v. 3, n. 12, 2023

International Journal of Health Science

CHOICE OF MODE OF DELIVERY: FACTORS THAT INFLUENCE THE DECISION OF THE PREGNANT WOMAN

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Abstract: **Introduction:** Pregnancy is a unique and special period for women, it configures a new phase and brings with it expectations, perspectives, concerns and fears. It is a time of change, with daily physical transformations accompanied by emotional transitions. **Goal**: To describe the perception regarding the preference of pregnant women regarding normal delivery and cesarean section attended at the outpatient clinic of a Philanthropic Maternity Hospital in the city of Vitória-ES. **Method:** Qualitative descriptive, carried out in Grande Vitória-ES, in a philanthropic maternity hospital. Pregnant women aged between 19 and 46 years were part of this study. The collection period took place between May and June 2021, through a semi-structured interview script. Data were analyzed using the content analysis technique proposed by Bardin. **Results:** Two thematic categories emerged from this study: the perception of pregnant women about normal and cesarean delivery; Sources of information about pregnancy, normal birth and cesarean section. **Conclusion:** It was evident that pregnant women have knowledge that comes, for the most part, from previous personal and family experiences in childbirth, from fears related to possible intercurrences during labor, interference from third parties and professional interaction, which make up factors that influence the decision on the mode of delivery.
Keywords: Normal birth. Cesarean section. Social behavior. qualitative study.

INTRODUCTION

Pregnancy represents a unique period in a woman's life, in which the fact of becoming a mother configures a new phase and brings with it expectations, perspectives, fears, anxieties and anguish. It is a time of physical changes, in a body that transforms daily and that are accompanied by emotional changes (TEDESCO, 2004; CAUS, 2012).

The act of childbirth has historically undergone modifications according to the characteristics of society at each time (VISONÁ DE FIGUEIREDO, 2011). In recent decades, there has been a significant increase in the incidence of cesarean sections in the world, with proportions above that recommended by the World Health Organization - WHO, with 15% of deliveries performed (WEIDLE, 2014).

The cesarean section emerged as a medical need and, over time, it was improved with new techniques of anesthesia, asepsis, antibiotic therapy and new surgical methods, which made the execution safe, started to be performed on a large scale, and not only with the indication to save the lives of babies and/or the woman herself (BRASIL, 2001), (WEIDLE, 2014).

Vaginal delivery has some advantages for both mother and baby, including faster recovery, less pain in the postpartum period, early discharge, lower risk of infection and hemorrhage. However, fear of labor pain and vaginal deformations, previous experiences and medical convenience are factors that contribute to the reduction of normal deliveries (TEDESCO, 2004).

A study carried out in Brazil points out that 30% of pregnant women in the first trimester prefer the cesarean section, but by the time they arrive at the maternity ward, this number reaches 70%, and only 10% opt for vaginal delivery (WEIDLE, 2014).

Numerous factors reveal that the choice of type of delivery is influenced by different institutional, individual and collective mechanisms, previous experiences, medical power and the family, the absence of dialogue in the prenatal period, interest and cultural baggage (NASCIMENTO, 2015).

Faced with scientific and social discussions about the methods of childbirth, it is essential to know the opinion of the main person

involved in this transition process from a phase before "becoming a mother", to a phase of new responsibilities that come with motherhood (TEDESCO, 2004).

Childbirth, therefore, is a cultural act, regulated by specific social rules. Thus, when we understand him, as well as his assistance, we see that this assistance can deal with very different women, according to their bodily representations, social class and ethnic-racial and generational characteristics. Therefore, it is important to verify the current representations and experiences of each woman regarding the forms of parturition and their assistance in differentiated health services (GAMA, 2009).

Thus, the following question arose: What is the sociocultural influence in the perspective of women assisted by the Philanthropic Maternity of the Municipality of Vitória - ES on their preferences regarding the mode of delivery?

Since there is an increase in the proportion of women who choose cesarean sections, many without strict indication, there is a need for further research to understand why this behavior is not maintained in distressed communities.

This way, problems associated with the organization of care demonstrate concern that involves everything from the quality of obstetric care, the high rates of cesarean sections found today, to the meaning of parturition for women.

Therefore, the objective of this study is to describe the perception regarding the preference of pregnant women regarding normal delivery and cesarean section attended at the outpatient clinic of a Philanthropic Maternity, in the city of Vitória-ES.

METHOD

Descriptive study, with a qualitative approach, which makes it possible to observe how the participants build their own artifacts from their own experiences (TURATO, 2005).

A study carried out in the city of Vitória, Espírito Santo, had the outpatient clinic of the Philanthropic Maternity as its scenario. It had the participation of 21 pregnant women aged between 19 and 43 years old, assisted and monitored at the aforementioned institution.

For data collection, a semi-structured interview script was used, which allows the informant to achieve the freedom and spontaneity necessary to carry out a qualitative investigation according to Trivinos (2009). Data were collected between May and June 2021. To obtain the data, the participants agreed and signed the Free and Informed Consent Form (TCLE), which each participant received a copy. There was no refusal to participate.

After recording the interviews, with an average duration of 20 minutes, they were transcribed in full, stored in a Microsoft Word program and saved in the cloud. The process of saturation of the speeches happened by the repetition of information about the mode of delivery, such as: family, internet, lived experiences and the content professional, which implies few additions (TURATO, 2003).

The interviews were carried out by the authors of the research, at the time as undergraduate students of the Medical Course, who received prior guidance from the research advisor about the process of entering the field and collecting data with semi-structured interviews. The study was approved by the Ethics and Research Committee of the Escola Superior de Ciências da Santa Casa de Misericórdia de Vitória, EMESCAM, under opinion number 3,779,051.

DATA ORGANIZATION

The organization of information occurred through the content analysis technique

proposed by Bardin (2011), which has the phases of pre-analysis, material exploration and treatment of results.

Pre-analysis: Organization of the raw material occurred with the transcription of the audios, from this moment on, a floating reading began for the choice and selection of documents with the formulation of hypotheses and objectives, followed by in-depth reading where we sought to elaborate the indexes and indicators. This way, it made it possible to build the corpus of this study Bardin (2011).

Exploration of the material: Clippings, identification and grouping of words or phrases based on the simple-FS frequency rule previously established as a producing part of the Registration Unit (UR) and Context Units (UC). Thus, it provided the elaboration of the thematic pre-categories Bardin (2011).

Treatment of results: Results of exploring the material so that the initial meanings are found, separating them into more subjective, qualitative indices and indicators more related to frequency, of a more quantitative nature, which will be explained by the thematic analysis/categorization Bardin (2011). As shown in Table 1.

Thus, the categories and systematic units were formed, shown in Table 1.

Finally, there is the last phase corresponding to the method of the study presented, the phase of treating the results categorized and organized by UR's and UC's, when making inferences about the statements obtained and interpreted in the light of their evidence on the policy of health and scientific literature on this topic (BARDIN, 2010).

RESULTS

The results of the study were identified based on significant evidence, in addition, the enumeration rules were considered, with treatment of data distributed in RU's and UC's.

CHARACTERIZATION OF STUDY PARTICIPANTS

The study included 21 pregnant women, aged between 19 and 43 years, gestational weeks between 6 and 40, however, only 2 could not inform due to the recent discovery of pregnancy. It was identified that 9 are primiparous and 12 are multiparous, of which 14 indicated a preference for normal delivery; 3 by cesarean delivery and 4 were unable to answer.

STUDY CATEGORIES AND EVIDENCE

Taking the study categories as a reference, evidence was sought in the speeches and records from the investigation into the manifests of the facts and phenomena that emerged according to the transcription of the participants in this study.

Below, the Category and its Evidence that guided the process of organizing this phase of the study are presented, according to the flowcharts for exploring the material, treatment and distribution of the RUs and CUs.

In Category I – Pregnant women's perception of the normal and cesarean delivery route, the evidence on the understanding of the participants with regard to the choice of labor is pointed out.

In category II - Sources of information about pregnancy, normal delivery and cesarean section, evidence is identified that identified the external sources of information for clarifying doubts about the preference for normal delivery and/or cesarean section. As per table 1.

DISCUSSION

The choice of mode of delivery is defined by pregnant women centered on the act of giving birth, in a context with little theoretical clarification that shows in practice the right

Registration units	Context units	Thematic categories
Fast/practical recovery and/or able to take care of the family; the normal delivery is better-quiet and/or the pain is only at the time/previous experience; o Cesarean previous indication and/or less suffering for women; both normal birth and cesarean section.	Most pregnant women point to normal delivery with a quick recovery, the pain is only at that moment, calm is better, facilitating family care, for some pregnant women the cesarean section with previous indication, but also, in most cases, they consider less suffering and/or still, whether normal delivery or cesarean section.	Pregnant women's perception of normal or cesarean delivery.
Internet, app, doctor consultation; family and/or family experiences;	Most pregnant women look for a large part of the information on the internet and/or family members, but there are also those who mention the routine consultation just to clarify doubts.	Sources of information about pregnancy and normal and cesarean delivery.

Table 1: Registration units, context units and analytical categories according to Bardin's technique. Vitória, ES, Brazil, 2021.

Source: Self elaboration, Vitória, ES, Brazil, 2021.

THEME CATEGORIES	IDENTIFIED EVIDENCE
Pregnant women's perception of normal and cesarean delivery,	**Evidences:** normal delivery route recovery-quick/practical, taking care of the family; cesarean section previous indication; less suffering for women.
Sources of information about pregnancy and normal and cesarean delivery	**Evidences:** the internet is my biggest source of information; doctor clarify doubts;

Table 1: Description of the study evidence related to thematic categories.

Source: Self elaboration, Vitória, ES, Brazil, 2021.

to choose over their body and the life of their conceptus. In this context, it is common to see that choices happen, most of the time, focused on their post-recovery and not feeling pain.

PREGNANT WOMEN'S PERCEPTION OF NORMAL AND CESAREAN DELIVERY

With new incentives from the women's health programs by the Ministry of Health, the preference of pregnant women for the vaginal delivery route was verified when they understood that it has the best recovery in the postpartum period. In this context, there are several reasons, such as a quick recovery, ease of taking care of drinking and herself, even if it causes pain and delays in childbirth, as shown in the reports below:

> *"I prefer natural childbirth, because the pain is only one day, the recovery is much more practical" Gest. 1.*
>
> *"Normal is better, because of the postpartum period, right? At the time it must be more complicated, but afterwards it's better, because with a cesarean section, the recovery is much slower." Manager 2*
>
> *"I wanted to have the normal one, but I think I'm going to have to have another c-section." I think the normal one is better, because the recovery is faster and I go home faster, cesarean section I had a problem with the cesarean section because it inflamed a lot". [...] normal delivery, the recovery is better for the baby too." Management 6*
>
> *"I prefer normal, is it scary? From the. But the recovery is quick." "I think that for the baby, normal is also better. My sister who had a normal one, her child almost never needs to go to the doctor." Management 20*

Thus, the change in the perception of pregnant women today is notorious, even if recent results achieved by both Domingues (2014); Yee (2015) show high rates of cesarean sections across the country.

The results illustrate a contrast between women's preference for high cesarean rates in Brazil. For Tedesco (2004), this fact suggests that cesarean section can be considered an unnecessary epidemic. It is believed that a better understanding of the individual reasons that value both the cesarean section and the vaginal delivery route will enable a conscious decision on the delivery route, both by doctors and pregnant women.

It is noticed that, among the pregnant women who preferred vaginal delivery, 6 had a history of previous deliveries, of which 66.6% were vaginal deliveries. However, among those who preferred cesarean section, the previous history was the same type of delivery in 100% of the cases. Such data highlight the relevance of the mode of delivery in primigravidae, as the choice will be final in future pregnancies. Maia et al., (2004) confirm these data when comparing the route of delivery of the first parturition to that of the second, in which the risk is approximately 22 times greater of repeating the route of the first delivery. However, pregnant women with a cesarean section in their second pregnancy were exposed to a 230 times greater risk of this type of delivery in their third pregnancy (MAIA, 2004).

The analysis of the results makes it possible to consider that the decision on the mode of delivery is associated with cultural and social factors and a model of care for interventional childbirth, which influences the ability of women to cope autonomously with the experience of giving birth (BITTENCOURT, 2013).

When discussing the perspective of the pregnant woman regarding the reasons for the preference for the mode of delivery, it is verified, in this and in other studies, referring to vaginal delivery, the best and fastest recovery in the postpartum period (BENUTE, 2013; VALE, 2015). On the other hand, the

main reason for preferring cesarean sections was the fear of pain and suffering from vaginal delivery (VALE, 2015; LEGUIZAMON JUNIOR, 2013). According to the testimonies of the pregnant women below:

> *""I hope it goes very smoothly and quickly, because it will be a cesarean section, but I am already scared to death." "I prefer cesarean section, I think... not suffering so much, right?" Manager 5*

> *"I think a cesarean section is better, in my case, because I have a back problem, so I have a whole one because I can't have a normal one...so, for me, a cesarean section is better." Manager 9*

Thus, from the perspective of the speeches of the pregnant women who participated in the research, it was evident that the perception of normal delivery and/or cesarean section comes from situations experienced in relation to dependence on care and is intrinsically related to their sources of information about pregnancy and pathways. childbirth.

SOURCES OF INFORMATION ON PREGNANCY AND NORMAL AND CESAREAN DELIVERY

In order to reduce the rates of cesarean sections, it is essential to deconstruct this conception of suffering related to childbirth. Offering information about the functioning of the body, the physiology of childbirth and the mechanisms of pain can be important tools to re-signify the vaginal delivery route, in addition to empowering women. It is also noteworthy that the WHO advises that non-pharmacological and pharmacological methods for pain relief are encouraged in maternity wards. (KOTTWITZ, 2017). These methods, although not available in all maternity hospitals, are effective resources to provide greater physical and emotional comfort during labor.

Prenatal care plays an indispensable role in informing the possibilities, since knowledge of these tools even during pregnancy can reduce the fear of childbirth and enable the best decision regarding the mode of delivery (KOTTWITZ, 2017). But, according to the record of the pregnant women's speeches, the information comes from other sources, as shown below:

> *"All my sisters had very difficult births, none of them had normal births" "My biggest source of information is the internet, I search a lot on youtube.". Management 8*

> *"I've heard people say that it's for a cesarean section, that it doesn't hurt, and I've heard people say that normal is also better, you know?" "I get information on my cell phone, I search a lot on YouTube, I also participate in a group of mothers/pregnant women on facebook, which also has a lot of good information there." "I will start prenatal care now, from the beginning." Management two*

Most of the pregnant women interviewed assumed that the mode of delivery to which they were submitted did not include risks for themselves and did not interfere with the health of the newborn. This fact reflects the lack of knowledge about the possible risks when undergoing procedures (FERRAZ, 2012).

Only after careful evaluations, a cesarean section must be indicated, as it can lead to complications such as puerperal infections, anesthetic risks, inflammation in the stitches and problems with healing, in addition to maternal and neonatal mortality or morbidity (MASCARELLO, 2017). Without medical indication, the cesarean section represents an unnecessary risk to the health of the pregnant woman and the newborn, since it increases by 120 times the probability of the child developing respiratory problems and triples the risk of maternal death (BRASIL ANS, 2015).

The analysis of the assistance obtained at the time of delivery does not depend

exclusively on the mode of delivery. Women's dissatisfaction or satisfaction is deeply associated with the attention and availability of the team (DE FIGUEIREDO PEREIRA, 2011). It is understood that the building a bond of respect and trust between health professionals and women is a fundamental care strategy and must be prioritized.

In order for this objective to be achieved, it is essential to respect the subjectivity and needs of each pregnant woman, legitimize their decisions, so that they have a critical attitude towards the guidelines received, being able to recognize the benefits and risks related to the option chosen as a route delivery (OLIVEIRA, 2018).

Thus, it is possible to perceive that the opinions received are diverse and are often contradictory, which causes difficulty in identifying the best option for the pregnant woman. Therefore, health professionals have the role of guiding and solving doubts, at all stages of pregnancy, a fact that was not observed in this study, since the pregnant women did not demonstrate that they had been adequately clarified (KOTTWITZ, 2018).

CONCLUSION

It was evident that pregnant women have knowledge that comes from previous personal and family experiences regarding childbirth. In this context, fears related to possible complications during labor, interference from third parties and professional interaction were some of the factors that influenced the decision on the mode of delivery.

In view of this, the need to develop new approaches is ratified in order to improve autonomy and the potential for choice. The data emphasize the indispensability of expanding educational processes, both for health professionals and for pregnant women, with the aim of empowering them in relation to their bodies and providing them with conscious choices at the time of delivery.

Furthermore, the individuals who live with the pregnant women during this period, which represents a moment of vulnerability in the woman's life, influence the choice of mode of delivery.

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