

Challenges experienced by high risk post-partum women

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Abstract

This study attempted to explore the challenges experienced by high risk post-partum women in Oriental Mindoro Provincial Hospital. Qualitative research design was used. since it sought to determine protocols for PWDs in Batangas City during disaster. Phenomenological research design is descriptive. The researcher aims to describe as accurately as possible the structure of a phenomenon. Descriptive design is utilized which summarizes the status of phenomenon observed within the natural environment without any manipulation of the independent variable. The participants were consisting of 50 high-risk post-partum women (pre-eclampsia, eclampsia, hypothyroidism, hyperthyroidism, elderly grandmultiparity, young multigravida, anemia, teenage pregnancy, hep B infection and rheumatic heart disease). Purposive sampling method was utilized by the researchers. It is a non-probability sample that is selected based on characteristics of a population and the objective of the study. The data gathered were analyzed through Colaizzi's method which is a 7 – step – process intended for the analyzation of non-numerical data. Based on the identified findings, the researcher revealed that anxiety and fear are common among high-risk postpartum women and are major sources of stress. High risk post-partum women usually faced financial difficulties which contributed to their delayed recovery. They also used different coping mechanisms in dealing with post-partum problems. Most importantly, family plays a significant role in dealing with these challenges.

Keywords: challenges experienced, high risk, post-partum women

Challenges experienced by high risk post-partum women

1. Introduction

Women who have recently given birth are particularly vulnerable to a variety of problems, including those relating to their physical and mental health, social isolation, and financial (Safi-Keykaleh et al., 2022). These difficulties may be especially severe for high-risk postpartum women who may have had difficult pregnancies, difficult deliveries, or underlying medical issues. Maternal mortality rate (MMR), or the number of women who pass away from pregnancy-related problems for every 100,000 live births, is high in the Philippines. In the Philippines, the MMR in 2020 was 160 per 100,000 live births. This is higher than the global MMR of 223 per 100,000 live births (Correa-de-Araujo and Yoon, 2021). Maternal mortality is more likely in high-risk postpartum moms. According to the same study in the Philippines, postpartum deaths were more likely to occur in women who had preeclampsia, postpartum bleeding, or infection. While in Oriental Mindoro the MMR in 2020 was 48 per 100,000 live births.

High-risk postpartum mothers frequently experience difficulties, but little is understood about their unique requirements and experiences. This is partially due to the fact that the majority of studies on postpartum women have focused on low-risk populations (Neary et al., 2021). The knowledge gaps in this field have a number of implications for research and practice. First, more research is needed to better understand the unique challenges high-risk postpartum women face, how they overcome these challenges, and what kind of support and resources they need. The research can be used to develop more efficient interventions and support systems for this population. Second, professionals must be aware of the unique challenges high-risk postpartum women face and be prepared to provide them with the support and services they need. More financial aid, assistance with mental health conditions, and healthcare support are a few examples of this.

The number of maternal deaths has generally been declining over the past twenty years, but there are still some regions of the world that are particularly hard hit by this problem. Postpartum complications pose serious risks to women and have the potential to cause high rates of morbidity and mortality for the mother. The amount of attention paid to postpartum care, however, is significantly less than that given to pregnancy and labor. The postpartum period starts soon after the baby is delivered and lasts, on average, six to eight weeks. When the mother's body has almost entirely recovered to its pre-pregnancy state, it is concluded. The weeks immediately following the delivery of the baby are crucial in determining the long-term health and wellbeing of the mother and her child. Thus, it is crucial to establish a dependable postpartum period (also referred to as the "afterbirth") that should be designed into ongoing, continuous, and comprehensive care.

According to Konlan et al.'s research from 2020, obtaining medical attention during labor and delivery at a hospital or other medical institution reduces the likelihood of problems such as excessive bleeding, perinatal hypoxia, and fetal distress. These care practices are very significant. It is essential, during the postpartum period, to take into consideration not only one's physical health but also one's emotional health. The high prevalence of antepartum depression and anxiety has the potential to have an effect on a mother's health after she has given birth. During the postpartum period, women experience a great deal of change in a variety of facets of their lives. The way in which women deal with challenges and seize opportunities can have a significant impact on the development of their personalities. Postpartum women often struggle with a wide variety of concerns, including breastfeeding, anxiety, breast infections, difficulty sleeping, and other health-related problems. It is unlikely that a woman will pass away as a direct result of pregnancy-related complications. According to Matvienko-Sikar (2018), women who have chronic diseases such as cardiovascular disease, obesity, or high blood pressure have an increased chance of dying or coming dangerously close to dying as a result of pregnancy-related problems.

As a result of the fact that the postpartum period is a difficult time when moms are in need of assistance, it is

vital to have a full awareness of the emotions and experiences that mothers go through during this time. It is possible to effectively provide the required interventions to resolve the issues that postpartum women face and, as a result, enhance their health by recognizing the experiences that they go through during this time period. Because qualitative research is a way to discovering and describing the experiences of the participants, it has the potential to develop both understanding and knowledge of human experiences. So, the researcher found out that this study is timely to explore the challenges experienced by high risk post-partum women in Oriental Mindoro Provincial Hospital.

Objectives of the study - This study attempted to explore challenges experienced by high risk post-partum women in Oriental Mindoro Provincial Hospital.

2. Methods

Research Design - Since the purpose of this study was to investigate challenges experienced by high-risk postpartum women in Oriental Mindoro Provincial Hospital, the researcher utilized a qualitative research design to achieve this goal. A qualitative research strategy called "phenomenological research" aims to comprehend and characterize a phenomenon's fundamental elements. The methodology examines human experience in everyday circumstances while putting aside the researchers' preconceived notions about the phenomenon. The design of phenomenological research is descriptive. The goal of a researcher is to accurately describe a phenomenon's structure. Utilizing a descriptive design, which summarizes phenomena seen in the natural environment without affecting the independent variable, is used.

Participants - The Obstetric Gynecology Ward at the Oriental Mindoro Provincial Hospital, which located at Sta. Isabel, Calapan City, which treats high-risk postpartum women, will be the focus of the study. The participants were consisting of 50 high-risk post-partum women (pre-eclampsia, eclampsia, hypothyroidism, hyperthyroidism, elderly grandmultiparity, young multigravida, anemia, teenage pregnancy, heap B infection and rheumatic heart disease). Purposive sampling method was utilized by the researchers. It is a non-probability sample that is selected based on characteristics of a population and the objective of the study.

Instrument - A formulated interview guide was utilized by the researcher will be used to elicit the challenges experienced by high risk post-partum women in Oriental Mindoro Provincial Hospital. This interview guide will be validated by experts in the field of research. Observation was also done during the interview with the informants. It aims to explore an existing uncertainty in an area of concern and points to a need for deliberate investigation.

Data Gathering Procedure - The first thing done by the researcher was to be updated by the current trends and news, read relevant books, journals, undergraduate thesis; then the researcher submitted two research problem to the research adviser for approval. The research adviser chose one of the problems for the final proposal. After that the researcher ensured the purpose and significance of the study then gathered more data for the review of related literature and formulated the data gathering instruments to collect information regarding the topic. Prior to the data analysis anonymity and strict confidentiality was ensured during the entire data collection procedure. Lastly after the data analysis conclusion and recommendations were made.

Data Analysis - An interview is conducted with the use of the formulated interview guide, which is validated by experts in the field of research, to explore challenges experienced by high risk post-partum women in Oriental Mindoro Provincial Hospital. The data gathered were analyzed through Colaizzi's method which is a 7 – step – process intended for the analyzation of non-numerical data. In the initial step, informants' descriptions and responses of the experiences are read and transcribed to generate ideas that are significant to the subject. Extraction of significant statements will then follow in order to continue on to the next step which is to formulate meanings. After that, the formulated meanings are organized into themes which are integrated with an exhaustive description with the inclusion of direct quotations from informants' response. The essential structure of the phenomenon will then be formulated. Lastly, the results will be distributed back to the informants for the

validation of their responses for accuracy.

Ethical Considerations - Upon obtaining the information from the participants during the face to face interview the researcher ensured that ethical consideration was implied. The consent or the permission was given before the start of the data gathering. This also includes the statement and explanation of the purpose of the research and how they will participate in the conduct of the study. Prior to gathering information during the interview, the researcher sought permission. The researchers will strictly maintain the confidentiality and privacy of the participant's information.

3. Results & discussion

The following data generated were categorized in accordance with the information obtained from the interview. In addition, based on the data saturation of high-risk post-partum in Oriental Mindoro Provincial Hospital, the following themes were formulated.

Theme 1: Health Problems Experienced During Post-Partum

Women frequently encounter a variety of health problems during postpartum recuperation, varying in intensity and duration. Postpartum women may encounter various health issues that require attention and care.

Subtheme 1.1: Preeclampsia

One of the most prevalent health issues that postpartum women in Oriental Mindoro Provincial Hospital face is preeclampsia. These responses were emphasized.

Informant 23 *“Nagkaroon na po ako ng high blood dahil maedad na mabuntis ulit ako at nanganak na ng maraming beses”*.

Informant 27 *“Nangangapal po ang aking batok at minsan po nanglalabo ang mata dahil po sa taas ng aking dugo”*.

Informant 29 *“Ang akin pong blood pressure ay baba- taas pa rin po hanggang ngayon kaya po nahihilo pa rin po ako paminsan minsan”*.

Informant 35 *“Minsan nahihilo pa din po ako dahil sa taas po ng aking dugo kahit nakaanak na po ako”*.

Informant 42 *“Pinagbubuntis ko pa lang po yung aking patatlo ay naghihigh blood na po ako”*.

Informant 47 *“Simula po nung tumungtong po ako sa second trimester dun po nagstart magtataas ang aking dugo, kaya po pagkaanak ko po di na po bago sa akin ang pagtaas ng aking dugo.”*

Pre-eclampsia can lead to complications for both the mother and baby, in some case it might be life threatening, because some pre-eclamptic women may not exhibit symptoms, routine prenatal exams and monitoring are essential for early detection.

Subtheme 1.2: Anemia

Postpartum hemorrhage is also common among women who is grandmultiparity, which makes postpartum women severely anemic. According to Lopez-Gonzalez (2022), they also face obstacles. High-risk postpartum women may struggle with physical problems like pain, fatigue, and slow postpartum recovery. Additionally, they might have a higher chance of developing complications like infections, bleeding, and blood clots.

Informant 6 *“Lumambot ang aking matres na nagging dahilan ng aking pagdurugo nung pagkatapos ko po manganak”*.

Informant 8 *“Sabi po sa akin nahiwalay daw po ang aking inunan kaya ako po ay dinugo ng sobra na siya nagging dahilan ng pagkamatay ng aking anak dahil kulang pa rin siya sa buwan”*.

Informant 31 “*Dinugo po ako ng sobra pagkatapos ko po manganak dahil daw po siguro palimang beses ko na pong panganganak*”.

Informant 36 “*Dinugo po ako ng sobra kaya bumagsak po ang aking pulang dugo pagkatapos ko po manganak*”.

Informant 48 “*Matapos ko pong manganak after po ng dalawang araw kami po ay nakauwi na agad dahil wala naman po kami naggiging problema ng aking anak. Nung nasa bahay na po kami may patak patak na dugo po akong nararanasan at normal naman po para sa akin kaso po maka siyam na araw ay lumakas po ang aking pagdurugi kaya sinugo na po ako ng aking asawa sa hospital*”.

Particularly in developing nations, grand multiparity continues to be a risk factor for a variety of obstetric complications. It has been demonstrated that grand multiparity raises the risk of obstetric and medical problems during pregnancies. Pregnant women with grand multiparity have a higher incidence of adverse maternal outcomes. Grand multiparity increased the risk of adverse maternal outcomes such as postpartum bleeding and malpresentation. Grand multiparity is one of the leading causes of death and disability among women of reproductive age in low and middle-income countries, and it is related to problems during pregnancy and childbirth. It has also been suggested that it is a distinct risk factor for several maternal problems. Particularly, grand multiparity has been linked to poor maternal outcomes during labor and delivery in underdeveloped nations, including an increased risk of postpartum hemorrhage, cesarean section, and malpresentation (Dasa, 2022).

Theme 2: Particular Emotions and Concerns During Post-Partum: Fear and Anxiety

Excessive worrying that follows childbirth or adoption is known as postpartum anxiety. Individuals who suffer from postpartum anxiety may experience constant nervousness or panic attacks.

Subtheme 2.1: Postpartum Women at High Risk Often Experience Fear

Being anxious and fearful during this time is common response. Having anxious thoughts and worries now and again are natural, particularly in the early weeks after having a baby. According to respondent 7 “*Dahil tumataas ang aking dugo lalo ako niyerbyos para sa lagay naming mag ina, ito siguro ang pangunahing dahilan bakit lumala ang aking kondisyon*”.

Informant 8 “*Siyempre po ang sitwasyon namin ng aking anak ang siyang talagang nakapagpaalala sa akin*”.

Informant 14 “*Kabadong kabado po ako nung mga panahon na yun lalo na po nung nakaramdam ako ng panghihina at panginigmay*”.

Informant 25 “*Sobrang hirap na hirap po ako nung mga oras na naglalabor po ako kaya sobrang niyerbyos ko din po at kaba*”.

Informant 31 “*Habang dinudgo po ako sobrang namutla po ako at nanlamig ang katawan sa sobrang kaba*”.

Informant 42 “*Dumagdag pa po yata ang niyerbyos ko kaya po nagtataas ang aking dugo bago ako manganak at pagkatapos manganak*”.

Furthermore to the statement of informant nineteen “*Natatakot po ako sa kalagayan naming mag ina lalo na po at may dinadamdam pa po ako na ibang sakit*”. Postpartum fear has a substantial negative influence on the family's general well-being, from worries about the health of the infant to fears about the mother's capacity to handle the responsibilities of parenthood. It is important for those who experience it as well as the people who support them to understand the complexities of this condition.

For women and their families, pregnancy is a time of change, hope, expectation, and worry—never more so than when the pregnancy is in danger. There are details what women actually went through during high-risk pregnancies. It has been shown that high-risk pregnant women find it difficult to adjust to the demands of successfully fulfilling their roles as mothers and as members of their families. Fears regarding the outcome of the pregnancy and upcoming pregnancies are prevalent (Badakhsh, et al., 2020).

Subtheme 2.2: Anxiety related to the possibility of something bad happening

Anxiety is a mood that can range from mild discomfort to intense worry or fear. Anxious people frequently, though not always, worry that something has gone wrong or could go wrong. While anxiety is a common emotion for everyone, some people struggle to manage their worries. Panic attacks can be extremely frightening for some individuals who suffer from anxiety. Some parents may experience traumatic births, which may contribute to the development of additional anxiety disorders like post-traumatic stress disorder (PTSD). The majority of the informants mentioned that they had anxiety during the postpartum period, and these points were highlighted.

Informant 12 “*Kinabahan ako ng sobra sa posibleng mangyari sa akin*”.

Informant 15 “*Ako po ay natakot dahil nga po pangwalong panganganak ko na po, takot po ako baka po magkaproblema*”.

Informant 22 “*Sobrang niyerbyos ko po kasi di ko po alam kung bakit nagtagal po ako naglabor nag aalala po ako kung baka may mangyari sa anak ko sa loob*”.

Informant 40 “*Natakot po ako dahil sabi po sa akin ng ob ko na may chance po na mag seizure na pwedeng maging dahilan ng pagkamatay namin ni baby*”.

Informant 43 “*Sobrang takot at pangamba po ang aking naramdaman sa mga pwede pong mangyari sa amin dahil po buhay po naming mag ina ang nakasalalay ditto*”.

Similarly to the statement of informant eighteen “*Sobrang takot po ang aking naramdaman lalo na po nung ako po ay nakaranas ng malakas na pagdurugo iniisip ko po agad kung anong mangyayari sa akin at mag iintindi sa aming bagong anak*”. It is indisputable that people experience anxiety at first when unexpected events do occur.

According to Walker and Murry (2022), The traditional definition of stress is “*situations in which the demands on individuals tax or exceed their adaptive capabilities*.” Postpartum stress is particularly significant because it is one of the primary risk factors for postpartum depression. Untreated depression has a number of detrimental effects on women, including decreased quality of life, difficulties in relationships and functioning, and poor diet. Postpartum stress is also associated with women's health behaviors, such as smoking relapse, postpartum weight retention, and less healthy diet. Early research on postpartum stress identified sleep disturbances and fatigue as the top stressors for women in the first few weeks after giving birth. Although many women go through a range of feelings, some of them may go on to develop more severe and long-lasting mental disorders, such as postpartum depression, anxiety, or psychosis (Mughal et al. 2023).

Theme 3: Financial Circumstances Affected the Slow Recovery Stage

Financial difficulties prevent the majority of high-risk postpartum patients at Oriental Mindoro Provincial Hospital from completing their care.

Subtheme 3.1: Cannot remain in the hospital for long

One of the reasons they cannot afford to stay in the hospital for an extended period of time. Financial barriers had an impact on the client and their family, which led to them disobeying treatment recommendations and returning home against medical professional orders. These were the emphasized points.

Informant 6 “*Opo kaya hindi na po ako nagpasalin ng dugo dahil mas magtatagal po kami sa hospital ay wala na po kami gastusin, sa bahay na lamang po ako magpapagaling*”.

Informant 18 “*Yes po, lalo na po yung mga pangastos sa araw araw lalo na po at di po nagtrabaho ang aking asawa dahil siya ang aming bantay sa hospital, di na rin po kami magtatagal at nagdesisyon na rin po kami na umuwi na lamang*”.

Informant 23 “*Yes po. Dahil medyo nagtagal po kami sa hospital dahil naghintay din po talaga na walang pagtataas sa aking dugo, kaya nagdecide na rin po kami umuwi kahit di pa po kami pinapayagan ng doctor*.”

Informant 33 “*Opo, marami po kaming pangangailangan at nagtatatagal na po kami dine, tapos hindi po agad kami pauwiin dahil taas baba pa rin po ang aking dugo. Kaya pumirma na po kami ng waiver para mauwi*.”

Informant 34 “*Yes po. Kaya po naisipan na rin po naming umuwi kahit di pa po tapos ang pagsasalin ng dugo dahil wala na po kami sapat na pera lalo na po at nagamit na po namin ang aming naipon na pera sa aking CS*”.

Individuals who put off or refuse medical care because they cannot afford it are more likely to report being in worse health, according to Taylor et al. (2021). Financial hardship is highly prevalent among pregnant and postpartum women. There is evidence linking financial hardship to poor mental health. Sixty percent of women who said they could not afford health care also said they were anxious about future medical bills, current medical debt, or difficulties paying medical bills.

Subtheme 3.2 Lack of medication and equipment

The patient and their family were impacted by financial difficulties, and their recuperation was hampered by a shortage of supplies and equipment in the hospital. These points were emphasized because most informants mentioned experiencing financial difficulties during the postpartum period.

Informant 2 stated that “*Opo kahit nung nagbubuntis po ako di po ako makainom ng aking maintenance dahil mahal po ang mga gamot kaya malimit di ko po siya naiinom*” and informant 4 “*Sobra siyang nakaapekto sa amin dahil bilang isang katutubo na walang sapat na halaga di namin mapaggawa ang ibang laboratory na kailangan na wala sa hospital na dagdag sa isipin*”.

Informant 7 “*Ito ang pinakamalaking naging hamon ng aking kalagayan halos wala na kami maibili ng iba kong gamot buti na lang wala kami binayaran sa ICU kundi yung mga gamot na hindi available sa hospital, kaya nagdecide na rin kami umuwi muna at ayos na naman pakiramdam ko*.”

Informant 14 “*Yes po dahil yung mga gamot po nakailangan ko sa sakit ko ay hindi po available sa botika ng hospital kinailangan pa po mag ikot sa ibat ibang hospital at botika ang aking asawa para lamang po makahanap ng aking gamot*.”

Informant 19 “*Sobra po ito nakaapekto sa amng pinansyal lalo na pagkatapos ko pong manganak ay kakailangan ko pa po maoperahan na mangangailangan po kami ng malaking halaga para sa ibang mga gamut at gamit na kakailanganin sa aking operasyon na wala po ditto sa hospital*.”

In addition, according to Informant 48 “*Opo hindi na po naming kaya ang mga gastusin sa hospital kahit na po nasa public kami marami pa po ibang gastusin, hindi na po ulit ako nagpasalin ng dugo dahil mas magtatagal po kami*”. Same with informant 41 “*Opo , medyo matagal na rin po kami at hindi po agad bumababa ang aking dugo napakarami na rin po naming nabiling gamot sa labas, kami po ay nag waiver na para umuwi at sa bahay na lamang po magpapagaling parang lalo lamang po kasi tumataas ang aking dugo kakaisip ng mga gastusin*”.

Many pregnant women report experiencing a variety of stressors. Worries about labor and delivery, changing

relationships and health issues are common. Researchers discovered that the biggest influence on the baby's health at delivery was, in fact, financial stress. Low birth weight babies were directly correlated with mothers who were under financial stress. Low birth weight can be a lifelong concern and result in an immediate need for intensive care. There's no doubt that expecting a new child can lead to some financial strain. It's critical to find strategies to lessen that stress for the physical well-being of both mom and child. According to informant eight “*Yes po, dahil wala din po kami sapat na halaga galing din kami sa malayo. Naging dagdag din po ito sa aking isipin kaya siguro kung ano ano ang nararamdaman sa katawan.*”

Birth parents risk being financially burdened by the out-of-pocket medical costs of pregnancy and delivery, which cost some low-income parents close to 20 percent of their annual income. Pregnancy and delivery are critical periods of time with high health care utilization, according to a Mount Sinai-led study (Uthpala & Gracelyn, 2022).

Theme 4: Relaxation and Deep Breathing Techniques as Coping Mechanisms

The practice of deep breathing and relaxation appears as a steady anchor, offering comfort in the midst of chaos, during life's turbulent moments. Intentional breathing and mindful rest are two easy yet powerful ways to combat stress, that unrelenting opponent, with resilience.

Subtheme 4.1: Using Deep Breathing Methods as Coping Strategies

Breathing exercises were used by the clients in order to manage stress and conditions associated with it. A person's breathing pattern alters when they are under stress. Anxious people usually breathe in small, shallow breaths, pushing air into and out of their lungs with their shoulders rather than their diaphragm. The body's gas balance is disrupted through this breathing pattern. Most of the participants confirmed that they used deep breathing exercises as coping mechanisms which supported by these responses.

Informant 2 “*Nag inhale at exhale lang po triny ko po ikalma ang aking sarili*”.

Informant 7 “*Nag deep breathing lang po ako at trinaty na ikalma lang ang sarili*”.

Informant 22 “*Breath in and breath out lang po para mabawasan po ang pananakit*”.

Informant 40 “*Marunong naman po ako ng tamang deep breathing exercises kaya ginawa ko po ito para kahit papano po ay mabawasan po ang aking takot.*”

Informant 43 “*Siguro po yung pagklama lamang po sa sarili at yun pong tamang breathing exercises dahil nung time po na nasa recovery room ako nahirapan po ako huminga dahil di po siguro sa niyerbyos*”.

Informant 45 “*Tinuturan po ako ng tamang paghinga para di po ako masyadong makaramdaman ng nerbyos*”.

According to Ariga (2019), anxiety causes the sympathetic nervous system to activate, increasing breathing, blood pressure, and heart rate. When practicing deep breathing relaxation techniques, the sympathetic nervous system is suppressed and the parasympathetic nervous system activates, resulting in a drop in heart rate, blood pressure, and breathing rate that is within normal bounds. The following changes occur as a result of deep breathing relaxation techniques: blood pressure is lowered, the heart beats less frequently, muscle tension is reduced, fitness is improved, concentration is raised, and solutions to better handle stress are found, after which the focus is switched to relaxation and not on the stressors.

Subtheme 4.2: Methods for relaxation to reduce stress

Through the promotion of calm and the reduction of the body's physiological reactions to stressors, relaxation techniques can be useful in the relief of stress. Here are a few of the informants' responses utilizing the methods.

Informant 1 “Kinakalma ko na lang po ang sarili ko at di masyado nagpapastress para hindi na tumaas ang blood pressure”.

Informant 14 “Tinatry ko lamang po irelax ang aking sarili upang mabawasan ang aking niyerbyos na nararamdaman”

Informant 21 “Kinalma ko lang po ang aking sarili dahil medyo nanlamig po ako at kinabahan ng sobra”.

Informant 23 “Kinakalma ko po ang sarili ko po dahil sabi sa akin kapag lalo po ako nastress baka lalo po tumaas ang aking dugo”.

Informant 25 “Nung time na hirap na hirap po ako sa paglalabor kinakalama ko po lang sarili ko para di rin po maapektuhan ang aking anak sa loob”.

Informant 36 “Akin pong pinapakalma ang sarili ko po para di po ako magpanic ng sobra sa nangyayaring pagdurugo ko”.

Informant 41 “Hindi po ako nag iisip ng kung anu ano at kinakalama ko po ang sarili ko para kahit papaano po mabawasan ang aking niyerbyos”.

Informant 46 “Nagrelax lamang ako at di masyado nagkikilos para maibsan ang sakit na aking nararamdaman”.

Numerous relaxation techniques, such as progressive muscle relaxation, autogenics, breathing exercises, meditation, and visualization, have been shown in studies to help people relax more deeply, feel less stressed, and have better overall health. Several studies have demonstrated the beneficial effects of deep breathing on a range of variables, including stress, anxiety, and negative affect. Deep breathing helps a variety of patient demographics (Toussaint et al., 2021).

Theme 5: The Value of Family Members' Moral Support

Insufficient family support during recovery can cause additional complications. Family support networks are crucial for enhancing the well-being of clients. Informant thirty-seven said that “*Sinasabi ko po agad sa aking pamilya kapag may nararamdaman po akong hindi maganda, andiyan po sila upang sumuporta lalo na at kapapanganak ko lamang*” and similar to it informant thirty-four added “*Ang pamilya ko po ang mas aligaga sa aking kalagayan at sila din po ang mas nag iintindi sa aking baby, ang kanilang suporta po sa akin ay di mapapantayan. Dahil po ditto nababawasaa ang aking pangamba*”.

Preventive and supportive interventions to lessen the negative effects of high-risk pregnancy on coping, wellbeing, and psychopathology should center on giving women the confidence and control to feel optimistic about and in control of their pregnancy. In order to promote wellbeing, coping, satisfaction, and better treatment outcomes, it is advised that pregnant women (as well as their partners or support systems) participate in healthcare decisions using a holistic and culturally sensitive approach. (Williamson et al., 2023). Informant fourteen stated that “*Ang aking asawa po ay laging nakaagapay sa amin ng aking anak kapag may kailangang gamot gumagawa po siya ng paraan. Mas bumubuti po ang aking kalagayan dahil alam kong lagi lang siyang nasa tabi ko*”.

Numerous studies indicate that social support and interpersonal connections have an impact on women's sleep quality and the development of postpartum depression. Women undergo significant psychological and social changes during childbirth. Postpartum depression (PPD) and the postpartum blues could result from these changes. PPD is characterized as an episode of major depressive disorder, or occasionally minor depression, that takes place during the postpartum period (Qi et al., 2022).

4. Conclusion and recommendations

Based on the identified findings of the study, the researcher concluded that anxiety and fear are common among high-risk postpartum women and are major sources of stress. They usually faced financial difficulties which contributed to their delayed recovery. They used different coping mechanisms in dealing with post-partum problems. And most importantly family plays a significant role in dealing with these challenges. Continuous support from the family is vital thus, it is encouraged for the recovery of the high-risk post-partum women to maintain quality care all throughout recovery. Health education about high-risk postpartum women's management is necessary to gain insight into the experiences of the clients. Government initiatives and sustainability in providing hospital needs in order to continue their treatment without thinking financial issues.

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