

Mothers Fear from Caesarean Section in Kirkuk City مخاوف الأمهات من العمليات القيصرية في مدينة كركوك

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الخلاصة:

الهدف: تهدف الدراسة الحالية للتعرف على المخاوف التي تعانيها المرأة من العملية القيصرية في محافظة كركوك.
المنهجية: أجريت دراسة وصفية في مستشفى آزادي التعليمي ومستشفى كركوك العام في محافظة كركوك للفترة من الخامس من حزيران 2013 ولغاية 30 من نيسان 2014، ولتحقيق أهداف الدراسة اختيرت عينة غرضية غير احتمالية مكونة من (200) امرأة خضعن لعمليات قيصرية في مستشفى آزادي التعليمي ومستشفى كركوك العام في محافظة كركوك. ولغرض جمع المعلومات صممت استمارة الاستبيان مكونة من (26) فقرة تضمن الجزء الاول الخصائص الديموغرافية، والجزء الثاني تتضمن مخاوف الام من العملية القيصرية اتجاهات ومعارف المرضى جمعت المعلومات من خلال المقابلة الشخصية وتم تحليل البيانات باستخدام اسلوب التحليل الوصفي (التوزيع التكراري ، النسبة المئوية).
النتائج : من خلال تحليل البيانات تبين ان (29%) من المرضى كانوا ضمن الفئة العمرية (20-24) سنة، و(37%) منهن خريجات المدارس الابتدائية ، و(82%) منهن ربات بيوت، و(27%) منهن يحملن لأول مرة ، و(70%) منهن ليس لديهن أي حالة إسقاط .
الاستنتاج: استنتجت الدراسة ان اغلب حالات الخوف للأمهات المتعلقة بالعمليات القيصرية ناتجة من الخوف من موت الجنين وكذلك مخاوف من الألم وعدم الشعور بالراحة بعد العملية بالإضافة إلى مخاوف متعلقة بإعاقة الجنين .
التوصيات : توفير كادر كفوء من الممرضين لمعالجة حالات الخوف للنساء من الولادات القيصرية ، دعم النساء نفسياً قبل العمليات القيصرية بالإضافة الى اجابة جميع التساؤلات عن العملية القيصرية من قبل الكوادر الطبية.
الكلمات المفتاحية: مخاوف , الأمهات , الولادات القيصرية.

Abstract

Objectives: To know the mothers fearing of caesarean birth in Kirkuk governorate as well as to classified their fearing according to the severity and found the priority of method for treatment.

Methodology: A descriptive study of a quantitative design was carried out at Azadi teaching hospital and Kirkuk general hospital in Kirkuk governorate for women after caesarean birth June 5th2013 to April 31st2014. A convenience sample of (200) women after cesarean from Azadi Teaching Hospital and Kirkuk General Hospital in Kirkuk governorate. Developed questionnaire was constructed for the purpose of the study which consists of (26) items, the first part include the demographic data of the respondent, the second part fearing of mothers. The data were collected through the use of interview. They were analyzed through the application of descriptive statistical analysis (frequency and percentage)

Results: The findings of the study indicated that (29%) of the sample Age group were (20-24) year's old, (37%) were primary school graduated , (82%) were house wives, (25%) were first pregnant and (70%) were never had abortion .

Conclusion: There have been different reasons for mother's fears such as fear of fetus death, the fear of labor pain and fear of fetus harm.

Recommendation: Provide advanced efficient Nursing staff to treat fearing associated with the patient by Caesarean birth, Psychological support to the pregnant women before Caesarean birth and answer all questions of pregnant mothers about Caesarean birth.

Keyword: Fear, Mothers, caesarean section.

INTRODUCTION:

Caesarean section is the most common major surgical procedure performed in the United States. The Coalition for Improving Maternity Services (CIMS) is concerned about the dramatic increase and ongoing overuse of caesarean section. The surgical procedure poses short- and long-term health risks to mothers and infants, and a scarred uterus poses risks to all future pregnancies and deliveries. For these reasons, CIMS recommends that cesarean surgery be reserved for situations when potential benefits clearly outweigh potential harms.

The cesarean rate can safely be less than 15 percent⁸⁴ and 11 percent or less in low-risk women giving birth for the first time, yet, in 2007 the U.S. cesarean rate was 32 percent. When caesarean surgery rates rise above 15 percent health outcomes for mothers and babies worsen, and increasing numbers of scheduled cesareans are contributing to the rising number of late-preterm births⁽¹⁾.

Caesarean rates have been rising for all women in the United States regardless of medical condition, age, race, or Pregnancy of old women and while the number of first caesareans performed without medical indication is increasing, no evidence supports the beliefs that these elective caesareans represent maternal request caesareans or that the rise in elective first caesareans has contributed significantly to the overall increase in caesarean rates⁽²⁾.

Elective first caesarean at physician request may, however, play a significant role and the rise in elective repeat surgeries, which has climbed by more than 40 percent in the last ten years, certainly does. Although 70 percent of women or more who plan a vaginal birth after caesarean (VBAC) can birth vaginally and avoid the complications of repeat caesarean surgeries, almost all women today have a repeat operation because most doctors and many hospitals refuse to allow VBAC⁽³⁾.

A caesarean can be a life-saving operation, and some babies would not be born vaginally under any circumstances; however, it is still major surgery. Women have a legal right to know the risks associated with their treatment and the right to accept or refuse it. CIMS encourages childbearing women to take advantage of their rights and to find out more about the risks of cesarean section so they can make informed decisions about how they want to give birth⁽⁴⁾.

OBJECTIVES: To know the mothers fearing of caesarean birth.

METHODOLOGY:

To achieve the objectives of the study, A cross-sectional/ descriptive study conducted on (200) pregnant after cesareans birth in Kirkuk governorate hospitals during the period June 5th 2013 to April 31st 2014. A convenience sample was used in the study; Data collected through constructed questionnaire was prepared for the purpose of the study. The study was conducted at Azadi teaching hospital and Kirkuk general hospital, which are receiving large number of pregnant woman's for elective and emergency of caesarean operation ,A convenience sample of (200) women after caesarean birth, who were attended to these hospitals. Through extensive review of relevant literature, a questionnaire was constructed for the purpose of the study with interview technique. Overall items included in the questionnaire were (26) items. A pilot study was carried out for the period of July 10th to 25th, 2013 to determine the questionnaire reliability through the use of (Test – Retest). A panel of (8) experts was involved in the determination of the questionnaire content validity. The questionnaire consists of three parts, demographic data which is composed of (3) items such as (age, level of education, occupation), fertility which comprised of (6) items (pregnancy, delivery, abortion, lived child, type of operation and cause of operation), part three about mother fear which comprised of (17) items. The data were collected through the utilization of constructed questionnaire, interview technique with the mothers after caesarean birth in Kirkuk and Azadi teaching hospitals. The data collection process was performed from the period of August 7th, 2013 up to the December 24th, 2013. All items were measured by using 3-likert scale option were used in the rating scale as Always (3), Sometime (2), and Never (1). Consent informed was granted from patients for participation in the present study was obtained and the

interview was carried out individually. The data were analyzed through the application of descriptive statistical analysis which includes (frequency and percentage).

RESULTS:

Table (1): Distribution of the samples regarding demographic data

	Variables	Frequency	Percentage
Age(years)	<20	28	14
	20_24	58	29
	25_29	36	18
	30_34	30	15
	35_39	34	17
	>40 years	14	7
	Total	200	100%
Level of Education	No read and write	30	15
	Read & write	36	18
	Primary school graduated	74	37
	Secondary school graduated	40	20
	Collage & highest	20	10
	Total	200	100%
Occupation	Working	36	18
	House wife	164	82
	Total	200	100%

Table 1 shows that the highest percentage (29%) of study sample were at age group (20-24) years, while the lowest percentage (7%) their ages were >40 years, (37%) of study sample were Primary school graduated, (82%) of the study sample were house wife.

Table (2): Distribution of the samples regarding to medical data with frequency and percentage

	Medical data	Frequency	Percentage
Number of pregnancy	Once	54	27
	Twice	38	19
	Third	36	18
	Fourth	30	15
	Fifth or more	42	21
	Total	200	100%
Number of delivery	Once	70	35
	Twice	38	19
	Third	42	21
	Fourth	24	12
	Fifth or more	26	13
	Total	200	100
Number of abortion	Never	140	70
	Once	36	18
	Twice	6	3
	Third or more	18	9
	Total	200	100%
(Number of child)	1-2	114	57
	3-4	66	33
	5 or more	20	10
	Total	200	100%
Type of operation	Emergency	120	60
	Elective	80	40
	Total	200	100%
Causes of operation	Related to mother	142	71
	Related to fetus	58	29
	Total	200	100%

Table 2 demonstrate the medical data and shows the number of pregnancy were once and constitute (27 %) while (35 %) with one delivery,while (70 %) of the sample no abortion with regard to number of children (57 %) of the sample have (1-2) child. With regarding to the type of operation (60% Of the sample have emergency birth .Finally Concerning the cause of operation,(71 %) of operation were related to the mothers .

Table (3) Distribution of the samples in relation to mother fear

	Mother has fear from:	Always		Sometimes		Never		MS
		F	%	F	%	F.	%	
1	Fear from fetus death	158	79	3	1.5	39	19.5	2.595
2	Fear from feeling restlessness after operation	127	63.5	17	8.5	56	28	2.355
3	Fear from harm of fetus	130	65	1	.5	69	34.5	2.305
4	Fear from not speed recovery	125	62.5	9	4	65	33.5	2.290
5	Fear from complication after operation	126	62	4	3	70	35	2.280
6	Fear from go away her house	113	56	4	3	83	41	2.150
7	Fear from anesthesia	112	56	5	3	83	41	2.145
8	Fear from die	111	55	6	4	83	41	2.140
9	Fear from go away her children	107	52	4	3	93	45	2.110
10	Fear from equipment of operation	108	54	3	1.5	88	44.5	2.090
11	Fear from unsuccessful of operation	105	52.5	8	4	87	43.5	2.090
12	Fear from inability to care the fetus after operation	99	49.5	3	1.5	98	49	2.005
13	Fear from hamper	77	38.5	8	4	115	57.5	1.810
14	Fear from loss part of body	79	39.5	4	3	115	57.5	1.800
15	Fear from body deformity	67	33.5	8	4	125	62.5	1.710
16	Fear from not be pregnant again	62	31	6	3	132	66	1.650
17	Fear from financial status	60	30	5	3	135	67	1.625

Table 3 indicates the Mothers fear priority and severity, regarding the fear from fetus death registered first high mean score. second High means related to the fear from feeling restlessness after operation and the third fear was from harm to the fetus, while low mean score was related to the financial status, fear from not be pregnant again and fear from having body deformity.

DISCUSSION

The results shows that the highest percentage (29%) of study sample were at age group (20-24) years, while the lowest percentage (7%) their ages were >40 years, Yazdizadeh, et al (2011) Emphasized in their study. The 'Integrated Monitoring Evaluation System Survey' (IMES) which was conducted on women aged 10-49 years old also reported the rate of Cesarean section to be as high as 40% ⁽⁵⁾. Also the result shows (37%) of study sample were Primary school graduated. Habib et al (2011) was in agreement with present study they mentioned in their study about knowledge and preference of mothers delivering at Al kadhumyia teaching hospital regarding caesarean section and normal vaginal delivery and find (47.3%) complete primary education ⁽⁶⁾.

Also the result shows (82%) of the study sample were house wife, the result findings agree with a study conducted by Ali, and Motamed (2005) about Women's knowledge and attitude towards modes of delivery in Kerman and find 73.0 % from mothers were house wife ⁽⁷⁾. Table (2) demonstrate the medical data and shows the number of pregnancy were once and constitute (27 %) while (35 %) were once delivery number of abortion high percentage (70%) were never abortion.

Yilmaz et al (2013) was in agreement with present study and find mean number of pregnancies was 3.3 ± 2.2 , mean number of births was 2.4 ± 1.6 , mean number of spontaneous abortions was 1.7 ± 1.1 , and 82%⁽⁸⁾.

With regard to number of children (57 %) were have (1-2) child with related to the type of operation (60%) from operation were emergency. Also the result shows (71 %) from causes operation were related to the mothers.

The present study explain this result as it is related to the young age of mothers and because of pain associated with normal delivery therefore the mothers preferred cesarean birth.

Table (3) indicate to the items priority, severity and mean of score, the question related to the fear from fetus death registered first high mean score

In a study of Rouheet al in 2009 agreement with our study and find fear of childbirth is one of the most common cause of caesarean section in women⁽⁹⁾.

Also Gungorduk et al in 2002 determined that fear of childbirth was the only women's wish for caesarean section⁽¹⁰⁾.

The secondhigh means wasrelated to the fear from feeling restlessness after operation and the third fear from harm of fetus

In study of Hadar et al 2002 interested about complications of caesarean section including hemorrhage and longer hospital stays in mothers and increased risk of neonatalrespiratory morbidity⁽¹¹⁾.

Nieminen and et al studies showed that relationship between fears of labor andpreferred of caesarean section⁽¹²⁾.

While the items with low mean score is related to the financial status, fear from not be pregnant again and fear from body deformity, these result can be supported by most medical references as the mothers fearing from caesarean birth

In study of Hadar et al in 2001 onpsychosocial characteristics of womenfearing vaginal childbirth showed that thepersonalities of woman's contributed to thewomen's fear of vaginal delivery⁽¹³⁾.

CONCLUSION

There have been different reasons for mother's fears such as fear of fetus death, the fear of labor pain and fear of fetus harm.

RECOMMENDATION:

1. Provide advanced efficient nursing staff to manage fearing associated with the patient by Cesarean birth.
2. Psychological support to the pregnant women before Caesarean birth and the nurse has the major role in this aspect.
3. Answer all questions of pregnant mothers about Caesarean birth from the staffby provide educational posters to illustrate the concept of Caesarean birth and procedures before and after the operation.
4. Wider studies for larger spot.
5. Advice the pregnant womento visit the primary health care centers.

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