PERCEPTIONS OF PREGNANT WOMEN TOWARDS CESAREAN SECTION –REVIEW ARTICLE

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ABSTRACT: Caesarean section is an operative procedure whereby the fetuses after the end of 28th weeks are delivered through an incision on the abdominal and uterine walls. The annual rise of caesarean section rates worldwide is 4.4% on average during the period 1990-2014, with Asian countries become the second highest annual increase during the period . There were also negative implications of unnecessarily high caesarean rates at the individual, family, and national levels in terms of mother's well-being, health expenditure, and efficient use of resources. There are non-clinical factors and clinical factors for rapidly increasing caesarean section rates. Some of the non-clinical factors are fear of litigation, and patient's requests to physicians to conduct caesarean sections. Without considering the negative consequences of un-necessary surgical intervention, women prefer caesarean birth because they think vaginal birth to be a more painful and dangerous procedure. Educated and higher economic status women are more likely to make a self-request for caesarean section .

Index term: perception, Pregnant women, cesarean section.

INTRODUCTION:

Caesarean section is a mode of operative procedure by the fetuses are delivered through an incision on the abdominal and uterine walls after the end of 28th weeks . The delivery through an abdominal incision where the fetus, lying free in the abdominal cavity following uterine rupture or in secondary abdominal pregnancy is excluded. A primary cesarean section is the first operation performed on a patient. When the operation is performed in subsequent pregnancies, it is called repeat cesarean section.[1]

Definition: **Caesarean section** or **C-section** or **caesarean delivery** is a surgical procedure by which a baby is delivered through an incision in the abdomen of the mother, it is often performed when vaginal delivery would put the mother or child at risk.[2]

History of Cesarean Section: Amidst controversy, it appears that the operation derives its name from the notification 'Lex Caesarea' – a Roman law promulgated in 715 BC which was continued even duringcaesar's reign. The law provided either an abdominal delivery in a dying woman with a hope to get a live baby or to perform postmortem abdominal delivery for separate burial. The name of the operation does not derive from the birth of Caesar because after his birth, his mother lived long time. The other explanation is that the word cesarean is derived from the Latin verb "Cedere" which mean "to cut". French obstetricians, Francois Mauriceau first reported cesarean section in 1668. In 1876, Porro performed subtotal hysterectomy. Max Sanger first sutured the uterine walls in 1882. Frank described the extra peritoneal operation in 1907. The lower segment vertical incision was introduced by Kroning in 1912 and De Lee (1922) popularized it. Although in 1881 Kehrer did the transverse lower segment operation for first time,in 1926 Munro Kerr reintroduced the present technique of lower segment operation and also popularized. **[1]**

TYPES AND OPERATIVE PROCEDURES OF CESAREAN SECTION:

Cesarean section has two type:
1. Lower uterine segment cesarean section and
2. Classical or upper cesarean section.[3]

REASONS OF INCREASING CESAREAN RATE: There has been a rise in cesarean delivery rate throughout the world due to causes:

- Greater percentage of nulliparas;
- rising incidence of elderly primegravidas;
- use of electronic fetal monitoring ;
- increased diagnosis of fetal distress;
- deline in instrumental delivery, especially forceps;
- cesarean for almost all breech presentations;

- more frequent use of repeat cesarean in women with prior cesarean delivery;
- detection of high risk mothers and pregnancies on time; early detection of fetal compromise;
- greater expectation of a live baby from a healthy mother with neither obstetrician nor women willing to take any risk;
- increase rate of obesity;
- cesarean on demand and after prediction of auspicious time of birth by astrologers espicially in India;
- increase in pregnancies following assisted reproduction;
- for strellization at the same time;
- increased rate of induction of labor;
- elective cesarean to prevent pelvic floor injuries to prevent urinary and fetal incontinence and genital prolapse; medicolegal reasons.[5]

RISK OF CESAREAN SECTION : The risk of uterine rupture in a subsequent pregnancy is related to the type of uterine incision performed. If a classic incision was used, the risk of rupture is about 8%, So a repeat cesarean delivery is generally recommended. Patients who have had incisions of the upper uterus for other reasons (e.g myomectomy, corneal resection) are at greater risk of rupture of the uterine scar before or during labor and generally are not allow to labor in subsequent pregnancies. Because healing of the cesarean incision is stronger when it has occurred in the lower uterine segment, the risk of rupture is about 1% ,usually in the process of labor. With that in mind, subsequent vaginal delivery may be possible (vaginal birth after cesarean). [7]

COMPLICATIONS: The complications are related either to the operation or to the indications for which the operation is done. Thus, it is quite understandable to find more complications following emergency rather than elective operation. The complications are grouped into:

1. Maternal complications - immediate complication includes postpartum haemorrhage, shock, Anaesthetic hazards, Sepsis, intestinal obstruction, Thrombosis wound complications and secondary postpartum haemorrhage. Remote complication includes: Gynaecological complications: the complication include menstrual excess or irregularities,chronic pelvic pain or backache. General complications includes incisional hernia and intestinal obstruction due to adhesions and bands. Future pregnancy complications: There is risk of scar rupture.

2.Fetal complication: it is difficult to identify the risks that are directly related to the operation. Iatrogenic prematurity is not uncommon in elective operation. There is increased incidence of Respiratory Distress Syndrome compared to those delivered byvagina. [8]

RESEARCH SHOWS PERCEPTIONS OF PREGNANT WOMENS TOWARDS CESAREAN SECTION:

From a cross-sectional study conducted in a tertiary hospital during December 2016 to January 2017 in Hohhot it was found that the reason to prefer a cesarean section was choosing a lucky day for the baby birth. Other reasons to choose cesarean section were being aged 40 and above, being ethnic group, feeling difficulty in getting pregnant and the preference of husband for cesarean section. The most important reason to prefer cesarean section delivery were the assumption that cesarean section was safer, related to less pain and better for the babys and mothers health.[9]

In university of Cape Coast Hospital a destructive cross sectional study was conducted among 412 respondents and it was found that 40% among the respondents perceived that most women undergoing cesarean section may die.[10]

A study was conducted by using questionnaire administration by trained nurses among antenatal care attendants at the upper west regional hospital and St. joseph hospital jirapa a district hospital. Among the 416 respondents 51.8% didn't want cesarean section because of the long recovery time. 45.1% didn't know or feel that cesarean section can promote child survival and 21.6% believed that cesarean section can have adverse effect in child survival.[11]

For this study data were collected by using a structured questionnaire and analyzed descriptive statistics among 100 pregnant women selected with simple random sampling technique from attending a missionary hospital in Edo State, Nigeria. It was found that pregnant women have a negative perception towards cesarean section. 79% women objected cesarean section due to fear of death. 82% objected due to the family preference of vaginal delivery. 60% objected due to high cost of cesarean section. The respondents who have experienced cesarean section have more positive perceptions towards cesarean section than those women who haven't experienced.[12]

A qualitative study conducted in Matlab, a rural sub district in Bangladesh. There was a strong preference for vaginal birth delivery by the women from this rural community. However they were willing to accept the decision of the attending health care provider for cesarean section birth. Some women had the misconceptions on episiotomy as a small cesarean. There was a strong influence of primary health care providers and clinic agents for giving a birth on the decision of women to choose a health facility. [13]

From a descriptive non-experimental study selected 128 respondents by using a simple random technique at three selected primary health care center in Mushin local government area, Lagos. Nigeria found that 79.8% respondents had a good knowledge of cesarean section and 68.5% had negative perceptions of cesarean section.[14]

By using a structured questionnaire was conducted with 413 consecutive women attending antenatal care in university of Benin teaching hospital in Nigeria. With only 25 women about 6.1% would have cesarean section by their choice because of the fear of Labor pain and concern about the safety of the baby. There were 246 about 59.7% would accept the decision of doctor. 338 women 81.8% would accept if the life of the fetus or their life was in danger. There were 50 women 12.1% who would not accept cesarean section because of these reasons as fear of death, pain associated with cesarean section, concern about being seen as a failure, husbands disapproval, cesarean section is not being a part of culture/custom, fear of friends would laugh and cost.[15]

A cross-sectional study was conducted in an urban health taking center field practice area of a tertiary care hospital at Nagpur from December 2009 to june 2010. The study included 247 pregnant women attending antenatal clinic, among them 226 about 91.5% women preferred vaginal delivery over cesarean section. The reasons to choose vaginal delivery were natural way to delivery, safer way to deliver, less expensive and early discharge from hospital. About 91.5% women indicated that they would agree to opt for cesarean section if it was necessary to protect the health of their baby. 85.7% agreed to prefer cesarean section to protect their own health but 76.2% would object if received unnecessary cesarean section. 90%felt that the charge of cesarean section expenditure is very high and could not afford it. 73.4% believed that after cesarean section a vaginal delivery for next birth was possible.[16]

From a two phased study design as retrospective and cross sectional conducted among 4 tertiary care public hospitals in Quetta from January 2015 to December 2015 in Pakistan with a sample size of 728 women. Among the 717 women responded 565 about 78.8% reported cesarean section in a dangerous procedure but 534 about 74.5% felt that cesarean section is the best way to save the life of the mother and the baby. 422 women 58.9% preferred normal delivery over cesarean section. 450 women about 62.0% would avoid cesarean section if they can because of the post operative pain. 502 women about 70% agreed to opt for cesarean section when indicated or recommended by physician and 339 about 47.3% agreed that they do not have enough knowledge towards cesarean section.[17]

From a descriptive study conducted at 4 health facilities in ogbomoso southwest Nigeria it was found that out of 410 respondents 63.2% of women have a good knowledge of cesarean section. 33.5% would prefer cesarean section to normal vaginal delivery because of the pain involved was much less but 54.8% disagreed their view. 75.6% respondents were ready to accept cesarean section when in need. 100 respondents 24.5% indicated for unwilling to do so irrespective of circumstances. 164 respondents 40.1% agreed that cesarean section was as safe as vaginal delivery but 200 respondents about 48.9% disagreed.[18]

A prospective study conducted with 100 antenatal women in third trimester who attended the antenatal clinic in christain medical college and hospital, Ludhiana Punjab from September 2015 to January 2016.Out of the total 100 women enrolled for the study 89% had positive attitude towards vaginal delivery. High rate of cesarean section was seen in patients with primary and secondary infertility as they thought that babies born by cesarean section are healthier than those delivered by vaginal. Half of the women agreed that vaginal delivery creates a more affectionate mother baby relationship.[19]

TOOLS TO MEASURE PERCEPTION AND HOW IT HELPS TO MOTHERS:

sl. no	particulars
1	what is your opinion about cesarean section delivery is a lifesaving mode of delivery?
2	state your opinion on cesarean section promotes child survival rate i.e reducing neonatal mortality and ending newborn death.
3	are you agree for cesarean section delivery plan or spontaneous?
4	what's your opinion on conducting cesarean section is regarded as a reproductive failure?
5	what's your opinion on vaginal delivery is more womanhood as compare to cesarean section?
6	state your opinion on cesarean section deprives maternal feelings.
7	do you believe that cesarean section maintain perineal relaxation?
8	what do you think having a cesarean section for an extended period of time making them unable to fulfill the domestic and economic roles?
9	state your opinion on babies by cesarean section is less likely to begin early breast feeding than vaginal birth.
10	do you think that main reasons for selecting cesarean section are fear of labor pain?
11	state your opinion on the statement labor pain enhances maternal feelings.
12	do you think that cesarean section have more risk of bleeding.
13	do you afraid of organ damage like bladder or intestine during cesarean section.
14	do you belives that there is reaction to the medicines used during cesarean section.

Such type of questions can be used to know the reason of high rate of Cesarean section delivery and to assess the knowledge of Cesarean section among mothers. This will help to know whether they took their decision of cesarean section willingly or unwillingly. The study will help to avoid unnecessary cesarean section as well as to aware pregnant women about cesarean section as a live saving procedure for both mother and baby when necessary. The study will help to minimize mother and infant mortality rate during delivery by taking the right decision.

CONCLUSION: Cesarean section is a surgical procedure by which a baby is delivered through an incision in the mother's abdomen and it can be used as a lifesaving procedure.

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