

Women's Views of Elective Caesarean Section after Postnatal Recovery

Introduction

The origin of the word 'caesarean' is believed to be derived from the surgical birth of Julius Caesar. Disputes aroused however, when the accounts about Julius Caesar's mother who was still alive when he was growing up are to be considered. This should not be the case since during those times surgical birth is only advised when the mother is already dead. Such procedure was needed to save the baby for a state wishing to increase its population. Other possible origins proposed include; the Roman law that was implemented by Caesar which states that all women who were so fated by childbirth must be cut open; hence, cesarean; and the Latin verb "caedere" which means to cut and the term "caesones" that was applied to infants born by postmortem operations .

Whatever the origins of this term, it is noteworthy that caesarean operation (this term is popularly used in the 16th and 17th centuries, it was later on replaced with caesarean section after the publication in 1598 of Jacques Guillimeau's book on midwifery in which he introduced the term "section") was undertaken for the purpose of retrieving the baby from a dead or dying mother. That is, to save the baby's life. Some other reasons were religious and based on different rituals. We have to take note that performing caesarean section in the past was not intended to save the mother's life.

During the 19th century this perception has been radically changed. In this period, the caesarean section was also used for the benefit of the mothers, i.e. to save their lives in some instances when delivering the baby by natural birth could be fatal to them. In fact most of the earliest accounts of successful caesarean

sections were in remote places where professional medical help and services are unavailable.

Today, the incidence of caesarean sections performed on request without medical indications is increasing. This particular case may be included under the first among the three definitions of elective caesarean section suggested by practitioners of pediatrics. In detail the three definitions according to *The Royal Australian College of Physicians* (2001) Paediatric Policy are as follows:

Low risk/elective caesarean section

Does not indicate any immediate fetal or maternal risk but vaginal delivery would affect maternal or fetal outcome.

Medium risk/semi-elective/semi-emergency caesarean section

Indicates that fetal or maternal factors have evolved in the short-term creating risk which necessitates delivery best undertaken by caesarean section.

High risk/Emergency Caesarean Section

Indicates a significant risk to mother and or fetus and time is critical.

Several reasons have been pointed out with respect to this issue. These include perceived medical benefit, social, cultural and psychological factors. Today, more and more women are considering caesarean section as a consequence of their perception that caesarean section is the "easy" option. In my own opinion, however, this is not true. This research would validate my opinion by looking at the views of different women who have undergone elective caesarean section.

Significance of the Study

The women's views of elective caesarean section with regards to their postnatal recovery would be very helpful to midwifery practice as it will determine whether to continue or to stop tolerating caesarean section to women who have a very low risk of having any problems with vaginal delivery. This research would also be essential in the process of creating and implementing improved guidelines of practice for midwives and decision makers. Since most of the previous researches were focused on the postnatal health of women, their sexual and psychological behavior, this could create another perspective in the area of postnatal research.

Hypothesis & Objectives

The research is basically aimed at looking at the women's views of elective caesarean section with regards to their postnatal recovery. For the purpose of having a specific focus in this research, the researcher will include the women who have elected to have a caesarean for "personal" reasons, rather than medical reasons. Personal reason is basically based on women's belief that elective caesarean section is the easy way of giving birth. Women subjects included in this research are those who had no previous experience of birth, i.e. their first born child was delivered through elected caesarean section and women who have had previous delivery experience either virginal or caesarean section.

The views of these three groups of women will be compared and synthesized in the discussion in order to come up with a comprehensive data set. The collected data set will be analyzed with respect to the women's behaviors and compared with the findings of previous researches done on this subject if available. Since instrumental delivery and caesarean section currently account for around 30% of all deliveries in British maternity units, with a steady annual

increase in rates of caesarean section (Thomas and Paranjothy, 2001), the researcher is positive about a very good data set that can be collected for the purpose of this study.

Literature Review

The importance of risk perceptions, acceptance of technology, and prior experience can also be seen among women's decisions for an elective Caesarean section. A number of researchers (Goldman et al., 1993; McClain, 1990; Murphy and Harvey, 1989; Sargent and Stark, 1987) have found that women's as well as physicians' beliefs about childbirth affect the choice of a vaginal birth after caesarean (VBAC). These studies have demonstrated that high-risk perceptions associated with a vaginal delivery influence many women and physicians to opt for an elective Caesarean. For instance, Sargent and Stark (1987) found that women's acceptance of technology influenced their decisions to the degree that "several women speculated that labor might, in fact, be bad for the baby and that all deliveries should routinely be done by cesarean [sic]" (p. 1272).

In addition to the above mentioned perceptions, the popular drive to provide choice and promote autonomy for pregnant women recently has also resulted to the increase of women choosing to have elective caesarean section. In fact aside from elective caesarean section, several women have also chosen requests for home births and water births among others. It is in the responsibility of midwifery practitioners as well as other medical practitioners involved in child delivery that pregnant women may be given such choices. But Jones and Symon (2000) has pointed out that the time available for discussions about different choices with each pregnant woman is limited. It is therefore important for these medical practitioners that they exhibit ethical considerations all the time.

The *Ethics in Midwifery* by Jones and Symon (2000) as the title suggests is focused on midwifery ethics. They have presented several case studies in their discussion. One of the case studies is about a primiparous woman who wanted to have her baby delivered through caesarean section. The midwife in the case study has opted not to pursue the woman's inquiry on elective caesarean section which is a sound ethical practice for a midwife according to Jones and Symon (2000). Instead, Jones and Symon (2000) suggested that the midwife must refer the woman to an obstetrician. But a lot of complications also arise in such scenario as several obstetricians do not advise caesarean section right away. Obstetricians are often hesitant on administering caesarean section especially if they don't see any risks in both the baby and the mother in a normal vaginal delivery. Debates over the autonomy of the women or their right to choose which type of childbirth delivery they should undergo still continues. This is in spite of the government's move to not to bestow rights upon the woman with regard to caesarean section or any other form of care that was in conflict with clinical judgment (Dimond 1999). The government's statement was published on the report *Changing Childbirth* (Department of Health 1993). The report being based on clinical ethics has stated that women should be able to discuss their wishes and make decisions.

Most researches concerning women in the postnatal stage are focused on their postnatal health, their sexual and psychological behavior. Furthermore, researches on understanding women's postnatal experiences has mainly focused on women in general rather than on those who have undergone elective caesarean section. Mackey (1998), DiMatteo, et al. (1993) have such focus on their researches. But of course, there have been recent works which addressed women's experience of caesarean section. Such researches include works by; Statham and Weaver (2001); and Weaver (2000).

Researches similar to Mackey (1998), DiMatteo, et al. (1993) merely identifies, describes and evaluates women's lab or and delivery experience.

Although such researches are helpful in the improvement of midwifery practice, they don't give enough insight into women's views about future childbirth for example. Weaver (2000) has conducted several postnatal studies focusing on women who have undergone caesarean section. These studies including the one co-authored with Statham (2001) did not include the women's views about elective caesarean section after postnatal recovery. Thus their researches can be taken as similar to other researches with the only difference of having focused on women who have undergone caesarean section.

Murphy and Liebling (2003) conducted a study to assess maternal views on the future mode of delivery after either previous instrument vaginal delivery or cesarean delivery at full dilatation. They have found out that most of their subject women would still want to have vaginal delivery in the future. In terms of focus and structure, this particular research is similar to my proposed study. In fact their result may be compared with my own result later on.

Other researches as mentioned above are focused on women's behaviors after an emergency caesarean section has been undertaken. Some previous investigators (Cranley et al., 1983; Fawcett et al., 1992; Salmon and Drew, 1992) found more negative experiences of delivery during the first four days after emergency caesarean section than after any other kind of delivery. This is very much prevalent since these women are not ready for such operations. As mentioned above researches similar to these are also helpful in the analysis of the data set of this study as they may be used for comparison with the women's perception about elective caesarean section.

Research Methods

In this study, the research process "Onion" will be utilized so that the findings of the study can be thoroughly established. The inner part of the onion

describes the methodology portion whereas the outer part discusses the strategies that can be utilized in interpreting the results of the findings. It will be utilizing both the quantitative and qualitative research methods. Quantitative would allow the researcher compare the outcome of the study since it deals with three different sets of women. Qualitative was also being employed because this is used to interpret and analyze the responses being gathered and collected from the interviews. These methods are expected to achieve the goals and answer the aims of the research. Thus it will help to organize the ideas and concepts being studied for better research results.

More specifically, this research will be considering the three types of research methods according to Walliman and Baiche (2001). The three research methods are correlational, experimental and descriptive. The correlational kind of research method is used due to the ethical problems that will be of particular concern in this study. It is also used due to the practical problems encountered in the course of the research. Moreover, inferring causality from correlation is not actually impossible, but very difficult. This mode of study is widely applicable, cheap, and usually ethical. Nonetheless, there exist some "third variable" issues and measurement problems. The correlational research refers to studies in which the purpose is to discover relationships between variables through the use of correlational statistics (r). The square of a correlation coefficient yields the explained variance (r -squared). A correlational relationship between two variables is occasionally the result of an outside source, so we have to be careful and remember that correlation does not necessarily tell us about cause and effect. If a strong relationship is found between two variables, using an experimental approach can test causality.

The experimental method, on the other hand, is the only method that can be used to establish cause-and-effect relationships (Creswell, 1994). That is, it is the only one that can be used to explain the bases of behaviour and mental processes. In this method, the subjects are split into two (or more) groups. One group, called the experimental group gets the treatment that the researcher believes will cause something to happen (this treatment is formally called the

independent variable). The experimental and control groups are compared on some variable that is presumed to reflect the effects of the treatment, or outcome. This is formally referred to as the dependent variable.

The descriptive research method uses observation and surveys. In this method, it is possible that the study would be cheap and quick. It could also suggest unanticipated hypotheses. Nonetheless, it would be very hard to rule out alternative explanations and especially infer causations. This makes descriptive research method particularly useful in this study. The descriptive type of research will utilize observations in the study. To illustrate the descriptive type of research, Creswell (1994) states that: "descriptive method of research is to gather information about the present existing condition". The purpose of employing this method is to describe the nature of a situation, as it exists at the time of the study and to explore the cause/s of particular phenomena. I have opted to use this kind of research in hand with my desire to obtain first hand data from the respondents so that I would be able to formulate rational and sound conclusions and recommendations for this study.

Data analysis will be conducted by incorporating these research techniques. In addition, interview results may be compared with previous research results. This is going to be the main basis of the author in making a conclusion as well as recommendations for further research studies.

Data Collection

Collected data will be classified into two different types, the primary and the secondary. The primary data frequently gives the detailed definitions of terms and statistical units to be utilized in the survey. The secondary sources of data will come from published articles from social science journals, theses and related studies on market behavior and economics. Acquiring secondary data are more convenient to use because they are already condensed and organized. Moreover, analysis and interpretation are done more easily. Secondary data will

be used for comparison of this researches result. They will also be used as a secondary basis for making the final conclusion of this research.

The primary data that will be used in this research are going to be collected from an ethnographic study carried out in different Labour wards of a British maternity hospital. The ethnographic study will be conducted using open-ended, semi-structured interviews and observation techniques. Observation and interviews will be conducted for a period of time in each hospital. Two sets of questionnaires will be used. A set of questionnaires will be intended to be asked immediately after the subject has gained consciousness after the operation. This of course will have to consider the women's as well as the doctors' approval. The second set of questionnaires will be handed out to the subject women after a period of time, i.e. after they have fully recovered from the operation. The questionnaires will be used to collect quantitative data and the interview responses will be used to provide qualitative insights into the data collected.

In the process of data collection, several considerations are going to be observed by the author. In the following subsections considerations about the research resources and ethical considerations are discussed. Aside from these two, the availability of the patients or the participants and the accessibility of the hospitals also need to be considered.

Research Sample

Response to the first set of questions will be tape recorded or taken down as notes. During the interview process, the typical interview protocol will be strictly followed. This is to ensure the women or the interviewees about the importance and the serious intentions of the research.

Similar procedure will also be followed for the second set of questions. The response of every woman for each set will be compared whether there has been any change. A slight change will be verified such that the comprehensive view of these women about caesarean section will be collected.

Validity and reliability/trustworthiness

For validation purposes, the researcher will initially submit a sample of the set of interview questions and after approval; the survey will be conducted. After the questions were answered, the researcher will ask the respondents for any suggestions or any necessary corrections to ensure further improvement and validity of the instrument. The researcher will again examine the content of the interview questions to find out the reliability of the instrument. The researcher will then exclude irrelevant questions and will change words that would be deemed difficult by the respondents into much simpler terms.

The reliability of the data will be ensured by further verifying the women's medical records from the hospital. In this regard, each of the subject women will be documented, i.e. their case will be evaluated before they may be given the set of questionnaires. The purpose of having two sets of questionnaires also includes the validity, reliability and trustworthiness of the women subjects.

Ethical Considerations

It is important for a researcher to always consider ethical issues when undertaking ethnographic researches as well as in the aspect of data analysis. Since qualitative observational research usually requires observation and interaction with groups, it is understandable why certain ethical issues may arise. The list of several issues that researchers should consider when analyzing data by Miles and Huberman (1994) may be adapted in this study. They caution researchers to be aware of these and other issues before, during, and after the research had been conducted. Some of the issues involve the following:

- Informed consent (Do participants have full knowledge of what is involved?)
- Harm and risk (Can the study hurt participants?)
- Honesty and trust (Is the researcher being truthful in presenting data?)

- Privacy, confidentiality, and anonymity (Will the study intrude too much into group behaviors?)
- Intervention and advocacy (What should researchers do if participants display harmful or illegal behavior?)

Since this study does not involve any medicinal trial and no clinical interventions or other significant procedures are going to be carried out, the Main REC may endorse the research according to the NLI ('no local investigators') guideline. This process does not need the approval of the LREC (local research ethics committee) anymore.

Research Resources

The resources for this research include a very basic list. It may range from papers needed for printing the questionnaires, the application letters, and other correspondences to be sent to the research participants. The research participants include the hospitals, the physicians attending the women and the main subject of this research – the women who have undergone elective caesarean section.

The women's medical information may be accessed with permission from the attending physicians and the hospitals where they have been confined. Since these documents are needed for verification purposes only, they may not be printed or copied anymore.

While conducting the interview process, a tape recorder may come in handy as well as several notepads and pens. Several computer softwares like Excel would also be helpful in quantitative analysis and in data presentation. Finally, additional papers are needed for the final written copy of the study.

Work Schedule

I will give myself a maximum of one week to conduct a comprehensive and intensive literature review about the topic. During this period, I will classify and evaluate each of the available material as to which of them may be considered useful. This is important since a lot of previous studies are expected to be available. Useful materials may then be compiled and reviewed for the purpose of having a good background about my research.

After a week of library and internet research, I may be able to formulate and write the two set of questionnaires. The questionnaires must be reviewed several times in order to make it short at the same time comprehensive. It is necessary that the questionnaires are as short as possible considering the physical and medical conditions of the subject women. Writing the questionnaires would also take a maximum of one week.

On the third week, I will be sending correspondence to the hospitals, the physicians and the women. Negotiations about their availability will also be conducted during this week.

The initial interview process involving the first set of questionnaires will be conducted for a period of a month. This would be necessary so that several hospitals may be covered and a relatively large amount of data base may be available. The two week lapse in between the interview process of each set of questionnaire may be used in the verification process. Preliminary analysis may be conducted in this period of time.

Another two weeks would be spent for the second set of the interview process. This is going to be much shorter than the first interview process since the set of questions are also much shorter this time. The final week of the third month will be spent on the final analysis and the writing process.

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Appendices

Questionnaire (1st Set)*

1. Have you had previous delivery experience?
2. Was the delivery normal vaginal or caesarean? If caesarean, was it elective caesarean section?
3. What was your reason of choosing elective reason? Please be specific.
4. How many previous delivery experiences have you had?
5. For those who have had previous elective caesarean section experience, was your present decision been based on your previous experience?
6. Have you been informed by the attending physician or the midwife about the consequences of having caesarean section?
7. Has this information changed or affected your decision?
8. Talking about your most recent elective caesarean section; was the experience traumatic or not?
9. Did you have any regrets about choosing for an elective caesarean section?
10. Are you planning to have your baby delivered through elective caesarean section?

*Note that patient's/women's name may be withheld upon request. Medical information about the interviewee may be asked in the first set of questions and be verified with the hospital's records.

Questionnaire (2nd Set)

1. Had your recovery process been well enough?

2. After your recovery, have there been any changes about your perception on elective caesarean section?
3. Would you consider advising other women to undergo elective caesarean section?
4. How would you evaluate the elective caesarean section based on your own personal experience?
5. At this point in time would you still consider elective caesarean section for your next delivery?

Example of Letter for Potential Participants

Letter for the Potential Respondents

To Whom It May Concern:

I am currently taking up a postgraduate degree in Midwifery Practice here in United Kingdom. In order for me to complete this degree, I need to conduct a research in an area of practice where there is a lack of evidence/research to support midwifery practice. My research is focused on the postnatal woman. Specifically my research is aimed at determining postnatal women's views on elective caesarean section after recovery.

I am absolutely positive that your case is definitely helpful in my research. I would be conducting a series of interviews with regards to your condition. Please do not hesitate to offer suggestions as to how can I improve my questionnaire or ask questions on questions not clear to you.

Thank you very much. Your participation will be highly appreciated.

Letter for the Hospital Administration

To Whom It May Concern:

I am currently taking up a postgraduate degree in Midwifery Practice here in United Kingdom. In order for me to complete this degree, I need to conduct a research in an area of practice where there is a lack of evidence/research to support midwifery practice. My research is focused on the postnatal woman. Specifically my research is aimed at determining postnatal women's views on elective caesarean section after recovery.

With this regard I will be conducting a series of interviews to some of your patients with the above mentioned medical conditions. The interview will be conducted upon your patients consent. I have also sent a correspondence to the prospect participants.

Included in this letter is a copy of my questionnaire, and the necessary permits from the Main Research Ethics Committee. I would really appreciate if your hospital permits me to conduct this study as well as give me authority to some of their medical records. I am giving you the assurance that these records may be taken as strictly confidential.

Thank you very much.