CAESAREAN OR VAGINAL DELIVERY - THE CHOICE OF PREGNANT WOMEN THROUGH THE EYES OF 3RD-YEAR STUDENTS FROM THE MIDWIFE PROGRAM AT THE MEDICAL UNIVERSITY OF VARNA

Rumyana Laleva, Todorka Boeva, Valya Dimitrova

Department of Nursing Care, Faculty of Public Health, Medical University of Varna

ABSTRACT

There has been a clear trend towards an increasing number of Caesarean sections in the recent years. A certain percentage of these surgical births have no clear medical indications and are solely attributable to the preference of the patients to give birth this way.

The aim of this investigation is to reveal the causes for choosing a method of giving birth of pregnant women in two maternity wards in Varna, through the eyes of 3rd-year students from the Midwife program at the Medical University of Varna.

MATERIALS AND METHODS: The research included 26 3rd-year students from the Midwife program at the Medical University of Varna, who have done clinical practice in maternity wards in Varna during their education. The applied methods were: documental, statistical, and sociological.

RESULTS AND DISCUSSION: Data acquired from the quality and quantity analysis determined that the students observed an increase in the rate of pregnant women wishing to give birth naturally – per vias naturales - 62%. Nevertheless, surgical delivery keeps high percentage 69%. According to students, the reason is that women who have decided to give birth naturally change their mind when the birth process begins, frightened from the pain and in a moment of uncertainty.

CONCLUSION: The way a delivery is conducted, when there are no medical indications, is highly dependent of the staff at the ward.

Informed choice and trust in doctors and midwives are crucial for the type of the delivery.

Keywords: *delivery, Caesarean, pregnant, midwife*

INTRODUCTION

In 2014, there was a high increase in the number of C-section childbirths in the country, which is over 40% of the total number of women and 70-85% of those at private hospitals. At the same time preg-

nant women are not yet the focus of attention as recommended by the World Health Organization and the International Federation of Gynecology and Obstetrics. According to the former, the optimal share of C-section births is around 15 per cent. For Europe, the average is 25 per cent while there are big differences among the countries (1). Many maternity hospitals have a home policy that consists of psychological preventive measures and anesthesia during normal births. These techniques reduce the fear of the unknown and prepare the women in labor for

Address for correspondence:

Rumyana Laleva
Faculty of Public Health
Medical University of Varna
55 Marin Drinov St
9002 Varna
e-mail: rumi_laleva@abv.bg

the upcoming experience. Therefore, a higher rate of vaginal delivery is seen.

MATERIALS AND METHODS

A sociological method was used and a survey was conducted both individually and anonymously among students from the Midwife program at the Medical University of Varna. The survey, which consisted of 11 questions, was conducted in June 2016. The gathered information was processed and visualized using Microsoft Office Excel.

The documental method included an analysis of scientific sources that correspond to the subject of the current study.

A statistical method was used to analyze the results of our study.

RESULTS AND DISCUSSION

We questioned 3rd-year students from the Midwife program at the Medical University of Varna. The students had a clinical practice in two of the maternity wards in Varna and their findings were from the past three years at these establishments. Attention was brought to their answers to the question, whether women in labor are familiar with the indications of C-section when admitted to a maternity ward, to which 85% answered negatively (Fig. 1).

Fig. 1. Women in labor familiar with the indications of C-section

Interesting fact from the conducted study is that many of the students are under the impression that women giving birth at a hospital are very confused and tend to rely on the trust that they have in the doctor (85%) or the midwife (88%).

In the current study, interesting was the answer that 69% gave to the question "Do women giving birth for the first time change their mind after

the beginning of contractions?", i. e. whether birth, which has started normally, can end with a C-section only because of fear of the unknown in cases where it can be controlled by the personnel (Fig. 2).

Fig. 2. Births that started normally and ended with a C-section

This kind of fear is one of the major reasons for choosing a C-section. If the fear of pain is the main factor, then it would be much more logical if the woman in labor went to a clinic where it is possible for her to receive an epidural anesthesia than to undergo a C-section only because of that reason.

The opinion of the future midwives on the subject, whether the epidural anesthetic would increase the number of normal births is almost categorical – 96% (Fig. 3). The distance between the midwife and the woman in labor can be decreased only by an anesthesiologist and this can be in favor of those who have chosen to give birth normally.

Fig. 3. Willingness to give birth the normal way with epidural anesthesia

Doctor Michel Odent, an obstetrician/gynecologist, and author of 11 books, thinks that many women in labor need an epidural anesthesia. This, however, does not mean that it should be given without hesitation. According to doctor Odent, oxytocin – the most important factor during labor, is a “timid hormone”, which is excreted in sufficient amounts in the body while in peaceful surroundings. If these surroundings are absent, as it frequently happens, women need medicaments that have the same effect as oxytocin and can suppress the pain. That is why it is high time the meaning of peacefulness and silence during labor were rediscovered. The best environment according to doctor Odent is where there are no people around, except an experienced midwife. In such environment the expectant mother can relax and set her thoughts free, which will suppress the pain (2). In many hospitals there is a lack of a supportive environment during childbirth – a close relative or a midwife who knows the patient. If the midwife is left to have the leading role, the practice in other countries shows that the rush into C-section would not take place (3).

The opinion of doctor Stefan Konstantinov is that women who have once given birth painfully and continuously, have confirmed, after a following birth via a Caesarean section, that the pain during a normal labor (without epidural anesthesia) is much higher than that during the postoperative period of the Caesarean section. But there is also another opinion – women who have given birth normally, even without an epidural anesthesia, and after that have undergone a compulsory operative delivery because of various reasons, state that Caesarean delivery does not have any advantages with regard to pain and would prefer a normal birth. Time factor is also of importance. Normal birth goes on for several hours, while the Caesarean cut - between 30-40 minutes on average.

Another worry, which could tip the balance in favor of a planned C-section is that about the baby status after a normal birth. The understanding that while the mother is giving birth the baby also suffers is wrong. There is no evidence that the child born via a C-section (except twins and when the baby is in a cephalic presentation) is in a better condition than the one after a normal birth – neither right after labor, nor after a longer period of time. Contrary to

that – studies have shown that children born via a planned surgery are much more prone to illnesses, especially if it is carried out before the due date, i.e. before the 39th gestational week (4,5). The conducted survey makes it clear that the students also have the same observations – 62% have answered that the normal birth is a more atraumatic way of labor and 27% consider that C-section is more atraumatic for the newborn (Fig. 4).

Fig. 4. Atraumatic ways of childbirth

It is not uncommon for women in labor to be hospitalized in maternity hospitals under the condition that the Caesarean section is planned according to their horoscope, the time of sunrise, or their spare time. The planned Caesarean section of course eliminates all the pain that accompanies the contractions and pushes. However, it is associated with pain during the postoperative period and a much slower recovery. We have concluded from the conducted study that according to 92% of the students, women in labor want to have a planned operative delivery (Fig. 5).

Fig. 5. Planned operative deliveries for normal pregnancies

With the introduction of modern techniques of Caesarean section – the Stark method, the recovery of the operated patients seems to be much quicker, and the truth is that the feeling of pain is reduced.

The presence of many hospitals in the country is also a supportive factor for raising the Caesarean section rate. With regard to the obvious competition between medical establishments and the attempts of physicians to be maximally objective, including to be in doubt whether a particular patient would benefit from giving birth with a planned C-section, they often undermine themselves because of the real likelihood of the woman choosing another hospital, where the criteria are not so strict and professional. Media information about famous and wealthy women having a surgical delivery also has an influence on public opinion and forms prejudice about what the best option is.

CONCLUSIONS

From the students, 85% think that those who were admitted to give birth by a C-section do not know its indications.

When the midwife's functions are taken by the doctors in maternity ward, it results in a greater distance between the midwife and the pregnant woman leading to an increase in the number of surgical deliveries.

The use of epidural or spinal anesthesia during vaginal delivery will increase number of women (96%), who will prefer it to C-section.

REFERENCES

1. <http://www.mediapool.bg>
2. <http://www.9m-bg.com>
3. http://www.capital.bg/politika_i_ikonomika/obshtestvo
4. medipop.eu on 05.04.2013
5. <http://media.framar.bg/> from 24 Aug 2012