



Original Research Article

Is There Any Difference in Mother Child Bond between Normal Delivery and Cesarean Section in Primigravida Mothers?

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ABSTRACT

Bonding is the term for the close emotional tie that develops between parents and baby at birth. Bonding is really a continuation of the relationship that began during pregnancy. Bonding brings mothers and newborns back together.

Objectives: The objective of this study was to compare mother child bonding between normal delivery and cesarean section and also to find out association between mother child bonding and their selected demographic variables with normal delivery and cesarean section primigravida mothers.

Methods: By using quantitative research approach a study was conducted to compare mother child bonding among primigravida mothers after normal delivery and cesarean section in Primary Health Centre at Ellathakuttai.

Results: The data revealed that the majority (50%) of normal delivery primigravida mothers had moderate mother child bonding, 40% of them had adequate mother child bonding and 10 % of them had inadequate mother child bonding and cesarean section primigravida mothers showed that the highest (40%) had moderate mother child bonding, 40% of them had inadequate mother child bonding and only 20 % of them had adequate mother child bonding.

Conclusions: Cesarean section mothers should be paid with nursing attention in order to strengthen mother child bonding.

Key words: Mother Child bonding, Normal delivery, cesarean section, primigravida mothers

INTRODUCTION

Bonding is the process of forming an attachment. Just as bonding is the term used when gluing one object to another, bonding is using our emotional glue to become connected to another. Bonding therefore involves a set of behaviors that will help lead to an emotional connection.^[1] Breastfeeding also strengthens the bond between baby and mother, because

breastfeeding releases the hormones oxytocin and prolactin, which relaxes the mother and makes her feel a sense of comfort and love for the baby during breastfeeding.^[2] Breastfeeding is strongly believed to foster the early post-partum maternal bond via touch, response and mutual gazing.^[3] Breast milk may be the key to mother-baby bonding. The secure attachment bond is the nonverbal emotional

relationship between an infant and primary caregiver. The attachment process is interactive and dynamic. Oxytocin, which is involved in breast-milk letdown, helps foster emotional bonding between infants and mothers, its levels are higher in breast-feeding moms.^[4] A secure attachment bond ensures that the child will feel secure, understood and be calm enough to experience optimal development of his or her nervous system.^[5] Mothers who have caesarian sections need more attention to begin breastfeeding rather than the normal delivery mothers. The bonds that tie a mother to her newborn may be stronger in women who deliver naturally than in those who deliver by cesarean section.

MATERIALS AND METHODS

After getting formal approval from the institutional review board the investigators proceeded with the data collection. A Comparative study^[6] was conducted to compare the mother child bonding between normal delivery and cesarean section primigravida mothers in Primary Health Centre at Ellanthakuttai. The sample size was 20 primigravida mothers, 10 in normal delivery and other 10 in cesarean section by using purposive sampling technique. Primigravida mothers, who fulfilled the inclusion criteria like willing to participate in study, present at the time of data collection and three months after normal delivery and cesarean section were recruited and enrolled in the study during July 2013. The data was collected by using the demographic variables such as age, education, occupation, type of family, family monthly income and religion followed by using mother child bonding questionnaire to assess the emotional bonding.

RESULTS

The participants demographic characteristics distribution according to the age in normal delivery primigravida mothers, majority (50%) were between 21 and 25 years of age, 30% were below 20 years of age, 10% were 26-30 years of age and 10% were above 30 years of age. In cesarean section, majority (40%) were between 21 and 25 years of age, 30% were between 26 and 30 years of age, 30% were above 30 years of age and none of them were below 20 years of age.

Education status of normal delivery primigravida mothers reveals that majority (40%) had no formal education, 40% have completed their schooling and 20% of them were graduates. In cesarean section majority (50%) had no formal education, 50% of them have finished their schooling, and none of them were graduates.

Demographic distribution according to occupation among normal delivery primigravida mothers showed that the majorities (50%) were collie workers, 40% were homemakers, 10% were private employee and none of them were government employee and in cesarean section majority (40%) of the samples were homemakers, 40% were collie workers, 20% were private employee and none of them were Government employee.

According to the type of family in normal delivery mothers, majority (80%) belongs to joint family and 20% belongs to nuclear family. In cesarean section, majority (60%) belongs to joint family and 40% belongs to nuclear family.

Family income among normal delivery mothers reveals that the majorities (70%) were from the income group of Rs. 1001 - 5000, 30% were above Rs.5000 and none of them were below Rs.1000. In cesarean section majority (70%) were from the income group of Rs. 1001 and 5000, 30% were above Rs.5000 and none of them were below Rs.1000.

Religion among normal delivery primigravida mothers showed that the majorities (90%) were Hindu, 10% were Muslim and none of them were Christian and in cesarean section majority (90%) were Hindu, 10% were Christian and none of them were Muslim.

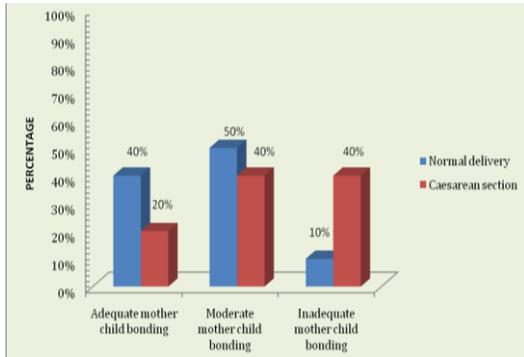


Fig- 1 Bar diagram showing the comparison of percentage distribution of mother child bonding between normal delivery and cesarean section primigravida mothers.

The displayed figure-1 revealed that the majority (50%) of normal delivery primigravida mothers had moderate mother child bonding, 40% of them had adequate mother child bonding and 10 % of them had inadequate mother child bonding and cesarean section primigravida mothers showed that the highest (40%) had moderate mother child bonding, 40% of them had inadequate mother child bonding and only 20 % of them had adequate mother child bonding.

Comparison of mean and standard deviation of Mother Child bonding between normal delivery and cesarean section primigravida mothers showed that the score was 36 ± 3.05 and 25.1 ± 1.94 respectively.

Table-1 Association between mother child bonding and their selected demographic variables with normal delivery primigravida mothers. N= 20(n₁=10, n₂= 10)

DEMOGRAPHIC VARIABLES	Df	χ^2	TABLE VALUE	LEVEL OF SIGNIFICANCE
Age	6	8.39	12.59	P> 0.05 Not significant
Education	4	4.1	9.49	P> 0.05 Not significant
Occupation	6	2.1	12.59	P> 0.05 Not significant
Type of family	1	5.6	3.84	P< 0.05 Significant
Family monthly income	4	1.87	9.49	P> 0.05 Not significant
Religion	4	2.46	9.49	P> 0.05 Not significant

As seen in Table- 1 Chi square values were calculated for normal delivery primigravida mothers and it was found that there was no association between the demographic variables such as age 8.39, education 4.1, occupation 2.1, family monthly income 1.87, religion 2.46, whereas association was only found with the type of family 5.6.

Table- 2 Association between mother child bonding and their selected demographic variables with cesarean section primigravida mothers.

DEMOGRAPHIC VARIABLES	df	χ^2	TABLE VALUE	LEVEL OF SIGNIFICANCE
Age	6	3.3	12.59	P> 0.05 Not significant
Education	4	2	9.49	P> 0.05 Not significant
Occupation	6	2.64	12.59	P> 0.05 Not significant
Type of family	1	1.36	3.84	P> 0.05 Not significant
Family monthly income	4	1.31	9.49	P> 0.05 Not significant
Religion	4	3.66	9.49	P> 0.05 Not significant

As shown in Table- 2 Chi square values were calculated for cesarean section primigravida mothers and it was found that there was no association between the demographic variables such as age 3.3, education 2, occupation 2.64, type of family

1.36, family monthly income 1.31 and religion 3.66.

DISCUSSION

The main objective of this study was to compare mother child bonding between

normal delivery and cesarean section primigravida mothers. The data depicts that the majority (50%) of normal delivery primigravida mothers had moderate mother child bonding, 40% of them had adequate mother child bonding and 10 % of them had inadequate mother child bonding and cesarean section primigravida mothers showed that the highest (40%) had moderate mother child bonding, 40% of them had inadequate mother child bonding and only 20 % of them had adequate mother child bonding.

This finding is consistent with the study findings conducted by Rocha SM, Simpionato E, de Mello DF who reported that the comparison of the behavior of mothers with natural-birth newborns and that of caesarian section newborns in their first 24 hours of life in rooming-in. Mothers who have caesarian sections need more attention to begin breastfeeding. The observation led to useful conclusions related to nursing care. ^[7]

For normal delivery primigravida mothers it was found that there was no association between the demographic variables such as age 8.39, education 4.1, occupation 2.1, family monthly income 1.87, religion 2.46, whereas association was only found with the type of family 5.6 and for cesarean section primigravida mothers it was found that there was no association between the demographic variables such as age 3.3, education 2, occupation 2.64, type of family 1.36, family monthly income 1.31 and religion 3.66. Hence H_1 is rejected.

CONCLUSION

Hence it reveals that the cesarean section mothers do lack in emotional and physical bonding with their child when compared with normal delivery mothers. Nurses should pay more attention for the cesarean section mothers in order to improve the mother child bonding by conducting research to fill the research gap and develop evidence based practice.

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