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Impact of Mode of Delivery on the Birth Experience in First-Time Mothers: A Qualitative Study

Abstract

The birth of a first child is an important event in a woman's life. Delivery psychological impacts vary depending on whether delivery has been positively or negatively experienced. Delivery experience determinants have been identified but the understanding of their expression according to the mode of delivery is poorly documented. The purpose of the study was to determine important elements associated with women's first delivery experience according to the mode of delivery: vaginal or caesarean section.

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Introduction

The birth of a first child is an important event in a woman's life. A positive delivery experience can result in a sense of accomplishment and feelings of self-worth and self-confidence. However, a negative delivery experience can result in detrimental consequences ranging from feelings of maternal distress to postpartum depression and even post-traumatic stress disorder. The infant and the partner can also experience these pathological consequences. Many physical aspects have been evaluated in terms of mortality and morbidity, but there are much less data on the psychological aspects contributing to the construction of the delivery experience, although just as essential [1,2].

Rates of caesarean section have been increasing drastically over the last two decades, rising globally from 7% in 1990 to 19% in 20141; rates in the UK rose from 11% of births in 19901 to 26% in 2015.2 There are many reasons as to why this might be, including increasing maternal age, increasing numbers of women who have had a prior caesarean section, and changes in maternal preference. Among the risks and benefits of caesarean section, it has been suggested that caesarean section maintains sexual wellbeing in both lay and academic channels by reducing the risk of genital damage [3,4]. A US study found that one perceived benefit of caesarean section over vaginal delivery is reduced impact on sexual function. Another UK-based survey in the mid-1990s found that one-third of female obstetricians would choose caesarean section for themselves in part to preserve sexual function, if they had an uncomplicated pregnancy – a finding which is subject to debate [5].

Delivery experience determinants have been identified but a thorough understanding of their expression according to the mode of delivery has not been investigated to our knowledge. The mode of delivery might appear to be the most relevant predictor of delivery satisfaction, but it is also the most controversial variable. Historically, vaginal delivery is represented as the mode that has the best chance of being positively experienced. However, more recent studies suggest that elective caesarean section has higher satisfaction ratings if the maternal anxiety or stress level is taken as a reference point [6,7]. Meanwhile, professional associations and health observers, such as the World Health Organization, warn on the increasing number of elective caesarean sections in industrialized countries, which generate supplementary costs and carry greater health risks for the mother and child. In the light of the debate on the increase in the number of elective caesarean sections and the medico-psychological and economic issues in terms of health policy, the influence of the mode of delivery on the construction of the delivery experience is an important aspect to consider. Hence, the aim of this study was to determine important elements associated with first delivery experience according to the mode of delivery [8,9].

Mode of delivery was abstracted from obstetric records and sexual wellbeing measures were collected via a self-report questionnaire. Missing data were imputed using multiple imputation, and ordinal logistic regression models for ordered categorical outcomes were adjusted for the covariates maternal age at delivery, pre-pregnancy body mass index, diabetes during pregnancy, socio-economic position, parity, depression and anxiety [10].

All primiparous women delivered at term following pregnancies without major complications were eligible for study inclusion. All modes of delivery were equally represented, irrespective of the analgesic methods used. Exclusion criteria were: poor understanding and ability to communicate in the French language; maternal psychiatric disorders; age <18 years; mothers of infants hospitalised in neonatal or intensive care; and particular psychosocial situations, as single women or women in an irregular situation in Switzerland (illegal immigration), pregnancies resulting from assisted reproduction, or women attending multidisciplinary approaches to specific problems.

A "maximum variation sampling" strategy was applied to select our sample. This consists of deliberately choosing a sample for which large variations are expected in the dimensions of interest previously identified. We hypothesized that the mode of delivery was crucial for the delivery experience in primiparous women. Groups were thus compared according to the two modes of delivery: vaginal delivery (including equally spontaneous and instrumental vaginal delivery) and caesarean section (including equally elective and emergency caesarean section).

Conclusion

The mode of delivery directly impacts on certain key delivery experience determinants as perceived control, emotions, and the first moments with the new born. The ability/inability of the woman to imagine a second pregnancy is a good indicator of the birth experience. Certain health professional gestures or attitudes can promote a positive delivery experience. We recommend to better prepare women during prenatal classes for the eventuality of a caesarean section delivery and to offer all women and, possibly, their partners, the opportunity to talk about the experience of childbirth during the postpartum period. The results of this study suggest that further research is required on the social representations of women and health professionals regarding the existence of a hierarchy associated with the mode of delivery.

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Conflict of Interest

None

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