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TITLE

The easy option? Australian findings on mothers' perception of Elective Caesar as a birth choice after a prior Caesarean Section.

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ABSTRACT

As the rate of primary and repeat caesareans around the world increases, obstetricians, midwives, and primary care providers are being expected to provide counsel to women seeking information regarding birth choices for delivery after a prior emergency caesarean. This article seeks to contribute to the knowledge on this topic by presenting research findings from a qualitative study designed to explore, from the mothers' perspective, the decision-making experience with regards to subsequent birth choice for women who have previously delivered by caesarean section. Specifically, the findings in this article present the perspective of the mothers who opted for elective caesarean.

Eighty percent of mothers in this study chose elective caesarean for reasons of fear and the desire to retain some control over the birthing process. For many, this decision is made prior to or early in pregnancy without any openness to consider other possibilities. Thus, the findings strongly emphasise the importance of understanding and taking into consideration the mothers' psycho-social perspective on birth choices as a key to providing counsel and support.

(171 words)

Key words: birth choices, elective caesarean, VBAC, qualitative research

INTRODUCTION

Over the past three decades the number of babies born by caesarean section worldwide has risen markedly. In Australia, caesarean section accounts for more than one in five births.¹ Reasons for this exponential increase are varied. Increased maternal age and conditions such as gestational diabetes, morbid obesity, and multiple births, combined with improved medical therapies for high-risk pregnancies, has led to a maternal cohort with increased risk factors for birth.² Among obstetricians, caesarean delivery is seen as an increasingly attractive option due to the rise in malpractice litigation.³ Furthermore, changing socio-cultural norms such as planned maternity leave and increased social acceptance have contributed to the rising caesarean rate.

As the rate of primary and repeat caesareans around the world increases, more obstetricians, midwives, and primary care providers are being expected to provide counsel to women seeking information regarding birth choices for delivery after a prior emergency caesarean. Women who have had a prior caesarean face a decision for subsequent birth method in future pregnancies: vaginal birth after caesarean (VBAC) or elective caesarean (EC). In Australia, 35% of caesarean deliveries are repeat caesareans.¹

Current research on this topic has focused primarily on the clinical outcomes of EC and VBAC for both mother and baby. The psycho-social implications are not as well researched. Although maternal choice has been postulated as accounting for the greatest rise in the numbers, research to date has not confirmed this.⁴ However, the popular media presently provide extensive coverage on what is perceived as an increasing trend for mothers to chose EC as an 'easy way out', coining terms such as 'too posh to push'. This article seeks to contribute to the knowledge base on this topic by presenting research findings from a qualitative study designed to explore, from the mothers' perspective, the decision-making experience with regards to subsequent birth choice for women who have previously delivered

by caesarean section (CS). Specifically, the findings in this article present the perspective of the mothers who opted for EC. The EC mothers were the majority voice in the study accounting for 80 percent of the mothers interviewed. As the qualitative data is rich and dense the insights from the sub-set of mothers who opted for VBAC will be dealt with in detail separately. The findings outline mothers' perception of both the positive and negative factors associated with their choice of EC for their delivery directly after a prior CS. The insights provide an important light on the psycho-social rationale that EC mothers bring to their birth choices post CS.

METHODS

The Research

The study was conducted by a senior research fellow at the Central Queensland University (CQU) in association with a Director of Obstetrics and Gynaecology at Redland Hospital, Queensland. The study was funded by a Redland Hospital/CQU Industry Grant. The aim of the research was to explore from the mothers' perspective the process of decision-making about mode of delivery for a subsequent birth after a previous CS. The research project was initiated by the then Director of Obstetrics and Gynaecology who was keen to explore in-depth the subtleties of the mothers' experience with birth decision-making. The findings from the study are rich and dense, and so to do them justice will be published separately as a number of articles. The findings presented in this article are from the data that describes the EC mothers' perception of positive and negative factors associated with birth by CS.

Ethical consent to conduct the study was obtained from both the university and the hospital Human Research Ethics Committees. Participants were verbally informed of their rights in research and written consent was obtained for participation in the research.

Methodology

Descriptive phenomenology was chosen as the theoretical framework as it underpins a research method that explores the 'lived experience' of people from the 'inside' perspective of the individuals involved in the experience.⁵ As Spiegelberg⁶ explains, descriptive phenomenology is the 'direct exploration, analysis, and description of particular phenomena, as free as possible from unexamined presuppositions, aiming at maximum intuitive presentation'. In this case, the phenomenon is mothers' lived experience with regards to decision-making about the mode of delivery for a subsequent birth following a CS. As inductive, phenomenological, qualitative work, the reporting of findings is based on a commitment to the participants' point of view with the researcher playing the role of co-participant in the discovery and understanding of what the realities are of the phenomena studied.^{7, 8}

Target Group:

The sub-section of findings presented in this article are from interviews with 20 women who had all had a previous CS and had a subsequent birth at the Redland Hospital six weeks prior to the interviews which were held in June 2008. Of these women, two gave birth by VBAC, two attempted VBAC, and 16 chose EC. It is the findings from the women who chose an EC that are presented here.

Demographics

Of the 20 mothers, 13 had an emergency CS as the prior birth and seven had EC. At the time of the interview, all of the women had two children with the exception of one mother who had four children and two mothers who had three children. All of the women lived in the geographical catchment area of the hospital.

Interviews

The data collection was conducted through an iterative, phenomenological, qualitative research methodology using open-ended interviews conducted at the time and location of the participant's choice. The interviews were conducted by a psychosocial researcher employed by the university and thus independent of the hospital. The interviews were informed by the principles of 'phenomenological reflection' as outlined in the work of Van Manen.⁹ The line of questioning included the techniques of probing, paraphrasing, or silence to explore the participant's experience. The interviews lasted for approximately an hour and were audio-recorded. The interviews were transcribed verbatim by a research assistant independent of the hospital.

Analysis

The language texts were then entered into the QSR NUD*IST computer program and analysed thematically. All of the participants' comments were coded into 'free nodes' which are category files that have not been pre-organised but are 'freely' created from the data. Thus the data analysis is driven by all of the participants' insights, not by selected pre-assumptions of the coders. The research team do not mediate the findings but rather develop code titles that directly reflect the participants' statements ensuring the final analysis directly describes the phenomenon, birth decision-making, from the participants' perspective. The coding was established by an experienced qualitative researcher and completed by a team of research assistants who have extensive experience with coding qualitative data. There was complete agreement on the coding and emergent themes. The list of codes were then transported to a Word Computer Program (Word XP) and organised under thematic headings. The findings

presented in this article are from the data that describes the EC mothers' perception of positive and negative factors associated with birth by CS.

FINDINGS

An easy option? Differing opinion on whether EC is viewed as the easy option

Some of the mothers said that they believed there was a negative attitude from others in their informal network that EC is seen as an easy option:

...a vaginal birth is seen as superior and seen as the tougher option and the caesar as the safer and easier option.

This is perceived as particularly sensitive when it is voiced by a close family member:

And I think my mother-in-law is a very opinionated woman and I could tell she was just like, 'Oh, she had a caesarean'. So I still sort of feel that people do look down negatively at some people who have caesareans. They think that 'you opted for an easy way out'.

Or from other mothers:

I've certainly had it from other mums the second time around. I had at least one or two mums who'd been through a vaginal birth the second time round who said to me 'oh you know it's much better, you should really go that route', 'don't have another caesarean, you know it's not the easy solution. Having a natural birth is much better'. Blah, blah, blah. So I got quite a lot of rubbish from one or two of the mums.

Even hospital staff can be criticised for offering caesarean as an easy option:

My mum was a bit like, 'why did the hospital feel that they should take the easy option

and give people caesareans. It's a major operation and it shouldn't be allowed'. And I'd go 'well, well, well hang on a minute, this is not the hospital. The hospital have been great. They've agreed with me in my reasons. And they've been very supportive'. But I think she got the impression that they were taking the easy option of making you have another caesarean because I'd had one before. And that wasn't the case at all.

However, many of the mothers reported that they seldom heard such opinions:

Maybe there's a bit of discrimination when people elect to have a caesar because they think it might be easier. I think people maybe have an attitude about that. But ... not often that I hear anybody saying anything about that.

This article explores what a broad group of mothers who chose an EC see as the positive and negative factor informing their choice of an EC.

Positives

CS is the easy way out

Some mothers did make direct statements that they decided on an EC as they saw it as an easier birth option:

And I guess for my second child, yeah, it probably was the easy way out (laughs). I felt most confident with ... I don't regret it. But I do still feel that people sort of question 'why did you have a caesarean?' Like they have to know the details to see if you took, you know, the easy option, I guess.

Others described the 'easy way out' as not taking risks that the birth would end in an emergency caesarean:

And then at the end it was sort of like 'oh let's just do it this way'. I know what's going to happen and some would say I took the easy way out. But ... the first time I had a caesar. So why go in the second time and go through the whole vaginal birth trauma to have it go wrong?

Caesareans are so quick

One of the dominant themes in the EC mothers' preference for a caesarean birth is the speed of delivery, as they had discovered in their prior labour:

Because everything's so quick once they decide to have a caesarean. So the doctors can get in there, scrub up. Done. And they know they're going to be out of there in 15 minutes ... With the natural way, they could be there for 12 hours.

It was about 15 minutes and we were in there getting it done. So it happened all pretty quick.

For one mother, an EC, as a way to bring a speedy end to the pregnancy, was seen as a positive:

Um, again I was having a big baby and I was kind of ... when you get towards the end of any pregnancy, you go 'I'm really over this'. So anything that ends the pregnancy is fine by me.

Already have a scar with repeat caesarean

Mention was made of the fact that a positive factor with a second caesarean is that the mother does not have to worry about the disfiguring scar, as it is already there:

And I also had the scar. I already had the scar so there was no worry about it, to me.

Whereas, if I didn't have to have it, I wouldn't have (EC).

An exact date can be set

Unlike a natural delivery where the time of birth is an unknown, a positive of an EC is that the time and date can be set, giving the mother a strong sense of control over the situation:

Knowing the day and the time, you know, that's a convenience. That doesn't bother me a lot, but it was a convenience that you know you had. I guess you felt like you were in control just because you know what's going to happen.

I knew a fortnight before my due date. Yes, so I knew what was going to happen.

I couldn't wait. I could not deal with the not knowing when it's all going to happen.

(Interviewer: What you're saying is that you wanted to opt for the Caesar because then at least you knew when you were booked and when it was going to happen?)

That's right. I'm a very organized person and I like to have everything in their place and know exactly what we're doing and when we're doing it and how. Caesar gives me a sense of control, absolutely.

This control extends to work arrangements, for example:

Maternity Leave came in. It was, 'oh this is so much easier. I can plan my maternity leave and I can tell my boss what time I'll be back by'.

Mothers chose EC to have control

Having a sense of control over the birth was mentioned by many mothers as being very important, especially for those who had had a prior emergency caesarean:

I do feel so much better this time, than the first time. It was all just ... there wasn't any control at all. I was just so exhausted from the whole experience really.

So yeah, with the second one, by having another caesarean, felt more of a control over it. Yeah I did. I thought I knew where it was going to happen. I knew what the process was. And, yeah, I knew what it was going to be like.

It (prior birth) was like 'oh gosh, you know it was so out of control' (laughs).

The sense of control is affirmed by the fact that staff will be available and totally focused on the birth:

I just like the idea of it all being calm and planned. All the staff are there, ready, waiting for you and then if any complications occur then they are ready.

Avoiding disempowerment

For many of the mothers the need for control is directly attributed to a sense of disempowerment from the previous birthing experience:

I didn't want to have to go through it all again, and then turn around and say to me 'oh well, we have to give you another caesarean'.

I was far more nervous about an emergency c-section and it all being a rushed job and a panic instead of being planned and calm.

Avoids the pain and fear of childbirth

Another important aspect of EC is that it totally avoids the pain of the contractions of child

birth:

I mean, obviously the pain, the 20 hours, and it was a horrible experience.

I'd already had a caesarean. I didn't want any more pain than what was necessary. I think ... (laughs). I think my main thing was the pain. Like, 'oh what am I going to do?' (Interviewer clarifying: So it was the pain of the vaginal delivery?) Yes.

Fear is the underlying emotion, both of natural childbirth and of the unknown:

I was a little bit more scared about the whole natural birth thing by that stage.

It's also a bit of the fear of the unknown, too. Like, 'I don't know if I want to do that whole natural thing because, (laugh) you know, it's second time. I don't know, it's just there's an element of fear there.

For some of the mothers the belief about avoiding stress of natural childbirth is based on an awareness that they are physiologically unable to achieve a vaginal birth.

If my body can't do it, why put myself and bub through all the stress and heartache?

Safety for baby

For some mothers, EC is seen as safer for the baby. This was associated with the predictability of the controlled environment of the EC birthing situation:

Um, yeah, safety of the baby more than safety of myself and just that it would be a more controlled environment to the first birth. It was predictable.

The important point is that the baby is born healthy rather than the mode of delivery:

But I didn't want to give any risks for my baby of course. I've got three healthy babies out of it. And I'm happy. I'd probably feel a lot of guilt if anything had gone wrong.

Second time around a Caesar is a known and reasonable experience

The majority of the mothers indicated that second-time around they preferred EC as they knew what to expect, and the risks and after-experience were seen as predictable. Most were confident that EC is a safer option. The sense of 'the known' reduces anxiety associated with caesarean:

Obviously, you know, things can go wrong in surgery, in any kind of surgery they can, but based on my experience before, I knew what was going to happen. I knew the after effects of it all.

Luckily, the second time, I wasn't worried because having done it the first time I knew...

The previous experience ... definitely the factor for me. I said, there and then, the day after I had my son, 'if I have another child, I'll have another caesarean'.

In the end we said, 'look, we're going to go with what we know. What we did the first time worked out okay'.

So the second time round caesareans aren't so bad. So I just preferred to know that way, rather than a whole vaginal delivery. Yeah, it was a known and it wasn't so bad, you know. I didn't think it was as bad as people make out.

Personal choice is seen as important in view of the fact that the mothers have a realistic idea

of what they are basing their experience on from their prior caesarean:

Definitely wanted to make up my own mind. I think, at the end of the day, it's your body, and if you've been through one caesarean already you really do know what you're letting yourself in for.

Caesarean means do not have to cope with labour alone at home

For some mothers, the sense of security from the fact that with EC the hospital staff will be there to assist with the delivery from the beginning of the birth to the end is important. As a mother explains, her prior experience with coping at home with contractions made this an important point in her decision-making for EC in later births:

I want the security of the hospital care when I go into labour. Because I remember that, with my first one, going backwards and forwards all the time. You want to be able to come in when you need to come in, and have that security.

Avoiding the induction process

The induction process is seen as responsible for long-term effects, such as damage to the vaginal region, and EC is viewed as an option to avoid the stress associated with such damage, for example:

But, you know, the thought petrifies me, going through all that again, because you know, all the induction is quite intrusive. It made me uncomfortable for months afterwards. I didn't want to go through all that again. I just found it awful.

EC avoid the trauma of repeat of emergency caesarean

For many of the mothers who were very stressed by prior birth experience which involved labour interrupted by an emergency caesarean, the EC was seen as a preference to avoid that

situation again.

I was so tired and so emotional after my first one ... I just didn't want that again.

And I was so tired and exhausted after twelve hours of labour. And all the rest of it. I reckon they could have done my caesarean without an anaesthetic. (laugh)

It is important to note that while a majority of mothers spoke of the ease and convenience of an EC, some mothers were solely motivated in their choice by a desire to avoid further traumatic experiences:

With the second one ... I just booked myself in for a Caesar... I couldn't have been convinced to have a vaginal birth. Which is funny, because the first time it was definite that I wanted a natural labour. And then after what I went through, like I said, my mind could not have been changed. There was no way I was going through that again.

For some of these mothers, the perception is that because of physical problems with their body the labour will inevitably end in an Emergency Caesarean:

Yeah, a conscious choice, not much ambivalence. I think, because I got the pelvic problem again...

Even when a VBAC was offered as an option, most of the mothers did not consider it, convinced that natural birth would inevitably end in an emergency caesarean.

Yeah, no possibilities of a natural birth... They did offer me a natural, a trial, to see if I wanted to try for a natural birth – but, no, I opted to go with the Caesar because I didn't want to go through what I went through the first time and then ending up having a Caesar anyway.

For these mothers, the EC decision can be made right at the start of the pregnancy and their attitude can be definite and positive about their choice:

Oh definitely, really knew what I wanted and went for it. I just felt right from the start it was the right way to go and it was. It was definitely a much better outcome. A much happier outcome. And I just knew it was good for us.

The following sums up the positive aspects of the EC choice for some mothers:

You know that it's (vaginal birth) not a walk in the park. And you know it's not the easy solution. You know how painful it is. But ... when the pelvic problems started up again, like I said, you know my reasons. I just thought 'hang on a minute, I think it's a bit silly to try and go down another route that might end up being a failure and I might end up having to have an emergency caesarean anyway'. It just seemed crazy when I'd already been through it and I'd come out of it well and I got a healthy baby and I felt positive about the whole experience. I really just was happier repeating it.

Recovery after EC easier

For some EC mothers the recovery after a caesarean is seen as easier than after a natural birth, for example:

Because, you know, that would just be my choice. You know, have a bit of pain in the beginning, but recover a hell of a lot better (laughs).

Negatives

More time to worry prior to elective caesarean than emergency

For some, the planned nature of the EC provides time to be anxious, unlike the spontaneous

and rushed experience with the emergency caesarean:

But it was more stressful the second time around because I knew I was going in. I knew I what was being done. The first time around, it was just a procedure that was going to help me get to point B, whereas this time around I had more time to think about it and I knew I didn't have a choice.

Faulty anaesthesia

One mother who did not receive correct anaesthetic for her caesarean was so horrified by the experience she has decided against further children:

And it has absolutely made my mind up. I don't want to have any more children because I never want to go through another caesarean.

Downside of EC is recovery

The data is divided on this point, but for a couple of the mothers the recovery period from birth is considered a negative factor against caesarean, for example:

Just the recovery time to be honest. Purely selfish... the recovery from the caesar is extremely invasive. You're walking around hunched over because you feel like your bowels are about to split open and drop all over the floor. It's really bizarre and I didn't like it at all. I felt like I was going to fall apart.

DISCUSSION

Decision-making with regards to birth choices are important for mothers and their babies as there are significant potential risks associated with different modes of delivery. Caesarean delivery is a valuable medical intervention when the risks of vaginal delivery are high for mother or baby, such as abnormal placentation and pre-eclampsia, but caesareans are never a

risk-free option. Caesareans are associated with higher rates of wound infection, surgical complications, and prolonged hospitalisation.² The most serious reproductive consequences occur in subsequent pregnancies, with the likelihood of abnormal placentation, risk of uterine rupture, ectopic pregnancy, and foetal death in-utero increasing with each caesarean delivery.^{10, 11} VBAC also carries risks of uterine rupture and infection, especially for women who have had more than one prior caesarean, or are obese.¹²⁻¹⁴ Thus, it is essential for health professionals to fully understand the factors that influence mothers in making important birth decisions and assist them to make optimum choices for themselves and their babies. As a contribution to enriching the understanding of this issue, the findings in this article share important insights about mothers' perception of positive and negative factors associated with EC that influence their birth decision-making.

The discussion needs to be set in the context of further findings from the study, explored in full elsewhere, about the mothers' understanding of risk. Although there are differences among the mothers, the majority of EC mothers perceived VBAC as of highest risk for delivery, particularly because of concerns about the rupturing of the prior CS scar. Also, of significance in view of the present findings is that many of the mothers made firm and unalterable decisions in favour of EC, either prior to conception or early in pregnancy, and were not receptive to any subsequent information or discussion of risks associated with EC. The important point from these findings is that, for this group of mothers, the psycho-social factors outlined in this article are more significant in determining the mothers' choice than clinical advice or information on risk. Similarly, a 2008 Cochrane review found that providing information to pregnant women about birth choices did not change the rate of caesarean delivery as expected, but the authors recommend more study in this area.¹⁵

Neonatal outcomes also were rarely mentioned by the EC mothers in this study, despite the published evidence being in favour of VBAC rather than EC.¹⁶ Risks for the baby during

caesarean delivery include surgical cuts, breathing difficulties, and childhood asthma.^{10, 17}

Only one EC mother in the study mentioned concerns about the safety of her baby. As detailed elsewhere, there is also considerable comment by the mothers indicating that in comparison to a natural delivery, CS is not conducive to a close bonding experience between the mother and newborn. The loud silence in the findings on EC mothers' consideration of the impact of EC on the newborn in terms of their birth decision-making gives cause for concern.

As outlined in Table 1, the mothers gave rich and varied insights about their positive and negative beliefs about the experience of a caesarean. It is important to emphasise that all mothers in this group had previously had a caesarean and for the majority (65%) it was an emergency caesarean in response to clinical conditions during birth. For many of the mothers a strong sense of their body's inability to give birth naturally was a significant factor determining their choice for EC. Those who had undergone a previous emergency caesarean voiced an understandable reluctance to repeat a prior negative experience, and the benefits of being in control during the birthing process were mentioned by several women.

The notion that a caesarean is an 'easy way out' for birthing mothers was discussed at great length by the participants. There was mixed experience with some mothers reporting that they were not exposed to this idea and others indicating that they did hear such a notion in their informal networks. For the mothers who did experience the 'easy way out' attitude, it was perceived as condemnation of their birthing choice by family members and other mothers. Even the hospital staff was seen as taking the convenience option in relation to caesarean. This discussion resonates with ongoing media coverage of this issue and debate in the medical literature.

Opinion is divided on the issue of whether the caesarean rate is increasing due to maternal request.^{3, 4, 18} Although the popular media repeatedly reports on the rising caesarean rates as being due to professional women being 'too posh to push' this is not supported in the

medical literature.⁴ A large combined study of pregnant women and obstetricians in the UK found that no woman requested caesarean delivery in the absence of what she perceived as clinical or psychological indications; however, the obstetricians perceived patient request as the driving force behind the rising numbers of EC, despite evidence to the contrary.¹⁸ McCourt et al.⁴ suggest this may be due to physicians' perceptions of women's views being clouded by their own preference. The Childbirth Connection *Listening to Mothers II* survey found only one of 252 women who had had a previous caesarean requested EC without any medical indication, while two others reported their practitioners had decided they would have an EC despite no medical indication.¹⁹ In a systematic review of 17 studies McCourt et al.⁴ found very little evidence that rising caesarean rates worldwide are being driven by women's preference. After obstetrical and medical factors, the major reasons for choosing caesarean were psychological and safety concerns. Women who chose caesarean did so because of previous negative birth experiences and specific fears about birth, and/or perceptions of caesarean being safer for baby and less traumatic for their own body.

Our findings correlate with the published data. Several mothers in this study confirmed that the reason for choosing caesarean was fear: fear of birth, fear of labour pain, and fear of the unknown. Fear of birth is certainly an area that warrants further investigation. Weaver¹⁸ reports that fears for themselves or their baby are the major reasons for women requesting caesareans. While the UK National Institute for Clinical Excellence recommends counselling for women who request caesarean delivery because they are afraid of giving birth many practitioners agree that counselling is rarely offered because of time constraints.¹⁸ Further findings from the study reported in this article, detailed in full elsewhere, indicates that lack of debriefing and counselling after a difficult emergency caesarean is a factor influencing further birth choices and needs addressing for the psychological health of the mother. The literature suggests that some women may not understand why they needed an emergency

caesarean in the past, and therefore postpartum explanations are important in ensuring women fully understand their prior experience.²⁰ Providing this information would enable women to make an informed choice about subsequent delivery, and not automatically choose EC out of fear of recurrence of prior complications. For example, failure of labour to progress in a prior delivery is not a certainty that this will recur in subsequent pregnancies. A qualitative study of UK obstetricians and midwives found that practitioners believed many women would not choose the caesarean option if given adequate information about their own obstetric history, but at the same time cited organisation of care factors preventing them from spending adequate time with mothers to discuss their choice.²⁰

We recognise that the findings are limited as the study was conducted in a single hospital setting. However, the qualitative findings offers rich and significant insights into the thoughts of women considering their birth options, and highlights areas for future research.

CONCLUSION

The majority of mothers in this study chose EC for reasons of fear and the desire to retain some control over the birthing process. For many mothers this decision is made prior to or early in pregnancy without any openness to consider other possibilities. Thus, the findings strongly emphasise the importance of understanding and taking into consideration the mothers' psycho-social perspective on birth choices as a key to providing counsel and support.

REFERENCES

1. Shorten A, Chamberlain M, Shorten B, et al. Making choices for childbirth: Development and testing of a decision-aid for women who have experienced previous caesarean. *Patient Education and Counseling*. 2004; **52**: 307-313.
2. Terhaar M. The decision for cesarean birth. *Journal for Nurse Practitioners*. 2005.
3. Bernstein P. Patient-choice caesarean delivery: Really a choice? *Birth*. 2007; **34**: 89-90.
4. McCourt C, Weaver J, Statham H, et al. Elective caesarean section and decision making: A critical review of the literature. *Birth*. 2007; **34**: 65-79.
5. Holloway I. *A-Z of Qualitative Research in Healthcare*. 2nd ed. Oxford: Blackwell; 2008.
6. Spiegelberg H. *Doing phenomenology*. The Hague: Nijhoff; 1975.
7. Sorrell J, Redmond G. Interviews in qualitative nursing research: Differing approaches for ethnographic and phenomenological studies. *Journal of Advanced Nursing*. 1995; **21**: 1117-1122.
8. Streubert J, Carpenter D. *Qualitative Research in Nursing: Advancing the Humanistic Imperative*. New York: Lippincott; 1995.
9. Van Manen M. *Researching Lived Experience*. Ontario: State University of New York Press; 1990.
10. Childbirth Connection. Why does the cesarean section rate keep going up? 2006 [updated 2006; cited 31 July 2008]; Available from: www.childbirthconnection.org.
11. Gilliam M. Cesarean delivery on request: Reproductive consequences. *Seminars in Perinatology*. 2006; **30**: 257-260.

12. Carroll C, Magann E, Chauhan S, et al. Vaginal birth after cesarean section versus elective repeat cesarean delivery: Weight-based outcomes. *American Journal of Obstetrics and Gynecology*. 2003; **188**: 1516-1522.
13. Chauhan S, Magann E, Carroll C, et al. Mode of delivery for the morbidly obese with prior cesarean delivery: Vaginal versus repeat cesarean section. *American Journal of Obstetrics and Gynecology*. 2001; **185**: 349-354.
14. Edwards R, Harnsberger D, Johnson I, et al. Deciding on route of delivery for obese women with a prior cesarean delivery. *American Journal of Obstetrics and Gynecology*. 2003; **189**: 385-390.
15. Horey D, Weaver J, Russell H. Information for pregnant women about caesarean birth (Review). *Cochrane Library Systematic Review*. 2008; (3).
16. Fogelson N, Menard K, Hulsey T, et al. Neonatal impact of elective repeat cesarean delivery at term: A comment on patient choice cesarean delivery. *American Journal of Obstetrics and Gynecology*. 2005; **192**: 1433-1436.
17. Jain L, Dudell G. Respiratory transition in infants delivered by cesarean section. *Seminars in Perinatology*. 2006; **30**: 296-304.
18. Weaver J, Statham H, Richards M. Are there “unnecessary” cesarean sections? Perceptions of women and obstetricians about cesarean sections for nonclinical indications. *Birth*. 2007; **34**: 32-41.
19. Declercq E, Sakala C, Corry M, et al. Listening to Mothers II: The Second National U.S. Survey of Women’s Childbearing Experiences. New York: Childbirth Connection. 2006 [updated 2006; cited 31 July 2008]; Available from: <http://www.childbirthconnection.org/listeningtomothers>.

20. Kamal P, Dixon-Woods M, Kurinczuk J, et al. Factors influencing repeat caesarean section: Qualitative exploratory study of obstetricians' and midwives' accounts. *BJOG: International Journal of Obstetrics and Gynaecology*. 2005; **112**: 1054-1060.

Table 1 – Positives and negative of EC from the perspective of mothers who have previously given birth by caesarean.

Positive Factors	Negative Factors
<ul style="list-style-type: none"> • CS is easy way out • CS is quick • Repeat CS scar already there • Exact date can be set • Mothers have a sense of control • Avoid disempowerment associated with prior birth • Avoid pain and fear of natural delivery • Considered safe for baby • Second time CS is known and considered reasonable experience • CS means do not have to cope alone at home • Avoids induction • Avoids trauma of repeat emergency CS • Recovery after EC easier 	<ul style="list-style-type: none"> • More time to worry prior to EC • Faulty anaesthesia • Recovery after EC more difficult