Speaking Out! Qualitative Insights on the Experience of Mothers Who Wanted a Vaginal Birth after a Birth by Cesarean Section

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Abstract

Background: Despite the documented rise in the rates of births by cesarean section (CS) in Australia, there is scant work on the psycho-social aspects of such birth choices. To address the lack of research on this topic, this article presents a subset of findings from a research project that explored, from the mothers' perspectives, the birthing experience and process of decision making about the mode of delivery for a subsequent birth after a previous CS.

Objective: The focus of this article is on the subset of findings that recorded the frustration of women who valued a vaginal delivery but who delivered by CS.

Methods: The study utilized descriptive phenomenology, with in-depth, open-ended interviews conducted with the research participants. The setting was a small regional hospital in Queensland, Australia, with about 20% of patients managed on the midwifery model of care. This article is based on the subset of findings that record the frustration of women (eight mothers of a total participant group of 20) who valued a vaginal delivery but who delivered by CS. The women all had a previous CS and had a subsequent birth at the Redland Hospital 6 weeks prior to the interviews, which were held in June 2008.

Results: The findings establish that this group of mothers felt frustrated by their body's inability to give birth naturally, disappointed that they had no option but a CS, and carried emotional pain about the unfairness of the judgment that they should have achieved a vaginal birth after a birth by CS.

Conclusions: These women expressed a strong desire to have their story told. It is the hope and expectation that this article will enable their voice to be heard and, in so doing, make a contribution towards deepening our understanding of the multiplicity of perspectives that women bring to their birthing

experiences. The findings are a strong argument against any generalization that women who opt for an elective CS are doing so simply for reasons of ease and convenience.

Background

The rising rate of birth by cesarean section (CS) in Australia is well documented.^[1] Although a valuable medical intervention when the risks of vaginal delivery are high for mother or baby in conditions such as abnormal placentation and pre-eclampsia, CSs are never a risk-free option. Indeed, there are higher rates of wound infection, surgical complications and prolonged hospitalization for mothers delivering by CS than by vaginal delivery.^[2] The serious clinical consequences are not only associated with the immediate birth, but also have significant reproductive sequelae in subsequent pregnancies, with the likelihood of abnormal placentation, risk of uterine rupture, ectopic pregnancy and fetal death *in utero* increasing with each CS delivery.^[3,4]

In addition to the possibility of negative physical sequelae, birthing by CS can also be associated with significant emotional consequences for the mother, including a decreased enjoyment of parenting and psychological difficulties such as grief, post-traumatic distress, and depression compared with mothers who have experienced a vaginal delivery.^[1,5] By way of contrast, Fisher et al.^[5] documented a marked improvement in mood and self-esteem amongst women who experienced spontaneous vaginal deliveries in the late pregnancy to early postpartum period compared with women who delivered by CS.

In subsequent births following a CS, mothers face the decision of whether to opt for an elective cesarean (EC) or to attempt a vaginal birth (VBAC). The literature documents that, for women who attempt a VBAC, there is a success rate of between 70% and 80%.^[6-9] Although there is a growing body of clinical information on these two modes of delivery, there is currently scant work on the psycho-social aspects of such birth experiences from the mothers' perspective. The literature that is available posits the public per-

ception that it is the mothers who are driving the increasing rate of EC by requests based on reasons of convenience and vanity.^[10-12] This idea is clearly critiqued by Gamble et al.^[13] in a review of the literature that suggests that maternal request is not a significant factor influencing CS rates.

This article makes a contribution to the literature concerned with the mothers' role in rising CS rates by presenting a subset of findings from a research project that explores, from the mothers' perspectives, the birthing experience and the decision-making process regarding mode of delivery for a subsequent birth after a previous CS. The focus of this article is on the subset of findings that record the frustration of women (eight mothers of a total participant group of 20) who valued a vaginal delivery but who delivered by CS. The article provides the medium for the women to 'speak out' against the perception that women who have had a prior CS opt for an EC as the easy option. Rather, the findings highlight the angst and distress of a group of mothers who are frustrated by their body's physical inability to give birth vaginally. This group of women noted the importance of being able to have their experience understood in a public debate that they believe misrepresents their perspective.

Methods

This study was conducted jointly by the Central Queensland University, Brisbane, Queensland, Australia, and the Department of Obstetrics and Gynaecology at Redland Hospital, Brisbane, Queensland, Australia. The study was funded by a Redland Hospital/University Industry Grant. Redland Hospital is a small regional hospital that opened in 1999. It is a community-based facility with about 20% of patients managed on the midwifery model of care.

Ethical consent to conduct the study was obtained from both the University and the Redland

Hospital Human Research Ethics Committees. Participants were verbally informed of their rights in research and written consent was obtained for participation in the research.

Theoretical Framework

Descriptive phenomenology was chosen as the theoretical framework as it underpins a research method that explores the 'lived experience' of people from the 'inside' perspective of the individuals involved in the experience.^[14] As Spiegelberg^[15] explains, descriptive phenomenology is the "direct exploration, analysis, and description of particular phenomena, as free as possible from unexamined presuppositions, aiming at maximum intuitive presentation." In this case, the phenomenon is the mothers' lived experience in making a decision about the mode of delivery for a subsequent birth following a CS. As inductive, phenomenological, qualitative work, the reporting of findings is based on a commitment to the participants' point of view, with the researcher playing the role of co-participant in the discovery and understanding of what the realities are of the phenomena studied.^[16,17]

Target Group

Participants for the full study: the findings for the full study are from interviews with 20 women. They were consecutively enrolled from the hospital lists because they had all had a previous CS and had a subsequent birth at the Redland Hospital 6 weeks prior to the interviews, which were held in June 2008. Of these women, two gave birth by VBAC, two attempted VBAC and 16 chose EC.

Participants in the subset: the findings for the subset are from the women who attempted but did not achieve a VBAC (TVBAC) [$n=2$] and a subset of women ($n=6$) who chose an EC even though they valued a vaginal birth.

Demographics for the Subset of Mothers Reported in this Article

Of the subset of eight mothers, five had experienced an emergency CS as the prior birth and

three had an EC. At the time of the interview, all of the women had two children with the exception of one mother who had three children. All participants were either in a relationship with a married or de-facto partner at the time of birth. The mean age of the participants was 32 years (range 26–38). All of the women lived in the geographical catchment area of the hospital.

Interviews

The data collection was conducted through an iterative, phenomenological, qualitative research methodology using open-ended interviews conducted at the time and location of the participant's choice. The interviews were conducted by a female psychosocial researcher employed by the university and thus independent of the hospital. The interviews were informed by the principles of 'phenomenological reflection', as outlined in the work of Van Manen.^[18] The line of questioning included the techniques of probing, paraphrasing, or silence to explore the participant's experience. The interviews lasted for approximately 1 hour and were audio-recorded. The interviews were transcribed verbatim by a female research assistant independent of the hospital. Both the interviewer and coder had experienced childbirth.

Analysis

The language texts were entered into the QSR NUD*IST computer program and analysed thematically. All of the participants' comments were coded into 'free nodes', which are category files that have not been pre-organized but are 'freely' created from the data. Thus, the data analysis was driven by all of the participants' insights, not by selected pre-assumptions of the coders. The research team did not mediate the findings, but rather developed code titles that directly reflected the participants' statements, thereby ensuring that the final analysis directly describes the phenomenon of birth decision making from the participants' perspective. The coding was established by an experienced qualitative researcher and completed by a team of research assistants who have extensive experience with coding qualitative

data. There was complete agreement on the coding and emergent themes. The list of codes were then transported to a Microsoft® Word computer program (Word XP) and organized under thematic headings. The findings presented in this article are from the data that describe the experience of disappointment and regret for mothers who had to undergo a CS when they valued a vaginal delivery.

Results

Speaking Out against the Notion of the 'Easy Option'

As the following results indicate, this group of mothers did not agree with the perception that a CS is an 'easy option' and they detailed a range of factors impacting on their birth choice. Indeed, one mother even indicated that it was this issue that motivated her to be part of the research project so that she had an opportunity to correct that perception. She stated:

"Just the reason that it was so important to me to do the interview was the articles, a lot of articles that I have read about how having a caesar is such an easy choice and the weaker choice." (EC)

Lack of Choice

The important point for this group of mothers is the unfairness of this perception in view of the fact that, for biological/clinical reasons, they consider that they did not have a choice of a natural birth. As one participant expressed:

"... and that really makes me upset for the women who have to – who are forced to have caesars and who, like I said in my situation, I don't feel weak. I don't feel like I took the weaker option. So I think that something needs to be done about that. Yeah, nice for the women to speak out who actually went through the experience and sometimes it's not the weaker option." (EC)

As another mother argued, it is important for others to know that there can be a 'story' behind the EC choice other than an 'easy option':

"It is important to know that sometimes there's a story behind it. I can understand if a woman just went straight in and had a caesar well then maybe. But sometimes it's not like that."

This group of mothers distanced themselves from EC mothers who they perceive as choosing a CS for ease and convenience. One of the defining differences for this subset of mothers is that they did not have a preconceived and determined commitment to an EC. As one mother explained, she was open to both options and had to be flexible around what her body would allow her to do:

"I was very open all the way through."

The significant concern impacting on such mothers' birth decision making is the fact that, without the modern medical option of a CS, either the mother or child may die during the birth:

"Well let's face it, if there wasn't modern medicine and no such thing as C-Section, I would have died having a natural birth. It was just no, no question about it for me."

For these mothers there is a sense of lack of choice about having a CS:

"It's not as if I really had a choice. I mean it wasn't as if I had an elective caesar 'cause I don't like labor pains [laughs] or anything like that. It was just like: 'I have got no choice. This is what has to happen to be able to have a healthy baby'." (EC)

Another mother summed up her experience as follows:

"I wanted to do it natural. I couldn't. My doctor advised me. I trusted him. I did it (CS)." (EC)

Loss of Confidence in Birthing Process

A very significant factor impacting on the birth decision making in this subset of mothers is a loss of confidence in their body's ability to cope with the birthing process. The desire to give birth naturally juxtaposed with a lack of confidence in their body is clearly seen in the following statement:

"I thought I would try to see if I could do it natural although I knew I already had an emergency cesarean. I was going to have a go

at doing VBAC but on the due date nothing was happening and the baby again was not descending and my obstetrician said he thinks it would be a good idea if I had a cesarean. And then I agreed. Very uncomfortable and nothing was happening. It didn't with the first so it was very unlikely that it would with the second." (EC)

Another mother made clear reference to the loss of confidence after a difficult first birth experience:

"I think you sort of know yourself [laugh] what you can do. And after the first experience I just didn't think I could do it. So that's another reason I just didn't think I could do it. I think the way people handle that first one either builds confidence or takes away people's confidence." (EC)

Some of this group of mothers made it clear that it was not natural labor that they feared or that affected their choice, but rather the very difficult time they had with their previous birth:

"But the way that it turned out for me it was just, no, I wouldn't do that again." (EC)

Frustration with Biological Causes

For this subgroup of mothers, if it had not been for the clinical problems they would have greatly valued the opportunity to give birth naturally. Many expressed disappointment and frustration in this regard, for example:

"... would love to have vaginal delivery. You know [I] tried to have the first one naturally but it didn't work so I didn't want try it again really." (EC)

These mothers experienced distress from the inability of their bodies to give birth naturally, as the following statement exemplifies:

"So that's why the distress. Obviously when I was in labor I wouldn't have been able to have him naturally at that time from what I've been told by the nurses and doctors. So that was another one I couldn't have naturally." (EC)

Ample descriptions were provided of the sense of disappointment experienced by the mothers

about not being able to engage in what they valued as an important life event:

"And that's just my body I don't know if other people have ever had that same thing where they don't dilate or for whatever reasons. But in the end we got to eight centimeters and never got to anymore because it was, I'm talking five, six hours I was eight centimeters. No way my body was going to dilate more than that." (TVBAC)

The following poignant statement is by a mother who attempted a VBAC with her second child but the birth ended in an emergency CS. The sheer frustration is clearly expressed of the experience in having to go with her second child to the operating theatre for a CS:

"Like I just cried the whole time when they wheeled me in. And then I cried the whole time the second time... Why is this happening to me again?" (TVBAC)

A Sense of Failure

The mothers expressed a strong maternal drive to give birth naturally and the inability to do so was described in terms of failure, for example:

"You feel like you've failed. I believe that that's what we're here for. You've obviously got careers and that kind of thing as well but that's what you're naturally put here for – babies. That's [what] our whole body does. And we're lucky enough to be able to fall pregnant and have all that beautiful change happen to our bodies. To deliver a baby is so natural. That's what it was meant to be about. So when you get told: 'you're not going to do that, you're going to have yours pulled out of your belly', it does, it makes you feel a bit 'oh!'" (EC)

Regrets about Not Giving Natural Birth a Go

For these mothers who value natural birth, there can be a distinct sense of regret if they do not attempt a VBAC.

"It's more of ... I wish I'd had a try with my second to go natural." (EC)

"I mean I guess it depends on the individual. And sometimes I think, oh you know I should have ... I should have tried for a vaginal birth." (EC)

The following statement exemplifies this regret:

"It was the natural birth but then again I'd thought about it and I wanted to so many times. But I wish I'd now, that I'd asked them to give it a go. I wouldn't ... I wouldn't change a thing really except that I wish I would have been able to give natural birth a go." (EC)

For one mother the regret was exacerbated by the fact that she went into labor and the sense of being able to achieve a natural birth thus seemed close and achievable. She states:

"I do have regrets because I went into labor naturally. I thought: 'hang on nature is taking over this time'. I didn't go into labor the first time so it didn't seem as unnatural as such this is all happening naturally. I was ready to have this baby." (EC)

The sense of regret is particularly acute for the mother when it is their last birthing experience, as the following statement exemplifies:

"But, you know, like a cesarean ago I would have been: 'oh, yeah, go for cesarean'. But now that I'm definitely looking down the barrel of not being able to ever have a natural birth now. Actually this is my last. I'm very disappointed." (EC)

One mother reported experiencing depression associated with the fact that she could not give birth naturally. She stated:

"... obviously my third baby, he was a cesarean as well being the third one I had no choice with him. It was going to be cesarean being my third. They told me when I fell pregnant that this would be my last cesarean. Found that out at six weeks so the whole pregnancy I was, well this is my last baby and I still can't give [birth] naturally. I fell into a great depression. Massively." (EC)

Discussion

The findings indicate that this group of mothers felt frustrated by their body's inability to give birth naturally, disappointed that they had

no option but an EC, and carried emotional pain about the unfairness of the judgment that they should have achieved a VBAC. These women expressed a strong desire to have their story told. Recent research has emphasized that giving birth by CS has significant effects on the psychological state of mothers, with mothers having experienced a CS reporting adverse states of maternal health, enjoyment of parenting and general psychological well-being in comparison with mothers who experienced a vaginal delivery.^[1] Fisher et al.^[5] concluded that women delivering by CS were vulnerable to 'significant psychological risks' including grief, post-traumatic distress, and depression. However, we also now know that because of the increasing prevalence of births by CS and the perception that a birth by CS is therefore 'normal', many mothers are not accorded the opportunity to discuss the impact of this experience, both for themselves and their relationship with their newborn.^[1] The insights of the mothers from the study reported in this article resonate with this literature, with an emphasis on the negative sequelae that can be associated with a CS, especially where the mother desired a vaginal delivery.

The perception that some mothers do choose an EC for speed and convenience was affirmed by other findings from our study reported elsewhere.^[19] The group of mothers who were the focus in this article distanced themselves from other EC mothers in the study who they perceived as choosing a CS for ease and convenience.^[19] The beliefs of the research participants in this regard were also consistent with literature documenting the public perception of women opting to give birth by EC as being 'too posh to push'.^[20] Recent literature has documented the existence of a 'moral framework' surrounding the issue of birthing choice, whereby women judged what were and were not 'reasonable' grounds to elect to give birth by CS and opted for vaginal delivery in circumstances where a perceived socially acceptable reason to elect for a CS birth was not available.^[21]

One of the defining differences for the subset of mothers discussed in this article is that they did not have a preconceived and determined

commitment to give birth by EC, but rather had a strong but unfulfilled desire for a VBAC. The mothers were aware of the clinical, potentially life-saving importance of a CS when necessary. In essence, they had a strong sense of lack of choice. These findings are consistent with recent research^[1] that found that, while mothers generally preferred vaginal birth for its 'naturalness', quick recovery period and the feelings of intimacy and achievement, there were two different perceptions of CS births. One group of mothers perceived a CS in terms of an inability to 'normally' deliver whilst the second group, as reflected in the popular adage 'too posh to push', perceived a CS as an easy option.

A very significant factor impacting on the birth decision making of this subset of mothers was a loss of confidence in their body's ability to cope with the birthing process. The loss of confidence is directly related to their traumatic prior-birth experience. For this subgroup of mothers, if it had not been for the clinical problems experienced, they would have greatly valued the opportunity to give birth naturally. There were ample descriptions provided of the sense of distress, disappointment and even failure about not being able to engage in what they valued as an important life event.

Further findings from the study indicate that mothers can choose an EC to avoid the disempowerment and trauma they experienced with a previous birth that ended up in an emergency CS. There is a growing body of evidence that suggests that fears that develop from traumatic experiences with prior births can influence women's decision making in subsequent births.^[10,22,23] These mothers spoke clearly about their sense of regret. For one mother, the regret was exacerbated by the fact that she went into labor and the sense of being able to achieve a natural birth seemed close and achievable. The regret is particularly acute for the mother when it is their last birthing experience.

The findings are from eight interviews with women who attempted but did not achieve a VBAC or who chose an EC even though they valued a vaginal birth. Although the study sample was small, this number is appropriate for

phenomenological work, which seeks to document in-depth insights from smaller numbers of participants through open-ended methodology. Indeed, the most common sample size for this type of work includes between four and 40 participants.^[14] A small sample is considered sufficient when the researchers have chosen a group with a commonality; in this case, it was mothers who valued a VBAC. As Holloway^[14] stated, because of the depth of the research interviews and their analysis, the sample is generally very small. In phenomenological work, it is not the number of participants that is important, but rather that participants are chosen mainly for their knowledge or an experience of a condition or event about which they can inform the researcher.^[24]

The records from the Hospital Obstetric department at Redland Hospital echo the worldwide trend towards a decreasing number of women undergoing VBACs.^[25] Indeed, of all the mothers enrolled for the study, only two actually achieved a VBAC. The authors believe that the poignancy of these sharply declining numbers makes it an ethical imperative to make available through publication the insights of the small number of women who strongly value this mode of birth. This imperative is further strengthened by the fact that there is very little literature available on this topic from the mothers' perspective. It is the authors' hope and expectation that these findings will make a contribution to the literature by deepening our understanding of this critical but as-yet under-explored birthing issue.

Conclusions

The insights provided by this group of mothers indicate that they felt frustrated by their body's inability to give birth naturally, disappointed that they had no option but an EC and carried emotional pain about the unfairness of the judgment that they should have achieved a VBAC. The women expressed a strong desire to have their story told. Thus, this article provides the medium for them to 'speak out' and have their story of angst and distress, rather than ease and convenience, heard

by those involved in the very important work of providing care for women during birthing. These findings are a strong argument against any generalization that women who opt for an EC are doing so simply for reasons of ease and convenience.

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Grahame Vaughan has now retired from his position as Director of the Department of Obstetrics and Gynaecology.

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