MATERNAL REASON FOR CHOOSING CAESAREAN SECTION AT OWN REQUEST AND WITHOUT MEDICAL INDICATION: A LITERATURE REVIEW

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ABSTRACT

New research from the World Health Organization (WHO) shows that the incidence of caesarean sections in childbirth continues to increase globally, accounting for more than 1 in 5 (21%) of all births. Although there is a considerable amount of literature on complications following caesarean section, the demand for caesarean section without medical indication and at maternal request is increasing. This study aimed to identify the reasons why mothers choose to have a caesarean section without a medical indication. Mothers may choose to have a caesarean section due to fear of vaginal delivery, concerns about perceived health risks, previous traumatic childbirth experiences, worries about future sexual life, positive attitudes towards the caesarean section, and the decision-making process. It can be concluded that many expectant mothers are not adequately prepared for this process. Tackling this problem requires collaboration between different stakeholders. WHO has recommended guidelines for non-clinical interventions to reduce unnecessary caesarean sections, targeting women, health professionals and health organizations, facilities, or systems.

ARTICLE HISTORY

Received: January, 02, 2024
Revision: March, 14, 2024
Accepted: April, 08, 2024
Online: November, 12, 2024

doi:
10.20473/jcmphr.v5i2.53489

KEYWORDS
Caesarean Section, Maternal Request, Without Medical Indication

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How to cite:
Wardhani, G.P.C., and Lestari, P., 2024. Maternal Reason For Choosing Ceasarean Section at Own Request and Without Medical Indication: A Literature Review. Journal of Community Medicine and Public Health Reseacrh, 5(2): 208-215.

INTRODUCTION

Pregnancy and childbirth are important stages in a woman's life. Providing them with high-quality care allows them to have the best possible outcomes. New research from the World Health Organization (WHO) shows that incidence of caesarean sections in childbirth continues to increase globally, accounting for more than 1 in 5 (21%) of all births[1]. Although there is evidence indicating that vaginal birth is more safe and associated with lower complications than giving birth by caesarean section[2]. This number is expected to increase nearly 1 in 3 (29%) by 2030[3]. The World Health Organization (WHO) recommends that the average caesarean section rate in a country should be around 5-15 percent per 1000 global births. According to data from the Indonesian Demographic and Health Survey (SDKI), the incidence of caesarean section in Indonesia was 17,6%[4]. This rate is significantly higher than the acceptable rate recommended by the World Health Organization (WHO).

In the past, caesarean section was only used for emergencies. Now, caesarean section is considered a safe procedure due to the improvement in health care, and

caesarean section indications have increased over the years[5]. However, for both mothers and babies caesarean section carries risks related to labor and anesthesia as well as short and long-term health problems when performed without medical necessity[1,6–8].

Although there is a considerable amount of literature on complications following caesarean section, the demand for caesarean section without medical indication and at maternal request is increasing. This presents a significant challenge to the healthcare system and has sparked a global debate. The rate of elective caesarean deliveries for nonmedical reasons, such as maternal request, has been estimated to range from 4% to 18% worldwide[9]. The maternal request will depend not only on her own opinion but also on the viewpoint of physicians and healthcare organizations, while a mother's request is primarily because of the psychological reason[10]. The high incidence of elective caesarean section surgery at the maternal request and without medical indication, suggests a need for further evaluation of worldwide maternal and child healthcare systems. Safe delivery is a universal requirement, and the high cost and safety concerns associated with this birth method make it imperative to address this issue.

This study aimed to identify the reasons why mothers choose to have a caesarean section without a medical indication. This will hopefully lead to developing strategies to reduce unnecessary caesarean sections and thus reduce mortality and morbidity.

OVERVIEW

Caesarean section is the delivery of a fetus through an open incision in the abdomen (laparotomy) and an incision in the uterus (hysterotomy)[11]. Caesarean section on maternal request is a caesarean section performed at the request of the mother in the absence of obstetric contraindications to vaginal delivery. There are several reasons why mothers choose caesarean section at their request and without medical indication:

Fear of vaginal birth

Many women experience fear of vaginal birth from adolescence[12]. They describe how they perceive based on negative live experiences of other women or social media stories[13]. The concerns experienced by these women encompass anxiety regarding clinical procedures, potential complications, harm or distress to the baby, pain, and loss of control, the body's ability to give birth, physical changes in the mother during and after childbirth, and limited participation in decision-making[14,15]. A similar study also found that fear of vaginal birth was the reason for choosing caesarean section with 60% of women reporting fear of childbirth[16]. However, not all women who choose to have a caesarean delivery will have a caesarean delivery. A Dutch study found that 29.3% (17 cases) of nulliparous participants who were afraid of vaginal delivery preferred a caesarean section, but only 6 delivered[17]. This is an indication that the preferences for the mode of birth can still be changed. According to a study of qualitative meta-analysis, women deal with fear by coping and seeking support[18]. They confronted their fear by relying on their ability to give birth naturally. The fear dissipated as they became more involved in

the birth process, receiving guidance and information from midwives about what to expect[18]. Therefore, it is necessary to improve obstetricians' and midwives' communication and counseling techniques to help pregnant women to reduce their fear and manage their emotions.

Safety concerns about the perception of health risks

Some women reported concerns about their health and ability to deliver their babies due to perceived safety risks. The underlying diseases such as heart disease, diabetes mellitus, and HIV, as well as biological risks associated with advanced age and obesity[19]. Additionally, they noted concerns about infertility and the perception of large babies resulting from maternal diabetes mellitus. Similarly, Eide et al. (2020) reported concerns among families regarding a history of prolonged labor, emergency caesarean section, narrow pelvis, and stillbirth[20]. Research conducted in Iran on the incidence and determinants of caesarean section indicates that mothers over the age of 30, overweight or obese, with diabetes mellitus, and mothers with LBW between 3500-4000 also prefer elective caesarean section[21]. Research conducted in Chile in 2020 found that elective caesarean section was chosen by women with a family history of caesarean section[15]. Maternal obesity, gestational diabetes, and advanced maternal age have been linked to increased risks for both mothers and their babies in both the short and long-term[22,23]. This may lead some mothers and providers to prefer caesarean section to avoid adverse outcomes. However, providers need to educate mothers on the benefits of natural childbirth and the risks associated with caesarean section, especially if the mother has pre-existing health conditions. Following the guidelines published by the World Health Organization (WHO), the standards for enhancing the quality of maternal and child health services in health facilities comprise complication management, effective communication, and respectful care[24].

Traumatic birth experience

Pregnancy and childbirth are typically normal physiological processes. While childbirth is considered a significant psychological experience for women, it is important to note that some women may perceive it as a distressing and traumatic event. This perception can lead to the onset of post-traumatic stress disorder (PTSD) and other psychological disorders[25]. The dominant reason for requesting a caesarean section among women in this study was fear of childbirth due to previous childbirth experience. Previous research has also shown evidence of an association between the choice of caesarean section method and previous traumatic/negative childbirth experiences[26]. Traumatic childbirth experiences can be caused by several factors, including adherence to the birth plan, obstetric problems, issues with mother-baby bonding, emotional wounds, and the perinatal experience[27]. Regarding birth plan adherence, mothers reported feeling unclear about who was caring for them, and what actions were being taken, and felt that staff lacked empathy and had a negative attitude towards them. Obstetric problems, such as episiotomy, laceration, pain due to ineffective pain medication, improper epidural technique or timing, and pelvic floor-related issues, such as constipation, incontinence, and dyspareunia, can occur. Perinatal experiences, such as traumatic events during delivery (e.g. device birth, Kristelle, and episiotomy) and obstetric violence (e.g. frequent vaginal examinations), can lead to

emotional wounds such as fear, stress, frustration, loneliness, and depression[27]. Therefore, it is important to make promotive and follow-up efforts to prevent birth trauma through appropriate obstetric care such as making a birth plan, removing unnecessary interventions, increasing positive attitudes toward women, and using perinatal mental health services if PTSD occurs after delivery[28].

Worries about future sex life

Some women may experience concerns about their sexual life and intimacy with their partners after giving birth vaginally. They may worry that their vagina will change and become wider[29]. According to a study conducted in Italy, vaginal delivery, vaginal operative delivery, and caesarean delivery were equally associated with satisfaction with the appearance of the vagina after childbirth[30]. Additionally, there were no reported changes in vaginal tissue elasticity before and after childbirth, changes in genital appearance after childbirth did not significantly affect sexual satisfaction and did not report any vaginal symptoms, such as pain or itching in any of the three delivery groups in any of the three delivery groups[30]. Several risk factors can affect postpartum sexuality, including urinary tract infections, body image, depression, socio-cultural conditions, emotional status, and hormonal changes in the postpartum period[31]. According to the study, vaginal delivery does not have an impact on future sexuality. However, women's concerns have increased due to media exposure and limited research. Therefore, healthcare providers should educate women that vaginal delivery does not affect future marital relationships and body image[30].

Positive attitudes towards caesarean section.

Some women may prefer caesarean section due to perceived benefits over vaginal delivery, such as comfort, shorter delivery time, safety, reduced pain, less bleeding, and the ability to choose the date of birth[19]. According to research conducted in Australia, women have a positive attitude towards technological interventions[15]. They believe that caesarean section allows them to plan their birth, is safer for both mother and baby and results in a quicker delivery process. The study showed that 93% of women have a positive attitude towards caesarean section, considering it a safe and painless procedure that can save the lives of both mother and baby[32]. Although many women have positive attitudes towards caesarean section, they may lack education about the potential complications for both mother and baby. Research conducted in Australia has shown a significant relationship between positive attitudes toward caesarean delivery and a lack of knowledge about childbirth[33]. Therefore, it is necessary to enhance strategies for educating women about pregnancy and childbirth and promoting normal, minimally invasive births. This is due to the numerous complications that can arise from caesarean delivery.

The decision-making process

The decision-making process for most women is influenced by their interactions with their social context, particularly their lived experiences and the opinions of their relatives and friends. Family members, especially the husband, and mother, play a significant role in encouraging and supporting the decision to have a caesarean delivery[29]. The decision of women to choose a caesarean section was found to be influenced by a doctor's recommendation[34]. Obstetricians' interviews revealed non-medical factors

that contribute to high caesarean section rates in hospitals, such as convenience incentives, lack of supervision and training in public hospitals, and absence or lack of understanding of clinical guidelines[35]. According to Panda et al. (2018), obstetricians from public hospitals have attempted to adhere to medical guidelines, but their efforts are occasionally impeded by families who insist on caesarean births[36]. Additionally, the clinical rationale for performing a caesarean section is sometimes unclear, resulting in varying clinical judgments among obstetricians. Women have the right to make decisions for themselves without any external influence, including from their families, midwives, or doctors. Providers should offer education and create a supportive environment for women to empower themselves in the decision-making process.

WHO recommendation

WHO has recommended guidelines for non-clinical interventions to reduce unnecessary caesarean sections, targeting women, health professionals, and health organizations, facilities, or systems. Health education for women is an important component of antenatal care, such as childbirth training workshops, nurse-led applied relaxation training programs, couple-based psychosocial prevention programs, and psychoeducation. For health professionals and health organizations, implementation of evidence-based clinical practice guidelines combined with structured and mandatory second opinions for indications for caesarean section and implementation of evidence-based clinical practice guidelines, caesarean section audits, and timely feedback to health professionals are recommended to reduce caesarean births. The midwife-obstetrician collaborative model of care and financial strategies to reduce caesarean section rates are then recommended only in the context of rigorous research[37].

Limitation

The methodology used in this study was literature review. Articles were searched in four databases namely Pubmed, Science Direct, Scopus and Web of Science using English keywords 'caesarean section', 'caesarean delivery', 'maternal request', 'non-medical indication', 'no medical indication' and using Boolean operators AND and OR. Articles were limited to original research, English language, full text and last five years between 2018-2023. Due to the limitation, our findings may not be generalisable to the whole population. For future studies, it is recommended to use a systematic review to obtain a more structured method.

CONCLUSION

The number of mothers who decide to have a caesarean section when it is not medically necessary is rising. Mothers may choose to have a caesarean section due to fear of vaginal delivery, concerns about perceived health risks, previous traumatic childbirth experiences, worries about future sexual life, positive attitudes towards caesarean section, and the decision-making process. Tackling this problem requires collaboration between different stakeholders targeting women, health professionals, and health organizations, facilities, or systems following the recommendations given by WHO.

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CONFLICT OF INTEREST

All Authors have no conflict of interest

AUTHOR CONTRIBUTION

All authors have contributed to all process in this research, including preparation, data gathering and analysis, drafting and approval for publication of this manuscript.

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