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Original Article

Pregnant Women's Perception and Attitude Towards Mode of Delivery in Erbil City- A Qualitative Study

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ABSTRACT

Background and objective: The childbirth experience has always been represented as a significant event in women's lives. With the rising rates of cesarean sections in the Kurdistan region and lack of evidence, this study was conducted to explore women's perceptions and attitudes towards a mode of delivery.

Method: An exploratory qualitative design with in-depth interviews was used to collect data from 18 pregnant women. All in-depth interviews were tape-recorded, transcribed, and subsequently analyzed. Inductive content analysis methods were used to establish the meaning units, subthemes, and main themes.

Result: From the analysis of depth-interview data of 18 pregnant women, 48 meaning units were obtained. These meaning units were collected into four themes and nine subthemes. These themes were identified as perceived advantages and disadvantages of a mode of delivery, knowledge deficit, weak healthcare provider's role, and fear related to vaginal delivery.

Conclusion: Results showed that women's decision-making on the mode of delivery depended on their family and friends' opinions. Health care providers had few roles in providing the necessary information about the advantages and disadvantages of delivery modes, childbirth, and decreasing their fear of vaginal delivery.

Keywords: Pregnant women; Attitude; Perception; Knowledge; Mode of delivery

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INTRODUCTION

Childbirth is regarded as one of the divine blessings to reproduce human beings on the earth and has persisted up to the present time. The objectives of childbirth control policies are to have safe deliveries and healthy childbirth. Cesarean section (CS) was utilized to assist mothers with high-risk pregnancies in the last few decades [1]. Cesarean section is a lifesaving surgical intervention for women and newborns, though overutilization is a public health concern [2].The childbirth experience has always been a significant event in women's lives, a special moment marked by the woman's conversion into her new role as a mother. In developed countries, women often decide on cesarean delivery due to their understanding of its role and safety and the increasing importance of the right to self-decision-making regarding mode of delivery [3].The World Health Organization (WHO) reported that 35% of all deliveries worldwide are by mode of cesarean sections. Furthermore, these rates

are estimated at 50% in Asia and 48% in China. However, according to WHO recommendation, this rate should be reduced to 5-15%. The safest and most common mode of childbirth is vaginal delivery, and in most cases, cesarean section is done on women with high-risk pregnancies [1].The cause of increased cesarean section rate and choosing cesarean section are influenced by many factors, including previous cesarean section, multiple gestations, malpresentation, fetal distress, failure in labor progress, and mother's medical conditions [5]. Nowadays, maternal request is the most common non-medical reason that may increase the cesarean rate, despite the extra cost for families and medical costs for health facilities. According to Lewis's theory, pain and fear associated with CS could affect mothers' decisions because they think they will have less pain in cesarean delivery [6].

Unnecessarily high cesarean rates have adverse implications regarding women's health, health charge, and resources benefits at the personal, family, and social levels. Non-clinical factors have equally essential factors as clinical factors when looking at the rapidly increasing cesarean section rate. Women who select cesarean delivery believe that vaginal delivery is a more painful and dangerous procedure without considering the negative outcome of unnecessary operation intervention [2]. The high cesarean section rate and the role of women's preference for mode of delivery are disputed. Assessing these preferences are complicated because they are influenced by family, knowledge about risks and benefits, and cultural and social factors [3]. Knowledge of pregnant women about delivery comes from family exchanges and others' experiences. Evidence confirms that hearing the experiences of others is an effective way to help women select the mode of delivery [7]. Optional CS inflict high costs on the healthcare system and lead to many complications for mothers. Identifying the intellectual and internal factors that affect their preference for childbirth methods and educating primiparous mothers can reduce their anxiety and fear related to vaginal delivery and motivate them to choose a vaginal delivery method [7]. Women's beliefs and perceptions regarding CS play a significant role in selecting a birthing method. Women's decision making sometimes depends on cultural factorss, social support, and women's knowledge and attitude. Selecting a childbirth method does not depend on the maternal and fetus condition identified by Sanavi et al. [9]. The cesarean rate in 2012 in Iraq was 24.4% for all births, 25.4% in Iraqi Kurdistan, and 24.3% in Center/South of Iraq rates of cesarean, which were far above the WHO recommended rate of 10%. From 2008 to 2012, Iraq had a rapid upward trend in the cesarean rate, with much of this trend attributed to the Kurdistan Region [11]. Women's perceptions and attitudes regarding the mode of delivery and factors associated with the preferred delivery method were explored in the present study.

METHODS

Study design An exploratory qualitative design with in‐depth interviews was used to explore women's perceptions and attitudes toward the mode of delivery.Participants and setting This study was conducted from January to March 2021 at two Primary Health Care (PHC) centers (Nazdar Bamarny and Tayrawa) which provides antenatal care unit in Erbil city, Iraq. Eighteen pregnant women who attended the antenatal care unit without significant complications (no indication for cesarean section, no medical condition) were eligible for the study. The participants were between fifteen to thirty-five weeks of gestation. Those who did

not want to be interviewed or ended the interview were excluded from the study. The number of participants was determined on the data saturation. Data collectionData was collected via semi-structured face-to-face interviews with pregnant women attending antenatal care visits in the primary health care center after completing their antenatal care unit schedule. The duration of the interviews was between 30 to 40 minutes. Interviews were conducted in the obstetrician or antenatal care unit staff room. Participants were asked questions relevant to the research objective ("What is your preferred mode of delivery? What are the advantage and disadvantages of vaginal and cesarean delivery? What is the factor affecting the choice of delivery? What are the sources of information? Do you take any education regarding VD and CS delivery during antenatal care unit checkups?"). After 18 interviews, the data did not lead to any new themes. The number of samples was adequate when data saturation was reached. According to Hancock et al., the gold standard for qualitative research is data saturation [12]. Data saturation or sufficiency is reached when there are no new meaning units of information in the data, the point in coding when no new meaning units occur in the data [13]. Ethical considerationsThe Scientific and Ethical Committee of the College of Nursing Hawler Medical University approved the study protocol. In addition, formal permission was granted by the Directorate of Health-Erbil/ Planning department to Nazdar Bamarne and Tayrawa health care centers in Erbil city for data collection. The required information was explained, and informed oral consent was obtained from all participants. Confidentiality was assured about the participant's identity and personal information. The data collected were stored in Microsoft word files and were password protected. Data analysis All in-depth interviews were tape-recorded, transcribed, and later analyzed. Inductive content analysis methods were used to establish the themes. Data collection, transcription, and analysis were assumed on an iterative process. Starting transcriptions were in Kurdish, which was taken then back-translated to English before coding. WHO recommended that the "onwards backward technique" for qualitative data transcription between two languages be followed [2]. All transcribed data were read carefully after gaining a general understanding of the information, highlighted the text that obtained the theme related to the questions, and categorized into meaningful units that were subsequently coded manually by the researcher. Finally, the main themes and subthemes were determined according to extracted meaning units. The findings consist of four main themes and nine subthemes. Table 1 presents an example of themes, subthemes, and meaning units.

RESULTS

This study interviewed eighteen pregnant women aged 17 to 34 years old. The mean age at marriage of the total sample was 21.66 years old. Sixteen participants were housewives, one was employed, and one was a businesswoman. The participant's education level was 6 in each level, and none of the participants was illiterate. After analyzing the qualitative content of interviews, 48 meaning units were obtained. The findings consist of four themes and nine subthemes. These themes were identified in the analysis of interviews addressing perceptions and attitudes of women's preferred mode of delivery. The main themes were perceived advantages and disadvantages of a mode of delivery, knowledge deficit, weak healthcare providers role, and fear related to vaginal delivery.

Table 1: Extracted themes and subthemes of women's perception and attitude towards a mode of delivery.

	Themes	Subthemes	Meaning Units
1	**Perceived advantages & disadvantages of a mode of delivery**	Perceived pros of vaginal delivery	Fast recovery after VD Care of the baby Immediate breastfeeding Pain restricted after delivery
		Perceived cons of cesarean section	More painful after delivery Tearing of abdomen, stitches, and scars on the abdomen. Side effects of anesthesia Restricted Physical activities Need care and rest after CS
2	**Knowledge deficit**	Source of knowledge	Family source Mother's experience
		Having no information about childbirth	Inability to choose the mode of delivery due to lack of information about VD and CS
		No information about characteristics of labor pain	No information about the ways to reduce VD pain.
3	**Weak health care provider's role**	Inadequate information received from a healthcare provider	None of the pregnant women received any information about VD and CS delivery during antenatal care unit checkups.
		Not allocated time for the mothers	The physician does not have time to explain more to mothers in the clinic
			Mother feels the private hospital's doctors drown them to do an operation to finish the labor process as soon as possible.
4	**Fear related to vaginal delivery**	Fear from vaginal delivery in primigravida women	Fear from labor pain Do not tolerate pain
		Fear from vaginal episiotomy and wound stitches in multipara women	Having awful experience of VD episiotomy and stitches.

Theme I: Perceived advantages and disadvantages

The first theme that emerged from data analysis was “perceived advantages and disadvantages of vaginal delivery and cesarean sections”. Within this, two main subthemes were identified, “perceived pros of VD” and “perceived cons of CS." Participants mentioned several advantages of vaginal delivery and disadvantages of cesarean section (Table 1).

A:Perceived pros of vaginal delivery

In this study, most of the participants mentioned the reasons of choosing vaginal delivery as a preferred mode of delivery included a fast recovery, can take care and have a healthy baby. A 25 year old primigravida woman said, "*I prefer natural delivery instead of the cesarean section because I feel that the baby will come at the right time and it's healthier for the baby. Also it's better for my body too, so I can get up and do exercise sooner, in natural delivery mother can take care and breastfeed sooner…*" (Participant 2). Another participant said: "*I like to have vaginal delivery because after delivery you can get up very soon, but cesarean section need to be in bed for a month, my sister in law had a cesarean section, and she was in bed for a month while I had a vaginal delivery and it was better than CS…*" (Participant 18). Another perceived pros of vaginal delivery mentioned by a participant were restricted pain in vaginal delivery. Women’s perceieved that pain is limited to the labor time in vaginal delivery. In contrast, cesarean section's pain will start after delivery. A 30 year old multigravida women declared that: *"…The pain of normal delivery is only one day, and pain will be finished after the baby is born. However, the pain of cesarean delivery starts after the baby is born, my sister had a cesarean section, and she is still in pain and has not recovered as before…*" (Participant 8).

B:Perceived cons of cesarean section

Tearing of the abdomen, stitches, pain, restricted physical activity, wound healing, anesthesia side effects, and cesarean complications were some of the perceived cons of cesarean delivery mentioned by participants. A 20 year old primiparous woman stated: "*…In a normal delivery, if there is a stitch, it will heal soon, but in a cesarean section, the wound site will not heal soon, and mother cannot lift heavy things, and any duties cannot be done, the others said the wound scar is always itching and painful…*" (Participant 3). A 24 year old primigravida woman referred to this issue in this way: *"… the side effect of cesarean after delivery will turn out, mothers after cesarean will faced anesthesia side effect, back pain, and many diseases...*" (Participant 15). Another participant concerned about the care after delivery stated: *"…I have seen that my sister and the brother's wife have so much pain after cesarean and just need someone to care and served them for a month…*" (Participant 12).

Theme II: Knowledge deficit

The second them obtained from data analysis was knowledge deficit. Source of information and limited knowledge regarding modes of delivery are two subthemes identified within this theme (Table 1).

A: Source of knowledge

In response to the researcher's question regarding the source of information, all participants mentioned they had obtained information from the family’s [mother] experience and word of advice from others. One of the woman pointed out: "*… due to it is my first baby, I heard from others that vaginal delivery better than cesarean section, my mother and my family said that*

too…". Another woman said: *"…I have taken this information from the persons around me that have been vaginal or cesarean delivery….".* A 30 year old multipara woman with two prior vaginal deliveries states: *"… I know that the vaginal delivery easier than cesarean I had two vaginal deliveries, nobody has given me information about mode of delivery…*". Two participants in this study referred to media and television as sources of information besides family sources. None of the participants mentioned the healthcare provider as a source of information.

B: Having no information about mode of delivery

Women with high knowledge about mode delivery have more power to choose the preferred mode of delivery. Regarding the limited knowledge and many misconceptions about the mode of delivery, one participant said: *"… this is my first child, and I don't know any better method of delivery, my friends told me that a cesarean section is a better way, but I do not know what the difference between vaginal and cesarean delivery is*" (participant 4).

C: No information about characteristics of labor pain

The only disadvantage of vaginal delivery was recognized as pain, but managing the labor pain will be helpful to have a pleasant vaginal delivery. Some participants stated that they did not have information about pain management during vaginal delivery, which made them interested in cesarean section. In this regard, a 27 year old primigravida women said: "…*I fear from normal labor because I heard vaginal delivery has severe pain like to die, but in cesarean section, I don't feel anything during labor, I don't receive any information on reduced pain during labor before*" (Participant 17).

Theme III: Weak healthcare provider's role

The third theme that emerged from data analysis was the weak healthcare providers' role. Two subthemes have resulted from data transcripts: inadequate information received from the healthcare provider and lack of allocated time for the mothers (Table 1)

A: Inadequate information received from the healthcare provider

In response to the researcher's question, most participants had not received any information regarding the mode of delivery during ANC checkups. One response in that regard was: *"… my family and people around me tell me the natural delivery is better, and I don't know what the best way is, no one explains to me about the advantage or disadvantage of VD and CS…"* (Participant 21).

B:Not allocated time for the mothers

Most ANC programs in PHC centers and doctor's clinic does not have an educational program for labor and delivey modes. They only have to check the women physically and conduct routine blood tests. In addition, the ANC units and some doctor's clinic are crowded because of many visitors. They do not give more time to the client's question. Regarding this issue, one participant said: "…*I didn't receive any information towards a mode of delivery, when I visit the doctor's clinic it was too crowded. The doctor doesn't have time to explain more about a delivery, only writes the prescription and give next appointment time to…"* (Participant 24). Another participant stated: *"…I feel that doctors in private hospitals push the mothers to do a cesarean section, to finish the labor process faster and doesn't need to spend more*

time caring for the mothers during the labor process….".

Theme IV: Fear related to vaginal delivery

Fear was recognized as the most apparent disadvantage of vaginal delivery. Fear of pain and not tolerating the pain in all pregnant women were identified. The fourth theme that emerged from data analysis was fear related to vaginal delivery. Two subthemes were obtained within this: fear from vaginal delivery pain in primigravida women and fear from vaginal episiotomy and wound stitches in multipara women.

A:Fear from vaginal delivery in primigravida women

Lack of previous delivery experience in primigravida and not knowing about the labor process leads to the fear of delivery. Some of the participants were afraid of labor pain due to words and experience of others. This is highlighted by one of the participants: *"I like to have cesarean delivery because I am afraid of vaginal delivery, I'm afraid of the pain of labor, I will not be aware the labor process with cesarean, my mother told me vaginal delivery is better for birthing baby, but I can't tolerate the pain, I heard from people, and I watched in the net that vaginal delivery have severe pain…"* (Participant 11).

B: Fear from vaginal episiotomy and wound stitches in multipara women

Many multiparous women did not have good experiences of previous vaginal delivery because of stitches and episiotomies. Episiotomy has more pain in cases of suturing done without using any local anesthesia. Women who had an episiotomy in vaginal delivery and cesarean sections perceived that both modes of delivery are painful and unpleasant. A 34 year old primiparous woman with previous vaginal deliverystated: *"… I had a previous vaginal delivery, I liked to have a cesarean section in this pregnancy because I had many stitches in vaginal delivery, I could not sit for weeks after delivery. Vaginal delivery is better than cesarean delivery, but if I had pain for a month after labor, I prefer to do cesarean section"* (Participant 7). Also, another participant said: *"… both modes of delivery are unpleasant, but in case I prefer cesarean section because I had many sutures in previous vaginal delivery, in last pregnancy I had cesarean and I can get up sooner than vaginal delivery because I didn't have any stitches...*" (Participant 10).

DISCUSSION

This study explored the women's perceptions and attitudes toward modes of delivery. Study findings showed attitude towards vaginal delivery was positive in most pregnant women. Most of the participants believed that vaginal delivery is a natural and the safest mode of delivery. Vaginal delivery have more advantages than cesarean section, including fast recovery, limitation of pain to the labor, ability to breastfeed, care of baby and ability to partake in physical activities. Women in North of Iran believed that vaginal delivery, as a safe method, is not associated with complications occurring due to cesarean section. Short-term pain, easier breastfeeding, and the ability of the mother to carry out child-related activities ate the advantages of vaginal delivery [15]. Canadian mothers believe that vaginal delivery has advantages such as healthier babies, better breastfeeding, and quick recovery [16]. In our study, some women discussed pain, restricted physical activities, wound healing, and tearing of the abdomen as

the disadvantages of cesarean section. Other studies also reported that cesarean sections had more complications than vaginal delivery, including bleeding, wound infections, and breastfeeding problems [17, 18]In this study, findings revealed that women's lack of knowledge of advantages, disadvantages, indications, pain management, and labor process influenced their decision about the mode of delivery. Some study findings showed that increased knowledge and information influence personal ability to obtain critical points and increase their understanding and perception. Increaing knowledge was more effective the decision to consider vaginal delivery and reducing elective cesarean section [8,19]. According to the finding, the participants of primiparous women with their first pregnancy experience as well as multipara women have family sources and relative words as their primary source of information. In Erbil city, antenatal care programs in primary health centers did not include information, difference, benefits, and risks of vaginal and cesarean delivery during antenatal visits. The significant sources of information for pregnant women are family, friends, and other women who had similar experiences. Few participants pointed to books and media as a source of information. Other findings of this study shows that primiparous women's perception of vaginal birth as a painful process, lack of knowledge regarding pain management, and diverse ways to cope with the pain affected their decision to give birth vaginally or cesarean. These findings are consistent with a quantitative study that pointed out that women with more information about painless vaginal delivery methods may reduce the number of women with fear of childbirth and the rate of preferred elective cesarean section [20]. According to the study findings, healthcare providers have an insufficient role in educating pregnant women about labor mode, childbirth, and decision making. Healthcare and health facilities have a weak position in providing information for pregnant women regarding mode of delivery and childbirth education.
This study finding also showed that educational programs regarding childbirth were not found in antenatal care programs in the primary health centers in Erbil. None of the participants received any information about the medical indications for cesarean section, nor its benefits and risks during third-trimester antenatal checkups [2]. Another study also revealed a need to provide better information for pregnant women during the antenatal period about modes of delivery, indications, advantages, and adverse consequences, which will help them in informed decision-making [43]. This study also highlighted some participants' perception that the healthcare providers and physicians have not allocated time to educate them towards childbirth because of many visitors and crowded places, even in the private clinics. The findings are consistent with some of the studies that staff cannot monitor labor and insufficient facility and human power in the hospital [2]. The present study report that some participants believed that the private hospital-physician performed cesarean section without any indication due to inadequate time to monitor the normal labor process. According to the study findings, most of the participants have a positive attitude to vaginal delivery, but fear is the main disadvantage of vaginal birth. This study showed that some primiparous women had a fear of childbirth. Other studies also showed that most primiparous women had doubts about their preference for delivery due to fear before childbirth and fear from other women's experiences

[6, 21]. This study highlighted that fear of episiotomy during vaginal delivery in the multiparous women who had previous episiotomy experience and chose cesarean section as preference mode for future deliveries. Similar to this study, maternal requests for cesarean delivery after an episiotomy and painful sexual intercourse were mentioned in some research [2, 22]. Strength and limitation of the study Focusing on women's perception toward a mode of delivery for the first time in the Kurdistan region and involving women of different ages are the strengths of the present study. Most of the participants are housewives which may be considered as one limitation of the study because the different backgrounds of knowledge may affect the result of the study. Another limitation is not examining the relationship between the previous experiences of women with the current attitude regarding mode of delivery.

CONCLUSION

The main themes that emerged from the study were the perceived advantages and disadvantages of a mode of delivery, knowledge deficit, weak health care provider's role, and fear related to vaginal delivery. Vaginal delivery was the preferred mode of most participants. However, preference of mode of delivery depended on experiences of families and friends experiences. Developing a health policy for advancing the role of health care providers in supporting women empowering them in decision making, and providing childbirth education programs for pregnant women regarding mode of delivery is recommended

Conflict of interest

There is no conflict of interest

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