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REASONS TO ELECTIVE CESAREAN DELIVERY AMONG POSTNATAL WOMEN: A QUALITATIVE STUDY

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ABSTRACT

Background: The rising incidence of elective cesarean delivery necessitates a deeper understanding of the factors influencing this choice among postnatal women. This qualitative study explores the reasons to elective cesarean among postnatal mothers. **Methods:** Semi-structured interviews were conducted with five postnatal women who opted for elective cesarean delivery at private hospitals in March 2024. Participants were selected through purposive sampling. Thematic analysis identified recurring sub-themes and themes. **Results:** The participants were 26 years old average. Educational levels were 40% primary, 20% secondary, and 40% higher education. Most participants (80%) were housewives, 20% had jobs, 80% lived in joint families, and 60% were from rural areas. Most deliveries occurred at term (80%), with 80% being first-time deliveries. The majority of reasons of elective cesarean delivery were low pain tolerance, influenced by previous medical or surgical history concerns, family pressure, maternal and fetal health concerns, anxiety about vaginal delivery, influenced by negative societal narratives, and preconceived plans for cesarean delivery. **Discussion:** The findings highlight the complexity behind elective cesarean delivery, suggesting healthcare providers address both psychological and medical concerns during prenatal care. Enhanced prenatal education and support may reduce unnecessary cesarean deliveries. **Conclusion:** Elective cesarean delivery often results from

medical, psychological, and socio-cultural factors. Comprehensive prenatal counseling could mitigate the rate of non-medically indicated cesarean deliveries.

Keywords: Cesarean delivery on maternal request (CDMR), Planned cesarean section, Tokophobia, Voluntary cesarean section, Cesarean delivery trends, Parturiphobia

INTRODUCTION

The elective cesarean sections, also known as planned cesarean sections. Planned cesarean sections are when the delivery of a fetus by cesarean is a planned event rather than a last-minute or emergency decision **[1]**. An elective cesarean section offers multiple advantages. It helps minimize abdominal ache while childbirth and prevents damage to the muscles of the pelvic floor. Additionally, it preserves the bladder's functionality and the perineum's integrity.

This procedure also reduces the risk of injury to the baby and decreases the likelihood of birth asphyxia associated with vaginal delivery **[2]**. Elective cesarean delivery is also known as Cesarean delivery on maternal request, it refers to a cesarean section performed at the mother's request without medical necessity. This practice has gained popularity and sparked debate due to its potential benefits and risks. Women often choose CDMR to avoid labor pain, reduce the risk of pelvic floor injury, and have control over the timing of birth. Some opt for CDMR to alleviate anxiety about labor unpredictability or due to past traumatic births. Fear of childbirth (tokophobia) and the perceived safety of the baby also contribute to this decision **[3]**. Elective cesarean delivery is a growing phenomenon globally, with substantial effects on the health of mothers and children. According to WHO, currently global cesarean delivery rates reached 21% **[4]**. According to mid India information, the NFHS-5 in 2019-2021 data of the state in cesarean section delivery rates, In Gujarat, private sector had the cesarean rate of 30.4% and in public sector it is 12.4% **[5]**. This study focuses on postnatal women of central region of Gujarat, examining their socio-demographic and obstetrical backgrounds, and exploring their personal experiences and perceptions leading to the decision for elective cesarean delivery.

MATERIAL AND METHOD

This study employed an exploratory qualitative research design to explore the reasons behind elective cesarean deliveries among postnatal women in selected health centers of Gujarat, in March 2024. It is representing both urban and rural areas to record a wide variety of viewpoints and experiences. A non-probability purposive sampling technique was used to choose participants who had undergone elective cesarean deliveries. A total five postnatal women who had elective cesarean delivery

within 6 weeks of selected health centers of Central Gujarat are willing to participate in the study whose age between 21 to 30 years, were included in the study with socio-demographic and obstetrical variables (e.g., age, education, occupation, type of family, geographical area of living, weeks of pregnancy when delivery occurs, and number of deliveries). We excluded the women who cannot understand Gujarati language, who has medical/obstetric indication for cesarean delivery, who are mentally and physically unstable while the data was being collected, and who are having postnatal complication like, PPH, puerperal sepsis, UTI, DVT, etc. The study's ethical clearance was acquired from the IEC- CHARUSAT with proposal no - IEC/CHARUSAT/23/120. Data were collected through the use of socio-demographic and obstetrical variables and in-depth, semi-structured interview guide. The interviews were held in the native tongue. ensuring comfort and ease of expression for the respondents. With the respondents' permission, audio recordings of each interview, which lasted nearly 30 to 45 minutes, were made. 13 open-ended questions and their sub questions were included in the interview guide to explore the participants' experiences, feelings, and reasons for opting for elective cesarean delivery. For the purpose of thematic analysis, the verbatim transcriptions of the recorded conversations were translated into English. Respondents received information about the goals, methods, possible risks, and advantages of the study. Prior to the interviews, each respondent provided written informed consent. Each respondent was given a special code, and all data was kept securely to ensure confidentiality and anonymity throughout the study.

RESULT

Table 1 presents key socio-demographic and obstetrical variables of women opting for elective cesarean delivery. The average age of respondent was 26 years, with a significant portion (80%) being housewives. Educational background varied, with 40% having primary education and another 40% having graduate-level education or higher. Most participants (80%) lived in joint families, and 60% resided in rural areas. Regarding obstetrical variables, the majority of deliveries (80%) occurred at term, and 80% of the women were experiencing their first delivery.

Table 2 Showed concise meaning of the participants, codes, categories, sub-themes and themes. It explores diverse reasons behind the preference for cesarean sections over vaginal births, revealing intricate facets of maternal health, pain tolerance, familial influences, and anxieties about childbirth.

Table 1: Frequency and percentage distribution of Socio-demographic and Obstetrical Variables (N=5)

Sr. No.	Socio-demographic and Obstetrical Variables		f	P (%)
1	Age			
	21 – 25 years		3	60%
	26 – 30 years		2	40%
2	Education			
	a	No Formal Education	0	0%
	b	Primary Education	2	40%
	c	Secondary & Higher Secondary Education	1	20%
	d	Graduate & Above	2	40%
3	Occupation			
	a	Housewife	4	80%
	b	Job	1	20%
	c	Business	0	0%
	d	Labor worker	0	0%
4	Type of Family			
	a	Joint	4	80%
	b	Nuclear	1	20%
	c	Extended	0	0%
5	Geographical Area of Living			
	a	Rural	3	60%
	b	Urban	2	40%
6	Gestational Age at the Time of Delivery			
	a	Preterm	1	20%
	b	Term	4	80%
	c	Post term	0	0%
7	Number of Delivery			
	a	One	4	80%
	b	Two	1	20%
	c	More	0	0%

Table 2: Factors Influencing Maternal Preference for Cesarean Section Over Vaginal Birth

Concise Meaning	Code	Categories	Sub-Themes	Theme
Losing hope due to unsuccessful attempts.	Loss of hope Unable to bear more pain	Fertility Struggles	Fear about baby's health	Maternal and Fetal Health Concern
cesarean delivery due to concern about being overweight.	Preconceived decision for cesarean	Self-assessment of risk	Self perception about Cesarean Delivery	
Previous appendix surgery led to the expectation of increased pain during vaginal delivery	Impact of Previous surgery	Perception of more pain related to previous surgical History	Anxiety from Medical History	
Fear and apprehension about the medical equipment	Fear of Equipment Insertion.	Anxiety about Labor and Delivery Expectations	Maternal Health Concern	
Initially intended to have a vaginal birth but opted for a cesarean section during labor due to intolerable pain.	Unable to bear more pain	Low Pain Tolerance capacity	Intrapartum Decision Changes	Perceived Incapacitate to Endure Labor Pain
Intolerable labor pain led to the decision for a cesarean delivery.	Initial Intention for Vaginal Birth	Low Pain Tolerance capacity	Intrapartum Decision Changes	
Despite the possibility of	Maternal Anxiety and Fetal Safety		Fetal Well-Being Concerns	

vaginal delivery, induced labor pain and concern for the baby's well-being led to opting for a cesarean.		Low Pain Tolerance capacity & fear about fetal health		
Despite the mother's willingness to endure labor pain, the decision for a cesarean section was made by the husband and in-laws due to their aversion to risk. Family fear over labor duration and health concerns led to requesting a cesarean despite the doctor's reassurance. Past family tragedy due to a failed vaginal delivery led to fear and insistence on a cesarean delivery by the spouse and in-laws. Fearful of vaginal delivery after hearing from others about its painfulness and their negative experiences.	Family-driven Cesarean Decision / Maternal Sacrifice for Family Concern Fear about Maternal and Fetal Health Fear of Repeat Tragedy Belief of vaginal delivery is extremely painful	Family Influence on Birth Decision Family Focus on Safety Family Trauma Impact / Family Influence on Birth Decision Influence of Others' Experiences / Influenced by Negative Societal Experiences	Fear about Maternal and Fetal Health Family Trauma Impact Fear about Maternal and Fetal Health Societal Influence	Family and Social Influences on Decision Making
Fear about the delivery throughout the pregnancy, leading to severe insomnia in the final days. Significant fear and anxiety about a medical procedure, resulting in multiple unsuccessful hospital visits due to their inability to overcome this fear.	Fear to Vaginal Delivery Intense fear and anxiety about the childbirth process	Preconception about delivery process Fear of Medical Interventions	Maternal Anxiety about Childbirth and its Pain Severe anxiety about pain	Anxiety about Childbirth
Intense anxiety about childbirth, leading them to request a cesarean delivery before labor began	Intense fear and anxiety about the childbirth process	Pre-delivery request for a cesarean section	Maternal Anxiety related to Childbirth and its Pain	Preconceived Plan and Preference about Cesarean Delivery
Cesarean section is painless and straightforward, with no visible or experiential discomfort during the procedure, making it a preferable option.	Preference for cesarean based on her perceptions	Perceived Painlessness Delivery	Pre-delivery Perceptions of Cesarean Delivery	Positive Attitude Towards Cesarean Delivery

Thematic Analysis:

Theme 1: Maternal and Fetal Health Concerns

The concern for both maternal and fetal health emerged prominently in participants' narratives. Many expressed fears about potential risks during vaginal delivery, which influenced their preference for cesarean section:

"I thought I would have a cesarean because I was very overweight."

"I thought that they will pull my baby and

use all machines so due to that my baby will get injured, my baby's arms and legs will be broken."

Theme 2: Perceived Inability to Endure Labor Pain

Participants cited low pain tolerance as they tried for vaginal delivery but then after they could not tolerate the labor pain a decisive factor in choosing cesarean delivery:

"I could not endure more pain, so I told the doctor to do my cesarean section."

"During labor I took pain but I could not tolerate labor pain, then only I decided for cesarean delivery."

Theme 3: Family and Social Influences on Decision Making

The influence of family members, particularly spouses and in-laws, played a significant role in participants' decisions as well as influenced by societal narratives and their experiences, led participants to choose cesarean delivery to avoid perceived risks and pain associated with vaginal delivery.:

"My husband and in-laws were afraid because we already lost my brother-in-law's child in desire for normal delivery."

"I heard from many people that normal delivery is very painful, so that time I got scared."

Theme 4: Anxiety about Childbirth

High levels of anxiety and fear about the childbirth process were evident, contributing to the preference for cesarean delivery:

"I had so much anxiety about my delivery, for the last 4-5 days I have not been able to sleep due to fear."

Theme 5: Positive Attitude Towards Cesarean Delivery

Participants expressed a preference for cesarean delivery due to a perceived sense of control and predictability over the birth process, they expressed a positive attitude towards cesarean delivery, perceiving it as a safer and more controlled option.:

"In cesarean section pain doesn't happen, we can't see anything during the procedure."

Theme 6: Preconceived Plan and Preference about Cesarean Delivery

Pre-existing beliefs and preferences for cesarean delivery were shaped by personal experiences:

“I had too much anxiety, I did not want to go to the delivery room.”

DISCUSSION

The result of this study revealed the intricate interactions between social, medical, and personal reasons influencing the decision for elective cesarean delivery among postnatal women in Gujarat. This study revealing several key themes: maternal and fetal health concerns, perceived inability to endure labor pain, influence of previous medical and surgical experiences, family and social influences, anxiety about childbirth, positive attitudes towards cesarean delivery, and preconceived plans and preferences about cesarean delivery.

Health concerns were a significant reason for opting for cesarean sections. Participants feared complications during vaginal delivery, aligning with findings by Singh *et al*. (2020), who identified fetal distress and maternal complications as leading indications for cesarean sections **[6]**. Eyowas Abebe *et al*. (2016) also reported that medical indications, such as hypertensive disorders, were major factors in cesarean deliveries.[7] Many women in our study cited an inability to endure labor pain, influenced by previous medical and surgical experiences. This is consistent with Shahraki Sanavi *et al*. (2012), who noted low pain tolerance as a common reason for cesarean preferences **[8]**. Narayanaswamy *et al*. (2016) also found fear of labor pain to be a significant factor in cesarean delivery requests **[9]**. Previous surgeries and medical conditions, such as appendicitis or varicose veins, were crucial in the decision to opt for cesarean sections. Bablad (2021) similarly found that a history of surgeries influenced decisions for repeat cesarean deliveries **[10]**. Family and social pressures played a critical role in the decision-making process, with many women reporting that their spouses and in-laws influenced their choice. This finding aligns with Suwanrath *et al*. (2021), who found family opinions significantly impacted birth preferences in Southern Thailand **[11]**. Verma and Baniya (2022) also highlighted the substantial influence of family and societal pressures on planned cesarean sections in Western Rajasthan **[12]**. Anxiety about childbirth was a pervasive theme, with participants fearing the unknown and the pain associated with vaginal delivery. Eide *et al*. (2019) reported similar findings in Norway, where maternal anxiety and fear of childbirth were significant reasons for requesting planned cesarean sections **[13]**. Shahraki Sanavi *et al*. (2012) also noted that anxiety about childbirth was prevalent among women opting for elective cesarean sections **[8]**. Some participants viewed cesarean delivery positively, considering it a safer and less painful option. This perception is supported by Narayanaswamy *et al*. (2016), who found that many women preferred cesarean sections due to perceptions of reduced pain and increased safety **[9]**. Pre-existing beliefs and societal influences shaped preferences for cesarean delivery. Many women had preconceived notions about the pain and complications associated with vaginal delivery, leading them to plan for a cesarean early in their pregnancy. Suwanrath *et al*. (2021) found that cultural and societal norms significantly influenced women's birth choices **[11]**.

CONCLUSION

The qualitative study conducted among postnatal women in central Gujarat reveals that the decision for elective cesarean delivery is multifaceted, influenced

by personal, medical, and socio-cultural factors. Key findings indicate that maternal and fetal health concerns, low pain tolerance, previous medical experiences, family and societal pressures, anxiety about childbirth, and positive perceptions of cesarean delivery significantly shape this choice. These findings suggest that targeted prenatal counseling addressing pain management, debunking myths, and involving family members in educational sessions could help mitigate unnecessary elective cesarean sections. By focusing on these areas, healthcare providers can better support women in making informed choices about their delivery method.

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