Reasons for Elective Cesarean Section amongst Pregnant Women; A Qualitative Study

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Abstract

Background: A qualitative study was carried out on 200 pregnant women attending obstetric offices and Imam Ali Women's Clinic in Zahedan, Iran during January 2010 to August 2011. Twenty-nine focus group discussions (FGDs) with 5–8 participants in each group were formed. The study included women in the third trimester of pregnancy with the intention or decision to undergo elective cesarean section. The women's views were explored and analyzed in group sessions. Subsequently, the responses were divided into four major categories. The majority (50%) of the opinions expressed were psychological in origin, or stemmed from low perceived behavioral control, improper subjective norms, or wrong attitudes about vaginal delivery.

Methods: Twenty-nine focus group discussions (FGDs) with 5–8 participants in each group were formed. The study included women in the third trimester of pregnancy with the intention or decision to undergo elective cesarean section. The women's views were explored and analyzed in group sessions.

Results: The responses were divided into four major categories. The majority (50%) of the opinions expressed were psychological in origin, or stemmed from low perceived behavioral control, improper subjective norms, or wrong attitudes about vaginal delivery.

Conclusion: It is necessary to hold psychological skills training classes for pregnant women and their husbands to persuade them attend group discussion sessions to increase their control on perceived behavior, highlight their positive attitudes and direct them toward natural vaginal delivery.

Keywords: Cesarean section, Elective, Pregnancy.


Introduction

Pregnancy is a physiological phenomenon with multidimensional processes including physical, social, physiological, cultural and mental aspects (1). Parturition ends pregnancy and entails a spontaneous process without any intervention (2). The final goal of the parturition team is to provide a safe birth while maintaining the health of the mother and her neonate (3).

Due to advancements in surgical procedures in the past decades, elective cesarean section has increasingly become popular and emerged as an urgent issue for maternity practitioners, hospitals, policy makers, as well as maternity clients (2).

Cesarean section has an important role in reducing the risk of maternal and fetal death due to parturition. But the emerging problem of modern midwifery today is the high rates of cesarean section performed (4).

Cesarean section itself not only causes and enhances obstetric complications, but also it may
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place more financial burden on families, govern-
ments and insurance companies (5). Accordingly,
concerns have been raised about the rising rate of
cesarean section around the world. Therefore, this
study was conducted to clarify factors which
could affect women's preference for cesarean se-
tion over vaginal delivery without medical indi-
cations in Zahedan, Iran during 2010 to 2011.

Methods

This qualitative study was carried out on 200
pregnant women in the third trimester of pregnan-
cy in Zahedan, Iran during 2010 to 2011. The
study group included women who attended obstet-
ric offices and Imam Ali Women’s Clinic in the
city. All the clients were determined to undergo
elective cesarean section without any medical in-
dication.

Women with premature parturition, twin preg-
nancy, small pelvis, diabetes mellitus and high
blood pressure were excluded from the study.

The participants were subsequently invited to at-
tend group discussions (29 sessions) which were
held from January 2010 to August 2011. As it was
not possible to evaluate all the participants in one
session, group discussions were repeated to in-
clude all. Each group discussion lasted for 45
minutes and it was conducted under the supervi-
sion of a trained facilitator. The participants dis-
cussed topics such as the person(s) who might
make the decision on the type of delivery and
events happening before, during and after the de-
ivery. The following questions were proposed by
the instructor: "At what stage of pregnancy, do
you make decision about cesarean section? What
was your perception of delivery type in the first
months of pregnancy? Do you have any painful
experience from vaginal delivery or events in de-
ivery room? What problem(s) did you face in
your pervious elective cesarean section? Why do
you prefer cesarean section when you have not
experienced any pain from vaginal delivery? Who
else is involved in your decision making? What
are your reasons for selecting cesarean section?

Subsequently, all the details of the group discus-
sions were recorded by a professional note-taker
and a tape recorder. These data were transcribed
into categories by the investigators. In addition,
a constant comparative method was used to analyze
the data. Later, the data were coded as follows: all
(at about 90% to 100%), majority (more than or
about 55%), half (about 45% to 55%), minority
(at about 25% to 45%), very limited (less than 25%).

Results

The mean age of the participants was 27.18±5.27
years. Nearly half (49.5%) of them had high
school diploma or associate degrees and the ma-
majority (70.5%) of the women were housewives.
Half of the study group were primiparas. A very
limited number of participants (n=38) had previ-
ous vaginal deliveries and one-fourth had had
previous elective cesarean sections.

The responses were coded using content analysis
for four major categories as follows:

1- The most distressing factors were psychologi-
cal reasons, including: fear of pain (all), improper
treatment by parturition room personnel (major),
vaginal delivery outcomes (major), as well as
shame and pungency (minor).

2- Low perceived behavioral control: lack of
ability to control parturition pain (major) and part-
urition pain intolerance (major) and inability to
withstand parturition pain (major).

3- Improper subjective norms: encouragement
from family members (half), husband (minor) and
physician (minor) to have elective cesarean sec-
tion for parturition.

4- Wrong attitudes about vaginal delivery: con-
fidence about the baby's health (major), unaware-
ness about parturition process and anesthesia du-
ration (major), comfort in cesarean section in
comparison to vaginal delivery (major) and earlier
preparation knowledge of exact time of delivery
(very limited).

Discussion

A study by Karlstrom et al. showed that one-
third of cesarean sections were optional. Fear and
anxiety about child's health and previous history
of elective cesarean section were reported as the
main reasons for elective cesarean sections (6).
Saisto also reported that parturition fear has led to
8% to 22% increase in elective cesarean sections
in a very limited number of women (7).

Negahban and Ansari demonstrated the populari-
ty of elective cesarean section among primiparous
women and its relation with fear intensity and par-
urition type (8). Anxiety about pregnancy and
natural parturition fear were also observed among
primiparous women attending training classes for
delivery (9). In another study, Johanson reported
that pregnant mothers preferred elective cesarean
section because of its comfort in comparison with
vaginal delivery (10). The findings of the current
study are in line with the results of the abovemention-
ted studies.
Most developed countries have tried to reduce the rate of cesarean section with effective interventional programs (11). For example, in European countries elective cesarean rate has decreased to lower than 15% (12). In comparison, in Iran, medical care during pregnancy is limited to orderly monitoring and sonography. This seems inadequate as the pregnant mothers’ ignorance about parturition lead to anxiety, related complications and subsequent increase in medical interventions.

On the other hand, training physical and neural exercises, correct breathing, concentration exercises and proper birth positioning will help mothers overcome parturition to with least complications. Additionally, post-partum depression will be reduced after parturition and desire for breastfeeding will increase. Boysdon showed that training classes and mental support could reduce rates of elective cesarean section up to 25% (13).

Sharifi-Rad and et al. conducted a study on the effects of husbands’ education on knowledge and attitude of pregnant women in reducing elective cesarean sections. Their showed that elective cesarean section without medical indications was meaningfully fewer in the intervention group than the observation group (minority vs. half) (14). Likewise, another study by Malier revealed that training the medical staff and pregnant mothers at health care centers will reduce optional elective cesarean section up to 54%. Additionally, safety parturition training reduced optional elective cesarean section up to 24% in another study (15).

Conclusion

The results of this study suggest that continuous psychological skills training classes and preparatory, sessions for parturition be held for pregnant mothers along with communication skills workshops for the operation room personnel to increase their skills, as well as awareness about the issue. Moreover educational movie-clips should be shown and successful mother, with positive view should be invited to such sessions to share their experience. Furthermore, sending useful educational materials through post, telephone or internet messages seems to be effective in influencing their husbands and other close relatives of pregnant mothers for reducing elective cesarean sections.

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Conflict of Interest

Authors declare no conflict of interest.

References


