Preferences of pregnant women in the choice of mode of delivery

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ABSTRACT

Studies reveal that most women have a preference for vaginal delivery both in public health and in the private sector, however, the private sector has more than twice as many surgical deliveries shaped by the interventionist conduct of the physician. Among the factors that are pointed out in most studies to justify the increasing frequency of cesarean sections are social, demographic, and cultural factors, associated with the mother's request for the type of delivery, and factors associated with the care model developed. Based on the above, it is intended, based on the data collected, to investigate the perception of pregnant women in relation to the types of delivery and what guidance they received during prenatal care. To this end, a quantitative-qualitative, cross-sectional descriptive study will be carried out in pregnant women treated at the UBS in the municipality of Iguatama-M. The results show that pregnant women have a preference for cesarean delivery, with significant relevance to the variables "it helps to reduce maternal stress during childbirth by conveying an idea of a fully controlled environment, where everything occurs in a previously stipulated way"; "short labor of predictable duration"; "active participation of the mother". It was concluded that 56% of the participants preferred cesarean section because it was quick to recover.

Keywords: Pregnancy, Abdominal delivery, Vaginal delivery.

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INTRODUCTION

The experience of childbirth has always represented an extremely important event in women's lives, constituting a singular process, a unique and special moment, marked by the transformation of women in their new role of being mothers. Pregnancy, childbirth and the puerperium represent one of the most significant human experiences, with strong potential, positive and enriching for all who participate in it (SANTANA; LAHM; SANTOS, 2015).

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Childbirth, as well as childbirth care, have undergone transformations over time, especially with regard to women's health and the increase in knowledge related to reproduction. These transformations led to a renewal in the experience of pregnancy and childbirth, prioritizing the surgeon as a form of scientific obstetrics. Over time, both childbirth and childbirth care have been modified. In the nineteenth century, medicine implemented changes in relation to women's health and knowledge about reproduction improved. Since then, there have been several changes, such as, for example, the customs of midwives have placed scientific obstetrics in the figure of the surgeon, modifying once and for all the experience of pregnancy and childbirth, leaving women incapable of their knowledge, functions and domains. Consequently, natural and physiological processes, such as pregnancy and childbirth care, came to be characterized as a pathological and medicalized process, which caused an increase in the rate of cesarean deliveries (CARVALHO, 2018). (SANTANA; LAHM; SANTOS, 2015).

There is an increase in the percentages of cesarean deliveries, in relation to the total number of deliveries, worldwide, especially in middle- and high-income countries. Brazil occupies the second position in the ranking of countries with the highest cesarean section rate in the world, with more than half of the births in the country being by high route (PIMENTEL; OLIVEIRA-FILHO, 2016; PEREIRA; PENNA, 2018; SIMÕES et al., 2022).

Souza et al. (2020) mention that according to the Live Births Monitoring Panel, in 2019 the country had a cesarean section rate of 56.3% and, similarly, the available data for the period from January to May 2020 show that approximately 57% of births in this period were discharged. The reason for the increase in these rates is not simple to understand, as it may be associated with socioeconomic, health, medical, and cultural factors.

The authors also mention that, in an attempt to reduce this epidemic of cesarean sections and raise awareness among the population, the World Health Organization (WHO) proposes that different

countries and health institutions use the Robson classification system as an instrument for monitoring cesarean section rates, a strategy that allows comparing and relating to its determinants the different cesarean section rates between hospitals. cities and countries (SOUZA et al., 2020).

In obstetric care, issues related to the way of being born polarize the discourse of women and health professionals. The choice between cesarean section and normal delivery causes controversies in different discursive fields, mobilizes activists, persistent defenders and divergent opinions that end up creating false indications and compromising the safety of the mother/newborn/father triad (OLIVEIRA; PENNA, 2018)

Women's expectations regarding the choice of the type of delivery are related to their knowledge on the subject and to the information received by health professionals. For Santana, Lahm and Santos (2015), it is of fundamental importance for the pregnant woman's decision, by way of delivery, to get closer to the professional, which guaranteed comprehensive and quality care to the woman, solving doubts and anxieties regarding aspects of pregnancy, childbirth and puerperium.

In view of the considerable increase in the number of cesarean sections in Brazil and in the world and the lack of guidance of pregnant women regarding the choice of the type of delivery, the objective of this study was to understand the preferences in the choice of the mode of delivery of pregnant women treated at the USB of Iguatama-MG. More specifically, it was intended to survey, in the literature, the advantages and disadvantages of the different types of delivery in the perception of pregnant women and, also, the influence of the health professional in the choice of the type of delivery.

METHODOLOGY

The research in question is observational, quantitative-qualitative in nature. According to Gil (1991), qualitative research uses exploratory research to formulate questions or problems in order to increase the researcher's familiarity with the environment, fact or phenomenon.

It is also characterized as a descriptive transversal because it seeks to cover general and broad aspects of a social context at a given time, and also enables the development of a level of analysis in which it is possible to identify the different forms of phenomena, their ordering and classification (SANTOS; PARRA FILHO, 1998).

As a mode of investigation, bibliographic research was primarily used in order to broaden the concepts about the subject. Subsequently, a field survey was carried out, which, according to Santos (2002), searches for data directly in the conglomerate of interest that holds them, through the direct interrogation of the people whose behavior one wishes to know.

The study population was composed of pregnant women being followed up by the prenatal program of the health service of Iguatama-MG, who agreed to answer the questionnaire. Children

under 18 years of age, women diagnosed as at high risk, those who had multiple births or stillbirths, and those who are deprived of liberty, indigenous people, and those with hearing impairment were not included. The following inclusion criteria were used: a) pregnant women being monitored at the UBS of Iguatama-MG; b) women who are at least 18 years old, c) answer all the questions in the questionnaire; e) accept to participate in the study through the Informed Consent Form (ICF). Women were excluded from the study if they: a) did not answer all the questions in the questionnaire; b) withdrew consent at any later stage of the study, even after having sent their response; c) those with a high-risk diagnosis, those who have had multiple births or stillbirths, women deprived of liberty, indigenous women and the hearing impaired

The research project, No. CAAE 67018323.4.0000.5113, was evaluated and approved by the Ethics Committee on Research Involving Human Beings (CEPH) of the University Center of Formiga (UNIFOR-MG) (Opinion: 5.885.838).

Data collection was carried out using the questionnaire as an instrument in order to verify the factors that influence the choice of delivery. The contact with the subjects was made during their activities at the UBS of Iguatama-MG. The questionnaire was divided into three (3) sections: the first section with the Informed Consent Form (ICF) and acceptance of participation in the study; the second section with questions related to the characterization of the population and the third, with specific questions to know the factors, reported by puerperal women, who competed in the choice of the type of delivery. All questions presented will use multiple-choice alternatives, with a non-standard number of alternatives.

The data were collected by the researcher, in person, on a date scheduled in advance. Initially, a personal contact was made with the administrator of the UBS when the objective of the research was explained and permission was requested to approach the patients, who were informed about the objective of the research and asked for their collaboration and also about the guarantee of confidentiality and confidentiality of the information, respecting the ethical aspects based on Resolution 466/2012 of the National Health Council. Participants in the research will receive the letter G (pregnant woman) and a sequence number of entry into the group.

The collected data will be tabulated in Microsoft Excel® and analyzed in absolute values and percentages and stratified according to the declared parturition preference. The crude prevalence ratios of the association to verify the association between the preferred types of delivery and the other variables were calculated for each variable, using the Poisson regression model and chi-square test, corrected by the Fisher's test, considering statistically significant if $p < 0.05$. Subsequently, the prevalence ratios adjusted for all variables were calculated, as well as their 95% confidence interval, also by Poisson regression.

RESULTS AND DISCUSSION

Motherhood has unique and different characteristics according to the individual perception of each person, type of prenatal care, information based on professionals or searches for internet access, among other factors that may influence decision-making. To characterize women's preference for the type of mode of delivery, we used data obtained through simple and clear questions from 15 women interviewed from the primary health care network treated at the Basic Health Unit (BHU) in the municipality of Iguatama.

The data collected indicate that the participants of the study are, in the majority of other ethnicities (66.67%), married or in a stable union (60%). Regarding schooling, 33.33% have completed high school, followed by 20.00% with incomplete high school, 20% with higher education, 6.67% with incomplete higher education, 13.33% with incomplete elementary school and 6.67% with complete elementary school. Regarding income, approximately half (46.67%) of the participants were from the middle class with income in the range of R$1000.00 and R$2000.00, 20% up to R$1000.00 and 20% between R$2000.00 and R$5000.00 (Table 1).

Table 1 – Socioeconomic profile of pregnant women treated at the UBS in the city of Iguatama-MG, from March 3 to 31, 2023

Variable	N	Percentage
Ethnicity		
White	5	33,33%
Other Ethnicities	10	66,67%
Marital Status		
Married/Common-law marriage	9	60,00%
Other	6	40,00%
Schooling		
Incomplete Elementary School	2	13,33%
Complete Fundamental	1	6,67%
Incomplete High School	3	20,00%
Complete High School	5	33,33%
Superior Incomplete	1	6,67%
Superior Complete	3	20,00%
Income		
Up to R$1000,00	3	20,00%
Between R$1000.00 and R$2000.00	7	46,67%
Between R$2000.00 and R$5000.00	3	20,00%
Income not reported	2	33,33%

Source: Survey data

With regard to the reproductive profile (Table 2), the prenatal follow-up of all participants occurred 100% in the public health system. The preferred type of delivery was cesarean section (53.33%) and the main reason for the choice was the quick recovery (26.67%). In most cases, the choice for the type of delivery was made by the pregnant woman herself (80%), followed by the medical opinion (13.33%) and, finally, the opinion of the family members (6.67%) More than half of the participants had experienced other deliveries: 40% of the participants, multiparous, had previous

deliveries by cesarean section, 13.33% had normal delivery and 46.67% of the participants were in their first pregnancy (primiparous).

According to Velho et al., (2012), choices about the mode of delivery are based more on psychosocial aspects of pregnant women than on clinical advice or risk information.

Table 2 – Reproductive profile of pregnant women treated at the UBS in the city of Iguatama-MG, from March 3 to 31, 2023

Variable	N	Percentage
Prenatal Care		
Public network	15	100,00%
Type of delivery preferred		
Cesarean section	8	53,33%
Normal	7	46,67%
Reason for choosing childbirth		
Not informed	2	13,33%
Predictable duration of labor	1	6,67%
Medical Choice	1	6,67%
Rapid recovery	4	26,67%
Keeping the baby right after delivery	1	6,67%
Be painless	2	13,33%
Be more natural	2	13,33%
Be more practical	1	6,67%
Be less painful at the time of delivery	1	6,67%
Influence on the choice of the type of delivery		
Doctor's opinion	2	13,33%
Opinion of family members	1	6,67%
Own opinion	12	80,00%
Other deliveries		
Cesarean section	6	40,00%
Normal	2	13,33%
Not informed	7	46,67%

Source: Survey data

The prevalence of choosing cesarean section in this study was 53.33% (Table 2).

According to Oliveira et al. (2022), Brazil is the second country in cesarean sections, with rates that went from 15% in 1970 to 56% in 2016, behind only the Dominican Republic (59%). Still in relation to the Brazilian scenario, it is worth highlighting the discrepancy in the proportion of cesarean sections performed in public services in relation to those in supplementary health. In 2014, 87.7% of births in the private sector were surgical, compared to 42.9% in the public sector. In different regions of the country, cesarean sections have increased proportionally according to the coverage of health plans9. However, in both sectors, approximately 50% occur electively, with prior scheduling.

Since 1985, the World Health Organization (WHO) has warned that there is no justification for cesarean delivery rates higher than 15% of all deliveries (WHO, 1985). This WHO recommendation for the percentage of acceptable cesarean sections is being questioned and discussed again in 2014, adding information from other studies carried out in the last 30 years. Conclusions similar to those already known, being countries with percentages of cesarean sections below 10%,

where the demand for cesarean deliveries does not meet the demand of the population, which benefits the reduction of neonatal and maternal mortality when the percentage of cesarean section increases. For cesarean section rates of 10% to 30%, no increase in the mortality rate is observed. Cesarean section is recommended only for women who for some reason really need and benefit from the procedure, and not a specific fee.

The high percentage of cesarean deliveries is particularly worrisome and represents a major challenge for health policy, since they can cause risk of death for both mother and child, additional costs for the health system, especially when the decrease in maternal lethality is linked to qualified childbirth care, emergency obstetric care and the unfavorable conditions in Brazil in achieving the millennium goal of reduction 75% of maternal lethality by 2015.

When the association between the advantages and type of delivery, preferably with statistical significance, is evaluated (Table 3), the variables are highlighted, in which pregnant women who have an advantage in cesarean delivery compared to normal delivery, also prefer cesarean delivery: it helps to reduce maternal stress during childbirth by giving an idea of a fully controlled environment, where everything occurs in a previously stipulated way (p 0.04), short labor with predictable duration (p 0.03), active participation of the mother (p 0.02), when the other results evaluated were investigated, did not obtain statistical significance.

Table 3 – Association between advantages and type of delivery of preference in the perception of pregnant women treated at the UBS in the city of Iguatama-MG, from March 3 to 31, 2023

Variable	RP	IC95%	p	RP	IC95%	p
	CESAREAN			NORMAL		
It helps to reduce maternal stress during childbirth by conveying the idea of a fully controlled environment, where everything occurs in a previously stipulated way	1,0	Ref.	Ref.	13,22	1,01 – 36,61	**0,04***
Absence of scarring	1,0	Ref.	Ref.	0,89	0,87 – 12,23	0,14
Decrease in the child's breathing problems	1,0	Ref.	Ref.	2,0	0,14 – 28,41	0,60
Eliminates the risk of complications related to the vaginal labor process, such as brachial plexus injury related to shoulder dystocia, bone trauma (clavicle, skull and humerus fracture) or asphyxia caused by intrapartum complications	1,0	Ref.	Ref.	7,72	0,31 – 19,44	0,10
Ensures that the pregnant woman's obstetrician will be available on the day of delivery	1,0	Ref.	Ref.	0,50	0,03 – 7,10	0,61
It prevents the occurrence of post-term births (at more than 42 weeks of gestation), which is associated with a higher risk of problems for the newborn	1,0	Ref.	Ref.	2,61	0,11 – 19,08	0,57
Lower risk of infection	1,0	Ref.	Ref.	0,81	0,06 – 9,91	0,83
Less pain	1,0	Ref.	Ref.	1,15	0,01 – 14,40	0,92
Labor is short and of predictable duration	1,0	Ref.	Ref.	13,22	1,55 – 36,63	**0,03***
Active participation of the mother	1,0	Ref.	Ref.	15,00	1,64 – 48,92	**0,02***
Possibility to choose the exact date of birth in advance	1,0	Ref.	Ref.	1,03	0,02 – 13,21	0,76
Faster recovery	1,0	Ref.	Ref.	9,54	0,40 – 22,19	**0,07**
Reduces the long-term risk of uterine or bladder prolapse and urinary incontinence in the mother	1,0	Ref.	Ref.	3,62	0,30 – 64,05	0,31
No compromise of future deliveries	1,0	Ref.	Ref.	3,31	0,19 – 29,53	0,57

Source: Survey data

The data obtained are in agreement with Velho et al., (2012) who cite as reasons for considering cesarean section the best form of birth: absence of labor pains, being a faster procedure, having information and having control over the event, being a pleasant experience and enjoying the child safely.

Cesarean section is a surgical intervention initially developed to save the life of the mother and/or child, in case of complications during pregnancy or childbirth. Like any surgical procedure, cesarean section is not without risks, and is associated, in Brazil and in other countries, with higher maternal and infant morbidity and mortality, when compared to vaginal delivery (MORAIS et al., 2022). The choice of any medical intervention, in ethical terms, should be based on the balance between risks and benefits. In Brazil and other countries, however, cesarean section has been abusively used, with no benefits for women and newborns (Shearer, 1993).

In recent years, it has been possible to observe a significant increase in the rates of cesarean sections, with Brazil being indicated as one of the nations with the highest rates in the world, so that 52% of births occur surgically, with an even worse scenario in the case of the private sector, where this number reaches 88%, which contradicts the recommendations of the WHO (Paiva et al., 2019). The high rates of cesarean sections, according to Travancas and Vargens (2020), are related to the fact that women are afraid of possible complications and risks during normal childbirth that they mistakenly believe are greater than in cesarean section.

There is a preference for cesarean delivery due to convenience, predictability, control of the situation, possibility of less suffering for the mother during childbirth, among other factors. However, in the results, it was noticed that some pregnant women opted for cesarean section, considering the active participation of the mothers and faster recovery, typical of normal delivery, as mentioned in the study by Nascimento et al. (2015). One possibility to explain this situation is the mother's lack of information and knowledge about all aspects involving cesarean delivery and, for this reason, it is important to have an Enfermam professional present throughout the prenatal period, because the woman's expectations regarding the mode of delivery are a consequence of how the information is available or accessible to her (PIMENTEL; OLIVEIRA FILHO, 2016).

The results of this study and the data found in the literature suggest that pregnant women tend to have similar reasons for opting for normal delivery or cesarean section in order to ward off pain and suffering, especially based on social representations about labor and birth that are expressed, perhaps resulting from a lack of information or personal beliefs. in miscellaneous fears and arguments. In this sense, it would be important for health professionals to engage more systematically in campaigns to clarify the advantages and disadvantages of the various types of childbirth, differentiating them according to the needs and clinical and psychosocial conditions of each pregnant

woman, so that these representations about the types of delivery could be contrasted by adequate information and clarifications.

According to Velho et al. (2014), prenatal counseling has a high educational potential, since pregnant women become aware of care alternatives in various labor situations. This exchange of knowledge during prenatal care, in addition to informing pregnant women through interaction between the professional and the client, makes it possible. Solve doubts, reducing women's anxiety about the childbirth period and the pregnancy period. Based on the information transmitted in a transparent manner by responsible, committed and ethical professionals, pregnant women will feel more competent to choose the mode of delivery.

The provision of information to women, in the pre and post gestational periods, should continue in an attempt to reverse the number of excessive cesarean sections (FAUNDES, 2004). In this sense, the responsibility of nursing in the re-education of the patients themselves, explaining to them specific issues of normal childbirth such as the humanization process and all forms of pain relief, concentrating its action on changing the attitude and information of the pregnant woman, will certainly contribute to a safe choice of the best mode of delivery.

This study presents constraints to be considered. Information regarding the advantages and disadvantages of the types of delivery and the choice of mode of delivery were collected from a small population (15 participants) treated in the public health system. Even so, the percentages of women who prefer cesarean section are in agreement with data from studies found in the literature (PAIVA et al., 2019; LEAL et al., 2019; BOERMA et al., 2018). New studies involving women treated in the public and private networks may provide more robust conclusions on the subject.

CONCLUSION

The study concluded that 56% of the research participants prefer cesarean section, as it is a quick recovery process. It was evidenced that in previous experiences, medical and family interference did not influence the choice of the type of delivery.

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