A study into the women’s perception of elective Caesarean sections in Georgia

Jilda Cheishvili
PhD student
Tbilisi State Medical University
University of Chester
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• Research question
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Georgia

- (საქართველო, translated as Sackartvelo), the Country at the intersection of Europe and Asia.
- Population level continues reducing dramatically and for 2017 it is 3,720,400. (geostat.ge).
- According to the UNICEF Population In Georgia will drop to 28% by 2050.
Population rate and Birth rate IN GEORGIA
2013-2016

Source geostat.ge
Delivery rate in Georgia

• According to the National Centre for Disease control and Public health of Georgia in 2015 there were registered 58,830 deliveries, from this 55% were physiological and 45% - pathological.

• In 2015 were performed 24,355 caesarean sections in Georgia (41%).

During the last decade, the increase of the number of caesarean sections was observed in Georgia, like in the majority of Developed countries.
Increasing Caesarean section rate is a compounding factor to a failing birth rate.
WHO recommendation

• Despite World Health Organization (WHO) recommendation, which states that Cesarean sections number in the country should not exceed 15 %, (WHO.1985) in Georgia number of CS reached 40% and more according to the last statistical data.

• The number of CS especially increased in the private maternity houses by the reason of mother requests (in some cases it is 70-80 % of total delivery).
Caesarean Section

- Caesarean section is one of the most commonly performed surgical operations in the world.
- Obstetricians and scientists view C-section as a high risk intervention.
- C-section rates higher than 10% are associated with long-term maternal and prenatal morbidity. (WHO, 1985).
RESEARCH QUESTION

WHY DO WOMEN PREFER ELECTIVE CAESARIAN SECTION?
Methods

• The study was quantitative investigation.
• The ethical approval was granted from Tbilisi State Medical University’s ethical committee.
• Collected medical records (n=580) from 8 maternity houses in the year of 2015.
• 10% of total deliveries in the study area.
• Women between 1 and 10 month after delivery.
C-Section rate in 2015 by region

- Abkhazia: 22%
- Samegrelo-Zemo Svaneti: 1%
- Imereti: 39%
- Guria: 32%
- Adjara: 24% (total 25%)
- Samtskhe-Javakheti: 5%
- Shida Kartli: 10%
- Mtskheta-Mtianeti: 3%
- Kvemo Kartli: 25%
- Tbilisi: 15%
- Kakheti: 15%
Research region
Methods

• Participants shared characteristics as socioeconomic status, educational background and ethnicity.
• Sampling methods was the stratified sampling technique, randomly applied with target group.
• The questionnaire included questions on demography, knowledge about outcomes C-section, benefits of natural delivery and breastfeeding.
• The data was analyzed using SPSS version 23.
ANALYSIS

n=580

Vaginal delivery
n=261 (45%)

Caesarian Section
n=319 (55%)

Urgent cases
n=67 (21.1%)

By Medical indication
n=103 (32.2%)

CDPR n=149 (46.7%)
Cesarean section due to medical indication was performed in 32.2% of cases

- frank/footling breech
- Mother’s congenital dislocation of the hip joint
- Multiple myomas of the uterus

Preeclampsia

Emergency C section was performed in 21.1% of cases

- transverse position of the fetus
- placental abruption, bleeding
- fetus acute hypoxia, initial intranatal asphyxia
- premature rupture of membranes
- arrested labor
ANALYZIS

- As we discovered in the interview with midwives the indicator of Caesarian section is quite high and cases of performing Cesarean section per patient’s request are very often (nonmedical indication).
- Total 580 respondents participated in the survey.
- Selected respondents were Georgians by nationality. Most of women were 20-42 years old.
- Most of respondents have got high education.
- More than half of them were in condition of registered marriage.
- Mothers filled in specialized questionnaire, based on which we are able to make some conclusions.
• Most of patients visited gynecologist in the outpatient’s clinic in the First trimester of pregnancy. (in 98% cases).

• 65% of mothers attended antenatal educational courses, only 35 % notes, that they were advised to attend by doctor, but because lack of time (work, family problems and etc), they were not able to go. Only 3 mothers mentioned that they’ve never heard about those courses.

• It should be noted, that these courses were attended only by mothers, no cases of fathers attendance were registered, although all mothers were advised by doctors to visit this course with the partner (spouse, mother, friends and etc).

• In 100% cases, pregnant women were got doctors recommendations about healthy food, lactation, life style changes, and proper management of pregnancy.
WHO MADE DECISION IN TO SC

- **By mother** - In 42.1% of cases this decision was made by mothers (n=62);
- **By mother’s mother** - In 25.8% of cases decision was made by family members, by mother of woman, she had painful labor experience and did not want to “suffer” her daughter. (n=37)
- **By husband** – In 32.1% two cases decision was made by husband (n=47).
- It was found out that most of mothers 62.5%-were primipara, and 37.5% -multipara.

The “driving force” for these decisions was fear against labor pain, most of mothers say that they are very emotional and will not be able to endure pain.
OUTCOME

Skin to skin Contact

• 4 mothers noted, that they were not informed about that.
• In 17 % of cases it was impossible because of newborns health conditions (resuscitation was needed).
• 60 % fathers refused to put baby on the belly.
• 16% “lucky newborns” feel the sense of skin to skin contacts.

First catch on the breast

• Initiation of breastfeeding with 20 minute not achieved for most mothers.
• 23% cases there was performed of late starting of breastfeeding, due to mother/newborns pathology.
OUTCOME

• In 80% of cases natural breastfeeding was completely substituted with formula in one or two months after childbirth.

• Mothers had complaints regarding baby’s sleep in 30% of cases; neurologist was needed for 60% of newborns, usually at the age of 5 or 6 months. Symptoms were presented by tremor, capricious behavior etc.
OUTCOME

• Although all Mather emphasize, that doctor clearly explained, that they were able to deliver physiologically, but all provided information was verbal, not written, and it was mentioned, that they would like to receive additional information during the visits.
# Knowledge of women towards vaginal delivery and caesarean section

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<td>2  Maternal complications of caesarean are greater</td>
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<td>3  Prolonged bed rest required in caesarean section</td>
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<td>4  Emotional relationship between mother and baby after vaginal delivery is better</td>
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<td>5  Infection risk of caesarean section is greater</td>
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<td>6  Pain is less in caesarean section</td>
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<td>7  Infants born by caesarean section are healthier compared to normal vaginal delivery</td>
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<td>8  Infants bone fractures are impossible in caesarean section</td>
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<td>9  Respiratory disorder in infants born by caesarean section is less then vaginal delivery</td>
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<td>10 Exclusive breastfeeding is too easy accessible in case of vaginal delivery thank in case of CS</td>
<td>48</td>
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</table>
KNOWLEDGE TOWARD VAGINAL DELIVERY AND CS

- Cost of vaginal delivery is less than caesarean section: 93%
- Maternal complications of caesarean are greater: 48%
- Prolonged bed rest required in caesarean section: 67%
- Emotional relationship between mother and baby after vaginal delivery is better: 39%
- Infection risk of caesarean section is greater: 26%
- Pain is less in caesarean section: 88%
- Infants born by caesarean section are healthier compared to normal vaginal delivery: 60%
- Infants bone fractures are impossible in caesarean section: 68%
- Respiratory disorder in infants born by caesarean section is less than vaginal delivery: 47%
- Exclusive breastfeeding is too easy accessible in case of vaginal delivery than in case of CS: 48%
### Attitude towards vaginal delivery and caesarean section

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<th>Description</th>
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<td>Vaginal delivery is natural and acceptable mode of delivery</td>
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<td>Seeing the baby immediately after vaginal delivery is a pleasure for the mother</td>
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<td>Mother regains her health status sooner</td>
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<td>4</td>
<td>In term of outcome vaginal delivery is more pleasant</td>
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<td>5</td>
<td>Prefer vaginal delivery because don’t like scar marks on their body</td>
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<td>Vaginal delivery is less risky for the mother</td>
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<td>Caesarean section is associated with complications</td>
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<td>Main reason of choosing caesarean section is fear of pain during labour</td>
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ATTITUDE TOWARD VAGINAL DELIVERY AND CS

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### Attitude towards spinal anaesthesia

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<td>Harmful for baby’s health</td>
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<td>Harmful for mother’s health</td>
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<td>4</td>
<td>Is not reducing pain during labour</td>
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<td>After delivery Mather ‘s feet swops working</td>
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<td>There is a strong head pain all rest life for mother</td>
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<td>7</td>
<td>It’s easy and less harmful way for reducing pain during labour</td>
<td>38</td>
<td>53</td>
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ATTITUDE TOWARD SPINAL ANAESTHESIA

- Reducing pain during labour: 48%
- Harmful for baby’s health: 69%
- Harmful for mother’s health: 72%
- Is not reducing pain during labour: 42%
- After delivery Mather’s feet stops working: 68%
- There is a strong head pain after delivery: 62%
- It’s easy and less harmful way for reducing pain during labour: 38%
CONCLUSION

• The research has shown that mothers and her relatives prefer choose CS to reduce the pain during the delivery.
• There is a lack of information of benefits of natural delivery, complications of CS and about spinal anesthesia.
Recommendation

• Mothers do not possess sufficient information about benefits and risks of the CS versus Natural delivery to make an informed decision.

• The information delivered to the patient should be clear and understandable, with full compliance with the Ethical Code—It should be better to submit the information in the written form.

• It is very important to increase awareness not only for mothers, but also within the community about advantages of natural delivery.

• To promote vaginal birth may contribute increasing birthrate.
REFERENCES


- Journal of leadership & organisational studies *Spring 2004* vol.10 No 4-80-91


