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Original Research Article

Women's fear of normal delivery and their decision on the mode of delivery: a cross-sectional study

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ABSTRACT

Background: Caesarean section, C-section, or caesarean birth is the surgical delivery of a baby through a cut (incision) in the mother's abdomen and uterus. It's a surgical procedure utilized when a vaginal delivery isn't possible or safe, or when the health of the mother or infant is at risk. Caesarean section rates range from 0.4 to 40% in different countries, and the trend has been growing over the previous 30 years. These increases have been linked to a number of factors. The purpose of this study was to learn more about these factors in the context of Bangladeshi demographics. Aim of the study was to investigate the women's Fear of normal delivery and their decision on the mode of delivery

Methods: This cross-sectional observational study was conducted at the department of obstetrics and gynecology in Uttara Adhunik medical college and hospital, Bangladesh. The study duration was from 1 February 2021 to 30 November 2021. The present study was carried out with a total of 63 women who had undergone caesarean section during the study period. A convenient sample selection method was done for the selection of the participants

Result: Among the participants of the present study, 47.62% were aged between 25-29 years, 76.19% were Muslims, and 76.19% stayed at the hospital for 3-4 days. 90.48% had been pregnant for 36-40 weeks. Lower abdominal pain and labor pain was observed in 20.63% of the participants. The majority of the participants underwent caesarean delivery due to fear of labor pain and episiotomy.

Conclusion: The fear of childbirth or labor pain is the most common cause in patients undergoing caesarean section, followed by doctor advice due to medical comorbidities and fear of episiotomy.

Keywords: Pregnancy, Fear of normal delivery, Caesarean, Cause

INTRODUCTION

Cesarean section has been a part of human history since ancient times, and there are stories in both Western and non-Western civilizations of this technique producing living mothers and children. There are numerous references to the cesarean section in Hindu, Egyptian,

Grecian, Roman, and other European mythology.¹ Cesarean section is the surgical birth of a baby through an incision in the mother's abdomen and uterus.² It was mainly reserved for situations in which a regular delivery may endanger either the mother, the infant, or both. However, in many developing and industrialized countries, CS has become the dominant mode of delivery. It is argued that over the last 25 years, there has been a

sustained rise in caesarean section rates in the developed world, with increased public interest and debate on both the cause and appropriateness of increasingly employing a surgical procedure to short circuit or completely bypass labor and delivery.³ Caesarean section rates are increasing in a variety of developing countries, not only in the industrialized world.

Caesarean section rates are already approaching 25% in Canada and the United States of America and recent figures for England show that the caesarean section rate increased from 9% in 1980 to 18.8% in 1997-98 and 21.3 percent in 2006.^{4,5} In France, this ratio increased from 10.7 percent in 1981 to 15.3 percent in 1995, whereas in Sweden, it increased from 5% in 1973 to 15% in 2000.^{6,7} In 2011, 17 percent of infants were delivered through caesarean section, suggesting that three out of every five newborns are delivered via caesarean section in a hospital. In 2012, the percentage of babies delivered in institutions through caesarean section climbed from 52% to 60%. Caesarean sections are common among women in the highest income quintile (41%), as well as among women with high school graduation (49 percent).⁸ A number of ideas have been offered to explain the increasing use of caesarean sections. These are increased fetal well-being awareness, identification of risk mothers, increased prevalence of primigravid mothers in the hospital population, fear of litigation, fear of pain during labor and delivery, lack of midwifery support, and preservation of the anatomy and physiology of the vagina and perineum, whereas vaginal delivery will result in some loss of normal coital function.⁹⁻¹¹ The present study was conducted to observe these fears among pregnant women and to identify why women make certain decisions regarding their mode of delivery.

Objectives

Objective of current study was to investigate the women's fear of normal delivery and their decision on the mode of delivery.

METHODS

This cross-sectional observational study was conducted at the department of obstetrics and gynaecology in Uttara Adhunik medical college and hospital, Bangladesh. The study duration was from 1 February 2021 to 30 November 2021. The present study was carried out with a total of 63 women who had undergone caesarean section during the study period. A convenient sample selection method was done for the selection of the participants. The participants were informed regarding the purpose of the study and all possible risks of caesarean section, and written consent was obtained. All necessary history and data were collected through a questionnaire that was prepared previously, and medical information was also collected and analyzed. After data collection was done, available data were analyzed through SPSS software.

Inclusion criteria

Inclusion criteria for current study were; patients who had given consent to participate in the study and patients who had no history of caesarean delivery.

Exclusion criteria

Exclusion criteria for current study were; mentally ill, unable to answer the criteria question, patients with at least one previous caesarean delivery and those affected with other chronic diseases were excluded.

RESULTS

Among the participants, almost half the participants (47.62%) were aged between 25-29 years. Following that, only 7 (11.11%) patients had been admitted whose ages were less than 20.

Table 1: Distribution of the patients by characteristics (n=63).

Findings	N	%
Age		
<20	7	11.11
20-24	17	26.98
25-29	30	47.62
≥30	9	14.29
Religion		
Muslim	48	76.19
Hindu	11	17.46
Tribal	2	3.17
Buddhist	2	3.17
Pregnancy duration		
36-40 weeks	57	90.48
>40	6	9.52
Hospital stay duration (days)		
1-2	2	3.17
3-4	48	76.19
>4	2	3.17
Type of CS		
Elective	13	20.63
Non-elective	50	79.37
Presenting comorbidities		
Family history of diabetes	4	6.35
History of hypertension	2	3.17
Anaemia	1	1.59
Gestational hypertension	4	6.35
Asthma	2	3.17
GDM	3	4.76

Total 9 (14.29%) patients had received hospital admission, whose ages were more than 30. The majority of the patients (76.19%) were Muslim, and 11 (17.46%) patients were Hindu. The longest pregnancy duration, 36-

40 weeks were seen in the majority of the mothers (90.48%). The highest number (76.19%) of patients stayed in the hospital for around 3-4 days. Family history of diabetes and hypertension was found in 4 (6.35%) and 2 (3.17%) patients respectively, 1 (1.59%) patient had anemia, 4 (6.35%) patients had gestational hypertension, 2 (3.17%) had asthma and 3 (4.76%) had GDM (Table 1). The majority of the participants (90.48%) were pregnant for 36-40 weeks, while the remaining 9.52% were pregnant for over 40 weeks. Lower abdominal pain was absent in the majority (79.37%) of the patients. The mean duration of the lower abdominal pain was 14 ± 2.4 SD hours. Only 13 (20.63%) patients had labor pain. The mean duration of the labor pain was 6 ± 1.9 SD hours (Table 2).

Table 2: Distribution of the by obstetric history (n=63).

Findings	N	%
Pregnancy duration		
36-40 weeks	57	90.48
>40	6	9.52
Lower abdominal pain		
Yes	13	20.63
No	50	79.37
Mean duration	14	
Labor pain		
Yes	13	20.63
No	50	79.37
Mean duration	6	

Table 3: Distribution of the participants by gynaecological history (n=63).

Findings	N	%
Parity		
0	33	52.38
1-2	25	39.68
3	5	7.94
Gravida		
Primi	32	50.79
Multi	31	49.20
Age of last child (years) (N=30)		
<5	7	23.33
5-10	11	36.67
>10	2	6.67
Duration of marriage (years)		
<10	49	77.78
≥ 10	14	22.22

Around half of the study population (52.38%) were nulliparous women, two-fifths of the mothers had 1-2 children, and one-tenth of the mothers had 3 children. 50.79% of the participants were primi gravida cases, while the remaining 49.20% were multi gravida cases. For 36.67% of the participants (N=30), the age of their last child was between 5-10 years. Only 2 (6.67%) patients had a child aged more than 10 years. Duration of

marriage was <10 years for 77.78% of the cases, while 22.22% were married for 10 years or more. Fear of labor pain was the primary cause of caesarean section, observed in 31.75% of the participants. Another 15.87% had fear of episiotomy, while another 7.94% had fear of both labor pain and episiotomy. 20.63% of the participants were advised by their doctors to undergo CS due to various complications.

Table 4: Distribution of the participants by the cause of caesarean section (n=63).

Findings	N	%
Fear of labor pain	20	31.75
Fear of episiotomy	10	15.87
Fear of labor pain and episiotomy	5	7.94
History of perinatal death	5	7.94
Patients desire for bilateral tubal ligation during CS	2	3.17
History of subfertility	3	4.76
History of previous abortion and risk of abortion in current pregnancy	3	4.76
Fear of dyspareunia	2	3.17
Advised by doctor	13	20.63

DISCUSSION

Among the available delivery method, caesarean section is a surgical method that delivers a child through a small incision on the lower abdomen of the mother. Like all surgical procedures, caesarean section also has its own set of risk. But despite these risks, pregnant women all around the world are now opting for caesarean delivery at a much higher rate compared to a decade or two earlier.¹²⁻¹⁴ Many countries have also seen a significant fall of infant mortality along with rising CS rates, but no definite connection could be made between the two.¹⁵ Many believe that the fear of various complications and pain that come along with a normal delivery method are the primary reason mothers opt for a caesarean delivery.¹⁶ The present study was carried out to better understand the fear of normal delivery and its effects on the decision regarding the mode of delivery. Almost half of the participants in the research were between the ages of 25 and 29. This was comparable to the results of another research, in which the participants' average age was 26.6 years.¹⁷ The majority of the participants in this survey were Muslim, which was understandable given our country's Muslim population of over 90%. 90.48 percent of the participants in this research were hospitalized between 36 and 40 weeks of pregnancy, and 76.19 percent of the patients stayed in the hospital for three to four days. In the case of a successful surgery, this was a typical length of stay in the hospital. It is widely known that a lengthier hospital stay following any operation indicates a poor prognosis.¹⁸ Only two individuals in our research spent more than four days in the hospital. PROM (Premature Rupture of Membranes) was shown to be the cause of CS in 7 out of 63 instances. For the other

participants, some had CS as a result of doctors' recommendations, some as a result of a previous history of abortion, and others as a result of other factors. 6.35 percent of the individuals had gestational hypertension, another 6.35 percent had a family history of diabetes, and 3.17 percent had a family history of hypertension, according to the findings. Lower abdomen discomfort and labor pain were both reported by 20.63 percent of the individuals, with lower abdominal pain lasting longer on average. The nulliparous made-up 52.38 percent of the participants, while the remaining 30 had at least one kid. Children aged 5 to 10 years made up 36.67 percent of the 30 participants. Only two of the participants had children under the age of ten. Among the participants, majority (31.57%) had undergone CS just from the fear of labor pain. Along with these 20 participants, another 5 had fear of labor pain and episiotomy. This is understandable as the fear of childbirth in itself can increase the complications of childbirth.¹⁹ Studies from various other countries also suggest that fear of labor pain is a primary determinant in the selection of mode of delivery.^{[20],[21]} 20.63% of the participants were advised by their doctors to undergo caesarean delivery. This was suggested due to various factors like physical abnormalities, comorbidities etc. This was a common sight in many conservative societies where women generally do not go for CS without doctors' advice. 15.87% of the participants had fear of episiotomy. Other causes like history of perinatal death, history of abortion and threaten abortion, history of subfertility etc. also played important roles in the determination of caesarean section.

CONCLUSION

The fear of childbirth or labor pain is the most common cause in patients undergoing caesarean section, followed by doctor advice due to medical comorbidities and fear of episiotomy.

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