



Contents lists available at ScienceDirect

Sexual & Reproductive Healthcare

journal homepage: www.srhcjournal.org

Mode of delivery among Swedish midwives and obstetricians and their attitudes towards caesarean section

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ARTICLE INFO

Article history:

Received 22 January 2015

Revised 18 April 2016

Accepted 25 April 2016

Keywords:

Caesarean section

Midwives

Obstetricians

Attitude

Mode of delivery

ABSTRACT

Background: A knowledge gap exists around midwives' and obstetricians' mode of delivery in comparison to the general population, and if their personal experience influences their attitudes towards different modes of delivery.

Objectives: The aim of the present study was to investigate midwives' and obstetricians' mode of delivery compared to the population at large. The second aim was to see if their mode of delivery had been influenced by the expanded indications for caesarean section as described in medical literature. Thirdly, the differences between obstetricians' and midwives' attitudes to caesarean section on maternal request was investigated.

Material and method: Textbooks from midwifery education and medical schools were reviewed using a structured protocol. A questionnaire for midwives and obstetricians containing questions on mode of delivery, attitudes towards patients' autonomy and performing caesarean sections on maternal request was sent to 380 midwives and 97 obstetricians born in 1935, 1955 or 1975 with an invitation to participate in the study. Two hundred and sixty three midwives and 55 obstetricians provided completed responses. **Results:** The review of textbooks identified that the number of indications for caesarean section has increased. Indications for caesarean section increased in medical textbooks from seven in the oldest books, from year 1955, to 11 in the textbook from 1993. The focus has shifted in more recently published textbooks to prevention of fatal deliveries. In earlier obstetric care they tend to learn to solve the catastrophe when it had occurred.

No significant relationship between midwives' and obstetricians; own mode of delivery and their attitudes towards performing a caesarean section on maternal request ($p = 0.191$) was found. Thirty percent of the obstetricians reported that they would perform a caesarean section if the pregnant woman requested one. The study found a significant difference between the professions in the statement "the proportion of caesarean section is too high" where midwives to a greater extent agreed with the statement ($p = 0.033$).

There were no significant differences between caesarean section as the mode of delivery for midwives and obstetricians as compared to the general population. Midwives born in 1975 had significantly lower rate of instrumental births compared to the population at large ($p < 0.05$).

Conclusions: Over the years, the indications for caesarean section have increased. The increase is shown in both the textbooks read during the different time periods as well as among the Swedish midwives and obstetricians born in 1955 and 1975.

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Introduction

Improvements in several areas related to childbirth have led to very low maternal and child morbidity and mortality since the 19th century in both Scandinavia and other parts of the world. New techniques in surgery, monitoring of the mother and child during

labour, new pharmaceutical drugs, antiseptic technique, and the introduction of penicillin are some explanations behind the rapid decline in maternal and child mortality also in the 20th century [1]. The introduction of well-educated and trained midwives is another contributing factor [1,2].

During the 19th and beginning of the 20th century caesarean section was more uncommon. However, maternal mortality was high. In the 20th century improved surgical techniques and the introduction of antiseptic drugs have gradually made the procedure safer for the mother and child [3]. The development of obstetric care is probably not only related to new knowledge and techniques but also

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to culture, attitudes, obstetric tradition and organization of health-care. One can assume that textbooks used in the education of physicians and midwives reflect what was known at the time as well as the prevailing attitudes and culture. Textbooks from medical schools from the 20th century, especially from the beginning of the 20th century show that caesarean section was a very uncommon procedure. Systematic scientific studies were limited in the beginning of the last century and new knowledge often derived from clinical practice.

Healthcare professionals have worried about the effect on women's and children's health of an uncontrolled increase of caesarean sections. The caesarean section rate in Sweden today differs between regions and hospitals, something possibly due to differences in culture and practice of different health care providers [4]. Historically, obstetricians and midwives had great awareness of surgical complications such as infections, postoperative ileus and other surgical complications which created a conservative approach that held back the rate of caesarean section. During the period between 1926 and 1930 the caesarean section rate in Sweden was 0.25 percent and the maternal mortality rate related to the procedure was 9.5 percent. In the beginning of 1950s the maternal mortality rate decreased to 0.5 percent. In the period from 1951 to 1980 caesarean section rates increased from 1.7 to 11 percent. In connection with this 103 maternal deaths were reported and half of the deaths were attributed to the surgical procedure [5]. Still during the 1970s the mortality rate related to caesarean section was 9–12 times that of a vaginal delivery [6]. In the beginning of the 1970s the caesarean section rate was 5 percent in Sweden. Since then the rate has increased to 17 percent in 2011 [4]. The development of technology in delivery care has its origins in the period around the 1950s when home births rapidly declined. During this decade and the decades that followed, the concept of active obstetrics was introduced, which transformed the art of waiting to the art of acting, modern technology would solve problems and save lives [7]. Today, the maternal mortality during childbirth in Sweden is reduced to 4/10,000 [4].

Even if the increase in caesarean section rate worldwide could be explained by factors such as higher average age for first-time mothers, increased body mass index as well as changes in policy and routines in maternity care, many questions still remain [5–8]. What other mechanisms might explain the increased rate of caesarean section during 20th century? Are obstetricians, midwives, the pregnant women and their attitudes or the society responsible for this change? Is the development related to education or clinical experiences or even midwives and obstetricians personal experiences of their delivery?

This study aimed to investigate indications for caesarean section in textbooks from three periods – 1935, 1955, and 1975. Another aim was to investigate healthcare personnel's own experience of birth and their attitudes towards mode of delivery, viewed over time and compared to the population.

Material and method

Structured study of textbooks

The study was carried out on literature recommended for the Swedish medical education of physicians and midwives during the time 1955–1970 [9,10], 1975–1990 [11] and 1995–2010 [12,13]. Five different textbooks in the Swedish language were available and relevant for the time during which the cohorts were educated. The publication years were 1955, 1957, 1982 and two of the textbooks are from 1993.

All chapters concerning obstetrics/birth were scrutinized and the indications for caesarean sections were registered according to a protocol.

Attitude questionnaire

The attitude questionnaire was developed by a research team from Linköping, Sweden, and has been used in three publications prior [14–16]. It consists of 55 questions. In the first section of the questionnaire the participants are asked to provide personal and professional data, e.g. age and their mode of delivery. In the two following sections the participants are asked for their personal attitude towards performing caesarean section on maternal request, different aspects of mode of delivery in general and hypothetical questions on what mode of delivery they would prefer for themselves or their partner.

The items were answered on a 4-point Likert scale – “Agree” (“Strongly agree” and “Agree somewhat”) and “Disagree” (“Disagree strongly” and “Disagree somewhat”).

The participants were recruited from the registers at the Swedish Midwifery Association and the Swedish Society for Obstetricians and Gynecologists. A total of 380 midwives and 97 obstetricians born 1935, 1955 and 1975 were invited to participate in the study. Two hundred and sixty-three midwives completed the questionnaire and 55 obstetricians completed it. Ninety percent of all midwives working in Sweden are members of the Swedish Midwifery Association and more than 90 percent of the obstetricians' members of the Swedish Society for Obstetricians and Gynecologists. Because the participants born in 1935 accounted for a very small proportion of the participants, the authors chose to exclude them from the study, however textbooks from the time of their medical training are explored in the present study as a literature survey.

The participants were divided in two groups; obstetricians and midwives born in 1955 in one (older) group and obstetricians and midwives born in 1975 in another (younger) group. The mean year for the two groups of midwives to give birth to their first child was 1985 (older midwives) and 2006 (younger midwives), while the obstetricians gave birth to their first child in 1987 (older obstetricians) and 2007 (younger obstetricians). The two professions' mode of delivery was compared with the mode of delivery of the population born the same year. Table 1 shows the background of the included participants.

During spring and fall 2011 the respondents received a posted questionnaire regarding attitudes towards mode of delivery and questions

Table 1
Background data.

	Midwives (n = 263)		Obstetricians (n = 55)		p
	%	n	%	n	
Age					
36 years	30.8	81	50.9	28	0.004
56 years	69.2	182	49.1	27	
Gender					
Female	100	263	78.2	43	<0.001
Male	0	0	21.8	12	
How many children have you given birth to?					
No children	5.7	15	12.7	7	0.226 ^a
1 child	9.9	26	18.2	10	
2 children	39.2	103	40	22	
3 children	36.5	96	25.5	14	
>3 children	8.7	23	3.6	2	
Mode of delivery					
Vaginal	73	192	58.2	32	0.071 ^b
Instrumental	7.6	20	16.4	9	
Emergency caesarean section	8	21	7.3	4	
Caesarean section, medical indications	3	8	3.6	2	
Caesarean section, own request	0.4	1	0	0	
No children	5.7	15	10.9	7	

^a Based on an analysis of child/no child.

^b Based on an analysis of three modes – vaginal, instrumental and caesarean.

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