

# A Comparative Study of Women's Preference of Vaginal Delivery & Cesarean Delivery among Primi Mother who are Attending Antenatal OPD in Murshidabad Medical College & Hospital, Murshidabad

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**Abstract:-** Cesarean section is already quite common in developed country but it has gradually become common in developing country also. In terms of developing countries in India the caesarean section rates have crossed 10-15% (Recommended by WHO) which cause a severe public health concern. Even though caesarean section causes many complications & it's expensive, needed extra resources and observations, still the rate has increased from around 7% (in 1991) to 21% (in 2021) & it is more likely that it may go up to 29% within just few more years.

## ➤ Objectives-

To assess the preferences and existing knowledge of vaginal delivery & caesarean section among primipara mothers.

## ➤ Methodology-

A Non-experimental quantitative study with cross-sectional research design includes 100 primigravida mother through convenient sampling who has attended OPD clinic of Murshidabad Medical College & Hospital, West Bengal.

## ➤ Results-

The study results shows that majority of participants (82%) preferred vaginal delivery. But the preference of caesarean section is higher in primigravida between age group 18-22 years comparative to older primigravida and also the primigravida from urban community has preferred caesarean section (66.6%) over normal vaginal delivery. Those who preferred Caesarean section were influenced by fear of pain during the labour (18%) and 14% felt it was safe for the baby.

## ➤ Conclusion-

Young generation and urban community are more interested in caesarean section due to fear of pain and injury to baby. Especially commercial private practices also provoke the normal people for the caesarean section

by creating doubts and misleading them. Government and women need to develop a positive attitude towards the normal vaginal delivery and measures have to be undertaken to create awareness towards safe mode of delivery.

## I. INTRODUCTION

"Child birth is more admirable than conquest, more amazing than self- defense and as courageous as either one."

-Gloria Steinem

Child birth is a complex life event or process that ensures evolution of human species. Delivery of a baby is a complex process which includes a group of decision based on various maternal and fetal wellbeing. This has in turn given rise to a trend of birth preparedness planning which is a possible wish list antenatal mother has taken for safe delivery of a healthy baby. Pregnancy is an experience full of growth, change, enmeshment and challenges. Pregnancy and childbirth are events that touch nearly every aspects of human experience. Pregnancy is related to emotion in both mother and father. Birth is an experimental journey. Each birth is like a birth for the mother. Human birth can be divided into four categories - Normal delivery, assisted delivery, Caesarean delivery due to medical cause and Caesarean delivery due to social causes. 4

Caesarean delivery is a life saving surgery which is performed in complicated cases. The indication of Caesarean section include fetal distress, dystocia, cephalo-pelvic disproportion, prolonged labour, cord prolapsed etc and maternal disease condition like hypertension, diabetes mellitus, cardiac disorder etc. 9

Whereas Normal delivery occurs with or without medical intervention but the rate of Caesarean delivery increase rapidly during the past decade, reaching more than 50% in some countries. 1 There is a risk in Caesarean delivery compared to normal vaginal delivery. But improvement in

surgical skill and health care facilities increase the rate of Caesarean section. Another facts are changing views in health personnel and clients towards Caesarean delivery rather than normal vaginal delivery. Caesarean section is more expensive and required extra resources which provide negative impact on health care system. Placenta accreta is one of the most common complications of Caesarean section. In Caesarean delivery respiratory problems are more higher which requires neonatal intensive care unit compared to normal vaginal delivery. 10

According to research by WHO the worldwide Caesarean section rates have risen from around 7% in 1990 to 21% in 2021 and is projected to continue increasing over this current decade, with nearly a third (29%) of all births likely to take place by Caesarean section by 2030.(11)

Caesarean section is already quite common in developed country but it has gradually become common in developing country also. In terms of developing countries in India the Caesarean section rates have crossed the yearly average ideal percentage recommended by WHO i.e.10% to 15% which cause a severe public health concern. (12) The recommendation is based on findings that a lower Caesarean section rate could mean unnecessary death of mother or child, while a higher percentage would mean no added benefit in terms of reduction in the number of maternal and new born deaths.(11)

In Indian context, 17% of live births, as per the National Family Health Survey (NFHS-4), in the 5 years before the Survey were Caesarean delivery. Moreover 45% of the C section were reportedly planned after the onset of labour pain. The prevalence of the Caesarean delivery in India was 8.5% in NFHS-3 while data in NFHS-4 show that it has increased

➤ *Statistical Analysis-*

Table1: Frequency and Percentage Distribution of Primi Mothers who Preferred Normal Vaginal Delivery (n=82) & Caesarean Section (n=18)

SLNO	VARIABLES	NORMAL DELIVERY		CAESAREAN SECTION	
		FREQUENCY	%	FREQUENCY	%
1	AGE IN YEAR				
	18-22	50	60.97%	12	66.66%
	23-27	28	34.14%	05	6.09%
	28-31	04	4.87%	01	1.21%
2	EDUCATIONAL STATUS				
	ILLITERATE	16	19.51%	00	00%
	PRIMARY	46	56.09%	13	72.22%
	SECONDARY	20	24.39%	05	27.77%
3	TYPE OF RESIDENT				
	URBAN	27	32.92%	12	66.66%
	RURAL	55	67.07%	06	33.33%
4	INCOME				
	5000-10000	48	58.53%	05	27.77%
	10000-20000	34	41.46%	13	72.22%

to 17.2%. Again the rate increased from 17.2% (NFHS-4,2015-16) to 21.5% (NFHS-5, 2019-21), then to 23.29 in 2021-2022.(13)

**II. METHODOLOGY**

- **Research approach**–Quantitative research
- **Variable**-Independent variable: Primi pregnant mother
- **Research design**-Cross-sectional
- **Research setting**-MMCH,Murshidabad.
- **Population-**
  - ✓ Target population: Primary pregnant mother.
  - ✓ Accessible population: Primary pregnant mother who are attending antenatal OPD in MMCH, Murshidabad.
- **Sample:** Primi pregnant mother who meet the inclusion criteria.
- **Sampling technique:** Convenience sampling technique.
- **Sampling Size:** 100
- **Sampling criteria for sample selection:**
  - *Inclusion Criteria:*
    - Primary pregnant mother.
    - Healthy mother.
    - Able to understand and speak Bengali.
  - *Exclusion Criteria:*
    - Multi gravida.
    - Without any medical & Psychiatric complication.
    - Primigravida who has no interest to be a sample.

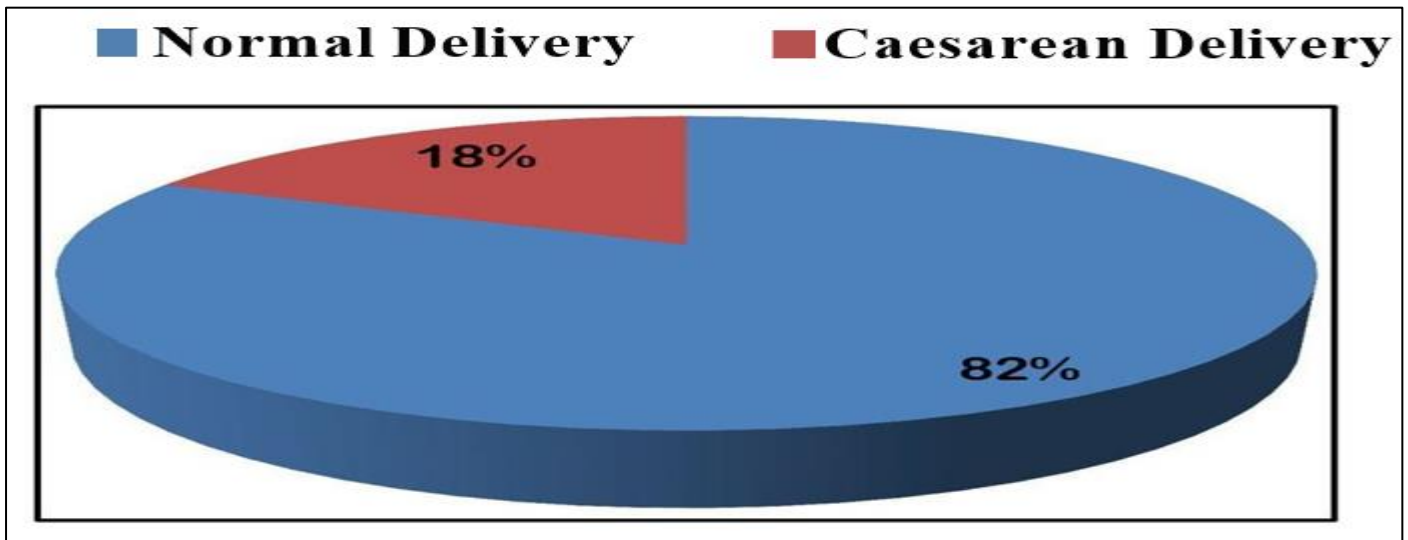


Fig 1: Pie Diagram Shows the Percentage of Normal Vaginal Delivery and Caesarean Delivery Under the Study

Table 2: Influencing Factors for Preferring the Normal Delivery (n-82) & Caesarean Delivery among Primimothers (n-18)

SL	VARIABLES	CAESAREAN SECTION		NORMAL DELIVERY	
		FREQUENCY	PERCENTAGE	FREQUENCY	PERCENTAGE
1	MATERNAL FACTOR				
	PAIN	82	100%	16	88.88%
	SPEEDY RECOVERY	82	100%	15	83.33%
	LESS HOSPITAL STAY	70	85.35%	12	66.66%
2	UNNECESSARY INCISION	62	75.6%	10	55.55%
	BABY'S FACTOR	58	70.73%	14	77.77%
3	SAFETY				
	SOCIO-ECONOMIC FACTORS				
	NATURAL PROCESS	78	95.12%	14	77.77%
	ECONOMICAL	72	87.80%	06	33.33%
	ADVICE FROM RELATIVES	80	97.56%	16	88.88%

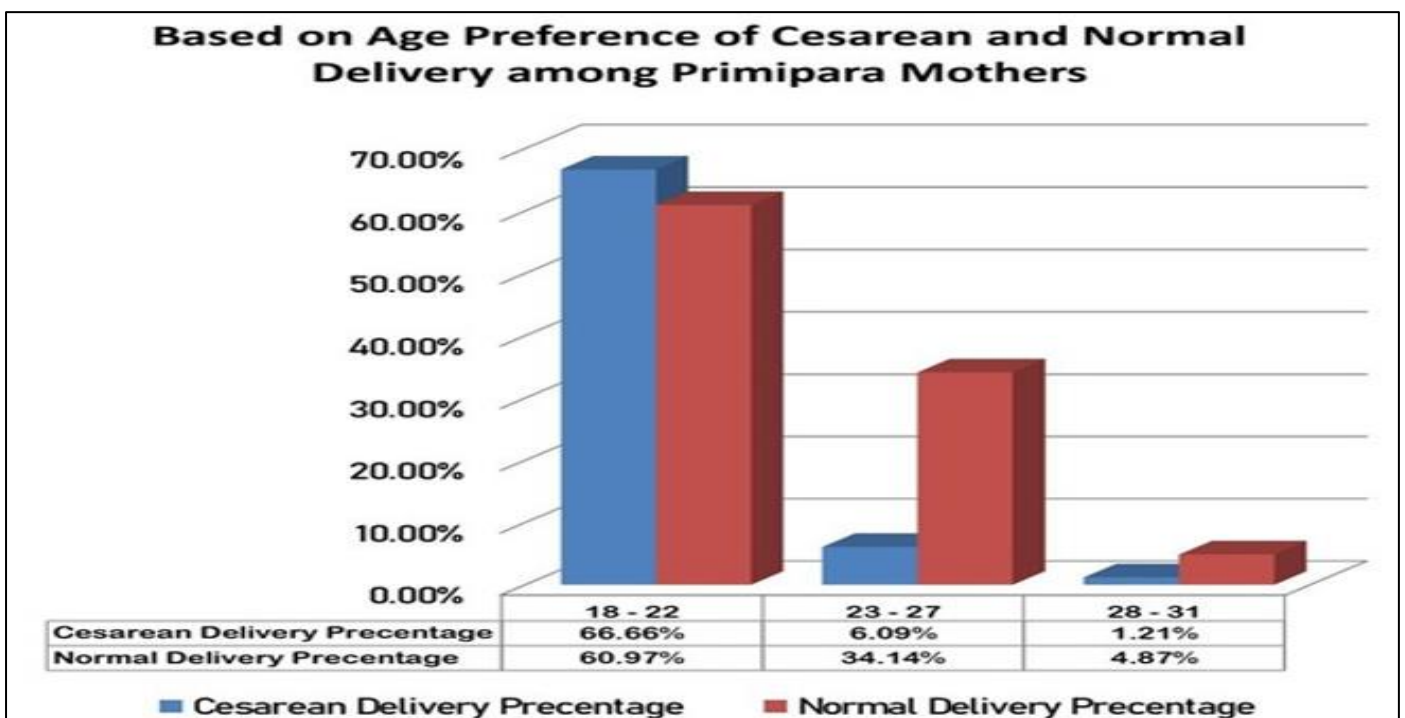


Fig 2: Age Preference of Cesarean & Normal Delivery Among Primipara Mothers

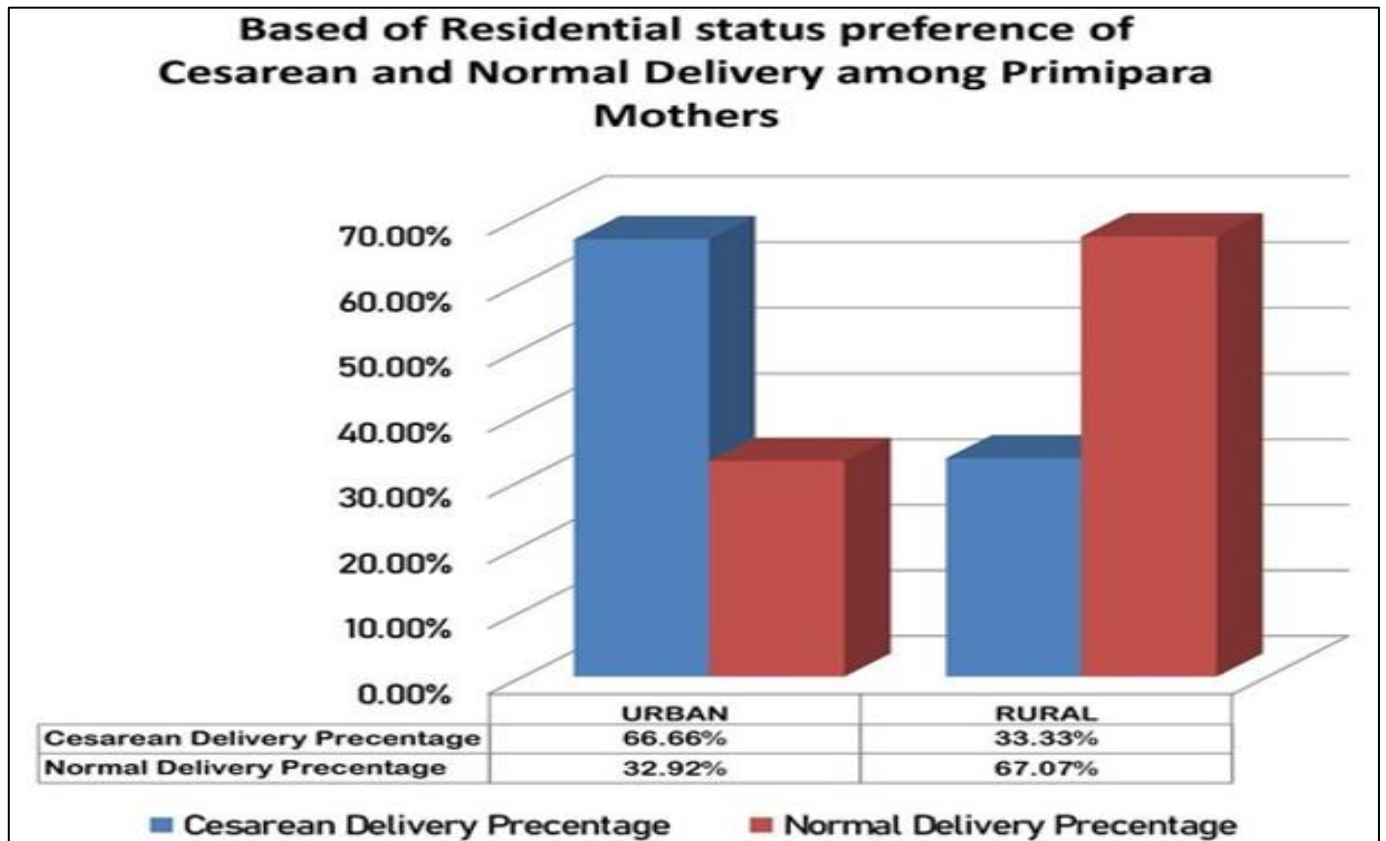


Fig 3: Residential Status of & Normal Delivery among Primi Paramothers

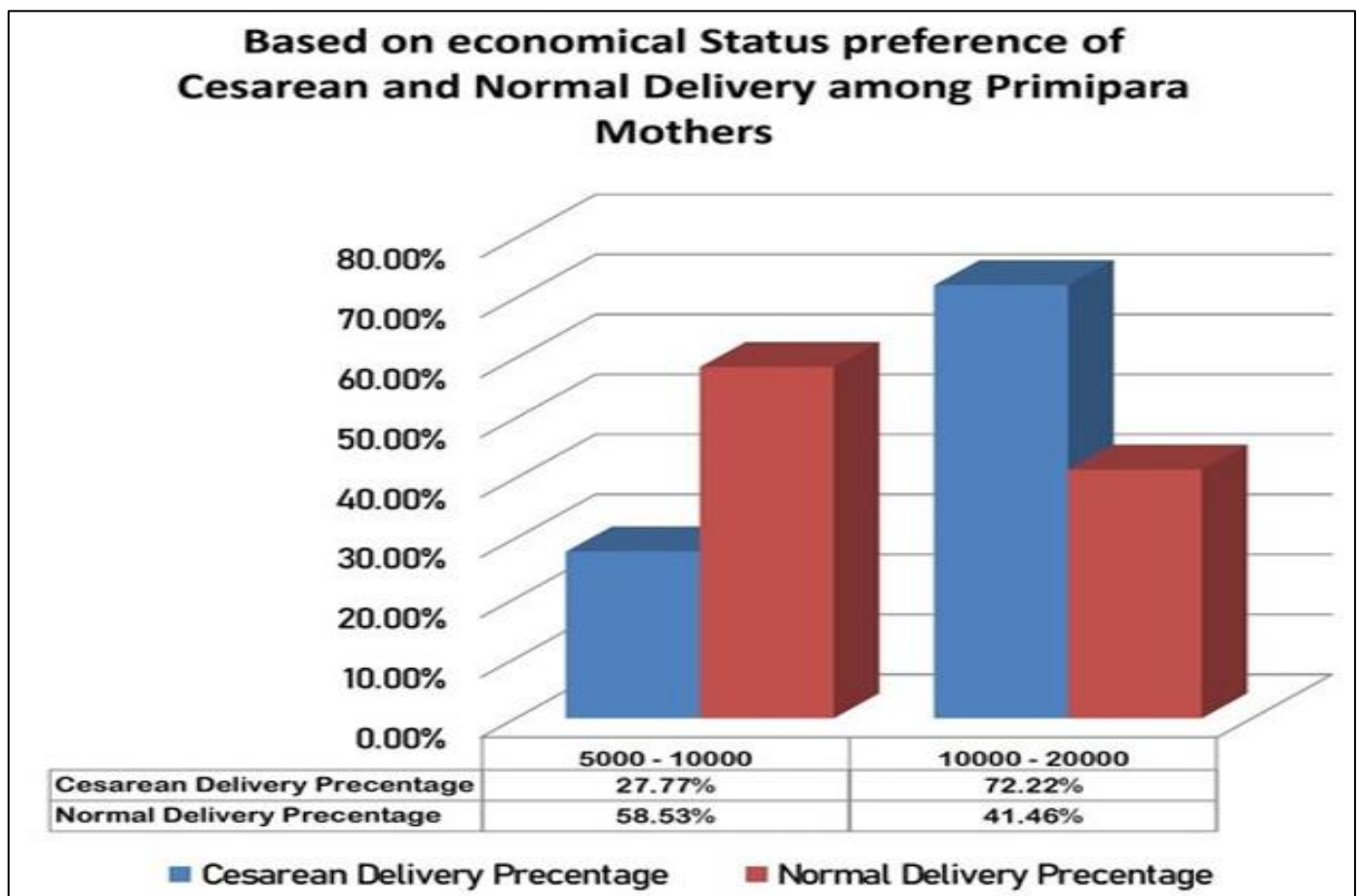


Fig 4: Economic Status of Cesarean & Normal Delivery among Primipara Mothers

### III. CONCLUSION

Choosing a method of delivery for primiparous women (those experiencing their first childbirth) can be complex and influenced by various subjective and internal factors. The study findings revealed that the majority of participants preferred normal vaginal delivery. Several reasons influenced this preference, including **Fear of Pain from Caesarean Section, Speedy Recovery, Shorter Hospital Stay, Safe Confinement** and **Superstitious Beliefs**. Despite the preference for vaginal delivery, a notable proportion of women opted for Caesarean sections without underlying medical reasons. Influences for choosing Caesarean section included **Fear of Labor Pain&Perceived Safety for the Baby**. The study highlighted a concerning trend: the increase in Caesarean sections, often without medical necessity. Many researchers have noted this trend and emphasized the need for intervention. To address this, the investigators of the present study advocate for **Developing Positive Attitudes Towards Vaginal Delivery** as it is crucial to encourage a favorable perception of vaginal delivery among expectant mothers & **Creating Awareness**. By fostering a positive attitude towards vaginal delivery and enhancing awareness, it is possible to guide expectant mothers in making informed decision about their delivery methods.

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➤ *Data Collection Proforma:*➤ *Demographic Data-*

- Name:
- Age:
- Gender:
- Religion:
- Occupation:
- Education:
- Type of family:
- Residence:
- Family income:

SI No	Questionnaire	Yes	No	Don't Know	No Comment
1	Vaginal delivery is a natural and acceptable mode of delivery				
2	Mother reveals her health status soon after vaginal delivery				
3	In turn of outcome vaginal delivery is more pleasant				
4	Vaginal delivery preferred due to fear of operation				
5	Vaginal delivery preferred due to fare of life long complication in caesarean delivery				
6	Vaginal delivery is less risky for mother				
7	Cost of vaginal delivery is less than caesarean section				
8	Vaginal delivery gives more chance of multiple pregnancy				
9	Vaginal delivery increases the risk of bleeding from vagina				
10	Desire to plan a time of delivery				
11	Caesarean section is preferable as pain of vaginal delivery is unbearable				
12	Vaginal delivery is preferable due to economic problem				
13	Caesarean section preferred because there is sexual dysfunction after vaginal delivery				
14	Family pressure for choosing normal delivery				
15	Babies born by Caesarean section then those delivery by vaginal delivery				
16	Giving birth vaginally is outdated				
17	Vaginal delivery takes more time then caesarean section delivery				
18	You believe that you lost your body shape after vaginal delivery				
19	Breastfeeding is more complicated after caesarean section				
20	Choosing normal delivery due to fare of futurecaesarean section in next delivery				
21	Choosing normal vaginal delivery as it is naturalprocess				
22	Belief of delivering a vaginal but is a more empowering experience then delivering by caesarean section				
23	Most of my relative choose to have caesarean section delivery				
24	Desire to have large family size				
25	Caesarean section choosing for any medical condition such as high BP, diabetes mellitus etc				