

Reasons for Pregnant Women to Choose Caesarean Section in Baghdad City

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Abstract

Objective: To determine the reasons for pregnant women to choose Caesarean section

Methodology: A descriptive analytic study was conducted for fifty pregnant woman or a woman who born caesarean in three maternity hospitals for the period from December 26 to January 31 2014. The questionnaire was used as a tool for data collection and use descriptive statistics to analyze the results.

Results: The study revealed that the highest percentage (26%) of the sample of the study ranged in age (25-29), (30-34) years respectively, with the mean age and SD of study sample is 27.69 ± 6.29 , and was (32%) of the study sample primary school graduates, and (17%) and (16.5%) of the study sample choose caesarean section because fear to loss their babies and fear of pain of birth respectively.

Recommendations: The study recommended the need for health professionals to educate women about the actual risks that are associated with mode of delivery and should be part of women education at the antenatal period. Studies may be required to determine the untested information about the risks of caesarean delivery .

Conclusion: The study concluded that fearing to loss her baby and labor pain were the main causes that stay behind the women who chose to have C/S.

Key words: Reasons, Pregnant women, chose, Caesarean Section (C/S).

Introduction

The world wide rise in cesarean section (CS) rates is becoming a major public health concern and cause of considerable debate due to potential maternal and perinatal risks, cost issues and inequity in access (Belizean et al., 2007). The Term Caesarean Delivery on Maternal Request (CDMR) refers to elective delivery by caesarean section at the request of a woman with no identifiable medical or obstetric contraindications to an attempt at vaginal delivery (Vashevniket al, 2007). There for Cesarean sections increase the health risks for mothers and infants as well as the costs of health care when they are compared with vaginal birth (Cunningham et al, 2001) , it may be life-threatening, or may lead to minor or major short-term or long-term complications (WHO, 1985). The past 20 years in the US, the maternal mortality rate keeps rising and while the rate of C section continues to rise. It can now be reliably calculated that C section is the number one cause of maternal mortality in the U.S. at least 45% of all maternal death is associated with a C section (Wagner, 2000).

Objectives of the Study:

1. To determine the reasons for pregnant women to choose Caesarean section

Methodology

Design of the Study

A descriptive analytic study to determine the reasons for pregnant women to choose cesarean section, during the period from 26th of December to 31 of January 2014.

Setting of the Study

The study was conduct at IBN – ALBALADI Teaching Hospital, Al-ELWIA Maternity Teaching Hospital in Al Rassafa Distract and AL-SHAHEED MOHAMMED BAKER AL-HAKEEM maternity hospital in Al Karkh distruct, after official permission from Al Karkh and Al Rassafa health department.

Sample of the Study

A purposive (non probability) sample which consisted of (50) pregnant and delivered C/S women and chosen to give birth by caesarean section. The sample from IBN – ALBALADI Teaching Hospital consist of (16) mother ,

while from ELWIA Maternity Teaching Hospital (17) and AL-SHAHEED MOHAMMED BAKER AL-HAKEEM maternity hospital the sample was (17) mother .

Inclusion Criteria

Pregnant women who attained to have C/S and who delivered C/S.

Exclusion Criteria

Pregnant women who hadn't previously delivered C/S

Results of the Study

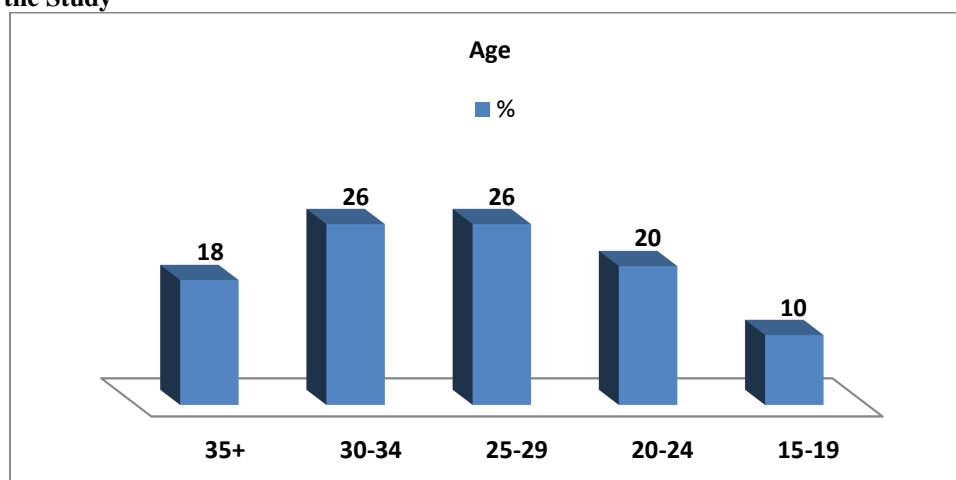


Figure (1): The highest percentages (26%) of study sample at age group (25-29), (30-34) years respectively with mean age 27.69 ± 6.29

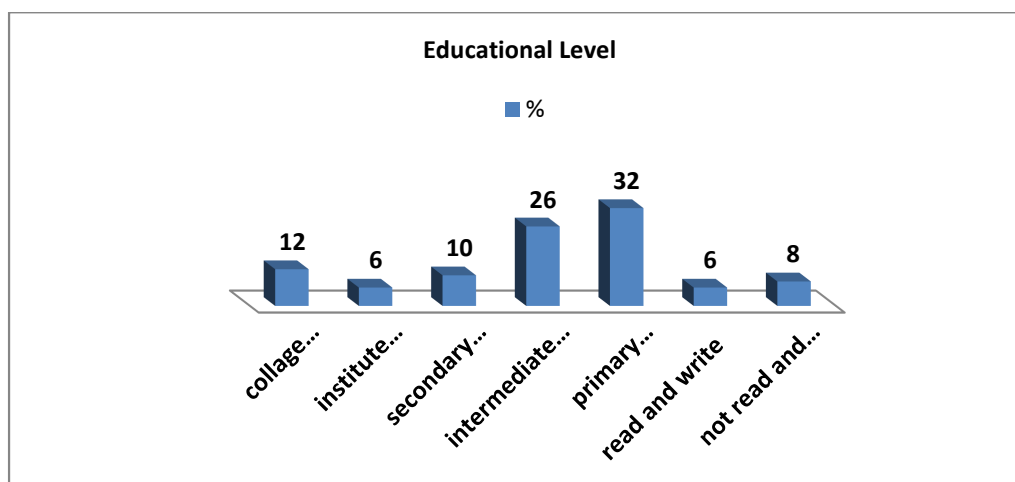


Figure (2): The results show that the highest percentage (32%) of study sample were primary school graduate

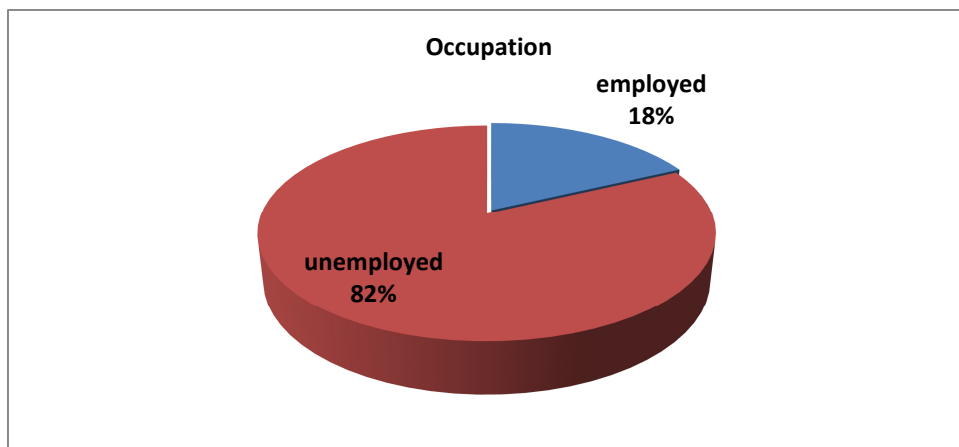


Figure (3): The highest percentage (82%) of study sample were house wife

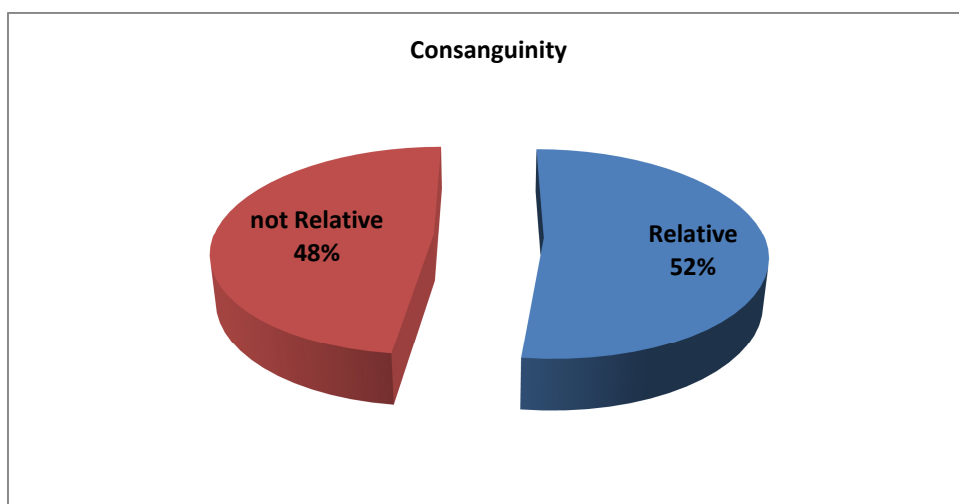


Figure (4): More than half (52%) of study sample were relatives

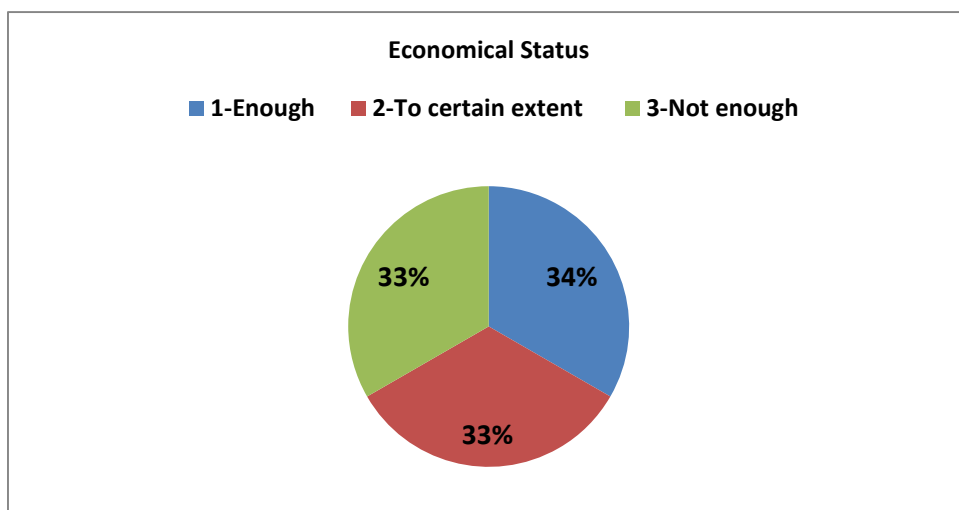


Figure (5): 34% of study sample considered the economical status enough from their point of view

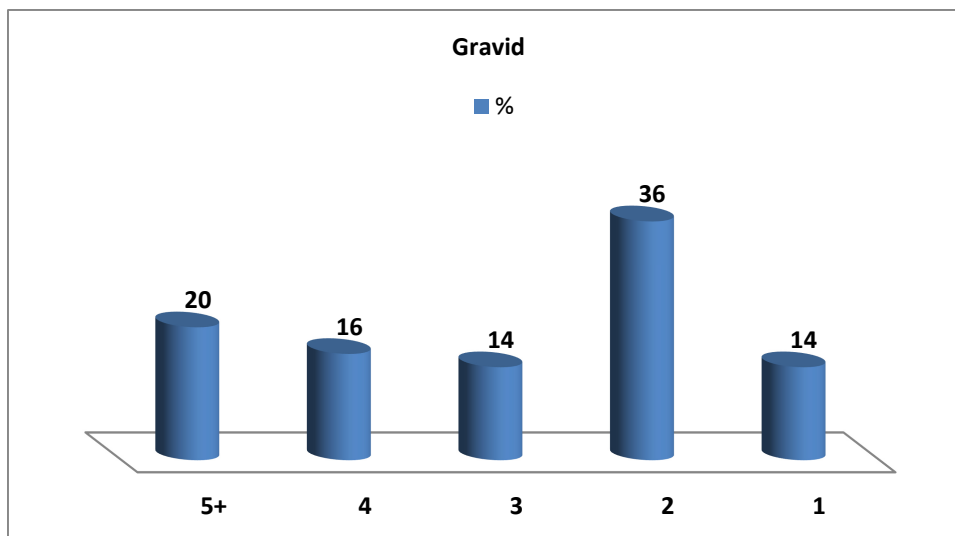


Figure (6): The highest percentage (36%) of study sample had two pregnancies (multigravida)

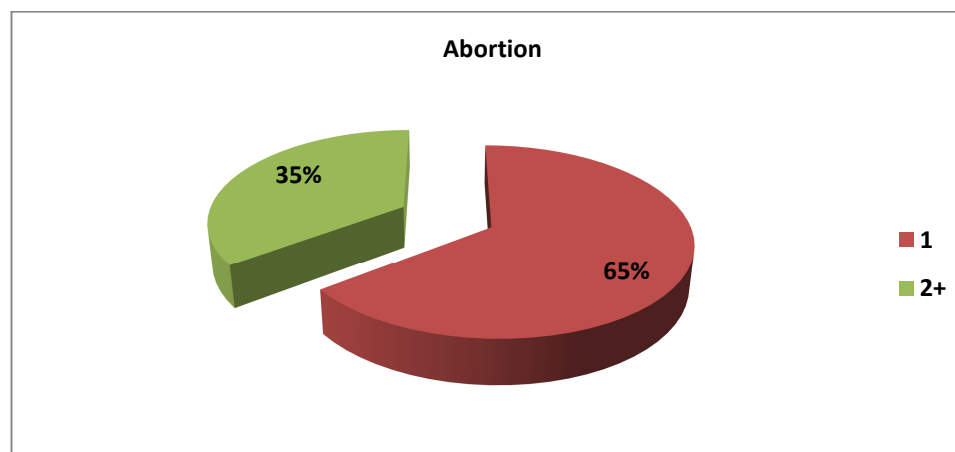


Figure (7): More than half (65%) of the study sample have not abortions previously

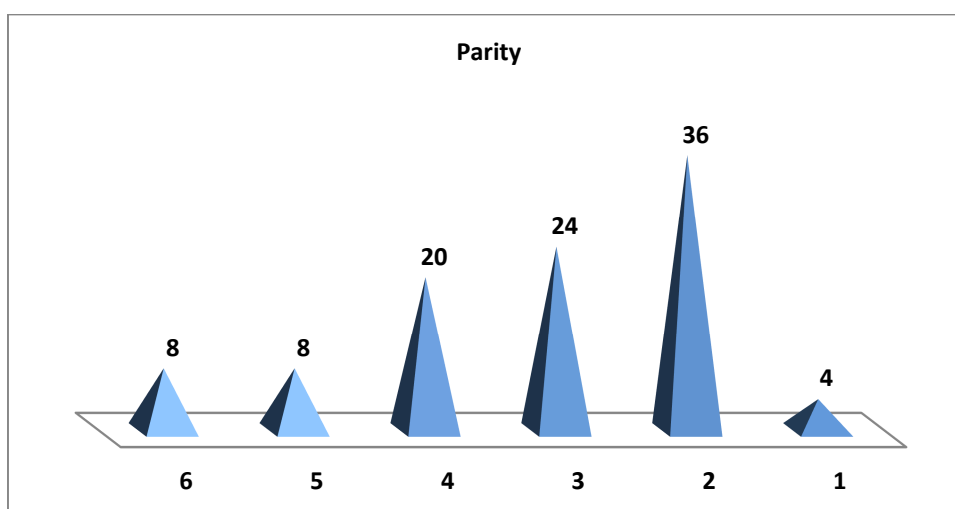


Figure (8): More than one third (36%) of study sample have (2) children

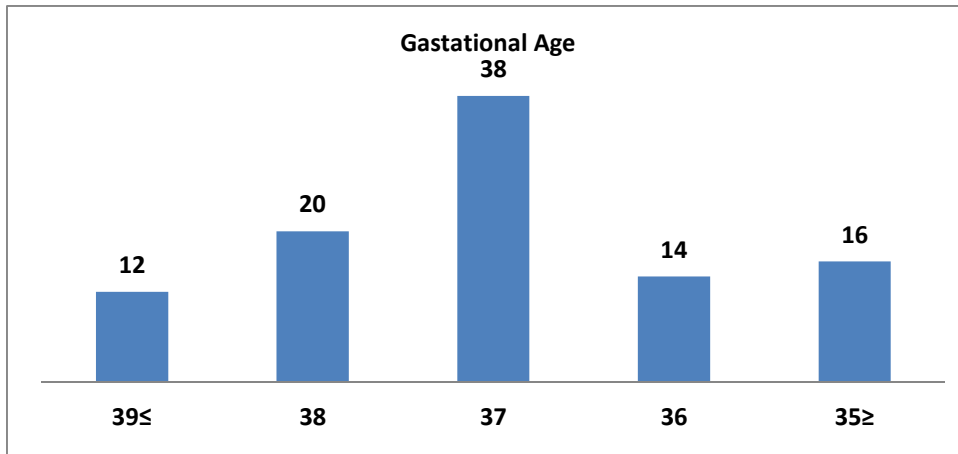


Figure (9): The highest percentage (38%) of the study sample show that their gestational age was attempt of c/s or delivery (37 weeks)

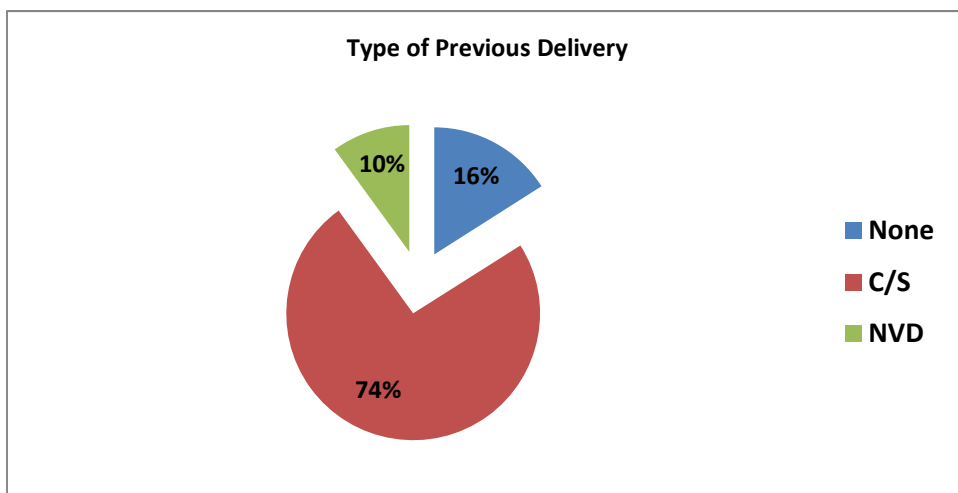


Figure (10): Three third (74%) of the study sample have history of previous cesarean section

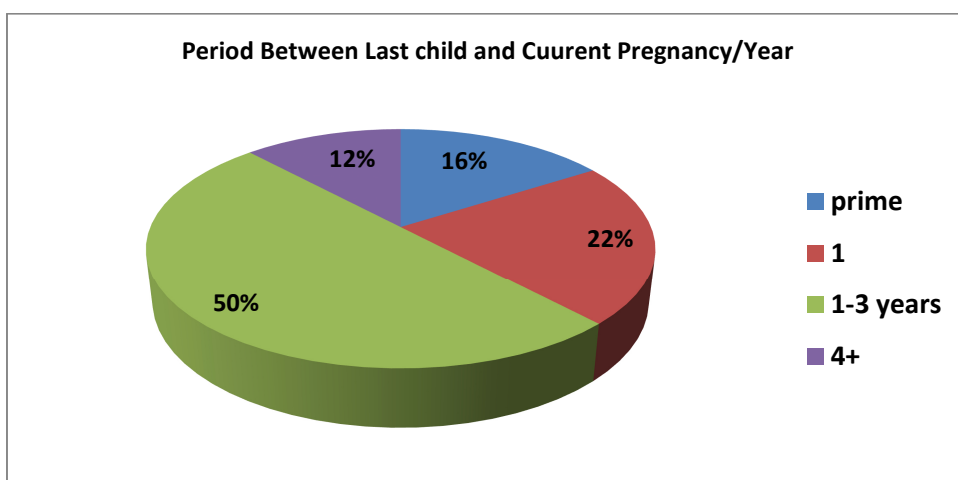


Figure (11): Half (50%) of the study sample had spacing between last child and current pregnancy range between 1-3 years

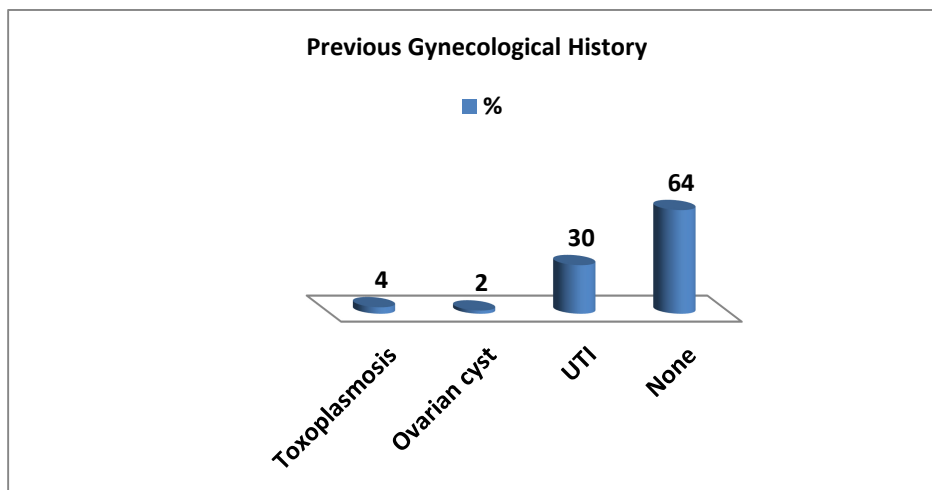


Figure (12): The highest percentage (64%) of the study sample has no any previous Gynecological history

Table (1): Distribution of Study Sample According to Causes of Preference Cesarean Section.

**Causes of Preference Cesarean Section	No.	%
Fear from labor pain.	43	16.5
Fear on baby health.	44	17
Previous loss baby because of NVD.	4	2
Family Advice.	26	10
Choosing the day of delivery according to my desire	5	2
Trust between mother and doctor.	28	11
Low trust in nursing staff.	19	7
Low labor complications	25	10
Lack information about NVD.	17	6.5
Lack information about the complications of c/s.	12	5
C/S is need short time rather than NVD.	34	13
Total	257	100

**More than one answer

Table (1) Shows that the highest percentage (17%) of study sample choosing C/S because of fearing to lose their baby and labor pain respectively, while the lowest percentage (2%) of them their causes due to previous loss baby because of NVD and choosing the day of delivery according to woman desire respectively.

Discussion of the Results

1. Socio-demographic Characteristics of the Study Sample include:

1. Age

The present study reveals that the highest percentages (26%) of study sample at age group (25-29), (30-34) years respectively with mean age 27.69 ± 6.29 as shown in figure (1), This result agrees with the finding in a study held by Amoa and Kluflo (1997) which reported that most of C-section sample were

less than 35 years of age , while a study carried out by Habib and Abdulla (2011) who find that in Iraq percentage is higher (41%) during age from (36-45) years old .

2. Educational Level

The results show that the highest percentage (32%) of study sample were primary school graduate as shown in figure (2), this results agree with the finding in a study held in Iraq by Habib and Abdulla (2011) which reported that (47.3%) of Iraqi women completed their primary education.

3. Occupation

The results show that the highest percentage (82%) of study sample were house wife as shown in figure (3), this results agree with the finding in a study held in Iraq by Habib and Abdulla (2011) which reported that (87.4%) were not house wife.

4. Consanguinity

More than half (52%) of study sample were relatives shown in figure (4).

5. Economic Status

(46%) of study sample stated that their economical level were enough from their point of view as shown in figure (5).

2. Reproductive Characteristics include:

1. Number of Pregnancy

The results show that the highest percentage (36%) of study sample were multigravida as shown in figure (6), this results agree with the finding in a study held in Iraq by Habib and Abdulla (2011) which reported that (38%) of c/s women were multigravida ,and it was similar to the finding that reached by a study held in United State by Riberio (2005) who reported that most mothers with c/s were multiparous . while it was inconsistent with the finding in a study held in United Kingdom by Amoa and Kluflo (1997) who reported that most of C-section sample were primigravida .

2. Number of Abortion

More than half (66%) of the study sample have not abortion previously as shown in figure (7).

3. Number of Children

More than one third (36%) of study sample have (2) children as shown in figure (8) , and it was similar to the finding that reached by a study held in United State by Riberio (2005) who reported that most mothers with c/s were multiparous .

4. Gestational Age

(38%) of the study sample show that their gestational age were attempt of c/s or delivery at (37 week) as shown in figure (9).

5. Type of Previous Delivery

Three third (74%) of the study sample have history of previous cesarean section, as shown in figure (10).

6. The spacing time between last child and current pregnancy

Half (50%) of the study sample had spacing between last child and current pregnancy 1-3 years, as shown in figure (11).

7. Previous Gynecological History

The highest percentage (64%) of the study sample has no any previous Gynecological history, as shown in figure (12).

3. Reasons of pregnant women for Choosing Cesarean Section:

The study results show that the highest percentage (17%) and (16.5%) of study sample preferred c/s because of fearing to loss their baby and fear from labor pain respectively most of study sample answer more than one option or cause as shown in table (1), this results agree with Abouzhar and Wardlaw (2001), who stated that in

many cases mothers want c-section as this is safe procedure for the child. It may be caused due to late pregnancy or previous pregnancy failure such as miscarriage or still birth.

The fear for labor pain could arise because of woman's previous experience or fear could also induced in woman through comments made by health professionals, family members or friends (Abouzhar and Wardlaw, 2001).

Recommendations

1. Need for health professionals to educate patients as to the actual risks that are associated with either mode of delivery and should be part of client education at the antenatal clinic.
2. Studies may be required to determine the content of the C/S educational messages since untested information about the risks of caesarean delivery may scare women from the operation when it is actually indicated.

Conclusion

The study concluded that fearing to loss her baby and labor pain were the main causes that stay behind the women who chose to have C/S.

References

- Abouzhar C, and T Wardlaw, (2001), "Maternal mortality at the end of a decade: signs of progress?" *Bulletin of the World Health Organization*.Vol 79.
- Agency for Healthcare Research and Quality (2006), *Evidence Report/Technology Assessment* .Number 133.Cesarean Delivery on Maternal Request, March. Accessed December 5, 2007. Available at: www.ahrq.gov/clinic/tp/cesarreqtp.htm#Report
- Amoa A.B., Kluflo C.A., Grace S.A., Kariwinga G., WurrF.A (1997), Case-Control Study of Primary Caesarean Section at Post Moresby General Hospital, *PNG Med.J.*; 40:119-26.
- Belizan J.M, Althabe F., Barros F.C., Alexander S (1999), Rates & Implications of Caesarean Section in Latin America: Ecological Study, *BMJ*, 319:1379-1402.
- Cesarean Delivery on Maternal Request, committee opinion No. 559. (2013), American College of Obstetricians and Gynecologists, *ObstetGynecol*, 121; 904-7.
- Cunningham, F G, Gant, N F, Leveno K G and et al. (2001), Cesarean Delivery and Postpartum Hysterectomy. In: *Williams Obstetrics*, 21st ed., McGraw Hill Medical Publication Division, p 537-563.
- Enkin M , Keirse M , Renfrew M , Neilson J. (1995), (A Guide To Effective Care In Pregnancy , And Child Birth) Second Edition , *Oxford University Press*.
- Gholami A, SalarilakS (2013), Why do some pregnant women prefer cesarean delivery in first pregnancy? *Iran J Reprod Med.* , Apr; 11(4):301-8.
- Hall M, BewleyS (Maternal Mortality and Mode of Delivery), *lancet* 354, p 776.
- Wikipedia, org/wiki/Caesarean_section, [Online] Available: <http://en.wikipedia.org/wiki/> (23 march, 2014).
- <http://www.lamazeinternational.org/p/cm/ld/fid=126> access at (28 April, 2014).
- Habib H. A. , Abdulla M. M. , Yacoub E. S. (2011), (Knowledge and Preference of Mothers Delivering at ALKadhmyia Teaching Hospital Regarding Caesarean Section and Normal Vaginal Delivery) , Baghdad , Al- Iraq ,*The Iraqi Postgraduate Medical Journal* VOL.10, NO.4.
- Iovine V. (1995), "The Girlfriends Guide to Pregnancy", *Pocket Books*, New York, 1995.
- Mazzoni A, Althabe F, Liu NH, Bonotti AM, Gibbons L, Sánchez AJ, BelizánJM. (2011), Women's preference for caesarean section: a systematic review and meta-analysis of observational studies, *BJOG.* , Mar; 118(4):391-9. doi: 10.1111/j.1471-0528.2010.02793.x. Epub 2010 Dec 7.
- Riberio (2005), U.S. Rise in Primary Caesarean in U.State 1999-2001: Cross Sectional Analysis, *B.M.J.*; 330:71-72.
- Sach B, Castro M, Frigoletto F. (1999), (The Risks Of Lowering The Cesarean Delivery Rate) *New Eng., J. Med.*, 340: 1, 54-57.

- Smith J, Hernandez C, Wax J. (1997), (Fetal Laceration Injury At Cesarean Delivery) *Obstet And Gynecol*, 90: 344-6.
- Vashevnik S, Walker S, Permezel M. (2007), Stillbirths and neonatal deaths in appropriate, small and large birth weight for gestational age fetuses. *Aust N Z J ObstetGynaecol*, 47: 302-6. RANZCOG College Statement: C-Obs 39.
- Wagner M. (1995), A Global Witch-Hunt, *lancet*, 346: 1020-22.
- Wagner M. (1988), "The public health versus clinical approach to maternity services: The emperor has no clothes." *J. Public Health Policy*, 19:1, 25-35.
- Wagner M. (2000), Choosing caesarean section, *Lancet*; 356:1677-1680.
- Walker SP, McCarthy EA, Ugoni A, Lee A, Lim S, Permezel M. (2007), Cesarean delivery or vaginal birth: a survey of patient and clinician thresholds, *ObstetGynecol*, Jan; 109 (1): 67-72.
- World Health Organization, (1985), Appropriate technology for birth, *Lancet*; 2:436-437.

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