



LIVED EXPERIENCES OF MOTHERS WITH/WITHOUT POST DURAL PUNCTURE HEADACHE AND ITS EFFECTS ON EARLY INITIATION OF BREASTFEEDING AT FEDERAL MEDICAL CENTRE, ABEOKUTA, NIGERIA

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ABSTRACT: *There is little or nothing in life that compares to the joy of birth. Childbirth is one of the most exciting, joyful, and empowering experiences a woman will ever have to go through in her life. It should be a period of expectation and fulfilment for women to discharge their motherly role of initiating, breastfeeding and caring for their babies. Maternal comfort should be considered a priority post operatively (post caesarean section). A qualitative study design was carried out where lived experiences of mothers with Post Dural Puncture Headache and its effects on early initiation of breastfeeding were explored. The target population for this study was 24 parturient women that delivered through C-Section under spinal anaesthesia with Post Dural Punctured Headache in postnatal ward of this health care setting in Abeokuta. The findings from this study contributed to the existing knowledge related to live experiences of mothers with Post Dural Puncture Headache and its effects on early initiation of breastfeeding at Federal Medical Centre, Abeokuta and increased the standard of practice among the nurses. It will assist stakeholders in designing intervention preferences among nurses and other healthcare workers in the post-natal care unit, thus contributing to the reduction in mortality and morbidity associated with delaying in the initiation of breastfeeding.*

KEYWORDS: Post Dural, Child Birth, Caesarean Section, Parturient, Breast Feeding.



INTRODUCTION

The PDPH has affected many parturient patients which make them delay breastfeeding. The World Health Organization (WHO) and the United Nations Children's Fund (1) recommend initiation of breastfeeding within the first hour of birth, which is referred to as "early initiation of breastfeeding (EIBF)." Early initiation of breastfeeding is critical to newborn survival and to establish breastfeeding practice over the long term. When breastfeeding is delayed after birth, the consequences can be life-threatening and the longer newborns are left waiting, the greater the risk. However, the WHO reported that about 78 million babies, or three in five, are not breastfed within the first hour of life, putting them at higher risk of death or disease and making them less likely to continue breastfeeding.

General anesthesia for Cesarean Section (C-Section) is associated with relatively greater maternal risk than regional anesthesia. Spinal anesthesia has therefore become a more widely practised anesthetic technique in the Cesarean delivery. There are many factors affecting the frequency of PDPH. These factors may include age, female sex, needle size and type, pregnancy, previous history of PDPH, median-paramedian difference in approach, and puncture level. The WHO rated initiation of breastfeeding based on the percentage of baby's breastfed within one hour of birth as follows: (0–29%), (30–49%), (50–89%), (90–100%) to poor, fair, good and very good correspondingly. Early initiation of breastfeeding promotes exclusive breastfeeding by enhancing bonding, increasing the likelihood of breastfeeding success, and generally extending breastfeeding duration.

Reduction of neonatal mortality to 12/1000 live births by the year 2030 is one of the targets of the third sustainable development goal (SDG) (1). Sub-Saharan Africa has one of the highest neonatal mortality rates in the world at 28/1000 live births. Over 800,000 neonatal deaths annually could be prevented if breastfeeding practices were scaled up (3). One of the important practices in scaling up breastfeeding is initiating breastfeeding within the first hour after birth, failure of which is termed delayed initiation of breastfeeding which increases the neonatal morbidity and mortality rate.

Classically, PDPH is dull, throbbing, severe and frontal or occipital, worsened in the upright position (sitting or standing) and relieved in the supine position. It may be accompanied by backache, nausea, vomiting, neck stiffness, and audiovisual disturbances. These clinical features result from loss of cerebrospinal fluid, traction on the cranial contents, and reflex cerebral vasodilatation although it can occur immediately or may take months following a dural puncture. The study is to investigate lived experiences of mothers with/without post dural puncture headache and its effects on early initiation of breastfeeding at Federal Medical Centre, Abeokuta. The study area is Federal Medical Centre in Abeokuta South Local Government, Nigeria.



Basic Preliminaries

In Nigeria, the prevalence of early initiation of breastfeeding was 33.2%, according to the Nigeria Demographic and Health Survey (NDHS) report in 2013. Other studies in Nigeria reported prevalence ranging from 28% – 45% (4). Some of the reasons for late initiation of breastfeeding include C-Section, delayed milk flow, maternal or infant illness and stress of labor necessitating a rest post-partum (5).

According to (6), associated symptoms of PDPH include neck ache or stiff neck (57%), upper backache (35%), nausea (22%), and visual and auditory disturbances. It is frequently accompanied by nausea, vomiting, dizziness, tinnitus, vertigo, hearing loss, visual disturbances such as photophobia, diplopia or cortical blindness and paresthesia of the scalp and upper and lower limbs pain (7).

Post Dural Puncture Headache is classified as a secondary headache attributable to nonvascular intracranial disorders and belongs to the group of headache caused by low cerebrospinal fluid pressure (8).

Although headache is found to be more common after general anesthesia than after spinal anesthesia, the high incidence of non-specific postoperative headache after spinal anesthesia requires special attention (8).

Preventive strategies of PDPH are developed based on how to reduce CSF leakage by currently available methods including small size pencil point spiral needle, personal bevel orientation, liquid use for the loss of resistance in epidural puncture and prophylactic epidural blood patch (9).

Conservative therapies such as bed rest, hydration and caffeine are commonly used as prophylactic and treatment for this condition. However, no substantial evidence supports routine bed rest and aggressive hydration (10).

The main result of this work will assist stakeholders in designing intervention preferences among nurses and other healthcare workers in the post-natal care unit. It will also assist nurses to reinforce educational programs on early initiation of breastfeeding among the mothers, thus contributing to the reduction in mortality and morbidity associated with delaying in the initiation of breastfeeding. It will also serve as reference material for other nursing researchers as well as provide basis for further research work. The study will be beneficial to the nursing department in the choice of baby's food as the hospital supports friendly breastfeeding initiatives. This study will also increase the knowledge and enlighten the researchers.

We present some definition of terms that would be useful in the next sections as follows:

Definition 2.1: Lived: It refers to during, form, or at the actual time that something happens.

Definition 2.2: Experience: The practical knowledge skills or practice derived from direct observation of or participation in event.

Definition 2.3: Mothers: This refers to females that did C-Section under anesthesia with baby nurtured beside them.



Definition 2.4: Post Dural Puncture Headache (PDPH): It is a complication of puncture of the dural mater (one of the membranes that surround the brain and spinal cord).

Definition 2.5: Breastfeeding: The activity of feeding a baby or young child with milk from the breast(s) of a lactating woman.

Definition 2.6: Effects: The results or outcomes of a cause.

RESEARCH METHODOLOGY

This section includes the research population, sample size and sampling techniques, instrumentation, reliability and validity of the instrument, data collection procedure, method of data analysis and ethical consideration as applied to the study.

Research Design

A qualitative study design was carried out where lived experiences of mothers with Post Dural Puncture Headache and its effects on early initiation of breastfeeding were explored.

Research Setting

The study was carried out in Abeokuta town, which is a medium size town. It is the largest city and capital of Ogun State in Southwest Nigeria. It is located in 7.15°N and 3.35°E taking the rock (Olumo) as the reference point. Abeokuta is a historical city built around a rock by the Egba, the name Abeokuta literally means ‘under the rock.’ It is symbolic as it bears tales of the city’s past. The town is about 67 meters above the sea level in the tropical zone of Africa with alternate wet and dry seasons. The city was established in the early 19th century as a place of refuge from the ravaging slave trade of the era.

The population is about 533,000 (World Statistical Data, 2020). It is traditionally referred to as the rock city and traditional hideout of Yoruba race. There are other ethnic groups in the town such as Ibo and Hausa. Modern Abeokuta is an agricultural trade center. It is composed of 31 wards (Abeokuta North with 16 wards and Abeokuta South with 15 wards) each having other several small communities. There are 209 health care facilities in Abeokuta: 43 primary health care centers, 5 state centers, 2 Federal health care centers and 1 registered mission health care center.

The selected health care setting in Abeokuta for this study is Federal Medical Centre, Idi Aba, being the major referral center as C-Sections are not done in Primary Health Care settings. This health care initiation receives patients within the city and its environments. It comprises various departments like antenatal clinic, labour ward, immunization clinic, theatre department, etc. The post-natal ward of this health center setting will be used for this study.

Target Population

The target population for this study was 24 parturient women that delivered through C-Section under spinal anesthesia with Post Dural Punctured Headache in postnatal ward of this health care setting in Abeokuta.



Inclusion Criteria

- Women that delivered through Caesarean Section under spinal anesthesia in the center;
- The delivery was between 1 and 72 hours and the baby was nursed with the mother on the postnatal ward;
- The parturient was conscious but with/without Post Dural Punctured Headache.

Exclusion Criteria

- Women that had spontaneous vaginal delivery;
- Women that delivered through C-Section under general anesthesia;
- Women whose babies were nursed in neonatal unit of the center.

Sample Size Determination

Twenty-four (24) parturient women were chosen based on the inclusion criteria.

Sampling Technique

Purposive sampling technique was used in selecting 24 parturient mothers who were subjected to in-depth interview after birth.

Source of Data

A self-structured questionnaire was developed for the purpose of data collection. The questionnaire consists of two sections (A and B). Section A comprises questions about socio-demographic characteristics. Section B assesses the incidence of Post Dural Headache and its effects on breastfeeding.

Validity and Reliability of the Instrument

To ensure the integrity of the study and credibility of findings in relation to qualitative research, responses validation and reflexivity were applied during interview and analysis. Audio-taped interview was transcribed and typed field notes were compared to identify omissions and to ensure that the data on the audio tape are captured accurately in the text. The text was put into a two column table format (first column for text and second for making notes). The scripts were read through several times by the researcher and brief notes on important information were made in the second column. The themes were identified and compared with the typed script to ensure relevance and assumptions central to the study were thoroughly described to achieve transferability.

Method of Data Collection

Data collection was through in-depth interview with the use of interview guide. The interview guide was developed on the objective of the study and review of related literature was made. The research committee members were grouped and roster was made such that all subjects were assessed after C-Section with data collected by recording their voices. Data was collected within 36–48 hours after the surgery without subjecting participants to stress. Participants were



allowed to make their decisions regarding their participation in the study and were duly informed that the interview will be recorded.

Method of Data Analysis

The data collected was analyzed using thematic content analysis. This was done by listening to audiotape recordings and transcribing the content verbatim according to themes, and footnotes were typed and compared with audiotape transcription. The transcript was coded by going through the transcript line by line and paragraph by paragraph, to find significant statement and codes according to the research questions. The similarities and contrast within the data were compared by the researcher and data that seemed to cluster together were sorted into categories.

Ethical Consideration

Ethical clearance was sought and obtained from the Federal Medical Center Research Ethics Committee and permission was sought from the management of the hospital to conduct the study. Informed consent was gained from parturient women; their rights to privacy and confidentiality were maintained throughout the study. All information derived from participants were kept confidential and anonymous.

DATA ANALYSIS AND PRESENTATION

The measurement tool for the study was semi-structured questionnaire. This technique or tool was adopted to help the respondents express themselves wonderfully about their lived experiences with or without Post Dural Puncture Headache (PDPH). And in a bid to guarantee confidentiality, the respondents were labelled P1 to P24.

The analysis was based on data collected from twenty-four (24) women who gave birth through C-Section from whom complete information was obtained through face to face interview. The analysis for the quantitative arm was done with SPSS. Data were then entered into MS Excel and analyzed using the SPSS. Different parameters were evaluated first by their frequency and presented in a tabular form. For the qualitative arm, the audio files were transcribed, text notes were coded and thematic analysis was used to categorize them.

Demographic Profile of Respondents: A total number of twenty-four (24) females were interviewed. These were those who gave birth within the last seventy-two (72) hours through C-Section. This section analyzed the various demographic characteristics of the respondents varying from age to educational status while supporting them with tables and figures.

Age Distribution: The mean age of respondents is 30.54 years old. The age distribution of the respondents who participated in the study, based on grouping, is thus provided in the table below. Thus, it could be seen that majority of the respondents belonged to the age group 26–30 years old (45.8%).

**Table 4.1: Age distribution**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3	12.5	12.5	12.5
	11	45.8		
	3	12.5	45.8	58.3
	7	29.2		
	24	100.0	12.5	70.8
20-25			29.2	100.0
26-30				
31-35				
36-40				
Total			100.0	

Employment Status: For easy analysis, respondents' occupations have been categorized into Civil servant, Self-employed and Unemployed. Considering the employment status of the respondents, the table below shows that majority of the participants are self-employed (50.0%), followed by civil servants (37.5%) while 12.5% are economically inactive (unemployed).

Table 4.2: Employment Status

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3	12.5	12.5	12.5
	12	50.0	50.0	62.5
	9	37.5	37.5	100.0
Total	24	100.0	100.0	

Educational Background

Regarding the educational background of the respondents, the table below indicates that 58.3% had either HND or first degree and 29.2% had secondary school leaving certificate. Only very low percentages of the respondents had only completed primary school, NCE/OND and M.Sc. (4.2%).

**Table 4.3: Educational Background**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
Primary school leaver	1	4.2	4.2	4.2
Secondary school leaver	7	29.2	29.2	33.3
NCE/OND	1	4.2	4.2	37.5
HND/BSC	14	58.3	58.3	95.8
MSC	1	4.2	4.2	100.0
Total	24	100.0	100.0	

Analytical procedure for conventional content analysis was used. The analysis was data driven and based on the participants' unique perspectives rather than pre-guided theory or hypothesis.

Knowledge/Awareness of PDPH before C-Section

Out of the twenty-four (24) participants who were asked whether or not they had knowledge of PDPH before going for surgery, a total number of 14 participants (58.3%) reported that they had no knowledge of it. They never heard nor read about it. *"I was not told nor heard of PDPH through C-Section"* – P4 participant. 10 participants (41.7%) however were aware or told of PDPH either shortly before the surgery or instantly after it. *"I have knowledge that when someone had surgery, she experienced headache after it"* – P2 participant. *"I was informed of the possibility of developing headache after C-Section shortly before the surgery took place"* – P6 participant.

Participant 13 who had no knowledge of PDPH before surgery acknowledged: *"But during the process of the surgery, my consultant was there...so, as I was trying to raise up my head, he was telling me that there is an aftermath to every successful thing, that he wouldn't advise that I lift my head, because of severe headache or other things that may crop up."*

Some participants were told of the possibility of having headache after C-Section if their heads are raised. Many participants although have no pre-knowledge of PDPH but were informed before C-Section that they could have headache if their heads are raised immediately after it. *"I was not informed; they just told me not to raise my head. And if I wanted to turn my head, they will tell me not to"* *"I was told about it in the theatre"* – P12 participant. *"The doctor gave me full information about the C-Section before undergoing it, but based on my own perspective or knowledge, I don't have any idea about that before then"* – P3 participant.

**Table 4.4: Thematic Analysis of Awareness after C-Section**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	14	58.3	58.3	58.3
	10			
	24	41.7	41.7	100.0
No				
Yes				
Total		100.0	100.0	

Occurrence of Headache after C-Section

Participants were asked whether they experienced headache or not after C-Section. Out of the 24 participants interviewed, only 4 participants (16.7%) had headache, as could be seen in the table above. Majority of the respondents, as could be seen, as well did not experience headache, which was attributable to some factors such as compliance with the directive given during ANC among others. *"I didn't feel the headache immediately except when I was taken back to the ward...after a few hours, then I started feeling it. I was told maybe I have lifted my head for a long time...so I was asked to place my head in a more convenient position and when I did that; I felt greatly relieved afterwards"* – P24 participant. When the participants were asked to describe the nature of the headache, a few participants reported that it occurred in the frontal region (3, 75%) and one said at the occipital region (1, 25%).

Table 4.5: Thematic Analysis of Headache after C-Section

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
	20	83.3	83.3	83.3
	4	16.7	16.7	100.0
No				
Yes				
Total	24	100.0	100.0	



Effects of Early Initiation of Breastfeeding on PDPH

Majority of the participants expressed that early initiation of breastfeeding does not have any correlation with PDPH. Thus, introducing breast milk to a child after C-Section cannot result in headache; nonetheless, a larger number of the participants despite this still failed to initiate early breastfeeding due to one reason or the other. “*I could have breastfed my baby immediately after C-Section but the baby was rather with the nurses in the theatre*” – P11 participant. “*PDPH is not related to early breastfeeding at all...mothers should hence be encouraged to do so except if they have health challenges that could prevent them*” – P18 participant.

Barriers to Early Initiation of Breastfeeding (EIBF)

The participants were asked to state their view regarding the barriers that could affect EIBF. Several barriers, according to them, could inhibit early initiation of breastfeeding after C-Section, among which are pain, negative attitudes of women, complications of mothers, inadequate skilled birth attendant, et cetera. “*There is no doubt in the fact that if a mother has any complication or is inactive, hardly can her initiate early breastfeeding*” – P5 participant.

Majority of the participants agreed that fatigue and post-delivery pains particularly are major barriers to breastfeeding within the first hours after birth through C-Section. “*When the state of health of mothers after surgery is an issue, how would she be able to breastfeed her baby as you would expect?*” – P21 participant.

Another barrier mentioned by a few participants was the negative attitude of some mothers. This attitude has been considered a stumbling block to EIBF. Some mothers do fail to uphold cleanliness and adequately prepare themselves to help initiate early breastfeeding.

Another barrier identified by some participants was the type of anesthesia administered which caused much pain for them. This has resulted to distress and discomfort for them. “*It is hoped that once the anesthesia is taking care of or improved upon and less painful, mothers will be able to initiate early breastfeeding*” – P15 participant.

Factors That Can Promote Early Initiation of Breastfeeding

The participants expressed that early initiation of breastfeeding is not only beneficial to the infants but mothers as well. Thus, identifying individual and facility factors that influence early initiation of breastfeeding has been considered significant.

Maternal advantages of early initiation of breastfeeding cannot then be overemphasized as these include stimulation of oxytocin release that helps uterus to contract on time, hence reducing the risk of hemorrhage. Participants mentioned several factors that could promote EIBF among themselves. These factors could be classified into social, psychological, emotional, and environmental. “*It (EIBF) is very important because it helps the child to suck the first milk. It boosts the child's immunity and helps the mother's uterus to shrink and close rapidly*” – P21 participant.

Early initiation of breastfeeding provides a strong link between mothers and their children. This was confirmed by several participants when speaking on the benefits of EIBF. “*EIBF*



enhances early bonding between mother and newborn and in establishing exclusive breastfeeding and continued breastfeeding.” – P7 participant.

The participants suggested another factor that could promote early breastfeeding as provision of assistance by the health workers generally, and nurses specifically. “*If the nurses could help mothers who undergo C-Section, it will no doubt go afar to promote EIBF.*” – P1 participant. “*If the nurses see that the mother can't breastfeed her baby, they can ask her to extract it into a cup in the same way as direct breast feeding...with this means, the child can receive the mother's first milk*” – P7 participant.

Another important factor mentioned was that mothers should prepare themselves adequately before undergoing C-Section. “*When mothers have prepared adequately from home, taken care of themselves, it will be easier...if health officials do not do anything and we do not help ourselves too, it won't be easy at all*” – P2 participant.

Adequate feeding after C-Section has been considered as another great factor that could promote EIBF. Gaining enough strength after it requires that mothers eat very well as soon as she starts taking solid food. And this would help initiate early breastfeeding. “*The woman after child delivery should feed well to gain strength and be able to initiate early breastfeeding*” – P22 participant.

As some mothers do experience pains after C-Section for a long period of time, some participants expressed that the anesthesia needs to be improved upon. When this is achieved, it is strongly believed that it will help mothers initiate early breastfeeding. Moreover, to better improve on surgical procedures, health workers should intensify on upgrading their knowledge. “*I think if there's improvement on the injection given...then nurses and people in the ward should help attend to the mother, support her to sit well or change her posture if need be and probably help her lift the baby so that she won't need to bend her head to breastfeeding*” – P5 participant. “*Maybe, they (doctors and nurses) can search more on it online and see what they can do to alleviate pains of mothers after surgery...so that mothers will be able to breastfeed their babies early enough as encouraged from the articles being read on the internet. Mothers should also give details of their health challenges as this would help doctors and nurses help them satisfactorily.....let each of us as mothers and health workers play our roles as expected*” – P11 participant.

DISCUSSION OF FINDINGS

Different studies have considered the incidence of Post Dural Puncture Headache (PDPH) but only few has critically looked into the variables reviewed in this study. C-Section is increasingly done under spinal anesthesia (SA) though being accompanied with PDPH and this could be quite distressing to mothers with new born. This can also interfere with the mother's ability to take care of herself or breastfeed her baby. And this may extend the length of her hospital stay or evolve into chronic headache. It is noteworthy to state that incidence or possibility of PDPH after C-Section resulted in many mothers believing wrongly that they cannot initiate early breastfeeding. However, with improved knowledge of Post Dural Puncture Headache, mothers can put babies to breast early and safely after C-Section.



This study sought to reveal the lived experience of women with or without Post Dural Puncture Headache (PDPH) which, of course, is a common complication of spinal anesthesia. The incidence of PDPH, though dependent upon several factors, was found to be 16.7% among the selected sample as compared to other studies, showing 42% (11). The study revealed that out of the 24 participants for the study, only 4 participants (16.7%) had headache/neck pain. Several factors have been associated with the development of PDPH, including age, previous history of PDPH, positioning, and several attempts at Dural Puncture. In the study, those participants who developed PDPH were between the ages of 26–40 years (4; 16.7%). In actual fact, Post Dural Puncture Headache is more common in younger patients and this agrees with the outcome of International Headache Society (2018), of the 24 participants; only one reported a previous history of PDPH. Along with the characteristic symptoms of PDPH (postural headache, occurring within 5 days), the most frequently reported description was ‘throbbing/pounding’ (50%), followed by ‘dull/aching’ (42%). One person (25%) reported that the headache felt like a ‘pressure.’

The common associated symptom was neck stiffness (2; 50%) followed by dizziness (1; 25%). There was none among the participants who reported accompanying signs or symptoms. The onset of PDPH corresponds with previous literature as occurring within 5 days (IHS, 2018), the average onset of 3 days post spinal anesthesia in this study.

In the study, it was discovered that maternal age did not confer any advantage on breastfeeding practices. Low maternal education and non-utilization of orthodox obstetric facilities could impair early initiation and exclusive breastfeeding. This corresponds to other literature like (11). According to the Nigeria Demographic and Health Survey (NDHS) report in 2013 in Nigeria, the prevalence of early initiation of breastfeeding was 33.2%. Other studies in Nigeria reported prevalence ranging from 28% – 45% (4). Some of the reasons for late initiation of breastfeeding as revealed in the study include C-Section, delayed milk flow, maternal or infant illness and stress of labor necessitating a rest postpartum as corresponded to (5). Only 32% of the babies delivered by C-Section had been put to breast within the first hour of life. This finding is inconsistent with other literatures, which indicate 50% of babies through C-Section were put to breast within the first hour (3).

Another important finding from the study was the effect of PDPH on early initiation of breastfeeding. Despite the fact that majority of the respondents believed there is no relationship between early initiation of breastfeeding and PDPH, all the respondents did not put their baby to breast immediately after C-Section, citing pain from it as the reason for delayed breastfeeding. Women who delivered by emergency CS were found to have a higher proportion of breastfeeding difficulties (41%).

It is noteworthy in this study that women who deliver through C-Section are more likely not to initiate early breastfeeding. It is pertinent that they may require access to lactation consultation and nurses' support in order to initiate early breastfeeding of the newborns.

The study further reported that factors affecting early initiation of breastfeeding could be incidence of PDPH after C-Section and pain, among others. Majority of the participants were of the opinion that the mother's health is important immediately after C-Section as most mothers will take some time before recuperating. Alternative anesthesia that will not paralyze the leg or make it heavy after C-Section has been suggested as a way to promote EIBF.



The study also revealed that improvement on the anesthesia given to mothers will go a long way to alleviate much pain. Post-operative pain management is a crucial condition not only for mothers but also for infants since it increases morbidity, mortality and negatively affect mothers in breastfeeding appropriately.

In this study, many factors were revealed that promote EIBF among which are mothers' preparation from home, their willingness, et cetera. It was observed that EIBF can be achieved if mothers do not lack such willingness and enthusiasm required to do so. Otherwise, EIBF will not occur or be actualized.

CONCLUSION

The study examined the lived experiences of mothers with or without PDPH after surgery and then concluded that majority of the mothers did not experience severe headache after C-Section. Despite this, most mothers did not initiate early breastfeeding of their babies due to ignorance, lack of encouragement or failure to be assisted by the nurses or feeling pains on the surgery spot.

The study revealed that mothers who shall be undergoing C-Section should be well enlightened, sensitized towards adequately preparing for surgery and encouraged to initiate early breastfeeding as this would definitely build up immunity, boost the energy of the baby and help in mental growth of the baby.

The study also indicated that majority of mothers would have preferred more information from the prenatal class, the media, and finally, family and friends. The study indicated that overcoming barriers to successful breastfeeding would require both public and professional education from health care providers.

As for those mothers with complaint of excessive pain after C-Section, we strongly advise that health officials do everything that is possible to alleviate it for them to initiate early breastfeeding. The primary objective of this study was to examine the lived experiences of mothers with and without Post Dural Puncture Headache (PDPH) and its effects on early initiation of breastfeeding at the Federal Medical Center, Idi Aba, Abeokuta, Ogun State. A qualitative phenomenological approach was adopted with a sample size of twenty-four (24) mothers who gave birth through C-Section in order to investigate mothers' experiences. Purposive sampling as a tool for informant selection, also known as selective or subjective sampling, was used for selection of the participants for the study. The researchers, with the help of interview guide, conducted an in-depth one-to-one interview with the participants.

The qualitative process of data collection involved interviews, documentation, and observations, using a reliable and valid recording instrument. Each interview lasted between 4 and 12 minutes. The questionnaires used were open-ended to stimulate and facilitate narratives of the participants' own experiences. The data collected were analyzed using thematic content analysis.

The strategies for the data analysis comprised qualitative software, keywords, phrases, and codes. All these had contributed immensely to identifying the following themes: (a) knowledge or awareness of PDPH before C-Section (b) Occurrence of headache after C-Section (c) Effect



of early initiation of breastfeeding on PDPH (d) Barriers to early initiation of breastfeeding (e) Factors that promote early initiation of breastfeeding.

The findings indicated that majority of the participants (83.3%) did not experience headache after C-Section. It also indicated that majority of the participants (91.7%) believed there is no relationship between effect of PDPH and early initiation of breastfeeding. Hence, mothers should ensure early breastfeeding is initiated. More importantly, it revealed that majority of the mothers believed that early initiation of breastfeeding could be drastically affected by the state of health of the mothers as well as incidence of PDPH.

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