

Influences on Decision Making Among Primiparous Women Choosing Elective Caesarean Section in the Absence of Medical Indications: Findings From a Qualitative Investigation

Jude Kornelsen, PhD,^{1,2} Eileen Hutton, PhD,³ Sarah Munro, MA^{1,4}

¹Centre for Rural Health Research, Vancouver BC

²Department of Family Practice, University of British Columbia, Vancouver BC

³Department of Obstetrics and Gynecology, McMaster University, Hamilton ON

⁴Faculty of Health Sciences, Simon Fraser University, Burnaby BC

Abstract

Objective: Patient-initiated elective Caesarean section (PIECS) is increasingly prevalent and is emerging as an urgent issue for individual maternity practitioners, hospitals, and policy makers, as well as for maternity patients. This qualitative study sought to explore women's experiences of the decision-making process leading to elective operative delivery without medical indication.

Methods: We conducted 17 exploratory qualitative in-depth interviews with primiparous women who had undergone a patient-initiated elective Caesarean section in the absence of any medical indication. The study took place in five hospitals (three urban, two semi-rural) in British Columbia.

Results: The findings revealed three themes within the process of women deciding to have a Caesarean section: the reasons for their decision, the qualities of the decision-making process, and the social context in which the decision was made. The factors that influenced a patient-initiated request for delivery by Caesarean section in participants in this study were diverse, culturally dependent, and reflective of varying degrees of emotional and evidence-based influences.

Conclusion: PIECS is a rare but socially significant phenomenon. The a priori decision making of some women choosing PIECS does not follow the usual diagnosis-intervention trajectory, and the care provider may have to work in reverse to ensure that the patient fully understands the risks and benefits of her decision subsequent to the decision having been made, while still ensuring patient autonomy. Results from this study provide a context for a woman's request for an elective Caesarean section without medical indication, which may contribute to a more efficacious informed consent process.

Key Words: Elective Caesarean section, informed consent, qualitative health research, patient choice

Competing Interests: None declared.

Received on January 26, 2010

Accepted on June 28, 2010

Résumé

Objectif : La césarienne de convenance demandée par la patiente (CCDP) est de plus en plus fréquente et est en voie de devenir une question urgente pour les praticiens de maternité, les hôpitaux et les décideurs, ainsi que pour les patientes du service de maternité. Cette étude qualitative cherchait à explorer les expériences des femmes quant au processus décisionnel menant à un accouchement opératoire de convenance sans indication médicale.

Méthodes : Nous avons mené 17 entrevues en profondeur qualitatives exploratoires auprès de femmes primipares ayant subi une césarienne de convenance demandée par la patiente en l'absence de quelque indication médicale que ce soit. L'étude s'est déroulée dans cinq hôpitaux (trois urbains, deux semi-ruraux) en Colombie-Britannique.

Résultats : Les résultats ont révélé trois thèmes au sein du processus menant les femmes à décider de subir une césarienne : les raisons motivant leur décision, les qualités du processus décisionnel et le contexte social dans le cadre duquel la décision a été prise. Les facteurs qui ont mené à la demande d'une césarienne par les participantes de cette étude étaient divers, liés à la culture et reflétaient différents degrés d'influences affectives et factuelles.

Conclusion : La CCDP est un phénomène rare, mais significatif sur le plan social. La prise de décision a priori de certaines femmes choisissant la CCDP ne respecte pas la trajectoire diagnostic-intervention habituelle; ainsi, il est possible que le fournisseur de soins ait à travailler à rebours pour s'assurer que la patiente comprend bien les risques et les avantages de sa décision après le fait, tout en assurant le maintien de l'autonomie de la patiente. Les résultats de cette étude offrent un contexte pour ce qui est de la demande d'une césarienne de convenance sans indication médicale de la part d'une patiente, ce qui pourrait contribuer à la mise en œuvre d'un processus plus efficace d'obtention du consentement éclairé.

J Obstet Gynaecol Can 2010;32(10):962-969

INTRODUCTION

We are currently witnessing changes in our cultural and practical understanding of childbirth, resulting in higher rates of intervention and lower rates of vaginal deliveries.^{1,2} These changes are believed to have been precipitated by many sociocultural and biomedical factors, including the supervaluation of technology and the diminishing encouragement of self-efficacy offered to women in birth.³⁻⁹ The phenomenon of patient-initiated elective Cesarean section (PIECS) is a touchstone for these trends. Investigators in the United States report that 2.6 to 18% of all Cesarean sections result from patient-initiated requests that are not medically indicated.¹⁰ A population-based study of Cesarean section trends in the United States found that the incidence of Cesarean section with no medical indication almost doubled from 3.7% in 1996 to 6.9% in 2003.¹¹ In 2006/2007 the Public Health Agency of Canada conducted a telephone survey of over 6000 randomly selected new mothers to learn more about their maternity care experiences and found that 8.1% of women had requested a Cesarean section without medical indications.¹² In a Swedish retrospective cohort study, investigators reviewed obstetrical records from 1992 and 2005 to determine whether indications for elective Cesarean section had changed. The primary reasons for an elective Cesarean section in 1992 were breech presentation, abnormal fetal position, and uterine factors, whereas in 2005, the primary reason was fear of childbirth in the absence of medical indications.¹³

These findings create some urgency around the issue for individual practitioners, hospitals, and policy makers, as well as for maternity patients. Supporters of PIECS argue that the method of delivery is an issue of patients' rights, and that hospitals should support a woman's right to choose her mode of delivery.^{14,15} However, while respecting patient autonomy means that the physician cannot impose treatments, it does not mean that the physician must provide treatment on demand, particularly if the physician considers such treatment to be inappropriate or harmful.¹⁶⁻¹⁸

The decision-making process leading to a patient-initiated elective Cesarean section is a complex one in which notions of patient autonomy intersect with biomedical considerations of risk associated with the procedure. The factors that influence a patient-initiated request for Cesarean section are diverse, culturally dependent, and reflective of varying degrees of emotional and evidence-based influences; women often acquire information through the media, from peers, and from popular childbirth guides, in addition to (or to the exclusion of) evidence-based material.¹⁹⁻²¹ Although middle-class women often have cultural, material, and educational resources that enable them to understand clinical risks and

benefits expressed in biomedical language, women without these advantages may have difficulty making well-informed decisions about their maternity care and childbirth.²² Physicians' attitudes and practice styles can also influence Cesarean section rates.²³⁻²⁶ A study exploring obstetricians' willingness to perform non-medically indicated Cesarean sections in eight western European countries found that a woman's history of Cesarean section, having experienced intrapartum fetal death, having had a traumatic delivery, or having a disabled child were seen as salient reasons for performing PIECS.²⁷

The PIECS phenomenon precipitates the need to consider ethical implications and the role of informed consent for an elective procedure. Supporters of PIECS argue that choosing to undergo an operative delivery is no different from seeking cosmetic surgery.⁸ Detractors argue that with the lack of evidence available, women do not have enough information to make fully informed, autonomous decisions about Cesarean section.^{26,28,29} Previous research examining elective Cesarean section has explored the role of patient choice within the context of indications for the procedure. Marx et al.³⁰ reported findings from a survey of obstetricians to determine indications for elective Cesarean section noted in patient charts, and found that only five of the 75 procedures (7%) were patient-initiated without medical risk factors, while a more substantial 50 of the 75 procedures (66%) were due to a combination of obstetrical indication and patient choice. This emphasizes the maternal influence on decision making in medically ambiguous situations,³⁰ findings supported by other research.^{31,32} Others have shown low rates of PIECS in the absence of a medical indication^{5,14} and high levels of involvement and satisfaction in the decision-making process leading to an elective Cesarean section or PIECS.³²⁻³⁵ Likewise, socio-cultural influences on the decision-making process have been documented.^{9,36-38} There is increasing documentation of patients' roles and degrees of involvement in the decision-making process regarding mode of delivery in the absence of medical indication, but there has been a lack of qualitative findings on primiparous women's motivations for choosing PIECS. The current study was designed to help bridge this gap, and focuses on the participants' decision-making process, followed by an analysis of the narratives within the context of informed consent.

METHODS

Using grounded theory techniques,³⁹ we conducted in-depth, open-ended interviews to determine the attitudes and decision-making processes of 17 primiparous women who underwent elective Cesarean section in the absence of medical indications.

Download English Version:

<https://daneshyari.com/en/article/3960439>

Download Persian Version:

<https://daneshyari.com/article/3960439>

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