

Women's Experiences of Emergency Cesarean Section: A Phenomenological Study

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ABSTRACT

Introduction: Emergency cesarean section is a critical intervention that can significantly influence a woman's physical and emotional well-being. Exploring women lived experiences is important for improving the quality of maternal care and support during such events.

Methods: A qualitative study was conducted at Birat Medical College Teaching Hospital, in Morang, Nepal, among thirty mothers who underwent emergency cesarean section after obtaining approval from the Institutional Review Committee (Ref IRC-132-2082/2083). Participants were selected through consecutive sampling. In-depth, semi-structured interviews were conducted until data saturation was reached after the ethical approval and informed consent from the participants. Interviews were audio-recorded, transcribed verbatim and analyzed using thematic analysis, along with descriptive statistics for socio-demographic data.

Results: Among the thirty participants, the mean age was 24.27±3.97 years. Seven interconnected themes emerged from the data. Participants reported intense emotional distress, including fear and uncertainty, due to the sudden nature of the procedure. Physical challenges included postoperative pain and limited mobility. Despite these difficulties, women demonstrated strong maternal commitment, often prioritizing their baby's safety over their own discomfort. Psychological adaptation was evident as many accepted the situation and prepared themselves mentally. Support from family members and healthcare providers positively influenced experiences. The experience changed the perception of motherhood, which was described in terms of strength, resilience, and sacrifice.

Conclusions: Emergency cesarean section is a complex experience involving emotional, physical, and social adjustments. Improving communication and strengthening supportive care can enhance maternal experiences and outcomes.



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INTRODUCTION

Emergency caesarean section (ECS) is a life-saving obstetric procedure performed when complications during labour threaten the life or well-being of the mother or fetus. Unlike planned caesarean sections, ECS occurs suddenly, leaving little time for psychological preparation and often leading to fear, anxiety, confusion, and loss of control. The global increase in caesarean section rates, including in Nepal, highlights its growing clinical importance, although it is recommended only when medically indicated.^{1,2}

Despite its rising use, most studies in Nepal have focused on clinical and demographic determinants rather than women's

personal experiences. Available evidence indicates that women undergoing ECS may experience emotional distress, limited communication, and insufficient support from healthcare providers. Cultural perceptions of childbirth as a natural process may further contribute to feelings of guilt or dissatisfaction, underscoring the importance of exploring these experiences.^{3,4}

This study aims to explore the lived experiences of women undergoing emergency caesarean sections using a phenomenological approach to enhance understanding and support the delivery of empathetic, patient-centered maternity care.

METHODS

This was a phenomenological study conducted among mothers who had emergency cesarean section at Birat Medical College Teaching Hospital. The study was conducted between February and May, 2026 using consecutive sampling method after approval from the institutional review committee of Birat Medical College Teaching Hospital. Participants included 30 mothers aged 18 years and above who had undergone an emergency caesarean section within the past one week at Birat Medical College Teaching Hospital, were physically and psychologically stable at the time of data collection, able to communicate fluently in the interview language, and willing and able to provide informed consent and participate in an in-depth interview. Mothers with severe complications that could hinder recall of their experiences were excluded. Written informed consent was obtained from all participants prior to data collection. In-depth interviews were conducted with mothers with emergency cesarean section to explore their socio-demographic characteristics and their experiences using semi-structured questionnaire for better capture of lived experience data allowing participants to guide the conversations and avoid researcher bias and to support phenomenological study. The interviews were conducted by principal investigator experienced in qualitative research in the postnatal ward counselling room which had a quiet, undisturbed setting, and in a language comfortable for the participants. A total of 30 participants were selected using consecutive sampling, meeting saturation. The interviews lasted between 15 to 20 minutes and a pilot study was conducted before the main study with 3 participants which confirmed that this duration was appropriate to obtain rich and meaningful data. The interviews lasted between 15 to 20 minutes and were audio-recorded with participants consent. All recordings were securely stored, and participant confidentiality was maintained throughout the process. COREQ (Consolidated Criteria for Reporting Qualitative Research) guidelines were followed.

Following the completion of the interviews, the audio recordings were transcribed verbatim to capture the participants responses accurately. Once the data was transcribed, the data were then analyzed using a "read and re-read" process, which involved repeated reading of the transcripts to identify key patterns, insights, and emerging themes. Thematic analysis provides a systematic and flexible approach to identifying, analyzing, and interpreting patterns i.e. themes within qualitative data.⁵ The analysis was conducted manually with assistance from the research team.

Once initial themes were developed, a member of the research team, typically an expert in qualitative research, reviewed the themes and provided feedback. The final themes were then prepared for reporting and further interpretation within the study context. Socio-demographic of the participants were summarized using frequency tables and percentages, while thematic analysis captured the lived experiences of emergency cesarean section mothers.

RESULTS

A total of 30 participants completed the interviews, with a mean age of 24.27 ± 3.97 years. All of the participants were married. Among the 30 participants, 16 (53.33%) had completed higher secondary education, 23 (76.67%) were housewives, and 27 (90%) followed Hindu religion. Regarding duration since delivery, 19 (63.33%) were assessed at 2 days postpartum. Twenty-three (76.67%) participants were gravida 1 and 25 (83.33%) were para 1. Maternal causes accounted for the indication for emergency caesarean section in 19 (63.33%) participants. Fifteen (50%) participants had attended 4–7 ANC visits.

Table 1. Demographic and Obstetric Characteristics of Participants (n=30).

Age (years)	n(%)
<20	4(13.33)
21–25	16(53.33)
26–30	8(26.67)
>30	2(6.67)
Education level	
Primary education	3(10)
Secondary education	15(50)
Higher secondary education	7(23.33)
Bachelor's degree and above	5(16.67)
Religion	
Hindu	27(90)
Muslim	3(10)
Occupation	
Homemaker	23(76.67)
Private job	3(10)
Business	4(13.33)
Duration since delivery	
<2 days	19(63.33)
>2 days	11(36.67)
Gravida	
G1	23(76.67)
G2	7(23.33)
Para	
P1	25(83.33)
P2	5(16.67)
Indication for emergency cesarean section	
Fetal causes	11(36.67)
Maternal causes	19(63.33)
ANC visits	
1–3	9(30)
4–7	15(50)
≥8	6(20)

ANC: antenatal care; G: Gravida; P: Para.

Six themes emerged from the findings of this study capturing the emotional, physical, psychological, and social dimensions of the experience.

Theme 1: Emotional turmoil during emergency cesarean section.

Emotional distress was reported during the emergency decision-

making and surgical process. The unexpected nature of the procedure triggered strong reactions, including fear, anxiety, and uncertainty.

Many participants described feeling overwhelmed when informed about the need for surgery, often using expressions such as “scared,” “nervous,” and “worried.”

The sudden shift from anticipating a normal delivery to undergoing an emergency operation contributed to a perceived loss of control, further intensifying emotional instability.

Participant expressed this emotional response by saying:

I was very scared and nervous; I had a severe pain in the lower abdomen. I had a lot of fear and worries. (Participants 1)

It was scary, even scary, but what can I do? for this decision as it's not in my hand, I had to undergo an emergency operation to save me and my child. It was a struggle, but in the end, I felt very tired. (Participants 2)

I had difficulty understanding what to do, I had to undergo, I also was scared, and however I felt that anyhow I should undergo this procedure in order to save my baby's life and mine. (Participants 5)

However, over time many participants gradually moved from fear and disbelief toward acceptance and emotional adjustment as they began treatment and received support from healthcare professionals and family members.

Theme 2: Physical burden and postoperative pain.

Physical discomfort and postoperative challenges were reported. Participants experienced significant pain, restricted mobility, and a prolonged recovery period following the cesarean section.

Participants described being unable to move freely and experiencing persistent discomfort, particularly in the immediate postoperative phase.

The overlap of labor-related pain and surgical recovery was described as especially demanding, adding to the overall physical strain.

Participant expressed this emotional response by saying:

It is tough, initially I could not feel because of anesthesia effect, later i had pain in my tummy, initially. (participant 10)

After anesthesia I did not know anything below anesthesia, when I became awake it very painful. (participant 11)

I had difficulty in breathing and burning sensation in the chest, I was shivering and after wards I received medication for this and I was asleep but when I became awake it was paining again, it had a lot of effect, now I cannot carry any heavy things and will not be able to do the agriculture work as before, I have that fear, it made me physically feel weak, mentally I feel very drained out.

(participant 13)

I was scared what further procedure will be done made me worried, maybe they are going to take out everything i just had a doubt and fear, they have given me sedation, I did not have lower limb sensation, and after that baby was born and I felt safe. (participant 25)

Participants also talked about other physical problems like body and abdominal pain, weakness, and headache. Even though these symptoms were difficult to deal with, they stayed strong and was distracted by the happiness of receiving the baby.

Theme 3: Maternal sacrifice and prioritization of the baby.

A strong sense of maternal responsibility emerged, with participants placing the wellbeing of their baby above their own physical and emotional discomfort.

For the participants, the moment they saw their newborn marked a turning point, replacing earlier distress with relief and a sense of fulfillment.

Participant expressed this emotional response by saying:

We have to tolerate the pain in order to go through this process, and a mother needs a great courage. (Participant 14)

as initially I was scared and anxious but later when the baby was delivered and they showed me I forgot about all pain. (Participant 16)

“I was ready to undergo anything as long as my baby was safe. “it's very difficult process but there is one expected happiness because of the childbirth. (Participant 24)

I am positive towards this as it saved me and my baby's life. (Participant 27)

Since its first child lot of emotional attachment was there, though the process is difficult, it needs courage and baby's happiness being mother is like putting risk of own life for child happiness and also the baby is important so we have to undergo this. (Participant 30)

Participants described motherhood as a significant achievement and expressed that the painful experience was considered part of the journey towards motherhood.

Theme 4: Acceptance and psychological adaptation

Although the initial response to the emergency was often distressing, participants described a gradual process of mental adjustment. Acceptance of the situation appeared to play a key role in coping.

Participants referred to the inevitability of the procedure, using phrases such as “there was no other option” and “I prepared myself.” One woman noted, “I set my mind that I will face whatever comes.”

Participant expressed this emotional response by saying:

I feel added responsibility, I didn't expect that it would happen one month early and I was not prepared for it, it just happened in emergency condition. (participant 28)

I don't know what to say! I feel like it's really tough, I just wonder how my mother delivered these many kids in those days, I remembered a lot, we need to sacrifice the love for our own life to undergo through this process, I had to throw my life and put at risk for the childbirth, I experienced a lot. (participant 4)

Theme 5: Importance of support system

Emotional reassurance, presence of loved ones, and clear communication were valued.

Participants mentioned the role of husbands, mothers, and relatives in providing comfort. Positive interactions with healthcare staff were also noted.

Such support contributed to reduced anxiety and a more positive perception of the overall experience.

Participant expressed this emotional response by saying:

I have my family members, my sister and my mother to support me very well and also the staff members of this hospital communicated with me very well as well as they have supported me very well. (Participant 3)

I had a good support from my family members and also from the staffs as they did everything that was required. (participant25)

I got the good support from the family members but me and my husband only are there from the family side, and no in-laws are there so it is difficult. (participant21)

Participants described receiving support throughout the emergency delivery journey; however, some reported that only their husband was available as a support person during delivery, which was perceived as insufficient support.

Theme 6: Transformation in perception of motherhood.

The experience of emergency cesarean section appeared to reshape participants' understanding of childbirth and motherhood. Participants described gaining a deeper appreciation of the challenges involved.

Motherhood was often characterized as requiring strength, endurance, and courage. Participants expressed sentiments such as "it is not easy," and "it needs a strong mindset."

Despite the difficulties encountered, most women ultimately viewed the experience as meaningful, with a sense of accomplishment and emotional reward.

Participant expressed this emotional response by saying:

Just to face this condition and have the safe delivery a mother have to undergo a lot, this traumatic experience is not just one

event, the wound carries all over the life, also in upcoming days i will not be able to many physical straining as I underwent the emergency C-section. (participant22)

We need a strong mindset and also a mother has to face a lot to have a baby. (participant 29)

I was expecting a baby, looking at a child face, I was very happy that helped me to forget all the pain. (participant 11)

Participants expressed a transformation state in the mental status adapting a strong mindset to nurture the newborn child immediately in spite of the pain and difficulty experienced during the process.

DISCUSSION

The present study explored the lived experiences of mothers undergoing emergency cesarean section and identified emotional distress, physical burden, maternal sacrifice, psychological adaptation, supportive care, and transformation in the perception of motherhood as major themes. The findings indicate that emergency cesarean section is a multidimensional experience affecting women emotionally, physically, and socially.

Most participants in the present study were young primigravida mothers, which is consistent with studies conducted in Nepal and other developing countries where first-time mothers are more likely to experience emergency obstetric interventions due to prolonged labor, fetal distress, and fear associated with childbirth.⁶ Similar findings were reported in studies from India and Ethiopia.^{7,8} However, studies from European countries reported comparatively older maternal age groups among women undergoing emergency cesarean section, possibly due to delayed childbearing patterns and differences in reproductive trends.^{9,10}

Emotional distress was a major theme identified in the present study. Among the 30 participants, women reported fear, anxiety, helplessness, uncertainty, and a reduced sense of control after being informed about the need for emergency caesarean section. The unexpected shift from anticipated vaginal birth to urgent surgery appeared to intensify these emotional responses. Similar findings were reported by Ryding et al., who explored the experiences of 53 women after emergency caesarean section and found that the sudden nature of the procedure was associated with fear, psychological distress, and feelings of loss of control.¹² Similarly, Karlstrom et al. reported that women with unplanned caesarean births experienced negative birth perceptions and difficulties adjusting to the unexpected mode of delivery.¹¹ Sultana J et al. further highlighted that inadequate information and limited involvement in decision-making contributed to uncertainty and emotional distress among women undergoing caesarean section in Bangladesh.¹² Conversely, Bluml V et al. found that women undergoing planned caesarean birth experienced better coping when provided with adequate information and preparation before surgery.¹³ These differences suggest that emotional responses to caesarean birth may be

influenced by the level of preparation, communication, and supportive care available during the childbirth process.

Physical pain and postoperative discomfort emerged as important concerns in the present study. Participants described abdominal pain, weakness, restricted mobility, difficulty performing newborn care, and prolonged physical exhaustion following emergency caesarean section. The sudden nature of surgery, combined with postoperative discomfort and reduced functional ability, affected women's early recovery and their ability to care for their newborns. Similar findings were reported by Ryding et al., who explored the experiences of 53 women following emergency caesarean section also found that physical recovery, pain, and limitations in daily activities influenced women's perceptions of the childbirth experience.² Postoperative challenges following caesarean birth have also been documented in other settings. Karlstrom et al. investigated women's self-reported experiences after unplanned caesarean section in Sweden and reported that unexpected surgical birth was associated with a more negative birth experience, including difficulties related to recovery and adjustment after delivery.¹¹ A qualitative study by Fenwick et al. exploring women's experiences of birth trauma highlighted that physical recovery difficulties, combined with emotional distress and unmet support needs, could negatively influence women's postpartum experiences.¹⁴ Differences in healthcare resources, pain management practices, availability of nursing support, and postnatal care systems may contribute to variations in women's postoperative experiences across settings.

Prioritizing the baby's wellbeing over their own discomfort was a key finding of the present study. Women expressed willingness to undergo pain, fear, and surgical intervention when it was perceived as necessary for their newborn's safety. This reflects the influence of maternal attachment and the meaning women assign to emergency caesarean birth.

Similar findings were reported by Somera MJ et al., who explored the experiences of nine women after emergency caesarean birth and found that, despite fear and disappointment, women accepted the procedure when they believed it was beneficial for their baby.¹⁵ Orovou et al., in a qualitative study among 15 women with emergency caesarean experiences, also reported that concerns about newborn safety, birth expectations, and healthcare support shaped women's perceptions of the procedure.¹⁶ These findings indicate that women may view emergency caesarean section positively when it ensures their baby's wellbeing; however, effective communication and involvement in decision-making remain essential for a positive birth experience.

Participants in the present study gradually adapted to the emergency caesarean section and accepted the procedure after understanding its importance for maternal and fetal safety. Reassurance from healthcare providers and awareness of the medical necessity of surgery appeared to facilitate acceptance and emotional adjustment. Similar adaptive responses were reported by Ma L et al., who explored the experiences of

women undergoing emergency caesarean section and found that improved understanding, support, and reassurance helped women cope with the unexpected procedure.¹⁷

Support from family members and healthcare providers was also identified as an important factor influencing women's experiences in the present study. Participants described that reassurance, clear communication, and emotional support reduced fear and strengthened their ability to cope with the surgical experience. Similar findings were reported by Afulani et al., who examined person-centered maternity care in low- and middle-income countries and found that respectful communication, dignity, and supportive care were strongly associated with positive maternity care experiences.¹⁸ In contrast, Bohren et al., in a global mixed-methods systematic review, reported that poor communication, disrespectful care, and lack of emotional support contributed to negative childbirth experiences among women.¹⁹ These findings highlight the importance of compassionate, respectful, and woman-centered care in improving experiences of emergency caesarean birth.

Emergency caesarean section influenced how women perceived their transition into motherhood and in the present study although women experienced pain and emotional distress, many found the childbirth experience meaningful after seeing their newborn. The baby's wellbeing and maternal attachment helped women reinterpret the difficult experience positively. Similar findings were reported by Oruvue E et al., who found that women often adapted to challenging birth experiences by developing new meanings related to motherhood.¹⁶ Khatri et al. also highlighted that childbirth experiences in Nepal are influenced by emotional support, cultural expectations, and the value attached to motherhood.⁴ These findings suggest that maternal attachment may facilitate acceptance and positive adjustment following an unexpected emergency caesarean birth.

Limitations: The study was conducted among a limited number of participants in a single hospital setting, which may limit the generalizability of the findings. As the study used a qualitative approach, the findings are based on subjective experiences and may vary across different cultural and healthcare contexts. Additionally, interviews were conducted during the early postnatal period, which may have influenced participants' emotional responses due to immediate postoperative experiences.

CONCLUSION

This qualitative study provides an in-depth understanding of the emergency caesarean section at a tertiary care center in Eastern Nepal. The findings reveal that Emergency caesarean section extends beyond a clinical intervention to a deeply impactful life experience that requires attention to both medical and emotional aspects of care. Ensuring respectful communication, timely information, and continuous emotional support should be integral components of obstetric practice. Enhancing family support, provider-patient interaction, and a supportive care environment can improve childbirth experiences. Integrating

these elements into emergency obstetric care may promote better maternal well-being and satisfaction.

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