

## ORIGINAL ARTICLE

**Lived Experiences of Women after Emergency Peripartum Hysterectomy: A Qualitative study in Peshawar, Pakistan**NUSRAT BEGUM<sup>1</sup>, NAJMA NAZ<sup>2</sup>, DILDAR MUHAMMAD<sup>3</sup>, SABIHA KHANUM<sup>4</sup>, TARIQ RAHIM<sup>5</sup>, SHERAZ KHAN<sup>6</sup><sup>1</sup>Nursing Instructor Public Health School Peshawar<sup>2,3</sup>Assistant Professor INS, KMU Hayat Abad phase 6 Peshawar Pakistan<sup>4</sup>Director INS, KMU Hayat Abad Phase 6 Peshawar Pakistan<sup>5</sup>MSN Scholar INS, KMU Hayat Abad Phase 6 Peshawar Pakistan<sup>6</sup>Lecturer The Quaid Azam College of Nursing and Health Sciences SwabiCorrespondence to Dr. Najma Naz, Email: [skhan.bmu@gmail.com](mailto:skhan.bmu@gmail.com)**ABSTRACT****Background:** Emergency Peripartum Hysterectomy (EPH) is a type of hysterectomy which is performed in emergency and life-threatening situations like postpartum hemorrhage.**Aim:** To explore the lived experiences of women after EPH.**Methods:** A qualitative phenomenological study was conducted in Lady Reading Hospital (LRH) Peshawar, Khyber Pakhtunkhwa (KP) to explore the lived experiences of women after EPH. A total of 10 participants were included in the study. Data were collected using interview guide, audio and written data were recorded. Thematic analysis was done using thematic analysis techniques. **Results:** Overall, ten participants were included in the study. 117 codes were generated from the data which helps in creating five themes about the experiences of women after EPH. The women experience profound grief, needs for support, needs for information, bonding and fear.**Conclusion:** The findings of the study concluded that women after EPH experience profound grief, need of support, need of information, bonding, and fear.**Keywords:** Women, Emergency peripartum hysterectomy, lived experiences, Qualitative Study**INTRODUCTION**

Hysterectomy is a surgical procedure for the removal of all or a part of the uterus<sup>1</sup>. Centers for Disease Control and Prevention (CDC) reported 11.7% women between age 40- 44 years had hysterectomies from 2006-2010 and approximately 6,000,000 hysterectomies procedure are carried out in United States of America (USA)<sup>2</sup>. The mortality rate due to hysterectomy is very low with one death per thousand or maybe less than 1 percent but still, there is a strong association between the hysterectomy procedure and morbidity rate. Around 50% of women developed some type of morbidity after the hysterectomy procedure<sup>3-5</sup>. EPH is considered a high-risk problem due to its severe morbidity and mortality<sup>6</sup>. More than 500000 women die every year and among them, 99% die in developing countries of Asia<sup>7</sup>. The maternal mortality has reported in most of the studies was caused by hemorrhagic shock or intravascular coagulation circulated in the massive obstetrical hemorrhage which could not be stopped even after EPH<sup>8</sup>. WHO estimated that almost 25% of women with EPH die due to postpartum hemorrhage and the rate of mortality is increasing by up to 60% in various countries<sup>9</sup>.

EPH is a type of hysterectomy, usually performed in emergency and life-threatening situations like postpartum hemorrhage (PPH)<sup>10</sup>. The history of EPH is very old and this procedure was proposed in 1869 with no significant results. The journey did not stop there and after seven years, cesarean subtotal hysterectomy was carried out successfully in 1876 with excellent results with the mother and baby both were survived<sup>11,12</sup>.

A variety of factors leads to hysterectomy. Some of the common indications for hysterectomy are heavy periods which cause fibroids, pelvic pain which might occur due to endometriosis and pelvic inflammatory disease, uterus prolapse, cancer of womb, cervix, and ovaries, uterine leiomyoma and menorrhagia<sup>13</sup>. Heavy bleeding and considered the main cause of emergency hysterectomy which mostly occurs soon after delivery. Malnourished or anemic women with their first baby are more at risk of heavy bleeding which leads to hysterectomy<sup>14</sup>. In the list of indications, menorrhagia with or without fibroids is on top with 57.8%, pelvic pain with menorrhagia contributes 17.7% to an emergency hysterectomy, uterovaginal prolapse contributes 13% to hysterectomy and 5.9% some other factors contribute to hysterectomy<sup>15</sup>.

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Women with untreated infections leading to intractable uterine atony or myometrial abscesses, required EPH are few nowadays because of modern anti-microbial therapy<sup>16</sup>. The most common leading factors of EPH are the use of oxytocin injudiciously, Antepartum Hemorrhage (APH), prolonged labor, grand multi-parity, previous CS, PPH and obstructed labor<sup>17</sup>. Multiple pregnancies, un-booked status, fibroids in the pregnancy, contracted pelvis which affects women to uterine rupture are some of the risk factors for hysterectomy<sup>18</sup>.

EPH is associated with multiple complications, like ruptured bladder, shock, severe anemia and long-term complications also experienced such as foot drop, Vesico-Vaginal Fistula (VVF) and surgically induced infertility<sup>19</sup>. According to one of the studies, menopause, reduction in the hormones responsible for sex and irreversible loss of pregnancy capability is related to EPH<sup>20</sup>. According to Gercek et al., the women who had experienced EPH have complications like fear of losing permanently femininity role and sexual function<sup>21</sup>.

EPH is a universally very common surgery, yet there was the paucity of a qualitative study to give voice to the EPH women lived experiences, the current study explored the knowledge in this regard. This study will provide a platform for the nursing staff and health care professionals concerning the lived experiences of women with EPH and provide guidelines for future recommendations in terms of decision making. As current research studies reported epidemiological data of PPH and EPH both incidences are increasing day by day and the lived experiences of EPH women and their consequences are still unexplored. Women with EPH experience severe complications even lead to death, also hysterectomy affects the patients' quality of life in terms of social, psychological and mental health problems<sup>22</sup>. EPH has increased its possible physical and psychosocial drawbacks, which need to explore by researching women's experiences and requirements<sup>23</sup>.

**METHODS**

A phenomenological research study design was used for the current study to assess the lived experiences of women after emergency peripartum hysterectomy. The study was conducted in Lady Reading Hospital, Peshawar. The study was carried out from July 2019 – December 2019. Overall, 10 participants were included in the study using purposive sampling technique. The

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sample size of the study was limited to 10 participants based on data saturation. Data was collected using in-depth interview regarding experiences after EPH. Women with EPH visited the hospital after six months of their surgical procedure were included in the study. Similarly, women with other illnesses such as diabetes, hypertension, hepatitis, etc. were excluded from the study.

Participants of the study were recruited in gynae department of the hospital. Informed consent was granted from the participants before the collection of data. All the questions were clarified to the participants before collecting the data. In-depth face to face interviews was conducted with the participants to explore their experiences regarding post-operative EPH. All the interviews were audio-recorded and saved without the identification of the participants and also the information was recorded on paper using handwritten transcripts to avoid the loss of data. Data were analyzed using a thematic analysis approach. To explore the data for themes, the audio-recorded data was listened for more than two times and the written data was read several times and induction was noted. Coding was done on the bases of semantic and conceptual reading and relevant data was extracted from the codes. Ethical approval was granted from the Advanced Studies & Review Board (ASRB) and Ethical Review Board (ERB) of Khyber Medical University (KMU). Data collection permission was granted from the nursing director of LRH.

**Credibility:** To address the objectives of the study, the appropriate study design was selected and the proper study population was selected to highlight the topic of interest. To overcome the bias, an appropriate sampling methodology was used. For a topic like experiences of women undergo an EPH, the qualitative study design, population and sampling methodology is the best choice. The participants were at the same age group as the interviewer, so they could easily report their experiences in front of the interviewer. All the obtained data was recorded using audio and written tools and all the data was checked several times for any deficiency. Regular feedback was taken from the supervisor to ensure the credibility of the results.

**Transferability:** The main objective of the study was the lived experiences of women after EPH. The findings of the study can be express in other same situations such as experiences of women post-operative emergency hysterectomy, experiences of women followed emergency hysterectomy and women experiences of hysterectomy in childbearing age.

**Dependability:** All the processes of the study were consistently checked and discussed with supervisor, other professionals, and experts. The results of the study were reliable and rechecked by expert Gynecologist. All the process was documented and time to time feedback was taken by the supervisor. Regular modifications were done according to the suggestions and feedback to ensure the dependability.

**Conformability:** To ensure the conformability of the data, the collected data was verified from every participant to confirm that the data is valid. The verification of two data sets (verbal and written) for similarity was also checked with each other and verified by the participants. The feedback taken by the supervisor also helps in the conformability of the study findings.

## RESULTS

**Socio-Demographic:** Ten in-depth interviews were conducted to collect the data and the mean age of the participants was 26.5 years. The majority (80%) participants have age group 20 to 30 years. More than half (60%) of participants were middle socioeconomic status families. The literacy rate of the participants was not good, 4 participants' education status were less than 5th standard, 3 participants were matriculated and 3 participants have 12th standard. The number of children of participants was ranging from 0 to 4. A majority (70%) of the study participants were from the urban areas while 30% were from rural areas. All the participants were Muslims. Four of the participant's spouses were

government servants, three were private servants, one was a farmer and two were a shopkeeper.

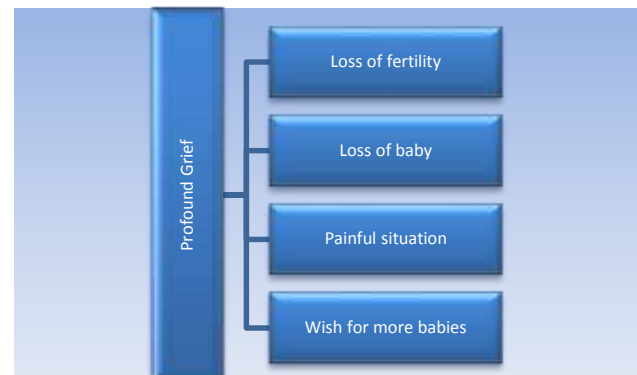
**Coding and Thematic Analysis:** A total of 117 different codes were extracted from the data. Axial coding was done and unnecessary codes were omitted. After omitting the unnecessary codes, only 17 open codes were identified. These codes were arranged and categorized to create five themes. These themes were profound grief, bonding, need of information, need of support and fear (Figure 1).

Figure 1: Thematic analysis of the lived experiences of women after EPH



**Profound Grief:** The first theme generated from the codes was profound grief; the theme was generated from many codes such as they wish for more babies, loss of baby or abortion, painful situation and loss of fertility (Figure 2).

Figure 2: Profound Grief.



The participants experienced grief due to infertility, almost all participants stated that they will never conceive pregnancy again. The grief of infertility was due to their number of children. Most of the participants were reported that they have only one or two children and they want to have more especially male babies. Besides, the interviewer added the concept of the male dominant society, it was reported that their husband wants more baby which put the participants in profound grief. The participants were also reported that they lost their baby during the procedure. The abortion of the baby and the post of procedure put the participants in profound grief. The interviewer reported that it was a very painful situation for them and the pain will never end (Table 3).

**Need For Support:** The second theme, need for support was extracted from different codes such as lack of support from family, lack of support from husband, lack of emotional support and lack of psychological support. All these codes contribute to the main theme need of support (Figure 3).

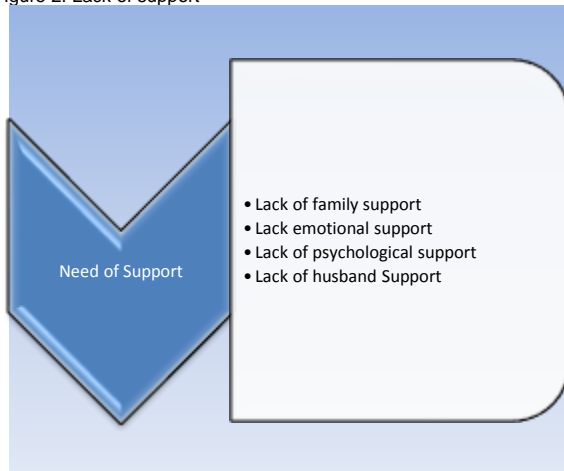
Among participants, some of them stated that they were lacking emotional support, usually, they want to express their

feeling and pain to someone but no one supports them during their pain and stressful situation, the participants were wished someone to support them. The participants were stated that after hysterectomy the family members never asked about their situation, never asked about their problems and help. They were also stated that their family members were spending a happy life and they were showing no interest in them. Similarly, participants also stated that they lost support from their husbands after the EPH. They told that their husbands were ignoring them. They reported that they were passing through a stressful situation in which they need support from their husband. Lack of physiological support was also highlighted by the participants; they stated that they are facing physiological crises in which they need proper support (Table 4).

Table 3: Narrations of participants exploring themes and codes for profound grief.

Themes	Codes	Narrations/ Quotations
Profound Grief	Loss of fertility	"For a woman, it's very difficult to hear about loss of her fertility forever. Especially at that time when she has only one son or has no male baby. I forget the pain but only remember that I have lost my womb" (participant 2, Age=30, gravida 2).
	Loss of baby	"I was very happy because I conceived pregnancy. Before that my two babies were aborted. Now I lost my baby. It was very shocking news for me when I knew my third baby was aborted. This was my third baby whom I lost; I will not be able to get pregnant again in my life. I lost all my babies" (Participant 7, age=32, gravida 3).
	Wish for more babies	"I cannot express my situation to anyone, the operation ruined my life. For a few months, I did not believe that I lost my uterus and I will be able to conceive a pregnancy. I am living in a male dominant society where we need to give birth to more babies especially male babies and I have already two female babies but my husband want to have one male baby also. It is also my wish to have a male baby, also female because the beauty of the family depends on the babies" (Participant 2, age=28 years, gravida 2).
	Painful situation	"It was very shocking and painful news for me. Still, I cannot forget that day. I am trying to forget all that but I am not aged to forget (Crying). I think there will be no painful situation like that in my life. It makes me cry every day. I will not be able to conceive anymore. I used to pray my God, please keep away all the females from this pain, it will never let you live" (Participant 4, age =20 years, gravida 1).

Figure 2: Lack of support



**Bonding:** The third theme extracted was bonding. The theme was extracted from three codes such as bonding with family, bonding with family and bonding with the baby (Figure 4).

The participants explore the lack of bonding with their family, husband and baby. The participants reported that before hysterectomy all the relationships were normal but after the hysterectomy, the bond between them and family members

become weak due to their changes behavior. They also added that

the bond between them and their husbands also becomes weak and now they keep distance in love, affinity and sexual relationship. The participants also express their feelings and reported that the hysterectomy procedure creates a barrier between them and the upcoming baby (Table 5).

Table 4: Narrations of participants exploring theme and codes for need of support.

Themes	Codes	Narrations/ Quotations
1. Lack of Support	Lack of emotional support	"Usually I set alone because there is no one who can feel my pain, I want to share my situation with someone and I need some who support me in this situation but there is no one who supports"(Participant 5, age=23, gravida 2).
	Lack of family support	"My family did not ask me about anything. They never asked me whether I need something, whether I need someone's help. My family spends a happy life, they never think about me. They should take care of me and support me" (Participant 7, age =32, gravida 3).
	Lack of psychological support	"When I think about my future, I think, I will be alone one day because I don't have a male baby and how will I spent my life without a male baby. I will lose my mind someday, I told everyone but no one takes it seriously" (Participant 6, age=35, Gravida 4).
	Lack of husband support	"My husband never sits with me, he is ignoring me after my operation. He was good before but now he remains outside of the home and came late to home. He told me this was the result of your sins. I weep every time but he never stops me from weeping" (Participant 2, age=30, gravida 2).

Figure 4: Bonding

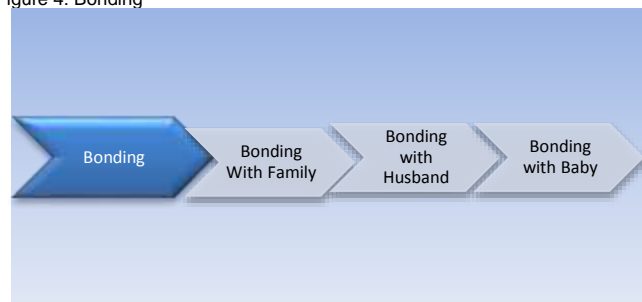
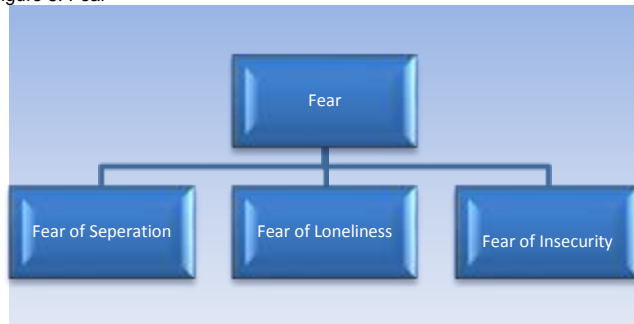


Table 1: Narrations of participants exploring themes and codes for bonding.

Themes	Codes	Narrations/ Quotations
Bonding	Bonding with family.	"Before the operation everything was fine, the behavior of my family was good. After the peroration I was bed rested for two months, the behavior of my mother-in-law and sister-in-law changed. Then ever someone visits our home, my family members were degrading me. Our relation is not like before. This all is because of my infertility and operation because now I cannot work at home like before" (Participant 2, age =30, gravida 2).
	Bonding with husband.	"I was sharing everything with my husband now I think I am incomplete. I also feel my husband not share things with me. Our routine love and affection are affected due to my illness. Due to that our routine is also affected, also our sexual relationship is affected" (Participant 5, age=23, gravida 2).
	Bonding with the baby.	"The last time when I got pregnant I was very excited and I was sure that this time I will deliver a normal baby. Already my two babies were aborted. I planned a lot of things for my upcoming baby, but unfortunately, this baby did not survive. I took clothes, a blanket, shoes and a lot of things for my upcoming baby. All my wished were washed-out and I did not achieve any bond with baby. I want to have a baby and I play with my baby, I took the thing for my baby and care my baby" (Participant 7, age =32, gravida 3).

**Fear:** The fourth theme extracted was fear. Three codes for fear such as fear of separation, fear of loneliness and fear of insecurity were extracted from the data (Figure 5).

Figure 5: Fear



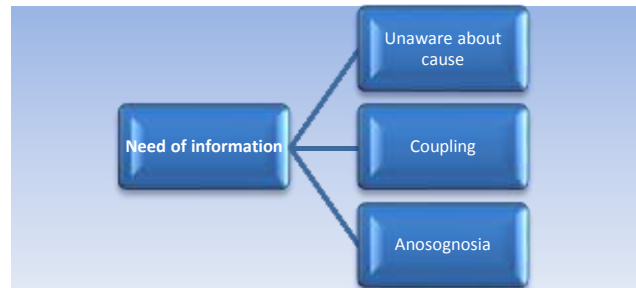
The participants were asked regarding different aspects as they reported fear of separating. Additionally they stated that post-operative life seems good but the fear of separation is still there. They mentioned that the male gets married after hysterectomy especially when they have fewer children and the second marriage usually leads to separation. The participants also showed the fear of insecurity by the family and husband ignore them after emergency hysterectomy. It was also added that the husband and their family wish to have a male baby and for how long they will be with daughters. The interviewer explored the sense of loneliness and fear after the situation due to the ignorance, rude behavior of family and husband (Table 6).

Table 2: Narrations of participants exploring themes and codes for fear.

Themes	Codes	Narrations/ Quotations
1. Fear	Fear of separation	"Now I am ok, my condition is stable and I am taking regular checkups but one thing due to which I am afraid is how I will manage with one baby and that baby is also female. In our society when the women got some issues like mind their family convenes the male for second marriage. I am afraid that one day my husband gets married and will be separated from him" (Participant 4, age=20, gravida 1).
	Fear of insecurity	"My family done have a good relationship with me, my husband also left his first wife. After my operating my family and husband behave has changed. My husband is in Saudi Arabia and he is ignoring me. Also, his family behaves very rudely with me. Still, I think if something happened to me what I will do" (Participant 7, age =32, gravida 3).
	Fear of loneliness	"The incident of hysterectomy has a huge impact on my life. I saw the real face of my family and husband. They all are changed. My husband is treating me and he thought I had done some sin and blaming me for this situation. I have two daughters, in our culture, the girls got married at a younger age. I know my husband will go for another marriage because his mother and sisters want him to marry for male baby. I am very afraid of the result. Still, my mother brought me to the hospital, my husband never takes care of me. All night I cannot sleep well and I think I will be very alone in this world" (Participant 3, age= 28 years, gravida 2).

**Need of Information:** The need of information was the fifth theme generated from different codes such as unaware of the cause, coupling, and Anosognosia (Figure 6).

Figure 6: Need of information



The participants were stated that they were unaware of the cause of the disease. They reported, there was some problem in the uterus that's why they were treated. The participants were further added that they don't know regarding coupling, they thought that coupling is dangerous and creating problems in women. Some of the participants were stated that they don't know what is happened to them and they are planning to visit some good doctors to functional the uterus (Table 7).

Table 3: Narrations of participants exploring theme and codes for need of information.

Themes	Codes	Narrations/ Quotations
Need of information	Unaware about cause	"I was alright and we went to the hospital for the delivery. I don't know why suddenly after the delivery they started me some drips and then they infused me some drips of blood. I don't know what happened to me and when I become conscious they told me that your baby sac has removed due to some problem in it" (participant 2, Age=30, gravida 2).
	Coupling	"We usually meet, but it gave me very pain. I think it is dangerous to meet my husband. I asked him to ask the doctor be he did not ask. You are a doctor, please you tell me whether it is safe to have a sexual activity after removing the womb" (Participant 7, age=32, gravida 3).
	Anosognosia	"I don't know why they cut my uterus and what the problem in my uterus was, I never asked because I was not in that condition in which I talked to the nurses. I think all the parts are normal and I am too young. I told my husband to go to some good doctor to treat it" (Participant 4, age =20 years, gravida 1).

**DISCUSSION**

In the current study, the women after EPH experienced profound grief, need of support, need of information, bonding and fear. A study conducted by Cara Z. de la Cruz et al estimated seven themes to explore the experiences of women after EPH. The experiences of women were fear, pain, death and dying, numbness or delay in emotional relation, bonding, communication and need of information<sup>24</sup>. Among the current study and study conducted by Cara Z. de la Cruz, four or the themes were the same experienced by women. In the same context, another study reported EPH experiences in mothers such as positive aspects, emotional support, psychological sequelae, change in sexual feelings and functions, insufficient information and feelings of loss<sup>25</sup>. This study also supported the current study in some themes such as insufficient information, changes in sexual feelings and functioning, emotional support, psychological sequelae and feelings of loss.

Profound grief was experienced in terms of wish for more babies, loss of baby or abortion, painful situation and loss of fertility. Mother's experiences grief after losing their baby during delivery, also EPH is a painful situation for a women hysterectomy. Every mother wishes for a baby if she did not achieve her wish due to hysterectomy it may lead to profound grief in mother which may cause health-related issues. It was suggested by one of the studies that grief affects the physical health of the women and leads to sever several diseases such as depression, anxiety and other mental disorders<sup>26</sup>. Grief in women increases the risk of physical and mental illness. The findings of the study revealed that grief is

strongly associated with mental and physical illness in women and increases the chance of mental and physical illness by ten folds<sup>27</sup>.

According to the research study, women experience extreme sadness and grief due to pregnancy loss. Also, the low mood and grief cause depressive symptoms in mothers<sup>28</sup>. In the same context, another study also highlighted the loss of the baby and its impact on maternal health. The findings of the study revealed that the symptoms of mental health usually started after three months. Among these symptoms, the major symptoms were profound grief, low mood and depressive symptoms. Usually, mothers experience these symptoms after abortion or stillbirth<sup>29</sup>. The findings of another study revealed that 86% of women after emergency hysterectomy experience severe psychological pain. The participants also reported symptoms of anger due to infertility<sup>30</sup>.

The current study also identified that woman experiences a lack of support after EPH. The lack of support also affects the health and daily life activities of women. The women experience a lack of support from their husband, family, psychological and emotional support. The study highlighted the importance of support from the family and the findings estimated that the most severe impact of lack of support from the family members is depression<sup>31</sup>. In the same context, another study also reported that there is a significant association between hysterectomy and psychiatric morbidity. The findings further explore that psychiatric morbidity such as anxiety and depression is more prevalent in women after hysterectomy<sup>32</sup>. Also, another study explores the post-hysterectomy experiences of women and the findings of the study revealed that out of 38 participants 22 participants experience a lack of support from their family, husband and friends. It was also reported that the lack of support from friends, family and husband lead to mental health problems in women<sup>33</sup>.

The current study also illustrates that the bonding between the women becomes weak with their family, husband and children. In the same way, the findings of the study also revealed that the bond between the women after EPH become weak with their family and husband<sup>34</sup>. It was also reported that the relationship between husband and wife usually affected by a hysterectomy and even it leads to separation. The support of the partner is highlighted and helps in the quick recovery of the women but still, some of the factors such as lack of information about the disease process, lack of information and possible effects on the sexual relationship affect the bonding of the couple. The findings of the study also reported that 73% women after emergency hysterectomy face disturbed relationships<sup>34</sup>.

The need of information was highlighted in the current study and the participants reported that they don't know why the study was done and why the uterus has been removed. A study reported that the women need to know the cause, procedure, complication, treatment and post-operative practices after emergency hysterectomy. The knowledge regarding hysterectomy keeps the patients away from certain complications and unexpected outcomes<sup>35</sup>.

## CONCLUSION

Overall, 17 codes were generated from the data which created five themes about the experiences of women after EPH. It was concluded from the study that the women after EPH experienced several experiences such as profound grief, need of support, need of information, bonding and fear.

**Conflict of interest:** Nil

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