

# Experience of Women after First Cesarean Section and Their Preference for Preceding Pregnancy

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## ABSTRACT

**Objective:** To note what a woman has decided in their next pregnancy after having a Cesarean procedure would be based on.

**Study Design:** Observational study

**Place and Duration of Study:** This study was conducted at the department of Obstetrics & Gynaecology, Liaquat University of Medical & Health Sciences Jamshoro's between January and June 2016.

**Materials and Methods:** Data was obtained from admitted patients in the postoperative ward after a caesarean section, as well as outpatient department patients who came for follow-up after a primary caesarean birth. Women were given a pre-designed questionnaire to assess their familiarity with C/S and their expectations for delivery mode in subsequent pregnancies.

**Results:** The study enlisted the participation of 180 qualified women. Their ages ranged from 20 to 40 years, with a mean age of 28.71 SD+5.3 years. The majority of women, 72 percent, were between the ages of 26 and 30, while 34 percent were between the ages of 20 and 25.

In terms of indications, foetal distress was observed in 38 =8.5 percent of cases and CPD in 31=7 percent of cases, and these were discovered to be the most common indications of the last C/S. Overall, 22=5.0% of women had hypertension, with PIH accounting for 11=2.5%, preeclampsia accounting for 8 =1.8%, and eclampsia accounting for 3 =0.7%. Breech presentation was observed in 14 =3.1%. When asked about their C/S experience, 71=39.4 percent of women liked and preferred C/S as a mode of delivery in their next pregnancy, Sixty percent of the women (109 women) disliked C/S as a mode of delivery, citing long hospital stays as the reason. C/S is considered expensive by 38 women. 8.6 percent, normal vaginal delivery is natural for 20 women (4.5 percent), 21women (4.7 percent), postoperative pain, dependency on others, inability to do heavy work after C/S in 19 =4.2 percent.

**Conclusion:** Traditional preference of women for the mode of delivery has been vaginal for centuries. Somehow we can also conclude from the study that the preference is still the highest for vaginal delivery.

**Key Words:** Cesarean section, Experience, Reasons, Preferred, Mode of Delivery

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## INTRODUCTION

Cesarean section in the developing countries is one of the main surgical procedures.<sup>1</sup> In view of the CS complications inherent in mothers and infants, the overall caesarean section (CS/S) rate has risen by 5 times over the past 30 years.<sup>2,3</sup> Though WHO is advocated that the C/S levels be maintained between 10% and 15%.<sup>4</sup> The C/S rates even then differ globally.

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The average rates, as in poor countries, are mostly African, remain 2% in comparison with developing countries like Latin America and Eastern Asia, where the incidence is 30 per cent or higher, whereas it has increased steadily from approximately 20 to 25 per cent in developed countries.<sup>2,5</sup> Today, signs for C/S, usually in case of foetal distress, prolonged work, breech presentation, many pregnancies and maternal desire, have changed greatly too.<sup>6</sup> Research has shown that C/S raises the complication rate. In contrast to vaginal delivery, the risk of maternal morbidity and mortality is higher.<sup>7,8</sup> Women who have a vaginal delivery experience vary from those who deliver. Most women undergoing a cesarean section experience hostility to the doctor, deep deception at the expectation of treatment and the joyful moments of their normal births.<sup>1,7</sup> Women in the previous caesarean segment must determine their preferred mode of delivery during the next pregnancy.<sup>9</sup>

While there have been numerous studies worldwide, it seems important to assess the perceptions of women following the first few years to assess the role of

women in decision-making and their choice for delivery in our community's subsequent pregnancy. The purpose of this study was to follow the experience of women after a portion of Cäsarea and their preference for pre-pregnancy methods of delivery.

**MATERIALS AND METHODS**

This research was performed from January 2016 to June 2016 at the Liaquat University of Jamshoro in Obstetrics and Gynecology Unit II. Both women who were first delivered by Cesarean Section had their C/S experience inquired. The admitted women who came for the postoperative unit for antenatal visits after first C/S were chosen or presented the next pregnancy for antenatal visits. The doctors of all women have filled out a predesigned questionnaire by asking their demographic information, parity, indication of the last C/S to know (whether an absolute or a relative indication), experiences and impressions of the recent caesarean birth. In the following pregnancy, women were also asked to choose their mode of delivery. The study removed women who repeated more than once or had one usual vaginal delivery accompanied by C/s. Prior to the start of the study, every female received an informed consent and was clarified by the restructured questionnaire. SPSS version 16 was used to estimate the numbers and the percentages.

**RESULTS**

The current research included a total of 180 women. The age range ranged from 20 to 40 years and the average age was SD+5.3. Most women were 72 = 40% from 26—30 years of age and 34% from 20—25 years of age. Every woman was married. As for parity, almost all women were first delivered in C&S, but some were multigravids with a tradition of bedding. During their

admission to the hospital or for further care for their next pregnancy, they were asked about their C/S experience.

Last C/S indications, foetal distress in 38 = 8.5%, and CPD in 31 = 7% of the women were observed, and these indications are normal. In 22=5.0% of women with pIH in 11 =2.5%, preeclampsia 8 =1.8%, Eclampsia 3 =0.7%, Breech in 14 = 3.1% of women and several other indications in the Table 1 over all hypertensive disorders were recorded.

Following this surgical delivery, the question was asked whether or not women enjoyed this experience, and 71=39.4% of women liked and favoured C/S in next pregnancy as their delivery method. These women had no work discomfort, ease of delivery at 53 = 10%, no choice at 11= 2.5%, want a successful BOH and an important pregnancy at 09 = 2.0% of women.

**Table No.1: Indications of caesarean section observed in study women (n = 180)**

Indications of C/S	Number	%ages
Fetal distress	38	(8.5%)
CPD	31	(07%)
Hypertensive disorders	22	(5.0%)
Breech presentation	14	(3.1%)
Non progress of labour	12	(2.7%)
Postdates pregnancy	09	(2.0%)
Maternal wish	09	(2.0%)
Transverse lie	08	(1.8%)
Precious pregnancy	07	(1.6%)
Failed induction of labour	06	(1.3%)
Obstructed labour	06	(1.3%)
Placenta Previa	06	(1.3%)
Bed obstetric history	06	(1.3%)
PPROM	04	(10%)
Tender scar	02	(0.4%)

**Table No.2: The reasons as women liked or did not like the either mode of delivery and their preference (n = 180)**

Mode of Delivery	Reasons	Total (n=180, %)
<b>Liked:</b> Cesarean Section (n = 71, 39.4%)	- Delivery easy, no labor pains.	53 (12)
	- No other option.	11 (2.5)
	- want good fetal outcome	09 (2.0)
<b>Not liked</b> (n =109, 60.4%)	- Expensive, long hospital stay	38 (8.6)
	- NVD is natural.	20(4.5)
<b>Preferred:</b> Vaginal Delivery (n = 109, 60.4%)	- Post operative pain dependent on others cannot do heavy work	19 (4.2)
	- Afraid of complications	11 (2.5)
	- More life risk, mental stress.	10 (2.2)
	- Long hospital stay wound infection	05 (1.1)
	- No idea of NVD.	04 (0.9)

The reasons given for this category were a lengthy and expensive stay in a hospital; in 38 (8.6%) C / S expenses; in 20=4.5% normal vaginal deliveries are natural; fear of complications; further risk of life of mental stress in 21=4.7%; postoperative discomfort, dependency on others; cannot carry out a heavy duty after C / S in 19% (60.4%)

Operating delivery may involve electro C/S during the next pregnancy as illustrated in Table 2 if the preferences for future delivery are observed.

## DISCUSSION

The Caesarean section is becoming more and more common as a delivery method. According to the American College of Obstetricians and Gynecologists, the largest rise in caesarean section rates is among first-time mothers with term singleton deliveries, cephalic presentation, and prior caesarean section. 10 Women who have a vaginal birth after a C/S are deemed suitable for the category of women who have already had one caesarean section.<sup>5</sup> Those who give birth by C/S were found to be less pleased with their experience, to harbour anger against the physician, to be deeply disappointed with the treatment expectations, and to have missed out on the joys of natural birth<sup>7</sup>. Previous birth experiences have been shown to have an important effect on women's well-being and future decisions.<sup>11</sup> A traumatic birth experience can have an effect on a woman's wellbeing and the growth of her children, and it's linked to a lower quality of life, self-rated health, and a persistent memory of pain<sup>11</sup>.

A total of 180 women with at least one C/S were enrolled in this report. Fetal distress (38%) was the most common symptom, followed by CPD (Cephalopelvic disproportion) (31%), and hypertensive disorders (22%). (5.0 percent). In a study from Peshawar, Pakistan, the C/S rate was 104 (24.1%) in primigravidas, followed by multigravidas, and the most common indication was obstructed labour 101. (23.6 percent). The most common signs in our sample were foetal distress 38 (8.5 percent) and CPD 31 (7 percent), while hypertensive disorders were seen in 22 percent of the women (5.0 percent).<sup>12</sup>

In a Nigerian report, the most common signs were prolonged labour (25.4%) and preeclampsia (55%). (15.9 percent). Contrary to popular belief, foetal distress was observed in 38 (8.5%) of the women in this sample, and CPD in 31 (7%). The main signs and hypertensive disorders were identified in 22 (5.0%) of the cases, which may be attributed to the limited sample size.<sup>13</sup>

When women were asked about their experiences after the operative birth, 71 (39.4%) said they had a nice time and would choose C/S for their next pregnancy. A survey in Canada found that 53.8 percent of women had a positive birth experience.<sup>11</sup>

Sixty percent (60.4 percent) of the 109 women in this study disliked C/S delivery and favoured vaginal delivery for their next pregnancy. They claimed that they wanted a natural birth experience, a fast recovery, and a lower risk of complications. Another Australian study found that women prefer vaginal delivery after C/S because it increases the health and well-being of both mother and infant.<sup>5</sup> In a Nigerian report, women who hated the C/S cited the same sociocultural reasons. 13 According to Aziken's research, only 6.1 percent of women would choose C/S as a mode of delivery, while 81 percent would consider C/S if it was necessary to save their lives and the lives of their infants. 12.1 percent of women refused to consider C/S under any circumstances.<sup>14</sup> Edmundkeog and his colleagues discovered psychosocial factors influencing women's C/S experiences. During the procedure, the mother's fear levels fluctuated, according to the researchers. It was at its peak during the C/S nerve block. They also found that the women had lost their happy normal birth movements, which led to postpartum depression and psychosocial effects on their families<sup>15</sup>.

## CONCLUSION

Women's conventional choice for the mode of delivery has remained vaginal delivery for decades. Similarly, the current research found that vaginal delivery is still the preferred mode of delivery and is at the highest stage.

This study may support women based on their first caesarean section experience by providing them with some information to help them decide on the mode of delivery for their next pregnancy.

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### Author's Contribution:

Concept & Design of Naheed Parveen  
Study:

Drafting: Naheed Parveen

Data Analysis: Naheed Parveen

Revisiting Critically: Naheed Parveen

Final Approval of version: Naheed Parveen

**Conflict of Interest:** The study has no conflict of interest to declare by any author.

## REFERENCES

1. Mungrue K, Nixon C, David Y, Dookwah D, Durga S, Green K. Trinidadian women's knowledge, perceptions and preferences regarding cesarean section: How do they make choices? *Int J Womens Health* 2010;2: 387-391.

2. Lauer J A, Betran AP. Decision aids for women with a previous caesarean section. *BMJ*. 2007; 334(7607):1281-1282.
3. Khawaja M, PhD, Jurdi R, MS, Khasholian TK. Rising Trends in Cesarean Section Rates in Egypt. *Birth* 2004;31(1): 12-16.
4. Rozemburg P. Evaluation of the caesaerian section rate: a necessary progress in obstetrics. *J Gynecol Obstet Biol Reprod (Paris)* 2004;33(4):279–289.
5. Fenwick J, Gamble J, Hauck Y. Believing in birth-choosing VBAC: the childbirth expectations of a self- selected cohort of Australian women. *J Clin Nurs* 2007;16(8): 1561-70.
6. Mukherjee SN. Rising cesarean section rate. *J Obstet Gynecol India* 2006;56(4):298-300.
7. Lulu A, Nuaim. Views of women towards cesarean section. *Saudi Medical J* 2004;25(6):707-710.
8. Pallasmaa N, Ekblad U, Aitokallio-TallbergA, Uotila J, Raudaskoski T, Ulander VM, et al. Cesarean delivery in Finland: maternal complications and obstetric risk factors. *J Acta Obstet gynecol Scand* 2010; 89(7): 896- 902.
9. Emmett CL, Montgomery AA, Murphy DJ. Preferences for mode of delivery after previous caesarean section: what do women want, what do they get and how do they value outcomes. *J Health Expect* 2011;14(4): 397-404.
10. Montgomery AA, Emmett CL, Fahey T, Jones C, Ricketts I, Patel RR, et al. Two decision aids for mode of delivery among women with previous caesarean section: randomized control trial. *BMJ* 2007;334(7607):1305.
11. Smarandache A, Kim THM, Bohr Y, Tamim H. Predictors of a negative labour and experience based on a national survey of Canadian women .*BMC Pregnancy and childbirth*. J Bio Med Central 2016.
12. Bilal N, Yasmin F, Akhtar. Frequency and indications of Cesarean section in a tertiary care maternity unit. *J Postgrad Med Inst* 2005;19(4): 392-5.
13. Ugwu GO, Lyoke CA, Onah HE , Egwuatu VE. Maternal and perinatal outcomes of delivery after a Cesarean section in Enugu, Southeast Nigeria: a prospective observational study. *Int J Womens Health* 2014; 6:301- 305.
14. Aziken, Michal, Aghoja O. Perceptions and attitudes of pregnant women towards caserean section in urban Nigeria. *Acta Obstetricia et Gynecologica Scandinavica* 2007;86(1):42-47(6).
15. Phd EK, MSc SH, Phd DE, Daniel C, Psy DC, MD AH. Psychosocial Influences on Women’s Experience of Planned Elective Cesarean Section. *J Psychosomatic Med* 2006;68:167-174.