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Preference of Delivery Type of Pregnant Women

Abstract

Birth is a process that can expose women to many risks. One of the important issues to be decided is the type of delivery. Many factors influence women, but what is important is that they are adequately directed to the appropriate mode of delivery, and that labor results of a healthy mother and baby. To investigate the view of pregnant women delivery preference and to contribute to the development of new health strategies in order to prevent the increase of cesarean rates. Methods: The pregnant between 6 and 40 weeks of gestation were included in the questionnaire. Pregnant women in labor were not included in the questionnaire. The answers were evaluated and the reasons underlying the attitudes of the pregnant women about the mode of birth were tried to be revealed. Results: 71.6 % of individuals over 30 years of age preferred cesarean delivery. No statistically significant relationship between gestational age and type of delivery. Postpartum complication subscale scores and total delivery information scores of the healthcare personnel were higher than the other occupational groups. 75.1 % of vaginal births stated the reasons they preferred choice for mother-child health, first births of 37.8 % of those preferring caesarean delivery stated that they preferred to cesarean section. Health personnel and family physicians play an important role in determining the best mode of delivery in favor of the mother and the baby, and reducing unnecessary cesarean procedures.

Keywords: *inflammatory, birth, vaginal delivery, cesarean section, complication*

Introduction

Pregnancy and birth, which are normal stages of life, are normal physiological events for the female body, but they also carry some risks (dystocia, toxemia, bleeding, infection, anemia, etc.) (Günalp & Tuncer, 2004). Identifying these risks at the earliest and taking appropriate steps to ensure that this process ends healthily for the mother and the baby are important goals of health policy. One of the important issues that needs to be decided in order to achieve this is the method of birth. The method of birth should be decided by closely evaluating the mother and the baby during pregnancy.

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Research

Women of childbearing age experience fear and anxiety about how the birth will be during pregnancy. While the expectant mother awaits the moment when the unknown birth event will occur with fear and excitement, she also experiences maternal instincts and the pride of giving birth to a living being. Especially in her first pregnancy, a woman experiences many new feelings that she cannot define and does not know what to expect during birth. Vaginal birth is a birth method that people have used for millions of years. The physiological structure of the female body is generally suitable for vaginal birth. With sufficient support and appropriate intervention, birth can be successful. However, in cases such as cephalopelvic disproportion, postural disorders of the baby, fetal distress, dystocia, large baby, previous cesarean section, vaginal birth cannot occur or the vaginal birth process may be risky for the mother or baby. In this case, the baby must be delivered by cesarean section (Park, Yeoum, & Choi, 2005).

The rate of birth by cesarean section increases with the level of education and wealth. It has been determined that the cesarean section rate, which is 60 percent or more in the highest level of education and wealth, is more than three times higher than the cesarean section births in the lowest level of education and wealth. At the beginning of this century, cesarean section was an operation performed to save the life of the woman, in the middle of the century it began to be considered as a low-risk operation that would save the life of the fetus, and by the end of the century it had become a procedure that would make life easier for both the mother, the baby and the doctor (Hacettepe. Sağlık Bakanlığı Ana Çocuk Sağlığı 2009; Flamm, Thomas, & Fallon, 2002). Birth is a process that can expose women to many risks during pregnancy, birth and the postpartum period. One of the important issues to be decided in this process is the woman's method of birth. Women may be affected by many factors when deciding on the method of birth, but what is important is that they are guided to the appropriate method of birth by the right sources, with sufficient information, and that the birth results in a healthy mother and baby. With the results of this study, we aimed to examine the views of pregnant women on cesarean section and normal vaginal birth and to contribute to the development of new health strategies in order to prevent the increase in cesarean section rates.

Material and Methods

A pre-prepared questionnaire consisting of 23 open-ended and multiple-choice questions was given to pregnant women who came for a check-up at the maternity clinic and they were asked to fill out the form themselves. Participation in the survey was voluntary. Survey participation consent forms were obtained from the participants. The answers given by the survey participants (pregnant women) according to their demographic characteristics were evaluated and the reasons underlying the attitudes of the pregnant women about the delivery method were tried to be revealed. At the end of the survey study, 419 pregnant women participated in the survey. Pregnant women between 6 and 40 weeks of gestation were included in the survey. The obstetric ultrasonography value performed at the clinic was taken as the basis for the gestational week. Pregnant women who applied to the clinic due to pain (in labor) were not included in the survey. The study is prospective in terms of time. Statistical Analyses: The conformity of the variables of age, gestational week and age at first birth included in the study to normal distribution was evaluated graphically and with the Shapiro-Wilks test and it was seen that all of them did not conform to normal distribution. Median was used to display descriptive statistics for variables obtained through measurements within the scope of the study. The median of gestational week for 418 individuals who responded to the question on gestational week was 28.0 weeks, and the median of first birth age for 218 individuals who reported their first birth age was 22.0 years. Of the 223 pregnant women who had more than one birth, 215 reported their previous birth type. Of the 215 pregnant women who reported their previous birth type, 136 (63.3 %) reported vaginal birth, 63 (29.3 %) reported cesarean section, and 16 (7.4 %) reported both birth types.

As age increases, the tendency to have a cesarean section increases. It was observed that the tendency to have a cesarean section was OR=7.05 times (95 % CI: 4.397; 11.318) higher in those over 30 years of age compared to those under 30 years of age. While 268 (73.6 %) of the 364

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individuals who reported their income level had an income level of 1500 TL and below, 96 (26.4 %) had an income level of 1501 TL and above. Only one of the mothers who participated in the survey did not state their literacy status. Of the 409 literate individuals, 157 (37.7 %) were high school graduates and 98 (23.5 %) were university graduates. When the relationship between the mothers' occupation and the preferred delivery method was examined, a statistically borderline significant relationship was found (2=3.624; p=0.057). While 9 (45.0 %) of the health personnel preferred vaginal birth, 55 (67.9 %) of the mothers in other occupational groups stated that they preferred vaginal birth. No statistically significant difference was found between occupational groups in terms of mother-baby risk subfactor score and postpartum recovery/ability to return to normal life subfactor score (Z=0.882; p=0.378 and Z=0.596; p=0.551, respectively). A statistically significant difference was obtained in terms of total knowledge score of birth type according to the occupational groups of the individuals (Z=2.232; p=0.026). When the mother-baby risk subfactor score was investigated according to the income levels of the individuals, no statistically significant difference was found; however, it was determined that the postpartum recovery/ability to return to normal life subfactor score showed a statistically significant difference according to the income level.

Conclusion

The preferences and reasons for the preferences of 79 individuals whose previous birth was cesarean were evaluated. Of the mothers who had a cesarean section, 67.2 % of those who chose cesarean as their next birth were due to their first birth, while 14.1 % were due to medical indications and 4.7 % were due to fear of pain. Of those who preferred vaginal birth as their next birth, 80.0 % stated that they preferred this birth type for the sake of mother-baby health, while 10.0 % stated that they preferred this birth type to avoid surgery or interventional procedures and/or complications. When the literature on this subject is reviewed, the cesarean birth preference rate is reported to be between 3-48 % on average (Yumru et al., 2000; Şahin, 2009; Bettes, Zinberg, & Spong, 2007). When studies conducted in different parts of the world are evaluated one by one, significant regional differences in birth type preferences are observed. In a survey conducted with 314 pregnant women in Azerbaijan (Yaşar, Coşar, & Köken, 2007), 22.6 % of pregnant women preferred cesarean birth. In England and Northern Ireland, the cesarean request rate was reported as 7 % (Chong & Mongelli, 2003; Belizán & José, 2011).

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