Original Article

Decision-making and involvement of women with previous C-section in choosing their mode of delivery

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Abstract

Objective: To determine the attitude and factors leading to decision regarding the mode of delivery in women with previous experience of C-section.

Methods: The cross-sectional study was conducted at Maternity Unit of Jinnah Postgraduate Medical Centre, Karachi, from January to August 2008, and involved 150 women with one previous C-section without any recurrent cause. All women had a parity of two or more. Women with more than one caesarean section and women who lost contact were excluded. The women were recruited from antenatal clinic and were briefed by medical professionals before the questionnaire was filled out. SPSS version 10 and Chi square test were used for statistical analysis.

Results: Of the total 29 (19.3%) preferred a repeat caesarean section, and 121 (80.7%) opted for the trial of scar. No significant difference was seen in the mode of delivery when the decision was taken by women alone or when it was taken jointly by doctors and women. When the decision was taken by doctors, there was significant difference in the mode of deliveries. The patients expressed satisfaction towards the information received. Previous associated factors, like negative birth experience, had an influence on decision-making regarding the mode of delivery.

Conclusion: Decision by women is extremely important regarding their mode of delivery and should be respected. Psychological support during pregnancy may provide an alternative to caesarean section for women with previous negative experience.

Keywords: C-section, Mode of delivery, Previous negative experience. (JPMA 62: 1038; 2012)

Introduction

Delivery by Caesarean section occurs in 10% to 25% of births.[1-5] Although CS rates have increased over the last 10 to 15 years, the four major clinical determinants of the CS rate have not changed much. These remain foetal compromise (22%), 'failure to progress' in labour (20%), repeat CS (14%) and breech (11%). The fifth most common reason given for performing a CS has changed and is now reported to be 'maternal request' (7%).[6] The rates of preference for CS expressed by women who were surveyed during pregnancy in UK, Australia and Sweden range from 6% to 8%.[6-10]

Current medical evidence indicates that 70-80% of women can achieve a vaginal delivery following a previous lower uterine segment caesarean delivery.[11,12] Some of this decline is due to changes in hospital policies.[13]

Changing childbirth Report by Expert Maternity Group from the Department of Health (DH) in 1993 explained the right of women to be involved in their care during pregnancy and childbirth and for that they need to be provided with evidence-based information so they can take part in discussion with their caregivers about their decisions.[14,15] With an increase in the rate of primary CS, obstetricians face difficult decisions while planning for subsequent mode of delivery. Previous childbirth experience has a great influence on the decision for the mode of delivery of the current pregnancy. Preference for repeat CS was seen in women with previous negative experience and on the contrary, preference for vaginal birth is common for experiencing a natural event.[10,16]

Jinnah Post Graduate Medical Centre (JPMC) is a tertiary care hospital in Karachi, receiving a large number of referrals from district hospitals, maternity clinics, traditional birth attendants and general practitioners. Due to a large number of un-booked and referred patients, this institution has a wide experience of dealing with high-risk pregnancies. The rate of CS at JPMC is 15%-20%. The majority of people it caters to are from low socioeconomic group with a low literacy rate.[1] Pakistan being a male-dominated society where women are usually not involved in major decisions. They too are used to accepting the decision imposed on them. The aim of this study was to encourage our women to get involved in the decision related to their mode of delivery and enquire their delivery preferences and assess the outcomes.

Subjects and Methods

The cross-sectional study, carried out at Unit-I of the Department of Obstetrics and Gynaecology, Jinnah Postgraduate Medical Centre, Karachi, consisted of 150 patients and lasted from January to August 2008. All women with one previous CS due to non-recurrent cause with a parity of two or more were recruited in the study. Patients who presented with more than one CS and who lost contact after registration were excluded from the study. The interviews were conducted by medical professionals through questionnaires, which included socio-demographic and obstetric background, attitudes to decision-making, experience of previous birth and present pregnancy, preferences for mode of delivery and additional questions to explore issues specific to each woman.

They were provided with evidence-based information regarding risks and benefits of CS versus vaginal birth after caesarean delivery. The women were interviewed in the antenatal clinic at 18 to 20 weeks and then again in the third trimester from 34 weeks onwards. The women were followed until delivery and their experience at delivery and outcome was noted. Data feeding and statistical analysis was done on SPSS version 10. Chi-square test was used for further analysis.

Results

Majority of women 120 (80.0%) had parity less than or equal to 5 (Table-1). The mean age of enrolled patients was 28.5 ± 5.7 years, while 110 (73.3%) women were illiterate and 40 (26.7%) had either higher secondary school or more level of education. Besides, 110 (73.3%) of the women belonged to poor socio-economic classes on the basis of per capita monthly income. Obstetrics characteristics indicated that the majority of CS were performed in emergency (Table-2) and the ratio of women having bad experience at previous delivery were high. Attitude towards decision-making regarding the mode of delivery were also noted (Table-3). In this study the rate of joint decision by doctors and patients was high, and the majority of women opted for the trial of scar. The patients felt satisfaction towards the information received and showed highly significant difference (P=0.001) with both

Table-1: Demographic characteristics.

Parity	n	Percentage
1-5	120	80.0%
> 5	30	20.0%
Mean age (years)	28.5±5.7	
Level of education		
Illiterate	110	73.3%
HSC	30	20.0%
Degree	8	5.3%
Diploma	2	1.3%
Socioeconomic status		
Poor	110	73.3%
Middle class	40	26.7%

HSC: Higher Secondary Certificate.

Table-2: Obstetrical characteristics.

Previous history	n	Percentage
Previous miscarriage	16	10.7%
Infertility more than one year after marriage	9	6.0%
Assisted conception	8	5.3%
Previous still birth	6	4.0%
Experience at previous delivery		
Good	122	81.3%
Bad	28	18.7%
Reasons for previous CS		
NPOL	69	46.0%
Foetal distress	56	37.3%
Breech	10	6.7%
Miscellaneous PIH,DM	6	4.0%
Placenta Previa	5	3.3%
Twin	4	2.7%
Previous mode of delivery		
Emergency caessarian section	124	82.7%
Elective caessarian section	26	17.3%
Comorbidity		
Hypertension	13	8.7%
Diabetes Mellitus	9	6.0%
Others	6	4.0%

CS: Caesarean Section. NPOL: Non-progress of labour. PIH: Pregnancy-induced hypertension. DM: Diabetes Mellitus.

Table:-3 Attitude and associated factors towards decision-making.

Attitudes	Caesarian section (n=29)	Vaginal Birth N=121	Total (n=150)	P-value
Liked joint decision of doctor and patient.	13 (44.8%) *	77 (63.6%)	90 (60.0%)	p=0.06,
Relied on self decision for mode of delivery	4 (13.8%)	26 (21.5%)	30 (20.0%)	p=0.35, Chi square=0.87
Relied solely on doctor.	12 (41.4%)	18 (14.9%)	30 (20.0%)	p=0.001, Chi square=10.27
Felt information received is satisfactory	20 (69.0%)	116 (95.9%)	136 (90.7%)	p=0.001, Yates's Chi square=16.95
Factors				
Previous emergency caesarean	12 (41.4%)*	112 (92.6%)	124 (82.7 %)	p=0.001, Chi square=42.77
Previous negative birth experience	20 (69.0 %)	8 (6.6 %)	28 (18.7 %)	p=0.001, Chi square=59.99
Worries about giving birth (non medical reasons)	15 (51.7 %)	1 (0.8%)	16 (10.7 %)	p=0.001, Yates's Chi square=58.37
Previous stillbirth	7 (24.1 %)	2 (1.7 %)	9 (6.0 %)	p=0.001, Yates's Chi square=17.7

*Percentage in parentheses are from mode of deliveries.

CS and vaginal delivery.

Discussion

In our study majority our women (80%) preferred vaginal delivery, suggesting the rising CS rates are not related to women's wishes. Similar trend was observed by women in an earlier study.[16] Previous birth experience and mode of delivery are important variables depicting the present mode of delivery. However, few women requested CS in the absence of any unfortunate previous experience. Similar, to our results, Gamble and Creedy[7] reported that a few women requested CS in the absence of any obstetric complications. Previous negative birth experience and poor outcome in previous pregnancy like stillbirth are major worries for childbirth which contributed to the wish for CS in this study. The results are supported by other studies.[17-19] Women's involvement in their mode of delivery is a neglected part in the management of our women. However, the study showed that women feel happy with their involvement and were able to contribute to the decision.

Conclusion

Patient's choice is extremely important in modern obstetrics. Psychological support during pregnancy may offer an alternative to CS for women who fear vaginal birth due to some previous negative birth experience.

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