

Pregnant Women's Perspectives on Choosing Caesarean Section Delivery in Developing Countries: A Scoping Review

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Abstract

Caesarean Section (SC) is increasing worldwide that includes in developing countries. The current increase in SC is not only done based on medical indication, but is also done at the request of the mother. Fear is likely the reason for mothers to ask to do SC. In addition, previous negative experiences and social and cultural factors can influence the decisions of pregnant women's. The role of health education is very influential in decreasing the number of SC. The lack of information sources obtained may affect the decision of SC delivery. The objective of this study is to find out the perspectives of mothers who choose SC delivery in developing countries. Scoping Review is designed to map the evidence based choice of SC delivery among pregnant women. The main searching terms are developed and mapped. Identification of the articles uses PubMed, Wiley, ScienceDirect and EBSCO databases from 2009 to 2019. From 258 articles, five articles were obtained based on inclusion and exclusion criteria. This research is qualitative, Cross Sectional, Mix Methods. The articles obtained from developing countries consist of 2 Iranian articles, 1 Jordan article, 1 Cambodian article and 1 Nigerian article. There are two theme findings related to mothers' choice, namely factors that influence the decision of SC deliveries and the role of health education. Antenatal education is not only given to pregnant women, but also involves the husband and family that may influence SC decision making.

Keywords: *perspective, pregnant women, SC, developing countries*

1. Introduction

Increasing use of technology and interventions although in the basic physiology the delivery process has not changed [1] in the last decade the number of Caesarean sections (SC) has increased both globally and in developing countries. SC delivery is not only done due to medical indication but is also done at the request of the mother [2]. This is in line with Arch Gynecology Obstetrics (ACOG) stating that over 90% of SC is chosen based on maternal demand that might effect on the increase [3].

The increase in SC deliveries reached from 26.4% in 2008 to 31.2% in 2010. The figure is higher than the recommended from World Health Organization (WHO) which is 5-15%. The demand for SC in low-income countries is still rarely studied [4]. According to WHO reports, China has a higher level of SC compared to other countries. This case relates to the delivery of the SC conducted at the request of the mother. SC deliveries in Indonesia are increasing every year in which the Basic Health Research (Riskesmas) data show that the number of SC deliveries is 9.8 percent, with 10.1 percent of proportion in Central Java [5].

The labor period is a critical period in pregnant women. The stage is likely related to complications and risk factors that can cause maternal death. SC delivery is considered as a safer choice compared to normal delivery [6]. This is in line with the American College of Obstetrics and Gynecology (ACOG) which supports SC at the request of the mother, while the International Federation of Gynecology and Obstetrics (FIGO) believes that SC without medical indications has a bad impact on maternal and infant health [7].

Fear and anxiety during labor are the main reasons for SC requests [8]. This is in line with research [3] stating that SC deliveries are associated with fear of normal delivery, a history of previous SC and other former labor experiences. The research [4] agrees that fear of labor is used as a reason for SC delivery. This relates to the ability of mothers to access information resources, lack of support from the family during labor and lack of trust toward health workers in providing services so that it will affect the decision making [9].

The role of health education is very influential in increasing SC. The purpose of antenatal education is to support pregnant women to participate actively in preparing for labor in relation to making the right decision. In addition, antenatal education can reduce the increasing number of SC at the request of the mother [10]. Therefore, it is necessary to review articles related to the extent of the perspective of mothers who choose an SC delivery in developing countries.

2. Methodology

The researcher carries out a scoping review to map evident related to the perspective of pregnant women who choose an SC delivery in developing countries. The framework for this Scoping Review [11] consists of five steps: (1) identifying research questions, (2) identifying relevant studies, (3) study selection, (4) data charting, (5) construct summary and report.

2.1. Step 1: Identifying Research Questions

To identify effective searching strategies, this study uses PICO (Population Intervention Comparison Outcome). The question used in the research to search for the literature is the perspective of pregnant women who choose an SC delivery in developing countries. The specific purposes are as follows:

1. Why do mothers prefer SC delivery?
2. What do mothers know about SC delivery?
3. How are the supports given to mothers regarding SC delivery?

2.2. Step 2: Identifying Relevant Studies

After identifying the scoping questions, the next step is to identify the relevant articles.

Table 1. Inclusion and Exclusion Criteria

Criteria	Inclusion	Exclusion
Period of time	2009-2019	
Language	English and Indonesian	
Type of article	Original articles	Articles, opinions of article report
Study focus	1. The mothers' reasons on choosing an SC delivery 2. To discuss the knowledge of mothers about SC delivery. 3. To discuss the supports given toward mothers in relation to SC delivery.	Articles that examine the causes of emergency SC, SC due to medical complications
Geographical place of study	Developing countries	Developed countries

Databases are developed from research questions to define relevant key concepts. The literature searching is taken from PubMed, Wiley, ScienceDirect and EBSCO.

Table 2. Searching strategies for electronic

Population	Pregnant women* OR Prenatal OR Antenatal
Intervention	Caesarean section* OR C-section*
Comparison	-
Outcome	Perspective OR perception Request OR elective OR determine OR intention Caesarean section* OR C-section* Developing countries* OR low and middle income countries*

2.3. Step 3: Study Selection

The process of selecting articles uses PRISMA flowchart. PRISMA flowchart is appropriately used to improve the report on the quality of publications [12].

2.4. Step 4: Data Charting

Table 3. Charting the Data of Article

No	Name of Researcher/Year/Title	Research Setting	Purpose	Research Design	Data Collection	Research Population and Samples	Findings
1	(Faisal et al., 2014)	Hamadan Iran	To investigate the reasons of primigravida requesting SC without medical indication in Iran	Qualitative descriptive	semi-structured interviews	14 primigravida	Mothers prefer SC due to the fear of normal delivery, the lack of support from family, the lack of trust on staff in maternity room
2	(Hatamleh et al., 2019)	Jordan	To find out the reasons why women request for SC without medical indication and factors that influence the decision on SC.	Qualitative descriptive	Unstructured interviews	35 primipara mothers in private hospital in Amman	Previous negative experience, socio-culture, high social class, the lack of antenatal education plays an important role on pregnant women in choosing SC delivery.
3	(Maharlouei et al., 2012)	Fars, Iran	To find out the highly preferred SC request and related factors	Cross-sectional studies	Secondary data	Sample 139.159	There is an increasing number of SC from 51.6% in 2007 to 53.3% in 2009. The influential factor is age, in which SC deliveries occur on their first and the second child.
4	(Schantz et al., 2016)	Phnom Penh, Cambodia	To investigate the reasons in requesting SC delivery and related factors	Mix methods	Cohort interviews	Population 143 pregnant women Participants 11 pregnant women	Fear becomes the reason of mothers to request for an SC. The influential factors such as age, education, information, as well as on how SC can maintain beauty.
5	(Okonkwo et al., 2012)	Nigeria	To find out the perception and antenatal attitude toward SC request and the correlation between SC request and socio-demographic characteristics	cross-sectional studies	Questionnaire from previous survey	843	Mothers' perception in choosing SC due to the fear of labor pain (68.9%). Women who receive health service believe that culture agrees with the choice of SC. The higher level of education can change the selection of SC delivery.

2.4.1. Article assessment tool

After selecting the studies, the next step is a critical assessment to find out the quality of the articles selected using the Joanna Briggs Institute (JBI) Tool.

2.4.2. Assessment of quality of articles

From 5 articles, there are some good qualities [1], the strength in the data collection is in the use of simple questions to avoid confusion. The average score in the article [4] with a score of 35/48 in the cohort study design, the limited sample size of the limited cohort, time and budget constraints. The advantage is able to examine the effect of a socio-demographic and obstetrical factors simultaneously. The lowest score is in article [3] with a score of 22/32, the limitations of using secondary data and a large sample size.

3. Results and Discussion

Based on the 5 selected articles, there are 2 syntheses in the form of grouped themes, namely influencing factors and the role of antenatal education.

3.1. Themes 1: Factors That Influence the Demand for SC (n = 5)

The first key theme identified throughout the study was related to factors that influence the SC demand. Those identified five main sub-themes are internal factors, biological factors, previous labor history, socio-cultural factors, external factors and mothers' education level.

3.1.1. Internal factors

Fear is the reason for mothers to ask to do an SC [15]. This includes the fear of pain, worry about complications after a normal delivery, belief that SC will prevent them from pain. Normal labor is considered as a painful process with many unpleasant interventions [14]. Request for SC deliveries is increasingly done as a way to avoid labor pain. Therefore, women believe that SC can prevent pain during labor [15]. This finding corresponds with the previous research in which fear causes pregnant women to choose an SC delivery [13].

Pregnant women consider SC births to be safer than normal deliveries [16]. This is in line with research conducted by [13] which states that SC is believed to be safer than normal delivery. This finding supports other previous studies that SC is a controlled and safe choice of delivery compared to normal delivery [17]. This contradicts the National Institutes of Health on MDCS (Maternal Demand of Caesarean Section), suggesting that MDCS should not be used as motivation to avoid the less effective pain management. This is related to the lack of information about normal delivery. Meanwhile, SC without medical indications is prone to complications for both mother and newborn.

Level of education is an important factor that encourages mothers to make a choice in delivery. A high level of education is very influential on a person's reasons for choosing SC delivery [16]. On the contrary, the findings [20] show that lower level of education will affect the perception of mothers in determining the type of delivery, in relation to their difficulty in accessing clear sources of information.

3.1.2. Biological factors

Most SC requests from mothers are performed at 28-40 weeks' gestation, in which the majority of SC at the request of mothers are done in primipara and secundipara [18]. This contradicts the opinion [15] which states that the majority of SC requests are in nullipara. Findings in [15] suggest that an increase in SC is related to the comfort in having sexual intercourse at the first time after giving birth in which women think that SC will maintain their intimate beauty.

3.1.3. Previous childbirth history

Poor experience on previous deliveries will have an impact on SC requests. This finding is in line with the previous literature stating that SC demand is influenced by the previous SC itself

[15]. This is consistent with the research [13] that previous negative experiences will affect the demand for SC. This finding corresponds to [8] that previous birth experiences can be influenced by relatives, friends, and mothers. This can affect requests for SC deliveries.

3.1.4. Socio-cultural factors

Social influences may affect the preference of SC delivery. Various social considerations from mothers and families to ask for an SC. Social reasons are also reported in Asian countries that choosing the date of birth is likely crucial for women on their preference in SC delivery. They believe that choosing the right day will have a good effect, i.e. the date of birth can change one's life path [16]. Higher social class based on income and lifestyle could influence to SC request [14].

Culture may also have an effect on the demand for SC. Husband and women's parent in-law have dominant influence on labor method selection. This is in line with the finding [16] that culture can affect the choice of labor.

3.1.5. External factors

Women trust doctors. Instead, they have lack of trust in other health workers. The insufficiency of family support during labor can affect the selection of SC deliveries. Doctors' attitudes and perceptions play an important role in women who choose SC [13], in which the main source of information is doctors [16]. Women who experience pain during normal childbirth have expressed their weak belief in the quality of midwifery services. Unfriendly health workers in healthcare services may influence the SC requests. This shows that the role of midwives is significant on providing clear information in the influence of labor decision making [13]. This contrasts with the findings [15] that the main source of information related to the knowledge of SC is only obtained from family and friends. Women are likely to make the decision to give birth through SC after hearing experience from family and friends. Therefore, family and friends play important role for SC decision. In addition, policies are considered as another influential factor. Therefore, health promotion regarding normal delivery is needed [14]. This is in line with the findings [19] stating that a pregnant woman with a previous history of SC does not necessarily have a subsequently similar way of labor. Therefore, the implementation of policies in monitoring the pregnancy process is necessary.

3.2. Themes 2: The Role of Health Education (n = 1)

The second theme correlates with the role of health education. In this case, the discussion is more related to antenatal education.

The role of antenatal health education can influence the choice of labor. Antenatal education is useful to prepare women in determining labor choices. The lack of antenatal education may affect the increased demand for SC deliveries [14]. This is consistent with the finding in [21] that antenatal education is needed to help pregnant women make the right decisions regarding the choice of delivery. Therefore, the importance of antenatal education does not only involve mothers but also involves the husband and family. This is related to the source of information obtained. Therefore, it can influence the decision making for pregnant women and help them better prepare for labor. Promotion of normal childbirth needs to be done related to SC requests without medical indications, in order to minimize the increase in SC [14].

3.3. Limitations of the Studies

There are limitations in this study. Firstly, even though the literature searching is thorough, there is a possibility that some articles are missed. In addition, the articles included are only in English and Bahasa, which causes the data to be lost. Secondly, some of cross-sectional quantitative with a large sample will have an effect on the time and budget constraints.

4. Conclusion

Antenatal education does not only aim for pregnant women, but it also involves the husband and family which can influence the decision making. This is related to the source of information obtained. Thus, antenatal education will be able to affect the choice of labor and reduce SC delivery.

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