

Childbirth choice and effect of education

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ABSTRACT

Annually, many women become pregnant worldwide; however, pregnancy and childbirth is not a pleasant event for all them. In fact, more than 90% of maternal anxiety could be related to the delivery process. It should be noted that delivery is also a stressful event that sometimes, due to different reasons and in order to avoid its potential hazards which could threaten the lives of mother and baby, it is not possible to deliver through the natural channel and Caesarean section delivery is necessary. However, nowadays, many of cesarean sections are unnecessary.

The unnecessary cesarean delivery has an important impact on maternal and neonatal health and reducing (unnecessary) caesarean section is one of the health priorities. That's why many countries are trying to reduce unnecessary cesarean and promote natural childbirth. In Iran, Maternal Health Office at Ministry of Health and Medical Education in 2002, initiated the design of a national program for mother-friendly hospitals to reduce the cesarean rate by 25 % until 2015. In addition, previous research has shown that through education of mothers and reducing their fear about childbirth and correcting some wrong beliefs about natural childbirth, the unnecessary cesarean section could be reduced.

By systematic training to control of the fear and anxiety in pregnant women, they will believe that they have ability to do natural childbirth and in turn could increase their self-confidence. Finally, it will lead to increased cases of vaginal delivery.

Keywords: Childbirth, Education, Cesarean, Natural Delivery

Pregnancy is a natural and important physiological phenomena and event in woman's life which could change many views of a woman about life.^{1,2} Annually, many women become pregnant worldwide; however, pregnancy and childbirth is not a pleasant event for all them; in fact, more than 90% of maternal anxiety could be related to the delivery process.³ In addition, childbirth is a natural process which has its own preventive measures and support.⁴

Nowadays, the increased rate of unnecessary cesarean is a public health

challenge around the world. According to a survey conducted by WHO in 2010, 25.7 percent of all deliveries was performed to cesarean worldwide.⁵ In fact, according to WHO reports, the rate of cesarean has increased from 35% in 2004 to 50-65% in 2009 in Iran.⁶ It should be noted that sometimes due to medical indications and also in order to avoid of the potential hazards which may threaten the life of mother and baby, cesarean delivery is vital. However, another concern is the increasing of uncontrolled inessential cesarean.⁷

Several studies have suggested different indications for cesarean section which could be divided to two factors: individual and social factors. The individual factors include Mother's fear of labor pains, mothers' desire to perform cesarean, lack of awareness of the complications of cesarean, negative attitude to labor and previous cesarean.⁸⁻¹¹ Moreover, the social factors may consist of increasing marriage age, higher age of women at first pregnancy, lack of cooperation insurance organizations to support the natural childbirth.^{12,13}

The unnecessary cesarean delivery has an important impact on maternal and neonatal health; and reduction of (unessential) caesarean section is one of the health priorities; that's why many countries are trying to reduce dispensable cesarean and promote natural childbirth. Nowadays, in most developed countries, using new policies of mother and child health, through a lot of interventions which tend to reduce the cesarean rate is common. For example, in 1990 in USA, through a successful strategy of the influence on medical doctors and making changes in their motivations for cesarean delivery, the incidence of cesarean section was dropped from 13.5% to 6.5%.¹⁴

Maternal Health Office at Iranian Ministry of Health and Medical Education in 2002, initiated the design of a national program for establishing of mother-friendly hospitals in order to reduce the cesarean rate by 25 % until 2015.¹⁵ In addition, previous research has shown that through education of mothers and reducing their fear about childbirth and correcting some wrong beliefs about natural childbirth the unnecessary

cesarean section could be reduced.¹⁴ Furthermore, some of the individual factors such as maternal fear of childbirth, the willingness of pregnant women to perform cesarean, lack of awareness of side effects of cesarean and the negative attitudes towards vaginal delivery are modifiable by implementing educational interventions.

We conducted a study to evaluate the impact of educational intervention on self-efficacy in reducing elective caesarean section on 130 pregnant women with gestational age of 27.22 ± 5.23 weeks, referring to health care centers of Shahrekord city which were located in southwest of Iran.¹⁶ In our interventional study, pregnant women were divided into two groups. Mothers in intervention group, in addition to receive the routine prenatal care, participated in educational sessions, based on strategies for increasing self-efficacy (Performance Accomplishment, Vicarious Experience, Verbal Persuasion and Emotional/ Physiological arousal). Mothers in control group have only received the routine care during pregnancy. We found that with increasing self-efficacy and reducing the fear of childbirth in pregnant women can be reduced in elective cesarean.

In conclusion, the effectiveness of theory-based and systematic training on the control of fear and anxiety in pregnant women as well as regular training could lead to increase understanding of mothers' belief on their own potential ability to have natural childbirth instead of cesarean section. Moreover, their self-efficacy and confidence could increase and in turn leads to a reduction in their request for cesarean section.

REFERENCES

1. Chigbu C, Ezeome I, Loabachie G. Cesarean section on request in a developing country. *International J Gynecol Obstet.* 2007;96(1):54-56.
2. Drummond J, Rickwood D. Childbirth confidence: validating the Childbirth Self-Efficacy Inventory (CBSEI) in an Australian sample. *J Adv Nurs.* 1997;26(3):613-22.
3. Hosseini nasab D, Taghavi S, Ahmadian S. The effect of maternal education on anxiety, pain, and labor for mothers. *Med J Tabriz Univ Med Sci.* 2008; 31(4):30-24.
4. Tatari F, Abedi P, Afshari P, Haghighizade Mh. Comparison of the frequency and cause of cesarean section in pregnant women attending selected private hospitals and educational Mashhad. *J Ilam Univ Med Sci.* 2004; 12(43-42):31-25.
5. Prakash KC, Neupane S. Cesarean deliveries among Nepalese mothers: changes over time 2001–2011 and determinants. *Arch Gynecol Obstet.* 2014 Feb;289(2):421-7.
6. Ganji F, Reisi R, Khosravi S, Soltani P, Kasiri K, Jafarzade L, et al . Effect of a participatory intervention to reduce the number of unnecessary cesarean sections performed in Shahrekord, Iran. *J Shahrekord Univ Med Sci.* 2006; 8 (1):14-18
7. Movahed M, Enayat H, Ghafary nasab E, Alborzi S, Mozafari R. Related factors to choose cesarean rather than normal delivery among Shirazian pregnant women. *J Fasa Univ Med Sci.* 2012;2(2):278-283.
8. Ajh N, Sabet ghadam S, Unesyan M. The effect of health education on the rate of cesarean section. *J Qazvin Univ Med Sci.* 2011; 14(4):71-76.
9. Hasanpoor S, Bani S. The preferred method of delivery and maternal factors affecting the choice of perspective, referring to Tabriz Al-Zahra Hospital Medicine. *Nurs Midwifery Tabriz.* 2008; 10:51-56.
10. Rezakhani M, Shojaeizadeh D, Taghdisi M, Hamidzadeh Y, Savadpour M. The effect of education by community health volunteers on choice of delivery kind in pregnant women based on the Behavioral Intention Model (BIM). *Iran J Public Health.* 2012; 10(3):27-40.
11. Gamble JA, Cheedy DK. Woman's preference for a cesarean section: incidence and associated factors. *Birth.* 2001; 28 (2): 101-110.
12. Khani S, Shaabankhani B. Is it possible to reduce cesarean section rates in Mazandaran? *J Mazandaran Univ Med Sci.* 2004; 14(45):43-50.
13. Alimohhamadian M, Sharieat M, Mahmodi M, Ramazanzadeh F. Effect of pregnant women requesting on elective caesarean section rate. *Payesh Health Monit.* 2003; 2 (2): 133-139.
14. Fathian Z, Sharifi rad G, Hasanzadeh A, Fathian Z. Study of the effects of Behavioral Intention Model education on reducing the cesarean rate among pregnant women of Khomeiny-Shahr, Isfahan, in 2006. *Tabibe Shargh.* 2006;9(2):123-131.
15. Rezasoltani P, Hossein Jani A, Etebari S. Causes of cesarean section performed in an educational health care center in Rasht city. *Holist Nurs Midwifery.* 2012; 22(67):22-16.
16. Amidimazaheri M, Taheri Z, Khorsandi M, Hasanzadeh A, Amiri M. The relationship between self-efficacy and outcome expectations with delivery type selection among pregnant women in Shahrekord. *Daneshvar Med.* 2014; 21(111):1-9.

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