



## Birth preferences by nulliparous women and their partners in Turkey

Pınar Serçekuş<sup>a,\*</sup>, Nuray Egelioglu Cetisli<sup>b</sup>, Fadime Hatice İnci<sup>a</sup>

<sup>a</sup> Denizli School of Health, Pamukkale University, Kınıklı Kampüsü, Denizli, Turkey

<sup>b</sup> Faculty of Health Sciences, Izmir Katip Celebi University, Izmir, Turkey



### ARTICLE INFO

#### Article history:

Received 5 December 2014

Revised 13 January 2015

Accepted 9 March 2015

#### Keywords:

Cesarean section  
Fear of childbirth  
Nurses  
Preference  
Vaginal delivery

### ABSTRACT

**Objective:** The aim of this study was to examine the preferences of nulliparous women and their partners in giving birth and the reasons for these preferences.

**Methods:** The sample in this cross-sectional study consisted of 162 pregnant women in the last trimester of pregnancy and their partners. Data collection was accomplished using a questionnaire.

**Results:** It was found that most women (90.8%) and their partners (92%) preferred a vaginal birth. The couples' birth preferences were generally similar to one another. The main reasons for the choice of a vaginal birth were that it was natural and healthier for the mother and child and that recovery and discharge from the hospital were quicker. The main reasons for the choice of cesarean section were fear of childbirth and not putting the baby at risk.

**Conclusions:** Antenatal education may help to reduce the number of elective cesarean sections by changing the negative perceptions of vaginal birth and reducing the fear of childbirth.

© 2015 Elsevier B.V. All rights reserved.

### Introduction

Globally, there has been a steady increase in the proportion of cesarean births, but the reasons for this are disputed. According to a report by the Turkey Demographic and Health Survey published in 2013, the proportion of cesarean births is very high at 48% [1] and maternal choice plays an important part in this increase. Previously, the term “elective cesarean” was used for cesarean births performed because the previous birth had been by cesarean section. However, now it is used when the first birth is carried out by cesarean section at the mother's request without a medical reason [2], and such births have become a serious problem for mother and baby's health [3,4]. For this reason, it is important that women's preferences for the mode of delivery and their reasons should be examined.

Studies regarding women's choices in giving birth have shown that fear of childbirth is an important factor in their choice of cesarean section [5–11]. A lack of knowledge about childbirth, a negative image of giving birth and incorrect information cause fear, and this leads to women requesting a cesarean birth [12]. Other factors in the choice of a cesarean section are the idea that it is safer or healthier [7,9,10], avoiding damage to the body [6,9], the idea that it is safer for the baby [6,7], a recommendation by the doctor or midwife [8,13], planning the time of birth [8,10], and making a return to sexual activity easier [14] as well as if the doctor who is assisting at the birth is male [15].

The reasons that women choose a vaginal birth include a quicker recovery, the idea that it is healthier for the mother and baby [7,8,10,16], it allows breast-feeding sooner [7,14], it is more natural [7,8,16], it leads to a quicker discharge from hospital [10,14,17], it is less risky [10], and it is on the advice of the doctor or midwife [8].

Some studies that examine women's preferences in giving birth have found that the preferences of the partner affected the woman's choice [8,10,14,18]. However, very little is known about how the women are affected and what men's preferences are regarding the birth method [9]. Li et al. [18] studied birth choices of couples in pregnancy and postpartum, and found that most of the women and their partners prefer vaginal delivery. Stoll et al. [9] examined the preferences of university students regarding mode of delivery and the reasons for them and found that the reasons for the preferences of mode of delivery in male and female students were similar.

Finally, although there have been many studies regarding women's choice of the mode of delivery, little is known about the preferences of their partners or the effect that the couple have on each other's preferences. Therefore, the preferences of couples for mode of delivery were compared and examined together. Thus, the purpose of this study was to examine the preferences of nulliparous women and their partners regarding the mode of delivery.

### Methods

#### Design

This was a cross-sectional study comparing couples' preferences of mode of delivery and their reasons.

\* Corresponding author. Denizli Sağlık Yüksekokulu, Pamukkale Üniversitesi, Kınıklı Kampüsü, Denizli, Turkey. Tel.: +90 258 2962515.

E-mail address: [pinarsercekus@gmail.com](mailto:pinarsercekus@gmail.com) (P. Serçekuş).

## Participants and setting

The study was conducted in the childbirth clinics of a university hospital and a state hospital in a province in the west of Turkey and included all of the pregnant women and their partners who came there and consented to take part in the study. Sampling criteria were nulliparous women who were literate, had become pregnant naturally, were in the last trimester of their pregnancy, and carried no risk to pregnancy as well as their partners. However, for reasons such as the fact that only nulliparous women and their partners were included in the sample, that women came alone to the hospitals for examination, or that one of the partners was not willing to take part in the study, it was not possible to achieve a large sample. A total of 193 couples were included in the sample, but four people withdrew and 27 people filled in the questionnaire incompletely so the study was completed with 162 couples.

Each of the couples received routine prenatal care in the same hospital. In Turkey, most of the couples (95%) take information during prenatal care from the physician [1]. Information about birth is given considering “Prenatal Care Management Guidelines” of the Ministry of Health by doctors. This guideline recommend to give information to the pregnant women about labor, birth and to plan about where and who will assist at the birth [19].

## Data collection

The researchers collected the study data using questionnaires that had been prepared separately for the pregnant women and their partners between January and September 2013. Questionnaires were prepared according to other studies by researchers. Both of the questionnaires consisted of ten questions. These questionnaires consisted of questions that gathered socio-demographic information such as age, education, economic status, attendance of childbirth education classes, information which they had on childbirth in the prenatal care, their preferences for mode of childbirth and the reasons for these preferences. All the questions in the questionnaire were multiple choice (except for age). However, because of unpredictable causes, under the preferred mode of delivery questions “other reasons” option was added and the explanation was requested. Questionnaires were completed by the women and their partners, who came to the relevant hospital’s outpatient maternity clinic for receiving routine prenatal care, at the same time but independently from each other under the supervision of researchers.

## Analysis

Statistical analysis was conducted using the Statistical Package Program for Social Sciences (SPSS) 15.0. In the evaluation of data, percentage calculations, chi-squared test, Yates correction chi-square and Fisher chi-squared tests were used. A level of  $p < 0.05$  was considered significant.

## Ethical considerations

Ethical approval was obtained from the ethical committee of the hospital in which the study was performed. Information concerning the study was provided to the couples, and it was explained to them that participation was voluntary, that their names would be kept confidential, and that they could withdraw from the study any time they chose. Written consent was obtained from all participants.

## Results

### Characteristics of the participants and their knowledge of types of birth

Table 1 shows the demographic characteristics of the women participating in the study and their partners. Their average age was 23.75 (SD: 4.30), and a majority were educated to primary school level (53.1%), were not working (74.7%), and had a medium income (58.6%). The average age of their partners was 27.91 (SD: 4.71), 45.1% were educated to primary school level, 92.6% were working, and 63.6% had a medium income. None of the couples had attended the childbirth education classes.

When the information received by the participants from health personnel was considered, it was determined that 44.4% of the women and 35.8% of the partners stated that they had received information about the types of birth. It was found that 75.9% of the women and 80.2% of the men thought that they did not have enough information on the types of birth (Table 1).

### Choices in types of birth

The types of birth preferred by the women and their partners are shown in Table 2. Vaginal birth was preferred by 90.8% of the women and 92% of the partners. No statistically significant difference was found between the mode of delivery preferred by the women and by their partners ( $p > 0.05$ ).

The reasons for the preference for a vaginal birth by the women and their partners can be seen in Table 3. The primary reasons that women preferred a vaginal birth were that it was natural and healthier for the woman (68.5%), that recovery and discharge from hospital were quicker (59.3%), and that it was healthier for the baby (58.6%). Among the men, the main reasons for choosing a natural birth were

**Table 1**

Demographic characteristics of the women and their partners, and their knowledge concerning preferences for mode of delivery.

Variable	Woman (n: 162)	Partner (n: 162)
Age <sup>a</sup>	23.75 ± 4.30	27.91 ± 4.71
Education <sup>b</sup>		
Primary education	86 (53.1)	73 (45.1)
High school	35 (21.6)	48 (29.6)
University	41 (25.3)	41 (25.3)
Income <sup>b</sup>		
Low	45 (27.8)	39 (24.1)
Moderate	95 (58.6)	103 (63.6)
High	22 (13.6)	20 (12.3)
Employment <sup>b</sup>		
Employed	41 (25.3)	150 (92.6)
Unemployed	121 (74.7)	12 (7.4)
Had they received information on mode of delivery? <sup>b</sup>		
Yes	72 (44.4)	58 (35.8)
No	90 (55.6)	104 (64.2)
Did they feel they had adequate knowledge of mode of delivery? <sup>b</sup>		
Yes	39 (24.1)	32 (19.8)
No	123 (75.9)	130 (80.2)

Values in parentheses are percentages.

<sup>a</sup> Mean ± SD is supplied.

<sup>b</sup> Frequencies.

**Table 2**

Preferred mode of delivery of the women and their partners.

Mode of delivery	Woman		Partner		Significance
	n	%	n	%	
Vaginal birth	147	90.8	149	92	$\chi^2$ p = 0.156 = 0.693
Cesarean birth	15	9.2	13	8	

Download English Version:

<https://daneshyari.com/en/article/2635598>

Download Persian Version:

<https://daneshyari.com/article/2635598>

[Daneshyari.com](https://daneshyari.com)