

# Women's Experience Regarding the Decision to Deliver by Caesarean Section: A Qualitative Study

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## Background

Caesarean Section (CS) rates have increased significantly in Ireland in recent decades.<sup>1</sup> This has been partially attributed to women's request for the procedure. The concepts of 'informed choice' and 'women centred care' have become central tenets of maternity care<sup>2</sup> yet women's experience of the decision making process is largely absent from the literature.

## Aim

The aim of this study was to explore the experience of decision making about mode of delivery in women who had delivered by CS.

## Methods

### Ethics

Ethical Approval was granted by the Clinical Research Ethics Committee of the Cork Teaching Hospitals

### Study Design

An Interpretive Phenomenological study design was used.<sup>3</sup>

### Sampling

Women were randomly selected from the Delivery Book at Cork University Maternity Hospital (CUMH) to participate in a mode of delivery study. The larger study included vaginal births, vaginal birth after CS and instrumental deliveries. For the purpose of this study a purposive subsample of women who had delivered by CS was taken from the larger study. Women were included if they had an elective or an emergency CS. Women who had a stillbirth or neonatal death were excluded from the study.

### Data Collection

In-depth semi structured interviews were conducted with six women three to six months after they had undergone a CS at CUMH. All interviews were conducted in the women's homes at their request. Interviews were audio recorded and transcribed verbatim.

### Analysis

Interview transcripts were analysed using Interpretive Phenomenological Analysis.<sup>3</sup> Codes and emerging themes were reviewed and verified by a second researcher.

## Findings

Preference for vaginal delivery was superseded by biological and clinical factors. The decision to deliver by CS in all cases was taken by the health professional. Three were elective CS and three were emergency CS. Three superordinate themes emerged from the data, as outlined in Figure 1.

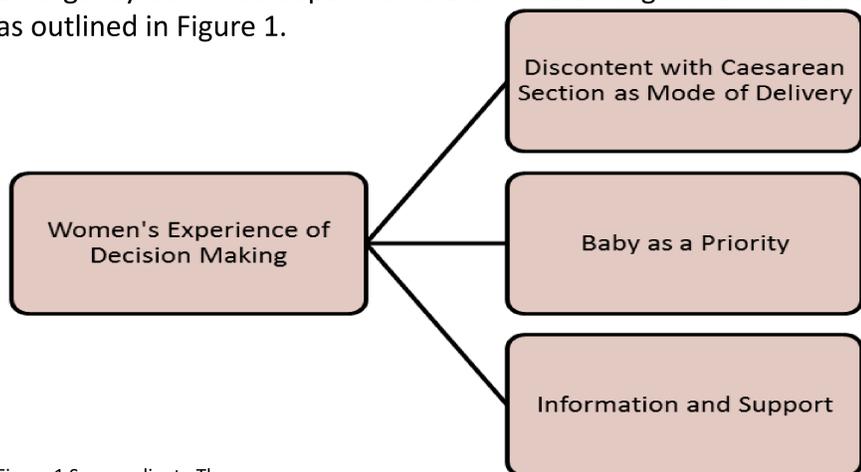


Figure 1 Superordinate Themes

## Discontent with Caesarean Section as Mode of Delivery

Discontent with CS arose when the procedure impacted negatively on the women and conflicted with their own personal expectations of birth. Women had prior assumptions that CS was an easy, pain-free procedure but found that what they experienced was physically and emotionally traumatising.

*"I can cope with a lot of pain but it was, I wasn't kind of expecting that. You know you hear people getting C-sections on telly you imagine that it's easy and its fine and it's not"*

*"...and some people are kind of saying am ah sure it was grand you had a section as if like you know and I was kind of saying it's not like that, it's not by choice..."*

## Baby as a Priority

The health, safety and care of the baby were paramount to the pregnancy and birth experience and took precedence over all other factors. Participants highlighted that their personal expectations and wellbeing were less important than that of the baby. Their choices in relation to mode of delivery were limited by concern for the baby's safety.

*"I'd no sense of that [signing consent form], I'd no sense of an understanding of what I was going through bar the fact I wanted my baby to be safe"*

*"Like it's not you it's the baby you have think about, ya know the baby it's all about the baby I mean that's what it's about and at the end of the day if you need to suffer more so what ya know"*

## Information and Support

Participants experienced what was described as a "strategic lack of communication" from the range of health professionals that they encountered during their maternity care. This left them feeling anxious and disengaged from the decision-making process. Participants turned to other sources such as the media, family and friends for information, advice and reassurance.

*"I possibly could have got better answers but I don't think I should have had to fight for answers"*

*"I wish I had, just that I could have got a little bit more information ya know and then it would have just put my own mind at rest"*

*"...I don't know is it that they don't want to tell patients about Caesareans and what could happen but the lack of information around Caesareans especially emergency ones is very poor"*

## Conclusion

The notion of informed choice in this instance appears redundant. The provision of information and improved communication may decrease the discontent that women feel with CS, reduce the anxiety that they experience and create a more positive engaging environment for the birth of their baby.

## Acknowledgements

Thank you to the women who took part in this study, for giving their time freely and sharing their personal experiences.

References available on request from r.dennehy@ucc.ie