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Original Research – Qualitative

# Giving birth: Expectations of first time mothers in Switzerland at the mid point of pregnancy

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### ABSTRACT

**Problem and background:** Despite a generally affluent society, the caesarean section rate in Switzerland has steadily climbed in recent years from 22.9% in 1998 to 33.7% in 2014. Speculation by the media has prompted political questions as to the reasons. However, there is no clear evidence as to why the Swiss rate should be so high especially in comparison with neighbouring countries.

**Aim:** To describe the emerging expectations of giving birth of healthy primigravid women in the early second semester of pregnancy in four Swiss cantons.

**Methods:** Qualitative individual interviews with 58 healthy primigravid women, were audio recorded, transcribed and subjected to thematic analysis. Recruitment took place through public and private hospitals, birth centres, obstetricians and independent midwives. The main ethical issues were informed consent, autonomy, confidentiality and anonymity.

**Findings:** The three main themes identified were taking or avoiding decisions, experiencing a continuum of emotions and planning the care.

**Discussion:** Being pregnant was part of a project women had mapped out for their lives. Only three women in our sample expressed a wish for a caesarean section. One of the strongest emotions was that of fear but in contrast some participants expressed faith that their bodies would cope with the experience.

**Conclusion:** Bringing together the three languages and cultures produced a truly “Swiss” study showing contrasts between a matter of fact approach to pregnancy and the concept of fear. Such a contrast is worthy of further and deeper exploration by a multi-disciplinary research team.

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### Statement of significance

#### Problem or issue

One third of births in Switzerland are by caesarean section.

#### What is already known

There are good antenatal and intrapartum services in Switzerland. Additionally there are low perinatal and maternal morbidity and mortality.

### What this paper adds

Healthy primigravid women feel “normal” and neither expect nor desire a caesarean section at the mid point of pregnancy.

### 1. Introduction and background

The caesarean section rate in Switzerland has steadily climbed in recent years from 22.9% in 1998 to 33.7% in 2014.<sup>1</sup> One third of all babies in Switzerland are therefore born by caesarean section although no corresponding decline in perinatal mortality has been noted. This topic is now generating considerable interest from the media which are questioning its necessity, its associated costs and its longer term effects on women's and children's health in the country.

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Likewise, political interventions on the topic are taking place both at national and regional levels. While such trends are not unique to Switzerland but parallel those in other developed and developing countries, Switzerland's caesarean section rate has climbed higher and faster than neighbouring countries and is now one of the highest in Europe.<sup>2,3</sup> In contrast, countries such as Finland and the Netherlands have a 50% lower caesarean section rate.

The systematic review carried out for the World Health Organisation (WHO) suggested that there was no justification for caesarean section rates over 15% in developed countries.<sup>3</sup> The specialist literature generally agrees that the increasing caesarean section rate is due to medical indications.<sup>4</sup> However, the caesarean section rate recommended by WHO to ensure optimal maternal and infant health outcomes remains 10–15%.<sup>5,6</sup> In cases such as maternal fear of giving birth, other forms of intervention may be possible to achieve the best outcomes.

The constantly increasing rate in the industrialised countries is a hotly debated topic in both public and professional fora. Some see birth by caesarean section as a safe, predictable and effective preventive alternative to unpredictable vaginal birth, while others claim it as economically-driven, with unacceptably adverse effects on the health of both mother and infant. Indeed, there is increasing evidence that the negative health consequences of caesarean section without a clear medical indication are underestimated, and that the increase is not associated with improvements in perinatal mortality and morbidity.<sup>7,8</sup> Thus, a widespread theory that the rise in caesarean sections could be attributed to an altered maternal risk profile has not been confirmed.<sup>9</sup> In Switzerland large regional differences in caesarean section rates particularly illustrate this point.<sup>10</sup> Comparable effective alternatives to surgery, such as focused pelvic floor exercises to prevent incontinence<sup>11</sup> or psychological interventions to relieve women's fears of birth are often cited.<sup>12</sup> The findings of research into short- and long-term health consequences of caesarean sections, such as postoperative pain and complications in subsequent pregnancies often are not available to the women.<sup>9,13</sup> Healthy newborns born at term also have a significantly increased risk of developing respiratory distress syndrome,<sup>14</sup> childhood diabetes<sup>15</sup> or asthma<sup>16</sup> after a caesarean section. Thus, caesarean section as a safe alternative to vaginal birth is questionable.<sup>7,17</sup> This was confirmed in a multi country study carried out for WHO in which 24 countries and 373 health facilities, representative of the global picture, participated.<sup>18</sup> A total of 286,565 births was analysed. 27.5% of births were caesarean sections of which 1% had no stated medical indications. Compared with spontaneous births, these showed increased risk of death, admission to intensive care units, blood transfusion and hysterectomy. Ye et al.,<sup>6</sup> using a statistical modelling scheme, also showed in a background paper for WHO how much higher costs associated with unnecessary caesarean sections contribute to the global burden of health inequality. The authors' definition of "unnecessary" appears to be somewhat unclear but suggests that it is where the best known estimate of expected numbers of 15% from previous WHO studies is exceeded. Using this approach, they concluded that in 2009, Switzerland carried out 10,147 unnecessary caesarean sections at a cost of US\$ 20,277,952.

Action plans are in place in some countries including Switzerland to reduce the high rates of caesarean section and associated costs. The Swiss plans, however, remain somewhat vague with a lack of clarity as to why and when the decision is made to undertake a caesarean section and which factors influence this process. This raises the related question of the expectations of pregnant women of their birth, how the decision is made for the particular route of giving birth and the experience of giving birth in relation to the decision making processes. Several reviews on the topic have been published.<sup>19–21</sup> Kingdon et al.'s systematic review of nulliparous women's views of planned caesarean section in national surveys and

one randomised controlled trial found inconclusive results and methodological problems, stating a need for good qualitative research as a foundations for future research. Likewise, McCourt et al. whose inclusion criteria were wider, concluded in their critique of 17 articles concerning women's preferences or requests for elective caesarean section that rigour is almost always questionable and "well conducted studies focusing on women's views were lacking" (p. 78). Mazzoni et al.'s systematic review and meta-analysis of women's preferences for caesarean section analysed 38 observational studies globally. While more rigorous, this review was restricted to quantitative studies and the authors highlighted the need for more and better research into the subject.

Other studies with a similar focus not included in the reviews were carried out in Germany,<sup>13</sup> Australia,<sup>22</sup> Sweden<sup>23</sup> Norway<sup>24</sup> and the USA.<sup>9</sup> Most of them offered cross sectional pictures of women's expectations using predetermined questions. Fenwick et al.<sup>25</sup> used a descriptive qualitative design to explore Western Australian women's expectations of childbirth. These were represented by five themes depicting both positive and negative views. However, their stated aim of discovering women's reasoning for choosing a caesarean section was not really addressed.

A further issue of particular relevance to the present study is the expectations that women have of birth and how their own experiences influence this. No reviews but a few studies were located in this field.

A study undertaken in Switzerland<sup>26</sup> questioned how 251 participants' views of their birth experiences changed in the first two years of their child's life and sought to identify if any particular groups were at risk of negative birth experiences. Data were collected at 72 hours post-partum and again in the second year after giving birth. The study is very useful but the effect of the varying parity of the participants and the lack of focus on their expectations leaves some unanswered questions as to the study's validity.

Despite reports in the popular media, the limited research findings show evidence that very small numbers of women have the expectation of a caesarean section without any obstetrical or psychological indication, preferring to focus on active participation in labour and birth. While there is a growing body of research in this area reflecting the importance of the topic, as yet there are limited well executed and reported studies that examine the context in which the mode of birth is chosen. Few studies used a longitudinal approach, which explored the expectations of birth mode and the influencing factors. Those cited above have used structured approaches which may have limited the opportunity to explore how women's expectations might change during the maternity experience. While the cited research reports have considerable bearing on the present study, none of the results located are directly transferrable to Switzerland although that of Wiklund et al.<sup>27</sup> is relevant. In this, however, participants were unable to voice their own opinions but had to match these to questionnaires developed by health professionals. The present study aims to reduce this deficit and create new knowledge in the field.

## 2. Aim

To describe the emerging expectations of giving birth of healthy primigravid women in the early second semester of pregnancy in four cantons (administrative areas) in Switzerland.

## 3. Participants, ethics, methods

Qualitative interviews were chosen as the most appropriate method for data collection. Interviewers (authors 3–6) were experienced, female researchers and prior to commencing this project sat together and discussed their own thoughts and ideas

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