficulty in tackling with self-care and baby care than mothers who didn't (Altuntug and Ege, 2013). And in another study, it was reported that full breast feeding rates of the group which was given breast feeding education were higher than the group which wasn't given (Lin-Yin et al., 2008). Consequently, mothers have difficulty in breast feeding, but they haven't expected before it. It was determined as a result of the interviews done in this study that breast feeding education given by nurses was insufficient and ineffective. For this reason, both health of mothers and babies are effected negatively when mothers continue to breast feed their babies inappropriately. Hence, healthcare support about breast feeding technique for all mothers especially before being discharged must be provided and educations must be given in detail by using a simple language which puerperants can understand. In a study done by Ong and his friends, most of the puerperants said in the postpartum period that they were concerned about breast feeding (Ong et al., 2014). In the same study, women also expressed that breast feeding was very tiring and hurting. It was reported that 34-99% of mothers in lactation had problems with achy and cracky nipples. Nipple chaps can be seen in first 5-10 days after delivery especially in mothers who breast feeding their first babies (Jain et al., 2009). Gerd et al. (2012) reported that mothers who did breast feeding less than five times a day (82,9%) had more problems with nipple chaps than mothers doing it 6-10 (39,2%) times.

Besides, drug treatment can be needed for mothers in lactation period because of acute and chronic health problems. Measures about decreasing drugs taken by mothers; it is necessary to avoid from using drug if it is possible or prefer topical drug usage, choose the drug used in single dose, feeding the baby before taking the drug and look into reliable sources if the drug is passing to milk (Yalnizoglu Caka et al., 2017). In a study of Aliogullari and his colleagues (2016); it has been found that providing and encouraging education during pregnancy, childbirth and postnatal period is very important, supporting groups such as group formation, teaching to cope with breastfeeding problems are effective in raising the mother's self-sufficiency.

## **2. Problems experienced by mothers in the postpartum period**

When studies related to postnatal care are examined, the most important aspect of nursing care is in the majority. In the study of Daş (1998), all of the women were related to nursing care and education, in the study of Akan (1998), it was determined that most of the women were not expecting from midwives and nurses related to care. In the study of Pinar et al. (2009) 70% of the participating mothers were expectant from midwives/nurses. Kaya's study (30) looked at the care needs of the postpartum period; the most mobility (86.4%), breastfeeding (61.2%), personal hygiene (58.7%) and infant care (74.8%). In the study of Karakaplan (29), 60% of women were breastfeeding, 82.0% mobility, 15% personal hygiene and 62.7% of babies need the most help/support.

The postpartum period is very important for life of the mother and baby in the future. Problems experienced in this period can affect fertility desire of the mother later (Ong et al., 2014). Serious health problems experienced by mothers were determined in the study as unconcernedness of health personnels, gastrointestinal problems, breast problems, backache, low backache and headache, fatigue/weakness, psychological problems and infection. For the last 20 years, one of the biggest five problems of women in the postpartum period is fatigue (Varcho et al., 2012; Dunning et al., 2013). Fatigue in the postpartum period can cause many problems (Corwin and Arbour, 2007). These are decrease in self-care capacity, health problems about late physical recovery, deterioration in life quality, adverse impact on ability to turn into old roles as well as adapting to role of being mother (Thomas and Spieker, 2016; Nowakowski et al., 2013; Giallo et al., 2015). Besides, there is a significant relation among fatigue, sleeping problems and depression in the postpartum period (Thomas and Spieker, 2016). It was confirmed that 95% of women in the postpartum period experienced fatigue and 20% of women who were exhausted were also effected from depression (Guille et al., 2013). And according to another study, 73% of depressive women in the postpartum period experienced fatigue (Dritsa et al., 2008). One of the important problems of mothers in the study is fatigue and psychological problems stemming from the fatigue. Nurses must give individualized education and care in order to decrease fatigue of mothers and they must protect the puerperants from adverse impacts of the fatigue.

Decrease in gastrointestinal muscle tonus and motility occurs after the delivery. Gas distention can occur in 2-3 days after the delivery when this change is combined with core muscle relaxation. Decrease in motility can result in intestinal obstruction after the delivery. Hemorrhoid, perineum trauma, dehydration, ache, fear of feeling pain while defaecating, immotility and drugs can cause constipation (James, 2014). Constipation can be minimized by consuming sufficient liquid consumption and high fibrous food. Hemorrhoid developing in pregnancy can grow more in delivery and can cause important problems in the postpartum period. If women have hemorrhoid, cold or mild sitz bathes can be recommended for them and topical anaesthetic cream implementation can decrease discomfort in women. Besides, stools softener or laxatives can be given sometimes. Intestinal motility generally returns to normal 2-3 days after delivery. Normal intestine urinary order can last to 2 weeks after delivery (James, 2014; Cunningham et al., 2009).

There were many patients who had constipation problems and were finally affected from hemorrhoid because they feared of going to the toilet in the study. In order to prevent this problem, nurses must explain changes in gastrointestinal system and implementations which can be done in solution of problems which can be experienced in education given for puerperants before being discharged in a simple language.

Headache can stem from fluid displacement, leakage of spinal fluid to extradural cavity during spinal anesthesia, imbalance of fluid and electrolyte, gestational hypertension and stress in first week after delivery. Headache can stem from fluid change in the body, leakage of spinal fluid to extradural cavity during spinal anesthesia, imbalance of fluid and electrolyte, gestational hypertension and stress in first week after delivery. Location and quality of the headache must be assessed with vital signs. Interventions such as implementation of analgesics with control of lighting, level of noise in environment and visitors can be effective for headache which is not pathological (James, 2014; Cunningham et al., 2009). It was determined in the study that puerperants experienced back and lowback aches stemmed from wrong breast feeding positions. Besides, the number of patients who struggled with serious headaches was very high, too. In this period, nurses must teach patients right breast feeding positions by showing them and they must do recommendations to decrease headache.

### **3. Solution recommendations for problems experienced by mothers in the postpartum period**

Solution recommendations for problems experienced by mothers in the postpartum period in the study were determined as asking/consulting family elders, neighbours, coping up with it by herself, searching for information on the internet, getting information from health personnels and not caring it at all. And another study showed that mothers depended on traditional implementations in the postpartum period (Ong et al., 2014). It was confirmed that the source from which information about educational level, working and income situation and baby care was obtained was a significant variable effecting method used in baby care (Güzel et al., 2017). It was confirmed that mothers took information from various sources for problems frequently seen in babies (gas pains, heat rash, host, aphta, hepatitis) and prevention of harmful traditional implementations used in baby care, but there was insufficiency in implementation of information (Güzel et al., 2017). It was determined in the study that mothers couldn't cope up with their problems effectively. They expressed that they tried to cope up with situations by ignoring them when they felt themselves desperate many times. Detailed educations must be given for preventing all problems which can be avoided in order to solve problems of the mothers. It must be prevented that mothers have problems because of unconcernedness and ignorance of nurses and they can't solve their problems.

### **4. The postpartum metaphors**

When mothers were wanted to liken the postpartum period to something, they produced both positive (water, flower, honeysuckle, heart, cow, milk, spring, rebirth, sun, joy of life, happiness) and negative (downpour, heavy rain, exam, insect, thorny flower, nightmare, incubus, life draining) metaphors. Although some mothers expressed their happiness about their new babies in study of Ong and his friends, some of them stated that they experienced negative emotions (Ong et al., 2014). Experiencing stress about baby care was mainly emphasized in the same study again (Ong et al., 2014). Puerperant produced positive metaphors about the postpartum period such as heart, water, sun, joy of life, happiness. We can't live if the heart doesn't pump blood to organs in our body. Our heart needs to work so that we can survive. Water means life. We can't imagine a life without water. It is very essential for living beings in the nature. The sun and water help the nature and soil to survive.

This is symbol of liveliness in spring. Blooming of flowers, beautiful smell of honeysuckle can lead positive emotions in people. That mothers liken peculiar odour of newborn baby to flower scent can cause them to love their babies more and take care of them more. Refreshing of nature leads rebirth, joy of life and happiness in mothers. Refreshment in nature and colors make us think that they have positive effects on the fact that mothers liken the postpartum period to something. That mothers experience such emotions after delivery can cause them to integrate with their babies, families and environment. The most important function of the mother is waiting for her baby during pregnancy, delivery of baby, hugging and feeding the baby, giving milk to the baby, smelling the baby, struggling for keeping the baby alive. Those recommendations about having baby after being married in Turkish society can be stemmed from mothering instinct again. Mothers may have produced positive metaphors both instinctively and because of roles determined for them by society.

Puerperants produced negative metaphors about the postpartum period such as downpour, heavy rain, exam and insect. Downpour and heavy rain can lead negative emotions in people. These rains can cause floods and this can make people get stressed. That mothers are inexperienced, insufficient social support or lack of social support can make the puerperants get stressed in the postpartum period. Insects can sometimes be harmful for people, too. Serious problems can occur when they sting someone according to type of the insect. People can be worried in this situation. Mothers can fear of sudden voice of the baby. That she hears a voice as if an insect stinged or bite the baby makes her worry. Doing the same things all the time can lead negative emotions in mothers. And an exam also can make people get stressed as well as downpour and heavy rain. Mothers can experience negative emotions because they wake up day and night in order to meet needs of the baby and this causes her not to able to rest enough. Besides, insufficient social support can also lead these negative emotions. For this reason, mothers can produce negative metaphors because they also think that this is a stressful period.

### Limitations of the study

Since the assessments are based on individual statements, the margin of error must be taken into account. This study can not be generalized to all postpartum women as it is done in women applying to Gynecology and Obstetrics Clinic of Mengücek Gazi Training Research Hospital in Erzincan city

center. Study results can only be generalized to this group

### Conclusion

The result of this research is the importance of postpartum nursing care and the effectiveness of the professional nursing care that nurses in accordance with the basic needs of the lohusan an individual and holistic approach will ensure that the most effective care is provided. It is inevitable that the puerperants have problems when they are discharged without taking sufficient the postpartum care. According to the result of the study, educations given for mothers in the postpartum period are very insufficient. Due to insufficiency of educations, many problems occur and these problems can not be solved. Mothers who aren't taking any education and can't cope up with their problems live a trauma in the postpartum period. As a result of this, both health of mother and health of the baby are affected negatively. In this period, nurses must give education about these issues for mothers; baby care, nutrition and vaccination, lochia follow of mothers, nutrition, hygiene implementations, sleeping problems, fatigue, puerperality exercises. Besides, mothers must be assessed in terms of psychological, emotional state before being discharged. Educations given by nurses mustn't be in haste, they must lead behavioral change in patients.

### Implications for practice

Discharge education must be given to mothers in the postpartum period inclusively. All problems experienced by mothers must be addressed in detail and individualistically by doing home visits even if it is once.

### References

- Akan, N. (1998). Determination of nursing care needs of women in early postnatal period (thesis). Ankara: University Institute Of Health Sciences (in Turkish).
- Aliogullari, A., Esencan, Y.T., Unal, A., Simsek, C.(2016). Patient review of the instruction activity with visual message brochure that include the benefits of breastmilk and breastfeeding techniques. *Journal of Anatolia Nursing And Health Sciences* 19, 252-60.
- Altuntug, K., Ege, E. (2013). Effects of health education on mothers' readiness for postpartum discharge from hospital, on postpartum complaints, and quality of life. *Journal of Research and Development in Nursing* 15, 45-56.
- American Academy of Pediatrics, American College of Obstetricians and Gynecologists. *Guidelines for Perinatal Care*, 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics, 1992.
- Barimani, M., Oxelmark, L., Johansson, S.E., Langius-Eklöf, A., Hylander, I. (2014). Professional support and

- emergency visits during the first two weeks postpartum  
Scandinavian Journal of Caring Sciences 28, 57–65.
- Barimani, M., Vikström, A. (2015). Successful early postpartum support linked to management, informational, and relational continuity. *Midwifery* 31, 811–817.
- Brown, S., Small, R., Faber, B., Krastev, A., Davis, P. (2002). Early postnatal discharge from hospital for healthy mothers and term infants. *Cochrane Database Systematic Reviews*, 3 CD002958.
- Calikoglu Caka, S., Topal, S., Altınkaynak, S. (2017). Problems Facing Breastfeeding. Turkey, *Journal of Clinical Nursing-Special Topics Pediatr* 3, 120-128.
- Cicek, N., Akyurek, C., Celik, C., Haberal, A. (2006). *Obstetrics and Gynecology*. Güneş Bookstore. Ankara.
- Corwin, E.J., Arbour M. (2007). Postpartum fatigue and evidencebased interventions. *American Journal of Maternal Child Nurse* 32, 215–220.
- Cunningham, F.G., Leveno, K.J., Bloom, S.K., Hauth, J.C., Rouse, D.J., Spong, C.Y. (2009). The puerperium. In *Williams Obstetrics*, New York. pp. 646–704.
- Das, Z. (1998). The effect of family planning training given to women in postpartum period on effective method use. Sivas: University Institute Of Health Sciences Department (in Turkish).
- Dritsa, M., Da Costa, D., Dupuis, G., Lowensteyn, I., Khalifé, S. (2008). Effects of a Home-based Exercise Intervention on Fatigue in Postpartum Depressed Women: Results of a Randomized Controlled Trial. *Annals of Behavioral Medicine* 35, 179–187.
- Dunning, M., Seymour, M., Cooklin, A., Giallo, R. (2013). Wide awake parenting: study protocol for a randomised controlled trial of a parenting program for the management of postpartum fatigue. *BMC Public Health* 13, 1-9.
- Eichmann, K., Baghurst, T., Jayne, C. (2015). Postpartum education and support on breastfeeding duration. *International Journal of Child and Adolescent Health* 8, 291-298.
- Gerd, A.T., Bergman, S., Dahlgren, J., Roswall, J., Alm, B. (2012). Factors associated with discontinuation of breastfeeding before 1 month of age. *Acta Paediatrica* 101, 55-60.
- Giallo, R., Seymour, M., Dunning, M., Cooklin, A., Loutzenhiser, L., McAuslan, P. (2015). Factors associated with the course of maternal fatigue across the early postpartum period. *Journal of Reproductive and Infant Psychology* 33, 528–544.
- Glavin, K., Tveiten, S., Okland, T., Hjalhmult, E.(2016). Maternity groups in the postpartum period at well child clinics-mothers' experiences. *Journal of Clinical Nursing* 26, 3079-3087.
- Guille, C., Newman, R., Fryml, L.D., Lifton, C.K., Epperson, C.N. (2013). Management of postpartum depression. *Journal of Midwifery & Women's Health* 58, 643-653.
- Guzel, A., Ucan Yavas, S., Kara, F. (2017). The evaluation of the applications used in baby care by the mothers with first babies. *Balıkesir Health Sciences Journal* 6, 108-117.
- Haggerty, J.L., Roberge, D., Freeman, G.K., Beaulieu, C. (2013). Experienced continuity of care when patients see multiple clinicians: a qualitative metasummary. *Annals of Family Medicine* 11, 262–271.
- Jain, S., Parmar, V.R., Singla, M., Azad, C. (2009). Problems of breast feeding from birth till discharge-experience in a medical college in chan digarh. *Indian Journal of Public Health* 53, 264.
- James, D.C., Postpartum care. In: Simpson, K.R., Creehan, P.A., Maqee, S., Marshall, L. (Eds). *Perinatal Nursing*, Wolters Kluwer Health- Lippincott Williams &Wilkins, China. pp. 530-580.
- Jing, L., Bethancourt, C.N., McDonagh, T. (2017). Assessing infant and maternal readiness for newborn discharge. *Current Opinion in Pediatrics* 29, 598-605.
- Karakaplan, S. (2007). The effects of delivery on maternal postnatal comfort and newborn. Istanbul: University Institute Of Health Sciences Department (in Turkish).
- Karasar, N. (2015). *Scientific Research Methods*. Nobel Bookstore, Ankara.
- Landis, J., Gary, G. (1977). The measurement of observer agreement for categorical data. *Biometrics* 33, 159-174.
- Li-Yin, S.S., Chien, L.Y., Tai, C.J., Lee, C.F. (2008). Effectiveness of a prenatal education program on breastfeeding outcomes in Taiwan. *Journal of Clinical Nursing* 17, 296-303.
- Nazik, E., Eryılmaz, G. (2009). The prevention and reduction of postpartum complications: Orem's model. *Nursing Science Quarterly* 26, 360-364.
- Nowakowski, S., Meers, J., Heimbach, E. (2013). Sleep and Women's Health. *Sleep Medicine Research* 4, 1–22.
- Pinar, G., Dogan, N., Algier, L., Kaya, N., Cakmak, F. (2009). Factors that affecting mothers' postnatal comfort. *Dicle Med J* 36, 184-90 (in Turkish).
- Ong, S.F., Sally Chan, W.C., Shorey, S., Chong, Y.S., Klainin-Yobas, P., He, H.G. (2014). Postnatal experiences and support needs of first-time mothers in Singapore: A descriptive qualitative study. *Midwifery* 30,772–778.
- Simps, R.C. (2017). Avoiding Adverse Events after Postpartum Hospital Discharge. *Perinatal Patient Safety* 42, 124.
- Simpson, K.R., Lyndon, A., Ruhl, C. (2016). Consequences of inadequate staffing include missed care, potential failure to rescue, and job stress and dissatisfaction. *Journal of Obstetric, Gynecologic, and Neonatal Nursing* 45, 481-490.
- Thomas, K.A., Spieker, S. (2016). Sleep, Depression and Fatigue In Late Postpartum. *MCN: The American Journal of Maternal/Child Nursing* 4, 104-109.
- Tulman, L., Fawcett, J. (2002). Women's health during and after pregnancy: a theory-based study of adaptation to change. In: Chasek, R., Hurkin- Torres, J. (Eds.) Springer publishing company. New York. pp.67
- Varcho, M.S., Hill, P.D., Anderson, M. (2012). Evaluation of the Tiredness Management Guide: a pilot study. *Applied Nursing Research*, 25,123–128.
- Who. WHO Technical Consultation on Postpartum and Postnatal Care. [Updated: 2010 March 10; Cited: 2013 February 17]. Available from: [http://whqlibdoc.who.int/hq/2010/WHO\\_MPS\\_10.03\\_eng.pdf?ua=1](http://whqlibdoc.who.int/hq/2010/WHO_MPS_10.03_eng.pdf?ua=1).