The Opinion of Health Workers Regarding Vaginal Labor and Cesarean Section

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Abstract

Objective: The aim of this study is to determine the opinions of the health workersabouth vaginal labor and cesarean section.

Methods: In May 2006 August 2006, a total of 270 women health workers in Ahmet Necdet Sezer Hospital of Afyon Kocatepe University were interviewed. 250 health workers who accepted to participate were recruited in this study. The study was performed by a questionnaire which has 26 questions about vaginal labor and cesarean section. The questionnaire is formed by five sections and contains questions about sociodemographic status, obstetric status and the delivery status.

Results: According to the results of this study, %46.9 of health workers chose vaginal birth while 53.1% cesarean section. It was found that the main reasons for cesarean section are medical complications (16.3%) and personal choice (76.7%). Women who have no previous delivery experience stated that they prefer vaginal birth with 57.4% and cesarean section with 23.1%, and 19.5% of women was undecided. 74.2% of women with vaginal delivery believe that the vaginal birth is so natural, while 53.8% of women with cesarean section believe the vaginal birth is so painful.

Conclusion: In this study 53.1% of the female healt workers who has a birth preferred cesarean section. The first reason to prefer cesarean section was detected as pain. Only 15.8% of the health workers who had vaginal labor, had epidural anesthesia during delivery. We suppose that the cesarean section rates will decrease when the people will be inform abouth epidural anesthesia.

Keywords: Vaginal birth, cesarean section, health workers.

Sağlık çalışanlarının normal doğum ve sezaryen ile ilgili düşünceleri

Amaç: Çalışma, sağlık çalışanlarının normal doğum ve sezaryen doğum ile ilgili düşüncelerini incelemek amacıyla yapılmıştır.

Yöntem: Araştırmamızda Mayıs 2006 ve Ağustos 2006 tarihleri arasında, Afyon Kocatepe Üniversitesi Ahmet Necdet Sezer Uygulama ve Araştırma Hastanesi'nde çalışan, 250 bayan sağlık personeline, normal doğum ve sezaryen doğum ile ilgili düşüncelerini içeren, 26 sorudan oluşan anket formu uygulanmıştır. Anket formu, 5 bölümden meydana gelmektedir. Formda, sosyodemografik özelliklere ait sorular, obstetrik özelliklere ait sorular, normal ve sezaryen doğum yapanlarla, hiç doğum yapmayanlara ait sorular bulunmaktadır.

Bulgular: Araştırma sonuçlarına göre, doğum yapan sağlık personelinin %46.9'u normal doğumu, %53.1'i sezaryen doğumu tercih etmiştir. Sezaryen olma sebepleri incelendiğinde, kendi isteği ile sezaryen olanların oranı %16.3, tıbbi endikasyon nedeniyle sezaryen olanların oranı %76.7 olarak bulunmuştur. Hiç doğum yapmayan sağlık personelinin doğum tercihleri sorulduğunda %57.4'ü normal doğumu, %23.1'i sezaryen'i tercih ederken, %19.5'i kararsız kalmıştır. Normal doğumu tercih edenlerin %74.2'si normal doğumun doğal olduğunu, sezaryeni tercih edenlerin %53.8'i normal doğumun ağrılı olduğunu düşünmektedir.

Sonuç: Araştırmamızda, doğum yapan sağlık personelinin %53.1'i sezaryen doğumu tercih etmiştir. Sezaryen doğumu seçme nedeni olarak ilk sırada ağrı yer almaktadır. Normal doğum yapan sağlık çalışanlarının sadece %15.8'inin epidural analjezi ile doğumunu gerçekleştirdikleri saptanmıştır. Bu nedenle epidural analjezi ile ilgili bilgiler arttırıldığında, sezaryen doğum oranlarının düşeceği kanaatindeyiz.

Anahtar Sözcükler: Normal doğum, sezaryen doğum, sağlık personeli.

Introduction

Today, being a safer procedure has made the cesarean section rate increased.1 World Health Organization propose that cesarean section rate should be limited at 15%. 23 Brazil has highest cesarean section rates with 36%.4 However, like most of the other countries, cesarean rates are over the WHO proposal in our country. According to the Turkey Population Health Study in 2003, cesarean section rate is 21.2% in Turkey.5 Later marriage ages of women,later conception ages, desire of lesser number of children, infertility problem, and emergence of "risky baby" and "precious baby" concepts caused increased cesarean rates.6 Most of the women decide cesarean section when become pregnant to not feel the delivery pain. Cesarean section is getting more preferred method especially in health workers without any medical indication. The goal of this study was to determine the opinion of health workers regarding vaginal labor and cesarean section.

Methods

In May 2006-August 2006, a total of 270 women health workers in Ahmet Necdet Sezer Hospital of Afyon Kocatepe University were interviewed. 250 health workers, who accepted to participate, were recruited into this descriptive study. The questionnaire which was consisted of five parts with total 26 questions was used in health workers. It was composed of questions about age, educational state, profession, and marital status, delivery, number of delivery, number of child, vaginal delivery, cesarean section, nulliparity, most secure way of delivery, and complications and cost effectiveness of delivery ways. Data were analyzed by SPSS for Windows 13.0. For statistical analysis, Student T test and ÷2 test were used. Statistical significance is quoted at the P< 0.05 level.

Results

Mean ages for women at least with one vaginal delivery were 31.38±5.42 (n=81) and for women who have no delivery were 25.29±4.25 (n=169) in study population. According to the results of this study, 46.9% of health workers chose vaginal delivery (mean age was 32.00±6.35) while 53.1% cesarean section (mean age was 30.84±4.46) (n=81). 32.4% of the cases had delivered. 61.7% of the delivered women had one delivery and 25.9% of the cases had delivery twice. 8.6% of the cases (n=10) had delivery three times, 2.5% of the cases had delivery four times and 1.2% of the cases had delivery five times. Sociodemographic properties can be seen in Table 1. All women with low educational level (graduated from the primary school) delivered vaginally (100%) and 58.5% of women with high educational level (graduated from university) have chosen cesarean section as presented in Table 2. Rates of cesarean section rose with increased educational. It was determined that most of the teaching staff delivered (68.4%) but most of the nurses (71.7%) and other participants (73.3%) did not delivered as showed in Table 3. In the analysis of the cause of preferring the vaginal delivery, 73.7% of participants stated that it was their personal choice and 18.4% of them stated that doctor's proposal. 81.6% of participants who delivered vaginally firstly, wanted vaginal delivery again. Causes of preferring the vaginal delivery were less medical complications, breastfeeding and earlier return to daily activities, safety, and naturalness in vaginal delivery, 18.4% of participants who delivered by cesarean section at first delivery, wanted cesarean section at second delivery. These participants stated that vaginal delivery was more painful and with more blood loss. It was determined that epidural analgesia was not done in 84.2% of cases and was done in 15.8% of cases in vaginal delivery. In the

Table 1. The distribution of socio-demographic characteristics.

Educational Status	n	%	
Primary school	5	2.0	
Secondary school	3	1.2	
High school	55	22.0	
University	187	74.8	
total	250	100	
Professional Status	n	%	
Prof/Asc Prof	19	7.6	
Resident	39	15.6	
Nurse	106	42.4	
Other	86	34.4	
Total	250	100	
Marital Status	n	%	
Married	112	44.8	
Single	138	55.2	
Total	250	100	

analysis of the cause of preferring the cesarean section it was found that 76.7% of participants stated medical indications, 16.3% of participants stated personal choice. Distribution of the next delivery preference according to first

delivery way was given in Table 4. When asked to participants as which one was the most secure way of delivery, 84.8% of participants answered as vaginal delivery and 15.2% of participants answered as cesarean section. When asked to participants which way of delivery had more complications, 18.5% of participants answered as vaginal delivery and 81.5% of participants answered as cesarean section. 57.6% of subjects sad no and 42.4% answered yes to the question if elective cesarean section should be performed without any medical indication. 69.6% of participants answered as yes and 30.4% as no, when they asked if they wanted epidural analgesia for vaginal delivery. Distribution pattern of epidural analgesia request according to educational level during vaginal delivery is given in Table 5. All the participants who graduated from primary school did not want epidural analgesia during labor while 71.7% of participants who graduated from university wanted epidural analgesia during labor.

Table 2. The method of delivery and educational status.

Metod of Delivery							
	Normal		caesarean		Total		
Educational Status	%	%	%	%	%	%	
Primary school	5	100	-	-	5	100	
Secondary school	2	100	-	-	2	100	
High school	4	44.4	5	55.6	9	100	
University	27	41.5	38	58.5	65	100	

X²=8.70, p<0.05 (p=0.034).

Table 3. The distribution of occupational status and parity.

Metod of Delivery								
	Yes		No		Total			
Professional Status	%	%	%	%	%	%		
Prof/Asc Prof	13	68.4	6	31.6	19	100		
Resident	15	38.5	24	61.5	39	100		
Nurse	30	28.3	76	71.7	106	100		
Other	23	26.7	63	73.3	86	100		

X²=13.98, p<0.01 (p=0.003).

Table 4. The distribution of occupational status and parity.

	Metod of Delivery at Next Pregnancy						
	Normal		Caesarean		Total		
Metod of delivery at first pregnancy	n	%	n	%	n	%	
Normal	31	81.6	7	18.4	38	100	
Caesarean	3	7	40	93	43	100	

X²=46.10, p<0.001 (p=0.000).

Table 5. Demanding epidural anesthesia and educational status.

Metod of Delivery							
Educational Status	Υ	es	No		Total		
	%	%	%	%	%	%	
Primary school	-	-	5	100.0	5	100.0	
Secondary school	2	66.7	1	33.3	3	100.0	
High school	38	69.1	17	30.9	55	100.0	
University	134	71.7	53	28.3	187	100.0	

X2=11.84, p<0.05 (p=0.008).

Discussion

It was determined that when educational level was risen cesarean section rates were risen too and cesarean section rates in delivered health workers were 53.1% in our study. Although there were not sufficient data about cesarean section rates in our country, the frequency of this method reported as increasing significantly in recent years. Most of this increase is constituted by elective (personal choice) cesarean sections.7 In one study, elective cesarean section rate was 8.1% in Haseki Hospital.8 Canbaz et al.,9 reported that %29.2 of health workers preferred elective cesarean section in their study which was compatible with our study. Elective cesarean rate was 16.3% in our study. The main factors that increasing cesarean section rate were principal of "once cesarean and always cesarean" and elective cesareans in socioeconomically developed societies.¹⁰ Women with cesarean delivery have a prevalent custom to prefer cesarean section

again because of the risk of uterus rupture from the scar tissue. However, recent studies showed that 60-80% of women with previous cesarean section can have vaginal delivery.¹¹ In our study, 93% of participants who delivered by cesarean section at first, preferred cesarean section again at second delivery. 18.4% of participants who delivered vaginally at first delivery wanted cesarean section at second delivery. In our study, causes of preferring the cesarean section were medical indication, herself or husband's choice, and fear of the labor pain. In study of Sayın et al,7 causes of cesarean section in health workers were fear of the labor pain, fear of the baby trauma, doctor proposal, and social factors. In Hopkins study,12 it was determined that most of the women preferred vaginal delivery and found vaginal delivery was superior to cesarean section.In our study, 96% of participants stated that vaginal delivery was so natural and physiological, 81.6% of them think that cesarean section had more complications too.

Conclucion

53.1% of delivered health workers chose cesarean section in our study. First cause of preferring cesarean section was pain. It was found that only 15.8% of health workers who delivered vaginally were done with epidural analgesia. Consequently, we think that when the knowledge about epidural analgesia and the knowledge about delivering vaginally after cesarean section in suitable patients increase, cesarean section rates would decrease.

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