

What were pregnant's perceived reasons for the caesarean sections ?

Prem Chinvanthananond*

Chinvanthananond P. What were pregnant's perceived reasons for the caesarean sections ?.
Chula Med J 2000 Jun; 44(6): 441 - 5

- Objective** : *To study pregnant's perceived reasons for the caesarean sections, in order to lower caesarean section rates.*
- Setting** : *Hat Yai Hospital, Chao-phy-a-abhai-bhu-bejhr Hospital, Kamphaengphet Hospital, Potharam Hospital, Phya Thai 2 Hospital*
- Patients Design** : *Prospective Study*
- Patients** : *887 pregnancies in a hospital setting.*
- Method** : *A survey of 200 questionnaires in 1999 conducted by obstetric nurses of each hospital resulting in an 88.7 % response rate.*
- Results** : *85.79 % caesarean sections were done for maternal and fetal safety. 7.33 % for obstetricians consideration and 6.88 % for pregnant wish.*
- Conclusion** : *Pregnant's perceived reasons for the caesarean sections were maternal and fetal safety (85.79 %), obstetrician consideration (7.33 %) and pregnant wish (6.88 %). In order to lower caesarean section rate, obstetricians must reasonably consider the alternative of a painless vaginal delivery.*
- Key words** : *Caesarean section, Pregnant's perceived reas.*

Reprint request : Chinvanthananond P, Chao-phy-a-abhai-bhu-bejhr Hospital, Prachinburi
Province 52000, Thailand.

Received for publication. March 28, 2000.

เปรม ชินวันทนานนท์. ความเข้าใจเหตุผลที่ต้องผ่าตัดคลอดของสตรีตั้งครรภ์. จุฬาลงกรณ์ -
 เวชสาร 2543 มิ.ย; 44(6): 441 - 5

- วัตถุประสงค์** : เพื่อศึกษาถึงความเข้าใจเหตุผลที่ต้องผ่าตัดคลอดของสตรีตั้งครรภ์
 เพื่อหาแนวทางลดการผ่าตัดคลอด
- สถานที่ทำการศึกษา** : โรงพยาบาลขนาดใหญ่, โรงพยาบาลเจ้าพระยาอภัยภูเบศร, โรงพยาบาล
 กำแพงเพชร, โรงพยาบาลโพธาราม และ โรงพยาบาลพญาไท 2
- รูปแบบการวิจัย** : การศึกษาไปข้างหน้า
- ผู้ป่วยที่ได้ทำการศึกษา** : สตรีตั้งครรภ์ 887 คนใน 5 โรงพยาบาลข้างต้น
- วิธีการศึกษา** : ในปี พ.ศ. 2542 พยาบาลสูติกรรมแต่ละโรงพยาบาลข้างต้น สัมภาษณ์
 สตรีตั้งครรภ์ 200 ราย ใน 5 โรงพยาบาลที่ทำการศึกษา ได้รับตอบกลับ
 887 ชุด (88.7%)
- ผลการศึกษา** : 85.79 % ของการผ่าตัดคลอดเพื่อความปลอดภัยของมารดาและบุตร
 7.33 % ของการผ่าตัดคลอดจากการพิจารณาของสูติแพทย์
 6.88 % ของการผ่าตัดคลอดตามความต้องการของสตรีตั้งครรภ์
- สรุป** : การผ่าตัดคลอดเพื่อความปลอดภัยของมารดาและบุตร 85.79% จาก
 การพิจารณาของสูติแพทย์ 7.33 % และจากความต้องการของมารดา
 6.88 % การตัดสินใจที่เหมาะสมในการผ่าตัดคลอดของสูติแพทย์
 และการพยายาม ให้คลอดทางช่องคลอดแบบไม่เจ็บ เป็นแนวทางที่
 จะลดการผ่าตัดคลอดลงได้

The Thai national average caesarean section rate steadily increased from 15.2 % in 1990 to 22.4 % in 1996 has shown a further increasing trend.⁽¹⁾ In private hospitals, caesarean section rate increased from 38.55 % in 1990 to 51.45 % in 1996.⁽¹⁾ Whereas in Thai health region 3, the average caesarean section rate was 17.52 % in 1996.⁽²⁾ Two thirds of caesarean section cases in Chao-phy-a-abhai-bhu-bejhr Hospital were private cases.⁽²⁾ The indications of caesarean section in this hospital were cephalopelvic disproportion (39.49 %), previous caesarean section (23.35 %), breach presentation (8.39 %), fetal distress (7.93 %), pregnancy induce hypertension (4.06 %) and antepartum hemorrhage (2.46 %).⁽²⁾ Caesarean sections were done for maternal and fetal safety of 85.70 %, and for obstetricians reason of 14.30 %.

The aim of this study was to study pregnant's perceived reasons for the caesarean section in order to lower caesarean section rate.

Materials and Methods

In 1999, 1000 questionnaires were sent to 5 random hospitals in 5 parts of Thailand including public and private hospital, Hat Yai Hospital in the southern region, Chao-phy-a-abhai-bhu-bejhr hospital in the eastern region, Kamphaengphet Hospital in the northern region, Potharam Hospital in the western region and Phya Thai 2 in the central region. 887 replies steadily were received (88.7 % response rate).

Answers were coded and transferred to an electronic database. The data was analysed by using statistical package for the social sciences (SPSS).

Results

Most of the patients (primigravida 39.23 %, multigravida 60.77 %) were labourers (60.2 %), aged between 21 - 30 years (55.58 %) and had finished primary school education. The maternal decision of the method of delivery was influenced by the obstetrician (52.87 %), the husbands (38.78 %), relatives (6.99 %) and friends (1.35 %).

When the obstetricians suggested caesarean section, 91.09 % of mothers agreed with this; 5.41 % opted for a trial of vaginal delivery, 2.14 % consulted family and only 1.35 % were concerned about the expense. (Table 1.)

The pregnant women perceived reasons for the caesarean section were maternal and fetal safety (85.79 %), or due to the obstetrician's consideration of incentive and attending time (7.33 %) or the mothers wish to avoid a painful labour (6.88 %). (Table 2.)

Post - caesarean 51.40 % of mother reported pain, 25.60 % felt failure to have achieved a vaginal delivery and 18.6 % wanted future , vaginal births after caesarean (VBAC) (18.60 %). A small number felt caesarean section had been wasteful expense (4.40 %). (Table 3.)

Table 1. Pregnant decision after caesarean suggestion.

Decision	Number	Precent
Agreed	808	92.09
Trial of vaginal delivery	48	5.41
Conculted mother	19	2.14
Expense asking	12	1.35

Table 2. Pregnants' perceived reasons for the caesarean section.

Reason	Number	Percent
Maternal and fetal safety	761	85.79
Obstetrician consideration	65	7.33
Pregnant wish	61	6.88

Table 3. Post caesarean mother's feeling.

	Number	Percent
- Painful	456	51.40
- Unexpected of failure vaginal birth	227	25.60
- VBAC	165	18.60
- Wasteful expense	39	4.40

VBAC = Vaginal birth after caesarean section.

Discussion

In a previous study, women's perceived reason for caesarean section agreed with the doctors' decision in 89.2 % of cases.⁽³⁾ In this survey that proportion was 91.09 %.

During pregnancy, the decision to refuse caesarean section is complicated by the presence of the fetus and the mother's rights which are still controversial.⁽⁴⁾ In this study 48 (5.41 %) of labouring women asked for a trial of vaginal delivery after the obstetrician had recommended a caesarean delivery.

The reasons for caesarean section were maternal and fetal safety, the obstetrician's consideration of incentive and attending time and the mother's wish to avoid pain. From above reasons caesarean section were beneficial to maternal and fetal well-being.

Sixty five caesarean section cases were performed because of the obstetrician's considera-

tion of incentive and attending time.(Table 2.) In order to lower caesarean section rate, heightened obstetrician consideration patient benefit would seem reasonable.

Sixty one caesarean section cases were performed because of the mother's fear of pain. A second way to lower the caesarean rate would be to promote painless vaginal labour.

Labour after previous caesarean section has 64 - 75 % success rate with a risk of uterine rupture of less than 1 %.⁽⁵⁻⁶⁾ Post - caesarean, 18.6 % expressed a wish for future mothers vaginal births. (Table 3.). This would be predicted to lower secondary caesarean section rate to about 13.8%, with a 75% success rate.

Conclusion

A survey of 887 questionnaires was undertaken at Hat Yai Hospital, Chao-phyu-abhai-bhu-bejhr Hospital, Kamphaengphet Hospital, Potharam Hospital

and Phya Thai 2 Hospital in 1999. Pregnants' perceived reasons for the caesarean sections were maternal and fetal safety (85.79%), obstetricians consideration (7.33%) and pregnant wish (6.88%). In order to lower caesarean section rate obstetricians must primarily consider patient benefit and encourage the alternative of painless vaginal delivery.

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