

Family Physicians' Views on Caesarean Delivery on Maternal Request

Aile Hekimlerinin Anne İsteği ile Sezaryenle Doğum Hakkındaki Görüşleri

Anne İsteği ile Sezaryen / Caesarean Delivery on Maternal Request

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Özet

Amaç: Aile hekimlerinin anne isteği ile sezaryenle doğum (AİSD) hakkındaki bakış açılarını değerlendirmeyi amaçladık. Gereç ve Yöntem: Kırkdokuz aile hekimi çalışmaya dahil edildi. Sosyodemografik özellikler, kendilerinin ya da eşlerinin doğum şekilleri, sezaryenle doğumu seçim sebepleri, anne isteği ile sezaryenle doğumun insan hakkı olması ve sezaryen oranındaki artış sebepleri hakkındaki görüşlerini içeren anket yüz yüze görüşülerek doldurduldu. Bulgular: Çalışma grubunun %57.1'i (n=28) sezaryenle doğum yapmıştı. Doğum ağrısı korkusu %46.4 (n=13) ile AİSD'nin temel sebebi iken, yardımcı üreme teknikleri ile elde edilen gebelikler (%3.6, n=1) ve tubal sterilizasyon isteği (%7.1, n=2) diğer sebeplerdi. Sadece 12 hastaya (%42.9) tıbbi bir endikasyon ile sezaryen uygulanmıştı. Aile hekimlerinin %61.2'si (n=30) AİSD 'yi insan hakkı olarak kabul etmezken, %38.8'i (n=19) kadınların doğum şeklini seçme konusunda hakları olduğunu desteklemekteydi. Sezaryen oranındaki artışındaki asıl nedenler kadın doğum hekiminin yönlendirmesi (n=25, 51.0%) ve doğum ağrısı korkusu (n= 20, 40.8%) olarak belirtildi. Sonuç: AİSD obstetri alanının en çok tartışmalı başlıklarından biri olmaya devam edecek görünmektedir. Aile hekimlerinin tutumları, annelerin önerilen doğum şekli konusunda verecekleri kararlarda önemli rol oynamaktadır, bu nedenle sezaryen oranının düşürülmesi konusunda üretilecek politikalarda önemsenmelidir.

Anahtar Kelimeler

Sezaryen Doğum; Anne İsteği; Aile Hekimi; Tıbbi Endikasyon

Abstract

Aim: We aimed to evaluate family physicians' views on caesarean delivery on maternal request (CDMR). Material and Method: Fourty-nine family physicians were included and a questionnaire covered socio-demographic characteristics, their own or their partners' delivery modes, the reasons behind their choice of caesarean delivery, views on CDMR as a human right and their opinions on the reason behind the increasing rates of caesarean deliveries was administered by one-on-one interviews. Results: Twenty eight (57.1%) women in the group underwent caesarean delivery. Fear of delivery pain was mentioned as the main factor (n=13, 46.4%) behind the CDMR, pregnancies achived by assisted reproductive technologies (n=1, 3.6%) and request for tubal sterilization (n=2, 7.1%) were the other causes. Only 12 women (42.9%) underwent caesarean delivery with a medical indication. While 30 (61.2%) physicians refused accepting CDMR as a human right, 19 (38.8%) physicians supported women's right of choosing their modes of delivery and obstetricians' inducement (n=25, 51.0%) and women's fear for vaginal delivery pain (n= 20, 40.8%) were mentioned as the main causes behind the increase in the rate of caesarean delivery. Discussion: CDMR seems to continue being one of the most controversial subjects in obstetrics. The family physicians' attitudes plays an important part in the decisions made by mothers regarding the preferred delivery modes so it should not be undervalued while creating policies for decreasing the high caesarean rates.

Keywords

Caesarean Delivery; Maternal Request; Family Physician; Medical Indication

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Introduction

The rate of caesarean delivery has been increasing throughout the world, despite all the national and international efforts to achieve the contrary. Although the suggestion by the World Health Organization (WHO) is 15% for caesarean delivery, it seems impossible to carry follow it today [1].

While the indications of caesarean delivery are determined on the basis of maternal and foetal conditions, the phenomenon of Caesarean Delivery on Maternal Request (CDMR) has been the subject of most arguments in the last few years. Some physicians perceive this as a social problem and oppose CDMR, while on the other hand, some physicians feel that it is important to pay attention to the maternal wish for the mode of delivery as a human right [2, 5].

In our country, the rate of caesarean delivery is exceeding 45%. The political, social and medical projects nationwide are been administered to decrease this rate. Though obstetricians are expected to solve this problem, family physicians, who follow up with pregnant ladies, can make a valuable contribution in this scenario.

In this study, we aim to examine the family physicians' views on caesarean delivery on maternal request.

Material and Method

This study was based on 49 family physicians working in different health care centres. A questionnaire covered socio-demographic characteristics, their own or their partners' delivery modes, the reasons behind their choice of caesarean delivery, the number of pregnancy cases they have followed up, the mode of delivery suggested, views on CDMR as a human right and their opinions on the reason behind the increasing rates of caesarean deliveries was administered by one-on-one interviews.

Statistical analysis was conducted with the help of an SPSS for Windows 11.5 programme. Descriptive statistics were expressed in the form of mean and standard deviation or middle-sized (minimum-maximum) for continuous variables. The affinity of distribution of continuous variables to normal value was searched through a Shapiro Wilk test. The comparison between the subjects, in terms of the importance of the means and middle-sized values, was drawn by using Student's t test and Mann Whitney U test. The nominal variables were evaluated by using Pearson's Chi-square or Fisher's tests. The probability value of $(p) < 0.05$ was considered statistically significant.

Results

The study group included 49 family physicians consisting of 25 men and 24 women, whose mean age was 38.2±5.9 years. The demographic characteristics are demonstrated in Table 1.

Twenty eight (57.1%) women in the group underwent caesarean delivery, while only 21 (43.9%) women preferred spontan vaginal delivery. When we looked into the reasons behind caesarean delivery, fear of delivery pain was mentioned as the main factor (n=13, 46.4%). Pregnancies achived by assisted reproductive technologies (n=1, 3.6%) and request for tubal sterilisation (n=2, 7.1%) were the other causes of CDMR. However, only 12 women (42.9%) were determined caesarean delivery by the obstetrician, on the basis of their medical indication. (Table 2) (Figure 1)

Family physicians' views on CDMR were evaluated on the basis of their answers to the question: Should CDMR be accepted as a human right? Does the woman have the right to request for caesarean section as her mode of delivery? While 30 (61.2%) physicians refused accepting CDMR as a human right, 19 (38.8%) physicians supported women's right of choosing their modes of delivery. (Table 3)

Table 1. Demographic characteristics of family physicians

Features	n=49
Age	38.2±5.9 (30-60)
Gender	
Male	25 (51.0%)
Female	24 (49.0%)
Marital status	
Single	6 (12.2%)
Married	43 (87.8%)
Number of children	2 (0-3)

Table 2. Delivery modes and indications of caesarean deliveries among family physicians

	n=49
Caesarean delivery	28 (57.1%)
Spontan vaginal delivery	21 (43.9%)
Indication for caesarean delivery	
Maternal request – fear of delivery pain	13 (46.4%)
Maternal request – pregnancy achived by assisted reproductive technologies	1 (3.6%)
Maternal request – willingness for tubal sterilisation	2 (7.1%)
Medical indication	12 (42.9%)

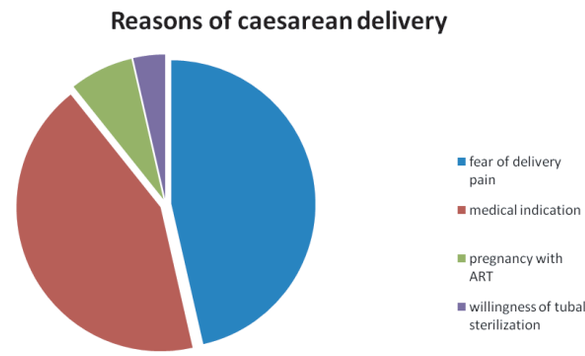


Figure 1. Reasons of caesarean delivery

Table 3. Family physicians' views on CDMR and the reasons behind the increase in caesarean delivery

Should CDMR be accepted as a human right	
Yes	19 (38.8%)
No	30 (61.2%)
Reasons behind the increase in caesarean deliveries	
Bad delivery stories	4 (8.2%)
Fear of spontan vaginal delivery pain	20 (40.8%)
Obstetrician's inducement	25 (51.0%)

The family physicians too, mentioned the obstetricians' inducement (n=25, 51.0%) and women's fear for vaginal delivery pain (n= 20, 40.8%) as the main causes behind the increase in the rate of caesarean delivery (Table 3).

There was no significant difference when it came to male and female, single or married family physicians, in terms of accepting CDMR as a human right (p=0.684, p=0.069). The support for CDMR as a human right from women who themselves underwent caesarean delivery, was significantly higher than the group that had not undergone caesarean section (p<0.001). (Table 4)
On an average, the family physicians had followed up 25 pregnancies, during which all the physicians had suggested vaginal delivery to their patients.

Table 4. Demographic features of family physicians on the basis of their views on CDMR as a human right

	Yes (n=19)	No (n=30)	p-value
Age	38.0±4.2	38.2±6.8	0.918
Gender			0.684
Male	9 (47.4%)	16 (53.3%)	
Female	10 (52.6%)	14 (46.7%)	
Marital status			0.069
Single	0 (0%)	6 (20.0%)	
Married	19 (100.0%)	24 (80.0%)	
Number of children	2 (0-3)	2 (0-3)	0.354
Performed caesarean deliveries	18 (94.7%)	10 (33.3%)	<0.001

Discussion

The studies on CDMR are mostly based on examining women's attitudes in literature. Very few surveys evaluate the physicians' views on CDMR [2, 6, 7].
A huge number of pregnant or postpartum women were assessed in most of these studies in which similar beliefs were addressed. Romero et al. (8) studied a Western North Carolina perspective on CDMR through a survey asking 396 pregnant ladies' opinions on the various delivery modes. It was found that the majority of women believe that CDMR should be an 'informed choice' and most of them preferred vaginal delivery. Contrary to most physicians' beliefs, women's primary objective was their infant's health rather than their own well-being. Pevzner et al. [9] also evaluated 3096 women's attitudes regarding the preferred mode of delivery and CDMR. About 81.7% of the subjects preferred vaginal delivery as a safer alternative for a mother, and 72.8% indicated that it was safer for the foetus too, while only 6.1% of participants requested for a caesarean delivery. However, most of the women felt that the pregnant ladies should have the right to choose their mode of delivery. In our study group, however, only 38.8% of female family physicians or their partners felt that women should have the right to request for a caesarean delivery.
In another study conducted in our country by Yasar et al. [10], 314 primigravid women's choice of delivery mode and factors affecting their choice were assessed. While 77.4% of the women preferred spontan vaginal delivery, 22.6% of them requested for a caesarean delivery. Yasar et al. [10] mentioned that, the higher socioeconomic status, the presentation of a doctor during the time of delivery, especially male doctors, were the main factors affecting the preference of CDMR. They also indicated that the women were inadequately informed about their delivery modes. We studied the factors affecting CDMR by the women in our group, and found that the fear of delivery pain, pregnancy achived by assisted reproductive technologies and willingness for tubal sterilization were the main causes of preferring a caesarean delivery. In addition to this, the participants of our study group indicated that the fear of vaginal delivery, bad birth stories and obstetrician's inducement were the main factors behind the increase in the rates of caesarean deliveries. Supporting our study, Pang et al. [11] found that the impact of first childbirth affected the decision of next delivery mode. The most important reason for the women who changed from a planned vaginal birth to an elective caesarean section after their first childbirth was the fear of vaginal birth. Moreover, Munro et al. [12] evaluated women who underwent caesarean delivery without any medical indication or influence of birth stories. They found that, negative vaginal birth stories and positive caesarean stories affected the decisions of the women and hence this must be considered by healthcare providers.
There were a few studies on the physicians' attitude towards CDMR in literature. Gamble et al. [5] searched major databases including 17 papers examining women's preferred types of birth. No studies have been conducted on the information provided to women by health professionals to seek their final decision on the preferred mode of delivery. It was found that the psychosocial context of obstetric care expresses a power imbalance in favour of physicians. Weaver et al. [3] also studied the perceptions of women and obstetricians on caesarean sections without medical indications. They found that although most obstetricians reported few requests for a caesarean section, maternal request was the most important factor behind increasing the caesarean rate. Women's fear for themselves and their baby, and the couples' beliefs seemed to affect their decision. Through our study, we evaluated the family physician's opinions on CDMR, and 61.2% (n=30) of them indicated that there should be medical indication for caesarean delivery, independent of maternal request. They also mentioned the effects of obstetrician's inducement on women in choice of delivery mode.
CDMR seems to continue being one of the most controversial subjects in obstetrics. While both women as well as obstetricians are in dilemma regarding human rights and medical ethics, family physicians are not so far from this debate. As they follow up pregnancies as well as obstetricians, their attitudes also plays an important part in the decisions made by mothers regarding the preferred delivery modes. Therefore, the family physician's roles should not be undervalued while creating policies for decreasing the high caesarean rates.

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