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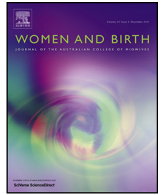

ORIGINAL RESEARCH – QUALITATIVE

How did you choose a mode of birth? Experiences of nulliparous women from Turkey

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ABSTRACT

Background: One of the most important decisions that women have to make after becoming pregnant concerns their mode of birth, and these decisions are influenced by complex physiological, psychological and socio-cultural factors.
Aim: To obtain in-depth descriptions of nulliparous women's experiences during the decision-making process for their mode of birth and to reveal their beliefs, attitudes and values.
Methods: This is a qualitative, phenomenological study that included 29 nulliparous women. Data were collected using semi-structured, face-to-face interviews and analysed using the constant comparison method and guidelines developed by Collaizi.
Findings: The women's experiences during their decision-making process for their mode of birth were placed into one of four categories, "getting confused", "no matter what happens", "others influencing women's decisions" and "make a decision one way or the other". Vaginal births were considered under the theme "natural but hard way" and caesarean sections under the theme "easy choice". The women indicated that they wanted to have vaginal births, but that they were not offered knowledge and support about modes of birth from health care professionals and, as a result, they asked their relatives for support.
Conclusion: It is important to obtain pregnant women's preferences for modes of birth so that knowledge, support and care can be provided and so that they can be involved in the decision-making process. Therefore, health care professionals should understand pregnant women's experiences during the decision-making process for their mode of birth.
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Summary of Relevance:

Problem

- Pregnancy and birth are critical stages of life during which important decisions are made. Decisions regarding the mode of birth are the most critical ones made during this time.

What is already known?

- How women decide on the mode of birth has already been revealed in quantitative studies. There have been extensive studies of women who have vaginal births after caesarean sections. However, there have been few studies of how nulliparous women choose their mode of birth.

What this paper adds

- This study has shown how nulliparous women choose their mode of birth in Turkey and their unfulfilled need for support in this decision-making process through in-depth interviews.

1. Introduction

Birth is one of the most powerful and life changing events in a woman's life. Women usually have mixed feelings about giving birth, as well as their lifestyle and responsibilities afterwards. The

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most important issue that worries prospective mothers and fathers during pregnancy is birth,[1] and the most important question in their minds during this period is that of which mode of birth they will choose.

1.1. Shared decision-making model

Technological developments and rapidly accumulating knowledge have provided care receivers and caregivers with many choices. Decisions likely to have extremely vague and risky results are usually made under unusual physical and emotional stress and time constraints.[2] Decision-making is a reasoning process that allows for the selection of one of several alternatives based on evidence.[3] Paternalistic decision-making, which does not account for care receivers' preferences and has restricted care receivers' involvement and autonomy for years, is evolving into a dynamic of shared decision-making. Shared decision-making is a cooperative process that takes care receivers' preferences and values and the possible benefits and harms of a given treatment into consideration and allows both care receivers and caregivers to be involved in health care decisions using the best scientific evidence.[3,4] There is a reciprocal knowledge flow between caregivers and care receivers during shared decision-making. The transfer of medical and personal knowledge can be performed through the steps of selection, choices and discussions of the decision. The amount of knowledge may involve everything likely to be useful for reaching a decision. Caregivers and care receivers and, if necessary, relatives of care receivers meet and make decisions together.[5] A Cochrane systematic review indicated that shared decision-making allowed for more conscious and values-based preferences; increased communication with caregivers, knowledge levels and participation in medical decisions; and helped with understanding real outcomes of care. It also found that shared decision-making did not have negative effects on health outcomes or care receivers' satisfaction levels.[6]

It is very important that women and their families make a shared decision about their mode of birth. Women access knowledge about birth through health care professionals, their relatives and the media. However, these sources will not be as effective as shared decision-making.[4] A systematic review revealed that shared decision-making in maternal care enhanced perceived conscious decision-making and satisfaction and reduced conflicting decisions and anxiety among childbearing women.[7] The shared decision-making model has become popular in some clinical contexts in obstetrics, including for decisions regarding the mode of birth, particularly for first pregnancies.[8]

1.2. The context of Turkish maternity care

Maternity care is offered in the framework of primary health care services by doctors, nurses and midwives in Turkey. According to Turkey's Demographic and Health Survey,[9] 97% of women receive prenatal care, and 95% of those women receive this care from doctors. Additionally, the rate of women receiving prenatal care from nurses and midwives is very low. Importance is placed on the quantity rather than quality of prenatal care in Turkey. In fact, all pregnant women are screened at least four times even if they have no risks.[10,11] Prenatal care services usually involve obstetric examinations, laboratory tests, immunizations and treatment services.[12] Counselling and knowledge offered in the course of prenatal care, including information on modes of birth, pain management during birth and fear of birth, are insufficient.[13,14] In fact, prenatal training and prenatal care courses usually provided by nurses and midwives have been launched by a few private organisations, but these have not become widespread in hospitals that are part of the Turkish Ministry of Health.[15]

Women should be well educated and informed throughout their pregnancies regarding the potential risks of caesarean sections in order to encourage vaginal deliveries.[16] According to the philosophy of midwifery care of the International Confederation of Midwives (ICM), which is accepted by the Midwives Association of Turkey, midwives can contribute to the development of women's health by supporting reproduction, providing information on necessary topics so that women can make their own decisions, and advocating for vaginal delivery.[17,18] In Turkey, nurses and midwives have the necessary training to perform this role and to provide quality prenatal care and counselling. In Turkey, nursing education has been offered as a 4-year higher education degree with theoretical and clinical training since 1955; midwifery education began in 1997.[18,19]

According to Turkish law, elective caesarean sections are not an option for pregnant women. However, with reference to the revised Labour and Caesarean Section Management Guide published by the Turkish Ministry of Health in 2010, "Although a woman's request is not a sufficient reason for a caesarean section, the psychological status of the woman, such as cases where she is experiencing extreme fear, anxiety, or panic, should be considered. In such cases, she should be given adequate and correct counselling."[20] Hence, in practice, a mother's request for a caesarean section is taken into consideration. However, studies conducted in Turkey have found that one of the indications for caesarean sections is elective maternal request.[21–23] In our country, some women leave midwives and obstetricians to choose their mode of delivery, whereas other women insist on delivery by caesarean section.[24]

Despite modernisation, the family is still considered to be the most important unit and the keystone of unity in Turkish society. In Turkish culture, it is important to get married and, soon after, have children. Motherhood is believed to be the primary role for women.[16,24] Turkish women typically face such questions as "Are you married?" and "Do you have a child?" In fact, the most important role in a family in Turkey is to have a child. It can be said that a family in Turkish culture has a traditional structure. In a traditional family, relatives like mothers-in-law and aunts have a large influence on important decisions, such as decisions regarding the mode of birth. Pregnant women's decisions can be affected by their social values and the experiences and recommendations of their relatives.

1.3. Background

Although caesarean sections save the lives of both mothers and their babies in some cases, they also cause maternal morbidity and mortality at levels 2–7 times higher than vaginal birth.[25–28] According to data from the World Health Organization (WHO) in 2014, caesarean section rates were 33% in the United States, 54% in Brazil, 38% in Italy, 33% in Switzerland and 48% in Iran.[29] These rates have increased in Turkey as in other parts of the world in the past 30 years. Based on data from the Turkey Population and Health Study (2013), 48% of all women and 52% of all nulliparous women gave birth by caesarean section.[9] Why is the caesarean section rate so high? Is it the woman's decision or not?

One of the most frequently mentioned reasons for higher caesarean section rates is maternal requests.[30] Elective caesarean sections are defined as primary prelabour caesarean sections performed on maternal request in the absence of any maternal or foetal indications. Increasing numbers of women have chosen elective caesarean sections.[31] Studies have identified many reasons that cause women to choose an elective caesarean section, such as the fear of childbirth,[23,32,33] issues of control and safety,[32] devaluing of the female body and birth process,[23,32,33] complications of vaginal delivery and trust in obstetricians.[33] Thus, the

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