

# The Opinions and Experiences of Obstetricians and Midwives About The Elective Caesarean Birth\*

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## Abstract

**Background:** At the present time, the most frequent reason for the application of caesarean birth is the caesareans without medical indications (elective). Becoming a routine of caesarean application brings along various ethical discussions. **Objectives:** This cross-sectional descriptive study was planned to analyze the opinions and experiences of obstetricians and midwives about the elective caesarean birth. **Methods:** The samples of the research consisted 36 obstetricians and 84 midwives who accept to participate the study. **Results:** 100% of the obstetricians (elective=40.9%, medical indication=59.1%) and 48.7% of midwives (elective=47.4%, medical indication=52.6%) were determined to have experienced caesarean in their birth. 58.3% of the obstetricians and 39.3% of the midwives said they or their wives would choose elective caesarean birth if they were pregnant now. In both groups, the primer reason for the choice of elective caesarean births was “unwillingness and fear of dissection/pain” among the obstetricians and midwives with 33.3% and 78.7% respectively. It was found that 54.8% of the midwives and 80.5% of the obstetricians partly or totally agreed with the idea of “caesarean is a birth type that is preferred by the obstetricians nowadays since it saves more time to health professionals”(p = .024). **Conclusion:** This study indicates that obstetricians and midwives are tendency to elective caesarean birth. It is thought that opinions and experiences of health professionals may be router choose the type of birth of families.

**Key Words:** Elective Caesarean Birth, Experiences, Midwives, Obstetricians, Opinions.

## Kadın Doğum Hekimi ve Ebelerin Elektif Sezaryen Doğum Hakkındaki Görüş ve Deneyimleri

**Giriş:** Tıbbi endikasyon olmadan (elektif) yapılan sezaryenler günümüzde karşılaşılan en sık sezaryen doğum uygulama nedenidir. Sezaryen uygulamasının rutin hale gelmesi, çeşitli etik tartışmaları da beraberinde getirmektedir. **Amaç:** Bu kesitsel tanımlayıcı çalışma, kadın doğum hekimi ve ebelerin elektif sezaryen doğum hakkındaki görüş ve deneyimlerini incelemek amacıyla planlandı. **Yöntem:** Araştırmanın örneklemini, çalışmaya katılmayı kabul eden 36 kadın doğum hekimi ve 84 ebe oluşturdu. **Bulgular:** Hekimlerin %100’ünün (elektif=%40.9, tıbbi endikasyon=%59.1) ebelerin ise %48.7’sinin (elektif=%47.4, tıbbi endikasyon=%52.6) kendi doğumlarında sezaryeni deneyimledikleri saptandı. Hekimlerin %58.3’ü ebelerin ise %39.3’ü eğer şüanda hamile olsalar kendileri ya da eşleri için elektif sezaryen doğumu seçeceklerini belirtti. Her iki grup için, elektif sezaryen doğumu seçmedeki ilk neden hekimlerde %33.3, ebelerde %78.7 ile “ağrı çekmek istememek/korkmak” olarak belirlendi. Ebelerin %54.8’inin, hekimlerin ise %80.5’inin “sezaryenle yapılan doğum sağlık ekibine daha fazla zaman kazandırdığı için günümüzde hekimler tarafından tercih edilmektedir” görüşüne tamamen ya da kısmen katıldığı saptandı (p = .024). **Sonuç:** Bu çalışma, kadın doğum hekimi ve ebelerin elektif sezaryen doğuma eğilimli olduğunu göstermektedir. Sağlık profesyonellerine ait görüş ve deneyimlerin, ailelerin doğum şekli tercihinde yönlendirici olabileceği düşünülmektedir.

**Anahtar Kelimeler:** Elektif Sezaryen Doğum, Deneyim, Ebe, Kadın Doğum Hekimi, Görüş.

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The different aspects of the birth process have been consistently researched and analyzed by people. The reason for this is the variations in the meanings of birth according to individuals. The meaning that was attributed to birth isn't solely the meaning given by the individual. The values, beliefs and cultural aspects of the society where they live and the meaning attributed to the process of birth by the health professionals who serve that society will also directly affect the perception of the birth process by individuals. Although the birth leads some changes in the physical and mental status and the life style of women, it is a normal and physiological process. Various factors play an important role in the maintenance and ending of this process without affecting the health in negative way. One of the effects is the preferred type of birth. The birth occurs in two ways. The first one is vaginal birth while the other is caesarean (Gorrie, McKinney and Murray 1998).

The way the type of birth should be (vaginal birth or caesarean birth) is one of the most important matters that worries the parents. Every passing day, the demand of women for caesarean birth shows a rapid increase compared to vaginal birth. The factors that direct the women to the caesarean birth in their own accord can be listed as the deficiencies in informing the pregnant about birth, thus, their fear for labor pains and maternity hospital, poor conditions in those hospitals, ignorance of psychological support for the patients, absence in the alternative presentation of the alternative of epidural anesthesia (Gamble and Creedy, 2001; Güngör, Gökıldız and Nahcıvan 2004), the absence of non-pharmacological methods (listening to music, dreaming about, etc.) in coping with labor pains. Another reason for the increase in caesarean birth rates is the absence of terminal support of health professionals at the stage of deciding for birth type (Florica, Stephansson and Nordström 2006).

Becoming a routine of caesarean application brings along various ethical discussions. For example, the most frequent reason for the application of caesarean birth is the caesareans without medical indications (elective). In that situation, without any medical necessities, the caesarean birth process is carried out on a previously determined date with the choice of expectant mother after the completion of the pregnancy process (Ataç, Güven and Gülsoy 2004). Although there are no fetal or maternal indications, the demand of pregnant woman for caesarean birth and suggestion of the obstetrician for caesarean birth although there are no real indications don't comply with the ethical responsibilities of obstetrical care (D.Erdemir, Oğuz, Elçioğlu and Doğan 2001). The type of birth should be

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cooperatively decided by expectant mother and health professionals according to the balance between risk and benefits (Devenda and Arulkumara, 2003). Self-determination which means deciding freely without any constraints is a basic term (D.Erdemir et.al.,2001). Midwives and obstetricians should consult the pregnant and the family through giving them all the necessary information related to the topic and show respect to their decisions. This is a requirement of professionalism.

Although the prevalence of education programs towards health professionals and pregnant, more frequent application of vaginal births after caesarean, encourage for vaginal births, the increase in the use of epidural anesthesia during vaginal deliveries and the use of non-pharmacological methods lead a decrease in caesarean deliveries all over the world, the rates show the inclination to increase in Turkey. According to the data of the Research of Turkish Population and Health (TNSA), the rate of caesarean birth was 14% in 1998 while it was 21% in 2003 and 37% in 2008 (TNSA, 2008). The World Health Organization argues that an average rate of caesarean birth should be 15% in a clinic that serves to expectant mothers with both lower and higher risks (Ataç et.al., 2004; Dietz and Peek, 2004). The highness of rates in Turkey brings along the necessity to analyze the reasons for caesarean deliveries at the hospitals, the choice of women for types of delivery, the reasons why they prefer that type of delivery, and the problems related to the caesarean that those women encounter (Güngör et.al., 2004). Besides, the believes-values of health personnel that are authorized to assist childbearing (obstetricians and midwives) about vaginal and caesarean birth and the effects of these believes-values on the deliveries they performed shouldn't be ignored.

## Methods

### *Location and type of study*

This cross-sectional descriptive study was conducted between October 2006 and June 2007 to analyze the opinions and experiences of obstetricians and midwives about the elective caesarean birth. The questions of the study are:

- What are the experience birth types of obstetricians and midwives or their wives?
- What are the individual preference of birth among the obstetricians and midwives?
- What are the reasons of obstetricians and midwives for choosing elective caesarean birth?
- What are the opinions of obstetricians and midwives about the elective caesarean birth?

### *Study population and sample*

The study was conducted in all hospitals with gynecology clinics in the center of Malatya. Of these hospitals, 3 were state hospitals, 5 were private hospitals and 3 were private medical centers. 42 obstetricians and 86 midwives who work in the institutions that give service of obstetrics and gynecology were included to the universe of the study. However, 36 obstetricians and 84 midwives consisted of the samples of the research since 6 obstetricians and 2 midwives refused participating.

### *Questionnaire*

The data of the research was obtained through two questionnaire forms that include the describing characteristics of the obstetricians and midwives and their opinions and believes about the types of delivery. In Form

I, there were 10 questions prepared to determine their previous knowledge about the birth and individual choice of birth types. Form II consisted of 7 close-ended expressions about the birth types. These expressions were developed by the researcher through literature (Spellacy, 1991; McGurgan, Coulter-Smithb and O'Donovan 2001; Wright, Wright and Simpson 2001; Gonen, Tamir and Degani 2002; McFarlin, 2004) and personal observations of the researchers. The obstetricians and midwives were expected to affirm one of the options such as "I agree", "I partly agree" or "I don't agree". 2 in the field of woman health and diseases nursing, 1 in the field of neonatal nursing, 1 in the field of statistics including total of 4 faculty members were expert opinion.

### *Pilot study*

In order to evaluate the intelligibility and availability of the data collection forms, 5 obstetricians, 7 junior obstetricians and 8 midwives who work in the clinics of gynecology at Cumhuriyet University Research and Practice Hospital in Sivas were applied preliminary application and no changes were made in the questionnaire forms.

### *Data analysis*

The data was evaluated through SPSS 13.0 package programs in the computer. In the statistical analysis of the data; arithmetic mean, percentage distribution, qui-square test ( $\chi^2$ ) were used. The data was shown in the tables as the number of subjects and the percentage and the margin of error was taken as 0.05.

### *Ethical issues*

The ethical commissions of the hospitals were asked for permissions to perform the research. Moreover, the midwives and obstetricians who work at the hospitals where the research would be carried out were interviewed and some explanations such as the aim of the study and the benefits to be obtained. In the light of that information, their oral and written permissions were obtained without any forces to participate the research or not after they are informed.

## Results

When the descriptive characteristics of the participants are considered, 35.7% of the midwives are between the ages of 21-30; 56% of them are married and 46.4% of them have children (n=39). 39.3% of the midwives are graduate from high schools, 45.2% of them work in the state hospital while again 45.2% of them work at private hospitals. Among the group of obstetricians who participate the research, 41.7% of them are between the ages of 33-42 and 83.3% of them are specialist physicians. 36.1% of the obstetricians worked in private hospitals and 36.1% of them worked at the university hospital. 52.8% of the obstetricians were males, 77.8% of them were married and 61.1% had children (n=22).

Table 1 presents the distribution type of birth experienced by obstetricians and midwives. 100% of the obstetricians and 48.7% of the midwives were determined to have experienced caesarean birth in their own deliveries. 40.9% of the obstetricians and 47.4% of the midwives were determined to have experienced caesarean births that have been optional (elective) (Table 1).

**Table 1. Type of Birth Experienced by Obstetricians and Midwives**

Characteristics of Birth Type	Midwives		Obstetricians	
	n	%	n	%
<b>†Type of experienced birth</b>				
Vaginal birth	20	51.3	-	-
Caesarean birth	19	48.7	22	100
<b>Total</b>	<b>39</b>	<b>100</b>	<b>22</b>	<b>100</b>
<b>Reason for experienced caesarean births</b>				
Elective	9	47.4	9	40.9
Medical indication	10	52.6	13	59.1
<b>Total</b>	<b>19</b>	<b>100</b>	<b>22</b>	<b>100</b>

†First deliveries were taken into account.

**Table 2. Individual Preferences of Obstetricians and Midwives**

†Individual Preference	Midwives		Obstetricians	
	n	%	n	%
Vaginal birth	51	60.7	15	41.7
Elective caesarean birth	33	39.3	21	58.3
<b>Total</b>	<b>84</b>	<b>100</b>	<b>36</b>	<b>100</b>

†The question of “What type of delivery would you prefer in the absence of vaginal birth contraindications if you were females” was asked to male participants and the answers were received.

In Table 2, about the vaginal birth and elective caesarean section is located the preferences of obstetricians and midwives. 58.3% of the obstetricians and 39.3% of the

midwives determined they or their wives would choose elective caesarean birth if they were pregnant now (Table 2).

**Table 3. Reasons for Choosing Elective Caesarean Birth of Obstetricians and Midwives**

†Reasons for choosing elective caesarean birth	Midwives		Obstetricians	
	n	%	n	%
Travay/unwilling the agony and fear of agony	26	78.7	7	33.3
Vaginal birth is more difficult and risky	5	15.1	5	23.8
Unanswered	5	15.1	7	33.3
Caesarean birth is less wearing and more comfortable than vaginal birth	3	9.0	4	19.0

†The percentages were taken one “n” since the expressions are more than one.

Table 3 presents the reasons for choosing elective caesarean birth of obstetricians and midwives. In the absence of vaginal birth contra-indications, 33.3% of the obstetricians and 15.1% of midwives weren't determined to have given reasons for caesarean birth. For both groups, the primer reason for the choice of elective caesarean birth was “travail/unwilling to suffer from pain and being

scared” with the rate of 78.7% among the midwives and 33.3% for obstetricians. The other reasons were “finding vaginal birth more difficult and riskier” with 15.1% among the midwives and 23.8% for obstetricians while “finding caesarean birth less difficult and more comfortable” with the rate of 9% among the midwives and 19% among obstetricians, compared to vaginal birth (Table 3).

**Table 4. The Participation Status of Midwives (N=84) and Obstetricians (N=36) To Expressions About The Elective Caesarean Birth.**

Expression	Health Personnel	I agree		I partly agree		I don't agree		Test
		n	%	n	%	n	%	
1. Families should be free to choose the type of delivery (caesarean/vaginal).	Midwives	49	58.3	22	26.2	13	15.5	$\chi^2 = .334$ p = .846
	Obstetricians	19	52.8	11	30.5	6	16.7	
2. The belief of the obstetricians and midwives about the types of birth will reflect to the births they deliver.	Midwives	43	51.2	26	31.0	15	17.8	$\chi^2 = 5.350$ p = .069
	Obstetricians	23	63.9	4	11.1	9	25.0	
3. The type of birth should be decided by the obstetrician or midwife that has followed the women.	Midwives	47	56.0	34	40.5	3	3.5	$\chi^2 = 3.187$ p = .203
	Obstetricians	16	44.4	16	44.4	4	11.2	
4. If the obstetricians and midwives inform the women about the vaginal birth and support it, the rates of caesarean birth will decrease	Midwives	64	76.2	15	17.8	5	6.0	$\chi^2 = 5.137$ p = .077
	Obstetricians	24	66.7	5	13.9	7	19.4	
5. Caesarean birth should be suggested to the families as an option.	Midwives	39	46.4	22	26.2	23	27.4	$\chi^2 = 1.162$ p = .559
	Obstetricians	13	36.1	12	33.3	11	30.6	
6. Caesarean is a delivery type which is preferred by the obstetricians nowadays since it saves time to health professionals.	Midwives	24	28.6	22	26.2	38	45.2	$\chi^2 = 7.490$ *p = .024
	Obstetricians	17	47.2	12	33.3	7	19.5	
7. Even in the absence of indications, the women's/family caesarean birth request should be applied	Midwives	31	36.9	32	38.1	21	25.0	$\chi^2 = .053$ p = .974
	Obstetricians	14	38.9	13	36.1	9	25.0	

\*p&lt;.05

In Table 4, about the expressions about the elective caesarean birth is located the participation status of obstetricians and midwives. It was found that 82.2% of the midwives and 75% of the obstetricians totally or partly agreed the idea that “the believes of obstetricians and midwives about the birth types will reflect to the births they deliver” (p = .069) (Expression 2, Table 4). 94% of the midwives and 80.6% of obstetricians were determined to partly or totally agree with the idea of “The caesarean birth rates will decrease when the obstetricians and midwives inform and support the women about vaginal birth” (p = .077) (Expression 4, Table 4). It was seen that 54.8% of the midwives and 80.5% of the obstetricians partly or totally agreed with the idea of “Caesarean is a birth type that is preferred by the obstetricians nowadays since it saves more time to health professionals”

(Expression 6, Table 4). The difference between the groups were found statistically significant (p = .024). 75% of the midwives and obstetricians were seen to partly or totally agree the notion that “Even in the absence of indications, the women's/family caesarean birth request should be applied” (p = .974) (Expression 7, Table 4).

#### Discussion

##### *Experiences of Obstetricians and Midwives About The Elective Caesarean Birth*

In this section were taken into consideration the study questions and the data of the birth types that the obstetricians and midwives or their wives experienced, their individual preferences about birth type, and their

reason to choose that type were discussed (Table 1, Table 2, Table 3).

It was observed in the study that 100% of the obstetricians and 48.7% of the midwives to have experienced caesarean birth in their own deliveries (Table 1). In a study by Caliskan et al., (2005), 69% of the obstetricians preferred caesarean in their birth while 23% of midwives and nurses gave caesarean birth (Caliskan, Bodur, Ciğerli, Özkan and Yücesoy 2005). In our research, all the obstetricians (themselves or their wives), nearly half of the midwives have experienced caesarean birth, this may show that the inclination of obstetricians and midwives towards caesarean birth has been on the increase. In addition, almost half of the obstetricians and midwives were determined to have experienced caesarean births that have been optional (elective) (Table 1). It is thought-provoking that the obstetricians and midwives who are responsible for delivering experience elective caesarean birth for themselves or their wives. Besides, 58.3% of the obstetricians and 39.3% of the midwives determined they or their wives would choose elective caesarean birth if they were pregnant now (Table 2). After all, in a study performed by McGurgan et al., (2001), only 7% of the Irish obstetricians determined that they or their wives would choose elective caesarean birth while only 9% of the Israeli obstetricians chose in a study performed by Gonen et al.,(2002).

In study, for both groups, the primer reason for the choice of elective caesarean birth was “travail/unwilling to suffer from pain and being scared” with the rate of 78.7% among the midwives and 33.3% for obstetricians. The other reasons were “finding vaginal birth more difficult and riskier” with 15.1% among the midwives and 23.8% for obstetricians while “finding caesarean birth less difficult and more comfortable” with the rate of 9% among the midwives and 19% among obstetricians, compared to vaginal birth (Table 3). In the study performed by Wright et al.,(2001) obstetrics determined the fear of damaging pelvic organs or perineum (93%) as the primer reason for choosing elective caesarean birth. The other reasons given in the same study are determined as the convenience of caesarean (39%), feeling under control (39%) and fearing from vaginal birth (27%). In the study of Caliskan et al., (2005), 59% of the obstetricians and 58% of the midwives determined avoiding birth complications as the reason for elective caesarean birth. Again, in the same study, 52% of the midwives/nurses and 50% of the obstetricians expressed the fear of travails as the reason for elective caesarean birth. Although their reasons are different, the health professionals can be said that they prefer elective caesarean birth since they are afraid of vaginal birth.

#### ***General Opinions of Obstetricians and Midwives About The Elective Caesarean Birth***

In this section were taken into consideration the study questions and the data of the opinions of obstetricians and midwives about the elective caesarean birth were discussed (Table 4).

Ethically, the obstetricians and midwives shouldn't reflect their own believes and values to their applications of care and treatment. It was found that 82.2% of the midwives and 75% of the obstetricians totally or partly agreed the idea that “the believes of obstetricians

and midwives about the birth types will reflect to the births they deliver” (p = .069) (Expression 2, Table 4). In a study performed by Kiran et al.,(2005), different from this study, there was no significant relationship between the inclinations of obstetricians and caesarean indications (Kiran, Güven, Ekerbicer, Kostu and Güven 2005). In study, the abundance of agreement with this idea is thought-provoking. 94% of the midwives and 80.6% of obstetricians were determined to partly or totally agree with the idea of “The caesarean birth rates will decrease when the obstetricians and midwives inform and support the women about vaginal birth” (p = .077) ” (Expression 4, Table 4). Gamble and Creedy (2001), expressed that the reason for the tendency of women towards caesarean birth on their own accord was their being informed inadequately and thus their fear for birth pain and delivery hospital. In the developed countries, when the health personnel who perform the delivery do not inform the women adequately about vaginal birth and caesarean birth, these people and institutions are sued in case there are postpartum complications. In the USA, for example, there is a case against every 2.5 obstetricians. The ground of action for women is mostly the absence of information related to the negative sides of caesarean birth (McFarlin, 2004). Florica et al., (2006), insufficient support of obstetricians to the women in their choice of birth types lead increase in the rates of caesarean birth. In a study performed to research the attitudes of Singaporean women related to vaginal birth and caesarean birth, the information level of the women related to the complications that occur at vaginal and caesarean births was found lower (Chong and Mongelli, 2003).

It was seen that 54.8% of the midwives and 80.5% of the obstetricians partly or totally agreed with the idea of “Caesarean is a birth type that is preferred by the obstetricians nowadays since it saves more time to health professionals” (Expression 6, Table 4). The difference between the groups were found statistically significant (p = .024). This situation may show that the obstetricians, as the primer people who execute the caesarean birth, find caesarean birth shorter and less troublesome than vaginal birth. The half of the midwives who joined the research have disagreed this idea since the caesarean deliveries are not under their responsibilities and the care of the patient/woman after caesarean birth was harder and took more time than the vaginal births. For the obstetricians, it can be thought that a birth of 40-minute planned operation is a better way than spending the whole night by the patient in the delivery process (Spellacy, 1991). Vaginal birth takes more time and the obstetricians are paid less for vaginal births, thus caesarean birth may be more attractive for the obstetricians (Hopkins, 2000; Aydın and Demir, 2007). For that reason, while deciding for caesarean birth, the ethical approaches of the obstetricians and midwives related to the matter are important as well as the known indications.

The birth type should be decided collaboratively by the prospective mother and health staff regarding the balance of risk and benefit (Devenda and Arulkumara, 2003; Civili, 2005). Nowadays, the changes in the role of women revealed the women who actively contribute the process rather than the role of passive and dependent patient. Thus, women started to act more independently in deciding about the birth, accepting or refusing pain control and choosing natural methods (Zwelling, 1996; Kömürçü

and Gençalp, 2002). 75% of the midwives and obstetricians were seen to partly or totally agree the notion that “Even in the absence of indications, the women’s/family caesarean birth request should be applied” (Expression 7, Table 4). In the study by Gonen et al., (2002), it was found that the 40-79% of the obstetricians approved the demands of women who desire caesarean birth without any medical necessity. Naomi et al., (1996), state that the obstetricians are unwilling about performing caesarean surgery and will be held responsible for an unnecessary surgical operation and they would have to deal with the patients who don’t help the obstetricians during the delivery and make complaints against doctors for occurring or imminent complications if they reject the demands of the patients (Naomi and Nada, 1996). In recent years, the rights of women to ask for caesarean birth have been analyzed on the medical, legal, ethical and economical aspects; however a common conclusion wasn’t obtained. In such situations, it is important that the obstetricians provide detailed consultation to woman and her family and discuss the decision of the caesarean birth with its positive and negative aspects regarding the motives of women (Rabson, 2001; Güngör et al., 2004).

### Conclusion

This study indicates that obstetricians and midwives are tendency to elective caesarean birth. It is thought that opinions and experiences of health professionals may be router choose the type of birth of families.

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