

Awareness about Normal Vaginal Delivery among Pregnant Women Attending at an Upazilla Health Complex

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Abstract

Introduction: Childbirth is a personal and individual journey that is different for every woman. Perception of the birth experience is thought to be influenced by many factors, the most significant of which may be the type of delivery. Normal vaginal delivery (NVD) is a natural process and cesarean section (CS) an operative process for child birth. Awareness regarding mode of delivery have a very important role for the future wellbeing of mother and child both.

Objectives: To assess the awareness regarding normal vaginal delivery among pregnant women attending the out patients department (OPD) of an Upazilla Health Complex.

Materials and Methods: This descriptive cross-sectional study was conducted at Kaliganj Upazilla Health Complex, Gazipur from January to March 2018 among 300 pregnant women. Age range of the patients was 15-40 years and selected purposively who were willing to attend and having no major complications. Data were collected by face to face interview with structured questionnaire and analyzed by SPSS version 20.0.

Results: Out of 300 respondents 103(34.3%) was within 21-25 years, 87(29%) was within 26-30 years and 61(20.3%) was below 20 years of age. Respondents' age at marriage found 113(37.7%) was within 21-25 years and 107(35.7%) below 20 years. About 178(59.3%) was regular and 122(40.7%) was irregular about their antenatal care visit. Common health problem was weakness 185(61.7%), GDM 67(22.3%) and swelling feet 21(7%). Among 211 respondents 133(63%) was satisfied, 40(19%) was dissatisfied and 38(18%) having mixed feelings about their previous delivery. Regarding awareness about mode of delivery 207(69.3) opted NVD better, 56(18.7%) opted CS better and 30(10%) was confused. Regarding preferred mode of delivery 191(63.7%) opined for NVD, 52(17.3%) opined for CS and 57(19%) was not clear about their opinion.

Conclusion: Study found that majority of respondent was aware about the NVD but still good number of participant opted CS as their choice. Proper health education and creating awareness by mass media and healthcare worker and community leader may improve the situation.

Key-words: Awareness, Normal vaginal delivery, Pregnant women.

Introduction

Childbirth is a personal and individual journey that is different for every woman¹. Vivid and detailed memories of the journey often lead to a permanent perception of the birth. Perception of the birth experience is thought to be influenced by many factors, the most significant of which may be the type of delivery². It is clear that the perception of the birth has a powerful effect on women with a potential for long-term positive or negative impact studied women's long-term perceptions of their birth experience and found that fifteen to twenty years later the women reported that their memories were vivid and deeply felt³. Many of the women believed they achieved something highly significant in giving birth and that the experience enhanced their self-confidence and self-esteem. Other women, however, had a negative experience. Some of these women experienced anger or a negative self-image, while others became more assertive. Studies observed that the women's satisfaction with their birth experiences contributed to their subsequent emotional well-being⁴. Researchers have found that complications of labor and delivery are often associated with negative perceptions of the birth experience. A study found that women who had an unplanned cesarean delivery reported a less positive birth experience than women who delivered vaginally. Other studies have reported that the unplanned cesarean delivery was not reported in a negative manner. Studies show that the levels of depression, marital adjustment, and mother-infant interactions after delivery and found no significant difference between normal vaginal delivery (NVD) or caesarean section (CS)⁵.

Maternal role attainment is a process by which mothers achieve competence in the mothering role, integrating their mothering behaviors into their established roles so that they achieve confidence and harmony with their new identities⁶. It is seen that if a woman feels she does not perform as expected in giving birth, perceptions of her capabilities in other mothering behaviors may be questioned. This was later supported in research that found that self-esteem and mastery were consistent predictors of maternal competence, i.e.; that a woman's acceptance of her overall self-image and her perceived control over life events such as birth are central to taking on the maternal role. Health care providers have a great influence on how each woman will perceive and remember her birth experience. Knowledge gained from this study provides important insights that may guide nurses working with laboring women to promote a positive memory of birth⁷.

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Perception of birth is an important consideration for all health care providers. A positive perception of birth can promote effective adaptation to the maternal role⁹. Previous research data guided this research study comparing the perception of birth among women who experienced NVD and women who delivered by CS. Study findings supported the hypothesis that women with CS births would have a less positive perception of birth than women who had NVD⁹. The second hypothesis that women with unplanned cesarean births would have a less positive perception of birth than those who had NVD or by planned CS birth was not supported. We also wanted to see if women willfully undergo NVD or is there a level of pressure from family due to its low financial cost¹⁰. Also, whether, this choice was determined by popular culture or proper knowledge. To assess the awareness regarding normal vaginal delivery among pregnant women this study was planned.

Materials and Methods

This descriptive cross-sectional study was conducted at Kaliganj Upazilla Health Complex, Gazipur from January to March 2020 among 250 pregnant women. Age range of the patients was 15-40 years and selected purposively who were willing to attend and having no complication throughout the pregnancy. Data were collected by face to face interview with structured questionnaire and analyzed by SPSS version 20.0. Qualitative data were presented as frequency and percentage and quantitative data as mean±SD and p value < 0.05 considered as significant.

Results

Out of 300 respondents 103(34.3%) was within 21-25 years, 87(29%) was within 26-30 years and 61(20.3%) was below 20 years of age. Majority 245(81.7%) was Muslim followed by Hindu was 34(11.3%). Regarding education status 107(35.7%) was primary level, 88(29.3%) was secondary level and 46(15.3%) was illiterate on the other hand husband's education status was 35(11.7%) illiterate, 112(37.3%) primary level and 81(27%) was secondary level educated. Regarding occupation status 127(42.7%) was housewife followed by garments worker 113(37.7%) and monthly family income was 165(55%) within 10 to 20 thousand Taka and 76(25.3%) below 10 thousand Taka (Table-I).

Respondents' age at marriage found 113(37.7%) was within 21-25 years and 107(35.7%) below 20 years. History of previous pregnancy found 157(52.3%) had one pregnancy, 13(4.3%) had more than 2 previous pregnancy and 89(29.7%) was primigravida. Mode of delivery found 128(60.7%) was by NVD and 83(39.3%) by CS. About 178(59.3%) was regular and 122(40.7%) was irregular about their visit hospital for antenatal care services. Common health problem was weakness 185(61.7%), GDM 67(22.3%) and swelling feet 21(7%) among pregnant women (Table-II). Among 211 respondents 133(63%) was satisfied, 40(19%) was dissatisfied and 38(18%) having mixed feelings about their previous delivery (Figure-1). Regarding awareness about mode of delivery 207(69.3) opted NVD better, 56(18.7%) opted CS better and 30(10%) was confused (Figure-2). Regarding preferred mode of delivery 191(63.7%) opined for NVD, 52(17.3%) opined for CS and 57(19%) was not clear about their opinion (Figure-3).

Table-I: Distribution of socio-demographic characteristics of respondents (n=300)

Characteristics	Frequency	Percentage	
Age in years	≤ 20	61	20.3
	21-25	103	34.3
	26-30	87	29.0
	31-35	32	10.7
	> 35	17	5.7
Religion	Muslim	245	81.7
	Hindu	34	11.3
	Christian	13	4.3
	Buddhist	8	2.7
Education status	Illiterate	46	15.3
	Primary	107	35.7
	SSC	88	29.3
	HSC	41	13.7
	Graduate	18	6.0
Husband's education status	Illiterate	35	11.7
	Primary	112	37.3
	SSC	81	27.0
	HSC	53	17.7
	Graduate	19	6.3
Occupation status	Housewife	127	42.3
	Garments worker	113	37.7
	Service	42	14.0
	Others	18	6.0
Monthly family income (Taka)	< 10000	76	25.3
	10000-20000	165	55.0
	20000-30000	47	15.7
	> 30000	12	4.0

Table-II: Distribution of respondents by pregnancy related events (n=300)

Characteristics	Frequency	Percentage	
Age at marriage in years	≤ 20	107	35.7
	21-25	113	37.7
	26-30	67	22.3
	> 30	13	4.3
Number of previous pregnancy	Nil	89	29.7
	1	157	52.3
	2	41	13.7
	>2	13	4.3
Mode of previous delivery	No H/O delivery	89	29.7
	Normal vaginal delivery	128	60.7
	Caesarean section	83	39.3
Antenatal checkup status	Regular	178	59.3
	Irregular	122	40.7
History of chronic diseases*	DM	67	22.3
	HTN	53	17.7
	IHD	32	10.7
	Bronchial asthma	41	13.7
	Nil	175	58.3
Problems in this pregnancy*	Weakness	185	61.7
	GDM	67	22.3
	Swelling of feet	21	7.0
	PV bleeding	13	4.3
	Convulsion	11	3.7

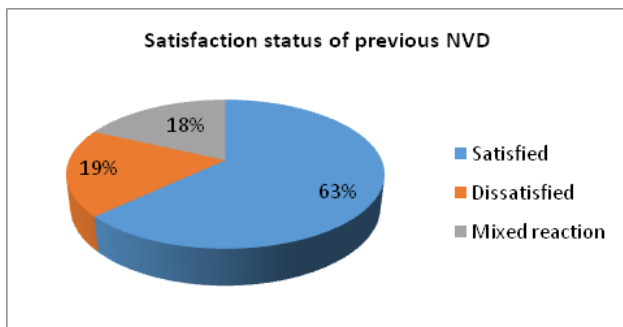


Figure-1: Satisfaction status about previous NVD (n=211)

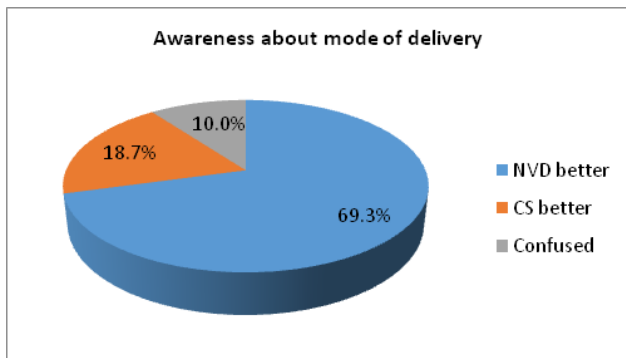


Figure-2: Awareness about mode of delivery (n=300)

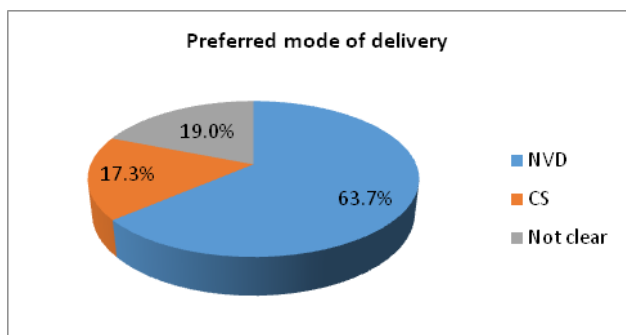


Figure-3: Preferred mode of delivery (n=300)

Discussion

A cross-sectional study was undertaken to assess the prevalent mode of delivery and the awareness of NVD and also how it affects a woman's perception of birth among pregnant women attending in the obstetrics and gynecology outpatient department of an Upazilla Health Complex. This study provides a framework for health workers to understand the adaptation process in response to the multiple environmental stimuli involved in the birth experience. Effective adaptation to the stimuli of labor and delivery can be related to a positive perception of birth. In this study 34.3% respondent was within 21-25 years, 29% was within 26-30 years and 20.3% was below 20 years of age. This findings are similar to other studies^{11,12}. The analysis found the CS rate is higher in urban area than that of rural areas. This rate is also higher among service holders than housewives. Living place, institution, occupation, economic condition and age are highly associated with the preference of delivery process¹³. One of the statistical analyses, logistic regression, provided additional

information regarding the preference of the delivery process where women preferred CS how many times more likely than the women favoring natural birth depending on different dominant factors were found. From studies, it can easily be inferred that, it can easily be inferred that, though the Bangladeshi women still prefer normal delivery process the caesarean rate is increasing significantly more than that of the previous rate^{11,14}.

Uses of facilities and seeking skilled assistance for childbirth have increased in recent years in Bangladesh. Several variables are important determinants of institutional delivery such as birth order of child, women's and husbands' education and occupation, wealth index, female autonomy, access to media, religion, receiving ANC services, pregnancy complications, place of residence and region^{13,14}. Respondents' age at marriage found 37.7% was within 21-25 years and 35.7% below 20 years. This findings consistent with other similar studies^{7,9}. About 59.3% was regular and 40.7% was irregular about their visit hospital for antenatal care services. This finding was similar to other studies^{1,3}. Common health problem was weakness 61.7%, GDM 22.3% and swelling feet 7% among pregnant women. This findings consistent with other similar studies^{5,9}. About 63% was satisfied, 19% was dissatisfied and 18% having mixed feelings about their previous delivery. This findings consistent with other similar studies^{1,6}. Regarding awareness about mode of delivery 69.3 opted NVD better, 18.7% opted CS better and 10% was confused. This findings consistent with other similar studies^{2,8}. Regarding preferred mode of delivery 63.7% opined for NVD, 17.3% opined for CS and 19% was not clear about their opinion. This findings consistent with other similar studies^{1,7}.

Conclusion

NVD is a natural process and CS is a real surgery. This study found that Majority of pregnant women opted for NVD but still a big number of women opted for CS and also a large number was confused about their preferred mode of delivery. Proper health education through mass media and motivation by health care provider can improve the situation.

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