

Views of women towards cesarean section

To the Editor

We read with interest the article of Lulu A. Al-Nuaim.¹ The author, however, did not refer to our study regarding women's perceptions and experiences of childbirth in the United Arab Emirates (UAE)² despite the claim of reviewing recent international studies. Our study was a cross-sectional survey of a consecutive sample of 715 multi-ethnic mothers who delivered during 3 months in Al-Ain Hospital, Al-Ain, UAE in 2001. Subjects were interviewed on the third postnatal day regarding their experience and satisfaction with childbirth using a structured questionnaire. Women delivered by cesarean (n=104, 14.5%) were significantly less satisfied with the information provided by their caregivers and their involvement in decision-making before the operation than the vaginal group ($p=0.001$). Adverse maternal experiences and negative feelings such as fear, anger, sorrow and regret, guilt, jealousy, sense of failure and disappointment were furthermore significantly more observed with cesarean delivery ($p=0.00001$). Irrespective of mode of delivery, most participants strongly agreed that cesarean delivery is worse than vaginal delivery whatever the reason and should be performed only for medical reasons. Given the similar socio-cultural, geo-demographic and reproductive characteristics of the 2 study populations, we conclude that women's impression regarding cesarean birth as a painless and safer alternative to vaginal birth does not, fortunately, seem to prevail in the Gulf region unlike other developing countries.³ Childbirth experience and prevalence and correlates of post-cesarean psychosocial morbidity in UAE were not different from those observed elsewhere.⁴ Our findings were also similar to the preliminary data reported by Lulu A. Al-Nuaim in Saudi Arabian women. As we have pledged for more local and regional studies in the fields of reproductive health and maternal psychology to complement our results, the final report of the current Saudi Arabian study regarding women's views towards cesarean birth is awaited with interest.

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Reply from the Author

I am grateful to Dr. Rizk and colleagues for their interest in my review article on the views of women towards cesarean section that appeared in the Saudi Medical Journal 2004: 25; 707-710. The omission of their article from those reviewed is regrettable. However, I am not sure whether the motivation for their writing was just to highlight the omission, or to suggest that the content in my article was already in theirs.

The findings reported by the above authors were based on a group of 104 mothers who were delivered by cesarean section (CS), and 611 mothers who underwent spontaneous vaginal delivery (SVD). The authors compared the prevalence rates of various adverse maternal experiences between the 2 groups of mothers. I wish to disagree with the authors when they referred to these 2 groups of mothers as "2 study populations". Secondly, their study was conducted in United Arab Emirates, and therefore, their findings had no external validity to be generalized to the Gulf region. However, some of the findings from their comparative study were in consonance with those in the literature I reviewed.

Quite briefly, my article was based on a review of literature on CS deliveries with focus on medical, legal and ethical issues pertaining to CS delivery. Of paramount importance was a discovery of the attitude of the expectant mothers to the surgery and the extent to which mothers who underwent CS delivery were ever involved in the decision-making process prior to undergoing the surgery, and whether these mothers were briefed, by the caregivers, on the likely sequelae from the surgery. Results from the literature survey revealed that undergoing normal vaginal delivery was the most preferred mode of delivery by expectant mothers, but there were a few mothers who would opt for CS delivery. For an expectant mother who all along the tenure of the pregnancy had prepared herself for undergoing a SVD, being subjected to CS delivery was received with disappointment and could lead to traumatic psychological experiences. The majority of Obstetricians preferred to undertake vaginal delivery than conducting CS delivery.

The issue of whether mothers who underwent CS delivery were ever involved in the decision-making process by the caregivers was found to be not well investigated. However, the literature search revealed that there was agitation for involvement of the expectant mother in the decision-making process leading to the conduction of a CS delivery. This was based on the assertion that it is a fundamental human right for the expectant mother to contribute to the decision on her most appropriate mode of delivery.

I hope that the above summary of the salient points from my review article makes it clear to Dr. Rizk and associate that my article was not a duplication of theirs.

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