

**Research Article****Caesarean Section Trends from a Social Perspective****Dritan BARBULLUSHI<sup>1\*</sup>, Miranda OSMANI<sup>2</sup>**<sup>1</sup>Regional Hospital, Shkoder,<sup>2</sup>Health Center, nr. 3, Shkoder,**\*Corresponding author**

Barbullushi Dritan

Email: [dritanib@yahoo.com](mailto:dritanib@yahoo.com)

**Abstract:** There has been notice of an increased incidence of cesarean section; the main reasons include fear of and intolerance to pain in vaginal birth, lack of information and awareness of risks in caesarean section. This study has the objective to show the performance evaluation of the intervention by the patient and the compliance of the patient to the intervention. This is a prospective descriptive study, carried out by means of a questionnaire which was conducted with women who have given birth by caesarean section in the Regional Hospital of Shkodra. Simultaneously, to assess differences and trends among women who choose SC birth and women who choose natural vaginal birth during the same period of the study, we randomly selected and reviewed the records of 120 women who had given birth by vaginal route. This was considered as a control group. Variables compared between the study group and the control groups are: demographic data, stay time and complications after birth. In conclusion, much has been done to identify factors that indicate SC, at the same time efforts were made to assess the significance of each of these factors in the decision regarding the birth. Western trends nowadays indicate that the growing trend of SC is attributed to the woman's wishes, to the ever-growing indications and to the ease of procedure of SC. Thus, our study has shown that 6 % of SC births were conducted with the desire of women and 34 % of women would choose SC due to their desire even if they had not had any indication of the SC. If we compare the two groups in regards to their economic status, we observe that there is no difference. On the other hand, SC is not only comfortable for women because they avoid pain during a vaginal birth, but it is also very comfortable for the doctor for two main reasons: first, time-effectiveness that SC birth provides, and second, with legal problems due to complications or injuries of the mother / the baby during vaginal birth.

**Keywords:** Caesarean Section, Vaginal birth, Woman.

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**INTRODUCTION**

There has been notice of an increased incidence of cesarean section [1-3]; although the reasons for this increased incidence are numerous, a general observation is that the main reasons are:

- Fear of and intolerance to pain in vaginal birth[4].
- Lack of information and awareness of risks in caesarean section [5, 6].

In this prospective descriptive study, we tend to focus on the subjective perception on the manner of birth by the patient herself, and the social impact in relation to various items of performance measurement of each of the modes of birth: birth by caesarean section versus vaginal birth. Thus, considering the social, economic, educational, religious characteristics of women who were subjects of the questionnaire of the study, we will also try to understand their relationship with the SC births without neglecting a comparison to the category of women who choose vaginal birth.

**MATERIAL AND METHODS**

This is a prospective descriptive study, carried out by means of a questionnaire which was conducted with women who have given birth by caesarean section in the Regional Hospital of Shkodra. The study was carried out from 11 July to 18 August 2013. This group included 100 women who agreed to undergo the questionnaire. The average age of the women included in the study was 28.9. Simultaneously to assess differences and trends among women who have given birth by caesarean section and women who bore a child by vaginal route during the same period of the study were randomly selected and reviewed records of 109 women who had given birth by vaginal route.

**Protocol of the Study**

Protocol of the Study
Home town : city of Shkodra, village around Shkodra, district, village
Patient preference in cases without indication
Post-operative complications
Subjective Assessment and patient compliance.

**Processing statistics**

From the data obtained from the questionnaire was created a database where the data were recorded, ranging from generalities like name, surname, age, demographic data, place of birth, residence, education level, economic level, religion, past illnesses in the life of women, gynecological diseases, emerging diseases throughout pregnancy, and whether women have given vaginal births in their previous cases or not.

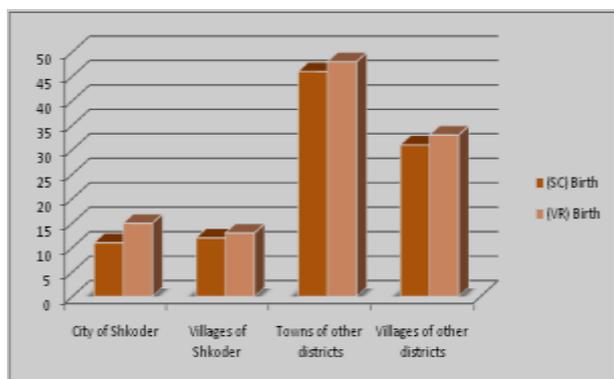
**RESULTS**

**Distribution by Residence**

Of the cases analyzed, women who were born in the city of Shkodra constitute 11% of the cases; those from the villages of Shkodra constitute 12% of the cases; those from other cities make up 46% of cases and from the villages of other districts make up 31% of cases.

**Table 1: Value distribution. Place of birth**

Place of birth	(SC) Birth	(VR) Birth
City of Shkodra	11	15
Villages of Shkodra	12	13
Towns of other districts	46	48
Villages of other districts	31	33
Total	100	109



**Fig. 1: Distribution by place of birth**

In the control group we see that women born in the city of Shkodra were 15 or 13.7% of cases, women born in the villages of Shkodra were 13 or 11.9% of cases, women born in other cities were 48 or 44% of cases and women born in the villages of other districts were 33 or 30.4% of cases.

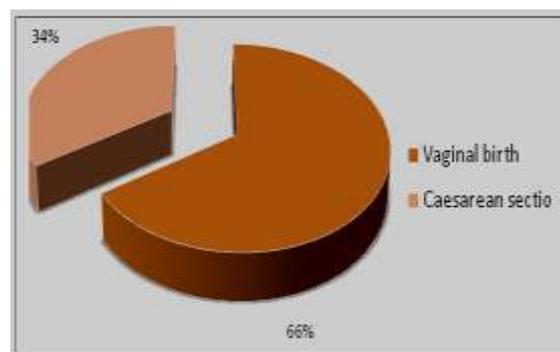
By comparison, we see clearly that approximately 35% of deliveries in the Regional Hospital of Shkodra come from outside. The movement of the population towards Shkodra is also clearly noticed. In the meantime, we make a distinction between women coming from urban and rural areas, the distribution in the study group was 64% to 36% while in the control group was 68.8% with 31.2%.

**Distribution by maternal preference**

Mothers were asked for their preference, if they had not had any indication of SC, would they choose SC or vaginal birth?

**Table 2: Value distribution. Preferences of women for SC**

Preferences without indications	Number
Vaginal birth	66
Caesarean sectio	34
Total	100



**Fig. 2: Distribution by preference**

Of the 100 cases in the study, 34% relate that they would choose the SC even if they had not had any indication to do it, while the rest, 66% of them, state that they would not choose the SC to bear children and that they would always want to give birth by the natural way.

**Distribution by days of stay in hospital**

It is for certain that women stay for two or more days in the hospital after birth with SC, but we have found no case of women staying only one day. Cases that have stayed two days make up 47%, those with 3 day stays comprise 29%, 4 day stays constitute 5%, 5 day stays constitute 4%, 6 day stays make up 2% and stays of more than 6 days comprise 13%. Admissions by more than three days are due to problems with the newborn. In the control group we see that patients who stayed one day were 49.5%, those with 2 days were 34.9%, with 3 days were 2.8%, with 4 days were 2.8%, with 5 days 0.9%, 6 days were 1.8% and more than 6 days were 7.3%. Even here we notice that admissions by more than 3 days are due to problems with the newborn.

**Table 3: Distribution according to days of stay**

Days of stay	(SC) birth	(VB) Vaginal Birth
1 day	0	54
2 days	47	38
3 days	29	3
4 days	5	3
5 days	4	1
6 days	2	2
6 days +	13	8
Total	100	109

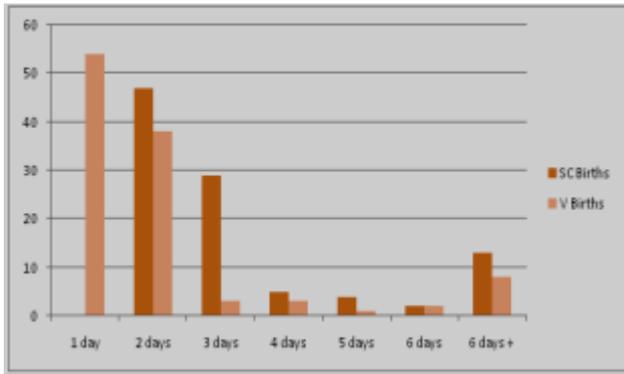


Fig. 3: Distribution according to days of stay

**Distribution by maternal postpartum complications**

From the data obtained we see that 69% of women only refer pain as postpartum complication in births by SC, 28% refer to hemorrhage comparable to a normal menstrual cycle, one patient refers to the hematoma, 1 patient refers to urinary infection and 1 patient refers to complications from anesthetics (excessive pruritus). In the control group, we noticed that postpartum complications were pain in 60 patients or 55% of cases, hemorrhage in 11 patients or 10% of cases and 38 patients or 35% of the cases did not complain of any complications.

**Table 4: Value distribution according to postpartum complications**

Postpartum complications	(SC) Birth	(VB) Birth
Pain	69	60
Hemorrhage	28	11
Hematoma	1	0
Urinary infection	1	0
Complication due to anesthetics	1	0
No complication at all	0	38
Total	100	109

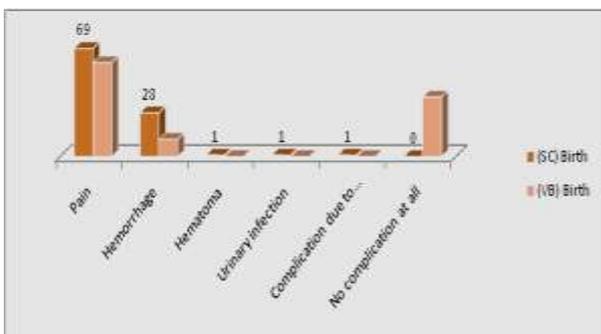


Fig. 4: Value distribution according to postpartum complications

**Distribution by patient assessment and their compliance**

We have observed that of 5 patients who have previously had vaginal birth, three have assessed their prior vaginal birth as 'better', one with 'the same' and

one with 'worse'. Of 36 patients who performed SC birth for the second time, they have assessed the previous SC birth as follows: 4 or 11% of patients evaluated it as 'better', 10 patients or 28% as 'the same' and 22 patients or 61% as 'worse'.

**Table 5: Distribution by patient assessment**

Patient assessment	Previous vaginal birth	Value (%)	Previous SC birth	Value (%)
Better	3	60	4	11
the same	1	20	10	28
Worse	1	20	22	61
	5	100	36	100

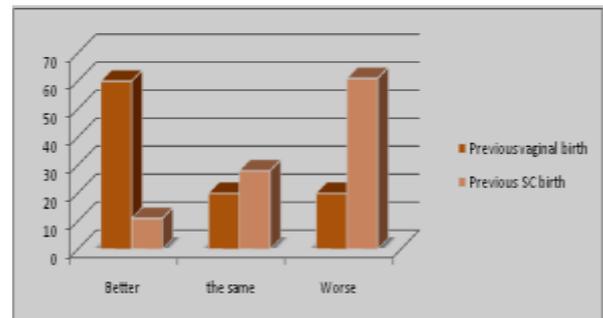


Fig. 5: Distribution by patient assessment

Of the 100 subjects included in the study, after they had tried SC as a procedure of child birth, to the question which is better as a means of childbirth? - 50% of patients responded with "SC", 4% answered "do not know" and 46% continue to think vaginal birth is the best choice. Of the 100 subjects included in the study, 33% of cases will advise their daughter in the future to choose SC for childbirth, 55% would advise vaginal delivery and 12% had doubts about the choice.

**Table 6: Value distribution according to the advice they would give their daughters**

Intervention	Advice they would give their daughters
For SC	33
For VB (Vaginal Birth)	55
I do not know	12
Total	100

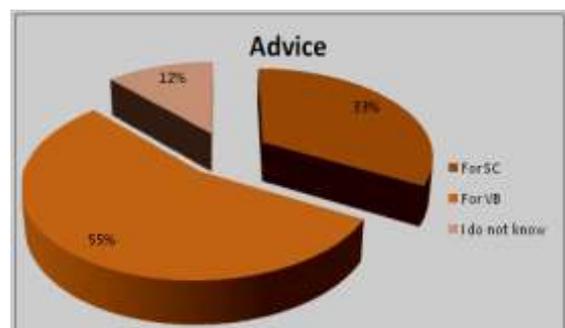


Fig. 6: Value distribution according to the advice they would give their daughters

## DISCUSSION

In the Regional Hospital of Shkodra, 35% of the cases come from outside the district. The ration of vaginal births and SC births is almost 2/1 between urban and rural areas (64% of SC births are performed in women living in urban areas and 36% living in rural areas). Of course, this ratio can be attributed to the concentration of population, which is higher in urban areas than in rural areas.

While to the question as to how they would advise their daughter if she was pregnant, to choose SC birth or VB (vaginal birth), they responded: 55% of respondents said they would advise their daughter to choose the natural way, 33% say they would advise them to choose SC and 12% do not know what advice they would give.

## CONCLUSION

This study aims to identify specific elements that directly or indirectly affect this trend. Much has been done to identify factors that indicate SC, at the same time efforts were made to assess the significance of each of these factors in the decision regarding the birth. Western trends nowadays indicate that the growing trend of SC is attributed to the woman's wishes, to the ever-growing indications and to the ease of procedure of SC. Thus, our study has shown that 6 % of SC births were conducted with the desire of women and 34 % of women would choose SC due to their desire even if they had not had any indication of the SC. Those that choose to refer the subject to the SC Birth desire to avoid pain during vaginal birth. But here it must be said that they make this choice without having been informed about the whole procedure. Very few, if any of the women, knew what were the disadvantages of the SC in relation to vaginal birth, but just a small number of them indicated that they had heard that the SC birth has more problems than vaginal birth. This is a topic of wide discussion which focuses on the physician - patient relationship that includes sharing information from one party and the other party showing interest. It was shown in the study that 94 % of women had indications to carry out SC birth, where dystocia occupied the first place, followed by post SC status. Although the first time women can choose SC based on their desire, at the second birth, post SC status constitutes an indication for it.

## RECOMMENDATION

- Regarding the "desire of women" diagnosis, it is important that women choose the SC not

only knowing one side of the coin, i.e., the benefits and conveniences of SC as a procedure, but before making such a choice they should be informed in detail about the disadvantages of SC. Women should be informed about the procedure, indications regarding where and when it is not necessary to perform SC birth and concerning post-operative complications associated with.

- We should constantly encourage spontaneous vaginal birth for those who have for the first time, since this has a double implication: it directly reduces the percentage of births by SC and indirectly reduces the number of births by SC due to the "post SC Status" diagnosis. A clear example of this can be the Nordic countries, the Netherlands and Denmark where they widely implement health policies to encourage vaginal births and that is why SC incidence of births in these countries does not go more than 18%.

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