Views of women towards cesarean section

Lulu A. Al-Nuaim, *ABOG, MRCOG.*

ABSTRACT

Women who deliver by cesarean section (CS) differ significantly from those who deliver vaginally regarding their childbirth experience. Those who deliver by CS are often less satisfied with their experience, and with themselves. They experience a feeling of resentment towards the physician, profound disappointment at the treatment expectation and loss of the happy moment of natural birth leading to postpartum depression. Cesarean delivery carries considerable disadvantages in terms of pain and trauma of an abdominal operation and complications associated with it. However, the CS rate is constantly on the rise. Hence, there is a need to evaluate the views of women undergoing cesarean deliveries and to ascertain the role of women in decision making regarding mode of delivery. This is a review of studies investigating the views of women from different countries towards CS and presents the view points of Saudi women regarding this.

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The attitudes of women who perceive their experience of giving birth by cesarean section (CS) differ significantly from those of women who deliver vaginally.[1-2] The former are often less satisfied with their experience, and with themselves. The magnitude of the impact of cesarean delivery on the woman varies tremendously according to the interplay of a number of variables, such as the integration of the individual skills of the doctor, and ego strength.[3] Most women who undergo cesarean birth experience a feeling of resentment towards the physicians, profound disappointment at treatment expectation, and the loss of the happy moment of natural birth.[4] This has been known to lead to depression postpartum in such women, and the rejection of their babies.[5] There is a need, therefore, for a review of the increased incidence in cesarean births; and to investigate the impact of this on the women, the ultimate recipient of this mode of delivery. This article is a review of various studies describing viewpoints of women worldwide who had delivered by CS and of observations made on such women in our environment in Saudi Arabia.

Incidence of cesarean section. Babies delivered by CS have increased steadily over the last 30 years.[6-7] Cesarean birth accounts for approximately 10% of all births in the Kingdom of Saudi Arabia (KSA), reaching 20% in tertiary centers.[7] The CS rate in Great Britain is currently 21%.[8] Repeat CS is therefore, a common phenomenon in KSA, probably due to its cultural opposition to the limitation of CS, as this would limit the size of the family.[9] Variations in the incidence are attributed to the increase in defensive obstetric practice, the differences in clinical practice among obstetricians, and various hospital policies with growing privatization. Cesarean section is economically more profitable in private sectors.

Review of studies investigating the views of women who had cesarean section. This rapidly increasing number of primary, planned or emergency and subsequent repeat planned cesarean birth mandates that attention be given to the client population. For the woman who is about to give birth, CS carries considerable disadvantages when compared with normal vaginal delivery. This is not

From the Department of Obstetrics and Gynecology, King Khalid University Hospital, Riyadh, *Kingdom of Saudi Arabia.*

Address correspondence and reprint request to: Dr. Lulu A. Al-Nuaim, Associate Professor and Consultant, Department of Obstetrics and Gynecology (36), King Khalid University Hospital, PO Box 7805, Riyadh 11472, *Kingdom of Saudi Arabia*. Tel. +966 (1) 4670818. Fax. +966 (1) 4679557. E-mail: luluan@hotmail.com

only in terms of the pain and trauma of an abdominal operation, but also due to its complication that may be associated with it. The United Kingdom Confidential Enquiries Into Maternal Deaths[10] and numerous other studies have shown that cesarean deliveries carry a higher risk of maternal morbidity and mortality compared with vaginal deliveries.[11-12] Current policies on the provision of maternity care reflect the increasing importance attached both to women's views and to women being at the center of decisions on their intrapartum care.[13] The rise in CS is a matter that deserves international attention. Cesarean section marked an imbalance between the few studies investigating the views of women towards having CS. Few studies have compared the general population of women who want a CS with those who prefer otherwise. Green et al[14] used a hypothetical situation to gauge the extent, which women would prefer a CS delivery if advised by their physician that a vaginal delivery was unlikely or if they had only a 50% chance of a vaginal delivery.[14] Women maintained a strong commitment to vaginal delivery. Similarly, Geary et al[15] examined women's preferred mode of birth and reported that 98.5% of women preferred a vaginal birth, whereas only 1.5% of women preferred a CS.[15] Graham et al[16] reported that 93% of the Scottish women preferred vaginal delivery. Chong and Mongelli[17] also reported that 95.1% of the Asian women indicated a preference for vaginal delivery. The most common reasons given for such a preference were a wish for a natural process (23.8%), a fast recovery (22%), and a safer mode of delivery (7.3%). Many studies exhibit limitations that may have affected the reporting of women's preferred type of birth. For those women who preferred CS, most studies did not examine the information provided to women by their negative caregivers before choosing a cesarean birth.[16,18-20] Moreover, this view fails to acknowledge evidence about the known risks of elective CS, such as the increased risk of Persistent Pulmonary Hypertension and Respiratory Distress syndrome in the newborn,[21-22] and a higher likelihood of rehospitalization due to uterine infection, wound complication and cardiopulmonary and thromboembolic condition.[12] Cesarean deliveries also increase the risk of future ectopic pregnancies and placental problems.[23] Moreover, the longer postpartum stay in the hospital that is required of the newly delivered mother is overwhelming.[11] Thus, many women may not be fully informed of the risks and benefits of CS compared with vaginal birth. Women's acceptance of vaginal birth after cesarean may be influenced by how the options are explained by caregivers, since rates for trial of labor may vary between health care agencies from 19-70%.[24]

Medical, legal and ethical issues of cesarean delivery. This controversy encompasses medical, legal, and ethical issues. The legal and ethical aspects include woman's right to choose the mode of delivery, what is a real informed consent, and should doctors perform surgery in the absence of medical indication. A survey conducted by Gonen et al[25] concluded that the vast majority of obstetricians (91%) indicated that vaginal delivery was preferable and a better option to CS. However, half of the responders were willing to perform cesarean on request of their support of women's autonomy. It was not possible from the study by Mould et al[18] to ascertain the extent which each request for CS was primarily the woman's decision and in what extent it was influenced by the attending obstetrician. Other studies have noted the expectation for woman to be passive in the decision-making process.[26] In any country, an increase in client expectation in the quality of child birth is evidenced by the attention paid to delivery in social gatherings and the media. In view of this social pressure, it is not surprising that the reactions of women who anticipate natural birth but deliver via CS range from disappointment at best, to postpartum depression.[1-2,27] The emotional impact of cesarean childbirth has been long addressed in the professional and popular literature.[28] An association between women's lack of involvement in decisions and subsequent litigation against attending staff has long been established.[29-30] Increasing number of health care consumers, particularly expectant mothers who invest a lot of time preparing for normal delivery, are demanding a more humane approach to obstetric care and a greater share in decision-making, and the responsibility for the events surrounding birth.[16] Childbirth however, is a social and personal experience as well as a medical event. The woman's expectation is channeled towards a natural outcome of labor when the mother is in control throughout and experiences a sense of fulfillment at the time of labor. However, women with an anticipated cesarean birth, view the experience less positively than women delivering vaginally.[12] Cranley et al[27] replicated and extended it to include a group of women who are planning to have a cesarean birth. The emergency cesarean group had a more negative perception of the birth experience than the vaginally delivered or planned cesarean groups. An observational study by Graham et al[16] showed that women are dissatisfied if they are not involved in the decision to deliver by CS, and confirmed the findings of previous studies on women's satisfaction with their child birth experience. Eleven women undergoing elective CS generally received adequate information, however, with emergency CS, half of the women had not received enough information.[16] Many mothers delivered by cesarean method expressed a lack of awareness that cesarean birth was an alternate

birthing method. It was found that, positive feelings on the birth experience and maternal self-esteem are directly proportional to the degree which control is maintained.[3] In attempting to instill a positive attitude in the minds of women, the topic of cesarean is often downplayed or even ignored by health care providers

Impact of cesarean delivery. The interplay of a number of variables produces unfavorable response in adjustment to cesarean birth. Pregnancy and childbirth in themselves require massive physiological and psychological adjustments on the part of the woman. Moreover, the transition to motherhood constitutes a developmental crisis.[5] Therefore, the magnitude of the impact of a cesarean delivery on the woman varies tremendously, depending on the individual coping skills, and ego strength. These mothers have to cope with the physical and psychological impact of anesthesia and major abdominal surgery, which may have occurred after a long and exhausting labor. Most women who undergo cesarean birth experience a feeling of resentment towards the physician, profound disappointment at the unfulfilled expectation and the loss of the happy moment. These women also admit feeling of failure and guilt.[3,4,31] Great concern evolves when a mother learns that emergency cesarean delivery is imminent. This is mainly about the loss of control over their own welfare and bodily function and fear for the safety of the unborn infant. It is not an overstatement that they are overwhelmed by the sensory bombardments. Moreover, they are expected to accept the news and assimilate the happenings. They must make rapid psychological adjustment to the frantic rush of procedural preoperative events. Invasive procedures such as, intravenous lines and retention catheters are inserted. Blood is drawn by unfamiliar personnel. The abdomen is thoroughly scrubbed and shaved. Orders are issued and implemented, and the hike to the operating room begins with all the lights, sounds and so on. Women who feel in control of events during labor and delivery are more satisfied and have greater emotional well-being postnatally.[32] However, women also clearly vary in the extent which they desire to feel in control and some are happy to leave making decisions entirely to obstetrics and midwives saying, "they know best".[33] Thus, the challenge to the providers of care is to be responsive to the varying degrees, which individual women want to be actively involved in decision-making.

Involvement of women in decision making process. Since it is impossible to predict all those women who may require CS prior to the onset of labor, it is difficult to determine when information on cesarean should be given. Cohen[28] and Elkin[34] both felt that the information concerning cesarean delivery should be given to all parents, irrespective of whether or not a CS was actually planned. Though knowledge in this matter in the prenatal period may evoke unnecessary fear or anxiety, it is the way in which this information is given to the prospective parents that could determine on how they accept the possibility of cesarean delivery to effectively prepare themselves physically and mentally. For the outcome of cesarean deliveries to be acceptable, a protocol should be designed to allow the parents to be fully informed. They should also participate in the decision-making process.[35] Elkin states, "the decision to perform a CS is one which the physician can make.[34] The decision to have a cesarean birth is one which the parents should make." Finally, it must be stated that informed consumers are powerful consumers.

Ongoing prospective study in our hospital in Riyadh, Saudi Arabia. Structured questionnaires have been launched among women who were delivered by CS in our hospital to assess their own perception towards having CS, compared to vaginal delivery. The questionnaires have been distributed at 3 different time events, within the immediate postpartum period, after 3 months of birth and in the few weeks of the next pregnancy. The result of this prospective study is underway.

Observations in our hospital regarding cesarean section. From the observation of the information obtained in the questionnaires made at our University hospital which is yet to be analyzed after completion of the study, it appears that some mothers state that the physicians and nurses were not sensitive to their special needs during the cesarean experience, and they feel that their needs were not being met by professional caregivers. They stated that they expect a brief explanation that can help alleviate their concern. The fathers were left with feelings of disappointment and frustration, especially when the reasons for the CS are not made clear. While they may lack sufficient information on the rationale and their wife's progress, they are at the same time expected to support their wives and notify relatives of the birth and the mother's postoperative condition. The fathers therefore have many unmet needs throughout the entire cesarean birth experience, although they are also a legitimate client of nursing staff. Nurses are the bridge between the client and the health care system. But, the fact that the nursing staff is non-Arabic speaking therefore, the nursing personnel need well-developed communication skills to elicit information related to the mothers and to help them effectively integrate the pre-operative procedural events. Unhurried attitude, simple explanation regarding the need for CS is advised. A clear concise explanation of procedures should be given in terminology easily understood by both parents. Complicated medical jargon only serves to

aggravate anxiety in the client. Moreover, parents need to be informed and prepared for every stage of management, with rationale given for each procedure. Role failure was a common response of the mothers who had CS. For some, the discomfort during the postpartum interfered with their role as a mother. Most women expressed the desire to care for their babies, and their concern about their inability to respond promptly to the babies' crying. Thus in the early postpartum period the CS mothers need nursing support and guidance in assuming the maternal role. Clearly good nursing care has a significant impact on a woman's experience and it is the key factor in facilitating postpartum adjustment and emotional recovery after a cesarean birth. Some women viewed cesarean as "God's will" and thus outside any personal control. The pain and discomfort, and their negative feelings, were relieved when they found out they had a healthy baby, especially if CS followed a prolonged labor. Similar view points have been reported in earlier studies.[4,31,34,36] However, most CS women thought their childbearing capabilities were threatened. They expressed sadness, disappointment and sometimes even anger, that their family size has to be limited.

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