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Women's involvement with the decision of caesarean section and their degree of satisfaction

S. Aslam[1], D. Al-Jaroudi[2]

[1] Department of Obstetrics and Gyanecology, Sulaiman Al Habib Olya, Riyadh; [2] Department of Obstetrics and Gynaecology, Reproductive Endocrine and Infertility Medicine Department, King Fahad Medical City, Riyadh (Saudi Arabia)

Summary

Objectives: The aim of this study was to investigate the degree to which women contribute to the decision for caesarean section and their satisfaction with the procedure and decision. *Materials and Methods:* A cross-sectional survey has been performed in an obstetric tertiary referral centre of Riyadh, Saudi Arabia. A consecutive sample of women was considered for this research that were recently having caesarean section. The women having an age of at least 18 years were eligible to be included in the sample of research. *Results:* Women who had a caesarean section were well informed before they underwent this surgery. In general, women were satisfied with the decision of caesarean section and felt comfortable with their hospital stay. *Conclusion:* It has been concluded that the women were satisfied with the process of caesarean section and hospital stay.

Key words: Caesarean section; Decision making; Women involvement; Cross-sectional survey.

Introduction

One of the most common procedures of birth giving is a caesarean section. Clinical care has also proven this technique to be better for a woman as well as for the child because the amount of risks involved in birth process seems to be reduced in comparison with a normal delivery [1]. According to different researches, it has been observed that this practice is found to be frequently followed in Saudi Arabia. As per the report of Ministry of Health in 2006, the ratio of delivery through caesarean section was found to be 11% [2]. Although the delivery rate in many countries by caesarean section varied significantly and in many developed countries it reached 20-25%.

To undergo the process of caesarean section, the role of women, as well as their level of satisfaction, are an essential part, as this decision solely depends on them. The reason is that the plan for the mode of next delivery has been made in the initial postpartum period. In the USA, the surveys used is "Listening to mother's surveys" 1 and 2 (2002-2006). The survey has been performed in order to provide a platform to the women, in which they have been given a freedom of speech to share their maternity experiences, as well as to provide their estimations on the basis of those experiences. Through the results of this survey, a new level of understanding related to various important issues has been provided to the professional policy makers, and also to the mothers. These findings are useful in terms of bringing improvements in practices followed, policies, and education. Also, this survey is helpful in determining the methodologies to bring improvements in the practices of caesarean section to provide better treatment and care for satisfaction of patients.

The extent to which patients are satisfied helps in determining expectations. These expectations are of importance as the quality of care being provided to patients is evaluated by them on the basis of internal standards upon which the quality is defined. The gap among how healthcare providers and patients define quality services can be fulfilled after having this clear understanding of what are the expectations and perception of patients. The reason for enhancement in the caesarean section is multi-factorial with a large strain of oversight and flaws being placed on the shoulder of an obstetrician. Obstetric consideration such as breech, prematurity, and an expansion in electronic monitoring and supervision have been implicated, as have medico-legal pressure, paying status of patients, and individual physician style [3].

This research aimed to ask women about the extent to which they felt that the decision of caesarean section has been taken by them, to share the reasons behind their delivery through operation, and the level of satisfaction by them with the procedure and their decision. As per the researches performed earlier, it has been found that women seem to have a higher level of satisfaction concerning their care, while few women found to be dissatisfied with caesarean section, as they experienced some major trauma or faced mismanagement from physician or obstetrician's end. This aspect has been found to be prevalent in matters of

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maternity care [4]; the birth of a healthy baby appears to revoke all previous considerations, leading to what has been called a 'halo effect' [5] A number of numerous experiments have been performed to overcome this issue, one among which is to inquire people for judgment of some distinctive features regarding their care or rating some specific behaviours or methods.

Materials and Methods

A cross-sectional survey was performed in an obstetric tertiary referral hospital: Women's Specialized Hospital, King Fahad Medical City, in Riyadh, the Kingdom of Saudi Arabia.

To perform this study, the sample size during a time span from November 2008 until April 2009 was considered. The questionnaire was designed as a tool for the collection of relevant data, and this was distributed to women having an experience of caesarean section for their delivery. Women with at least 18 years of age were considered to be a part of the sample for this research. As the study has been performed in Saudi Arabia, the questionnaire was translated into the Arabic language, enabling women to answer the questions easily. The total number of respondents for study comprised 209 women.

The questionnaire was designed to include a complete view from different researches performed earlier. It contained both types of questions, *i.e.* open- and close-ended. Open-ended questions are the ones in which participants are given a free hand to discuss in detail their experiences, and to share their viewpoints related to the topic for which questions are being asked. However, in close-ended questions, the participants are restricted to choose only from the options provided in questionnaire without having their detailed viewpoints.

The personal information included in the questionnaire was age of respondents, employment status, and qualification level. For close-ended questions which included information on demographics, Likert scale has been used which is comprised of five choices including poor to excellent.

The research was carried further after obtaining permission from the hospital committee to visit the delivery patients and to ask them about their personal experiences. After having ethical approval, the researcher visited the women during post-caesarean section ward between second and fourth days and sought allowance for participation in research.

Data analysis was basically a procedure that assisted in the consistent application of statistical or logical techniques, enabling to illustrate and assess the data appropriately. Once the data was collected from participants, the responses were gathered and collated in an excel format. The statistical techniques used to analyse the research data included frequency tabulations, mean and standard deviations, median, and ranges, which have been tested through SPSS software.

Results

A total of 300 women having a caesarean section over a six-month period were offered a questionnaire. Responses were obtained from 209 (69.7%) women; 71 (23.7%) women took the questionnaire warmly but returned it without completing and 20 (6.7%) patients were not eligible. Most women were housewives, 137 (66%). The median age of respondents was 29 years; 79% respondents did not have any children at the time of their caesarean section (Table 1). The median gestational age at birth was 38.7 weeks. The most common indication for caesarean section was the failure to progress, accounting for 65 (31%) women (Table 2).

Table 1. — *Demographic characteristics.*

	n	%
Occupation		
House wife	137	66
Government officer	37	18
Education	5	2
Private employee	2	0.9
Unemployed	28	13
Education		
Primary	10	5
Secondary	87	42
Intermediate	107	51
Post graduate	5	2
Parity		
0-1	104	50
2-4	85	41
> 4	20	10

Table 2: — *Indications for caesarean section (% and n).*

15%	32	Non-reassuring CTG
31%	65	Failure to progress
14%	30	Malpresentation
1.4%	3	Previous CS/myomectomy
1.4%	3	Failed induction of labour
1.4%	3	Pregnancy induced hypertension
0.9%	2	Maternal request
1.9%	4	Others

The research included approximately one-third of sample size which comprised women who had an experience of elective caesarean section. Almost all patients took assistance to fill the questionnaire either from health advocate, family member or friends. Most of the patients delivered at gestational age of 38 weeks. Until this period of time, there were 602 deliveries in general in the labour ward, which resulted in a caesarean section rate of about 24%. Upon reviewing their past obstetric history, 37 (17.7%) women had previous caesarean section scars on the uterus and 172 (82.2%) had an unscarred uterus. Sixty-seven (32%) women had been found to deliver through an elective caesarean section, while 142 (68%) were undergoing this delivery process by emergency caesarean section.

When women were asked who was involved in making a decision to have a caesarean section, 95 women (45.5%) replied that the decision was made by a doctor and 36 (17%) had made decision together with the doctor. One hundred sixty-nine (81%) patients had a feeling with the decision and 25 (12%) did not, while 15 (7%) patients did not give any answer. One hundred fourteen (55%) patients agreed that they had had enough information before the

Table 3. — *The decision for caesarean section.*

	Elective cesarean section		Emergency cesarean section	
	n	%	n	%
Yes enough information	53	25	72	34
No because not enough time	6	3	32	15
No I need more information	8	4	38	18

	n	%
You	25	12
You and husband	8	4
Doctor	95	45
You and doctor	36	17
You, husband, and doctor	24	11

Table 4. — *Satisfaction with the involvement of decision of cesarean section.*

	n	%
Very unsatisfied	20	10
Fairly unsatisfied	61	29
Fairly satisfied	54	26
Very satisfied	59	28
No strong feeling	15	7

caesarean section was performed, while according to 48 (23%) patients, the time was insufficient which was mostly in the emergency group. Forty-seven (22%) patients wished that they should have had more information.

The percentage of women in emergency and elective groups for each category regarding information provided before undergoing through cesarean section are shown in Table 3, which is a more clear reflection of the intensity to which women perceive they had contributed in taking the decision of caesarean section. Half (54%) out of 113 women had been found to be satisfied with the involvement in the decision for cesarean section (Table 4).

One hundred two (49%) women received general anesthesia for their cesarean section and 107 (51%) received spinal anesthesia. One hundred seventy-four (83%) women were satisfied with the choice of anesthesia, while 34 (16%) were not. Support of patients during labor is an independent factor for the success of normal vaginal delivery. Sixty women (29%) were accompanied by their husbands, 14 (7%) had other relatives such as a mother, sister or friend, while 131 patients (63%) had no one accompanying them during their delivery.

Few (4%) women had reported an excellent experience after cesarean section, 15 (7%) felt it was very good experience, 97 (46%) a good experience, 49 (23%) had a fair experience, and 44 (21%) had a negative experience after cesarean section. The open-ended question regarding the care provided by the hospital 62 (30%) responded to the service as excellent, whereas, 60 (28%) very good, 16 (18%) said it was fair, and 11 (5%) reported its as poor. When women were asked about their preference for future deliveries, 75 (36%) answered yes to a repeat cesarean section, 78 (36%) did not know the answer, and 56 (27%) preferred no cesarean section.

Discussion

The prime purpose of this study was to give a platform to women for sharing their personal views and experiences regarding caesarean delivery. It was observed through research that women who experienced cesarean section were pre-informed and were fully aware of the reason for the operation. Almost half of the patients in emergency group thought that they needed to have more information and if the time was sufficient, then the physician may have given them more information. As in emergency situation, time is scarce and the reasons, risks, and benefits of procedure are difficult to be discussed.

Most women felt satisfied with the contribution towards the decision of cesarean section. Therefore, it does not mean that they had been deciding absolutely to have a cesarean section themselves, but it was observed from the results that women are likely to take this decision of caesarean section after having proper discussion with their doctors. From the discussion, it was observed that most of the women had their contribution in taking caesarean decision. This is an instinctive belief and may not indicate the true intensity to which they have determined the clinical decision. On the contrary, the level of satisfaction associated with making a decision was high in general; there may be some possibility that these women perceived they were having a positive impact on the obstetricians to perform the cesarean section.

Cesarean section on maternal request is increasing [6]. In the present study five cases were due to maternal request, in which three were performed electively, and two were in an emergency setting, where patient refused to continue for the risk of a scar dehiscence. In the case of the existence of some relative's suggestion, women may be in a position to ask for a cesarean section. Medico-legal pressure make it somehow problematic for an obstetrician to refuse an explicit request for a cesarean in a woman with a scarred uterus, due to some uncertainty of complications with subsequent pregnancies.

The overall cesarean rate of delivery has increased from 10.6% in 1997 to 19.1% in 2006, corresponding to 80.2% overall increase [2]. In the present study, the cesarean delivery rate was 24%, as this is a tertiary care hospital and most patients referred are high risk.

In order to bring improvements in the quality, as well as in the performance and potency of healthcare, it has been suggested by World Health Organization to evaluate and assess the satisfaction level of women [7]. Furthermore, assurance of satisfaction level of patients is also emphasized by WHO as a measure of secondary impediment of mater-

nal mortality, as the women having a higher level of satisfaction seem to be more likely to comply with the suggestions recommended by healthcare providers [8].

In the present study, about 113 (54%) of patients were fairly and very satisfied with the procedure. The patients who were unsatisfied were 81 (39%) and had different reasons why they were not happy with anesthesia, some upset from the presence of baby with them from the first day of delivery or they felt pain, etc.

Provider empathy of care has been found to have a large and positive impact on the level of satisfaction of women. Similarly, it has been observed by reviewing randomized trials, in both the developing and developed countries, that women having steady intrapartum care has been found to be less likely dissatisfied with their birth experience [9]. According to the present author's expressive support and information provided to women during labor might be helpful for them to feel more controlled, secure, and proficient in normal birth process, as well as the reduction of need for obstetric intervention. Women also value provider compassion, especially the ones who experience complications. Women with complexities and different obstacles seem to have higher levels of stress which can be relieved by a considerate communication with providers. In the present study, only 75 patients (36%) had a companion with them during labor, and this can be one reason why the patients felt unsatisfied.

In the present study, almost half of patients opted for general anesthesia and half preferred to have spinal anesthesia. Most of the patients were satisfied with their choice; the patients who were not satisfied described different reasons like fear from anesthesia, fear of pain, failed spinal leading to general anesthesia and paralysis, etc.

The common problems mentioned by Maureen *et al*. [5] study were related to distressing factors leading to non-satisfaction of patients which included the inadequacy of communication among themselves, their companions, and among the staff. Women who were not pre-informed regarding the procedure usually experienced unnecessary panic and fear, especially during delivery.

An analytical review assessing satisfaction with healthcare has shown distinguished patient expert relationship, which also includes the information that is being given as an essential component in satisfaction with healthcare [10]. According to Madi *et al.* [11], prenatally some of the women seemed to be hesitant regarding the lengthy recovery period. According to most of the women, they felt that they experienced very distressful recovery which also affected their relationship with their babies.

Despite the fact that it is impossible at all times to have an informed consent, or to provide detailed explanations to the patient, it might be probable to brief the patients with sufficient information that women are attentive to the importance of their health-related situation, as well as their child's.

Inadequacy of anesthesia and other problems that are likely to be emanated during and also after the procedure are possibly less simple to expect and prevent, although, it seems to be less common now, and refer more to the findings in the present study's similarities and differences

Conclusion

The findings of the present research suggest that women who have undergone caesarean section had been informed before and mostly, the decision for caesarean was taken by the doctors after informing and having proper consent, depending on the situation and condition of the patient. In general, the decision for caesarean section is satisfactory for most of the women as they feel comfortable with their stay in the hospital. It has also been observed through the present results that most women prefer discussing caesarean section with their doctors before making a final decision on their own.

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Corresponding Author:
D. AL-JAROUDI, M.D., MHA
Women's Specialized Hospital
Reproductive Endocrine and Infertility
Medicine Department
King Fahad Medical City
P.O. Box 59046
Riyadh 11525 (Kingdom of Saudi Arabia)
e-mail: daljaroudi@kfmc.med.sa
dania@dohaim.com