



HAL
open science

Caesarean section or Vaginal birth: Making an Informed Choice

Alexandre Dumont, Marylène Md Dugas, Myriam de Loenzien, Allison Shorten

► To cite this version:

Alexandre Dumont, Marylène Md Dugas, Myriam de Loenzien, Allison Shorten. Caesarean section or Vaginal birth: Making an Informed Choice. 2022. ird-03825031v2

HAL Id: ird-03825031

<https://ird.hal.science/ird-03825031v2>

Submitted on 5 Sep 2023 (v2), last revised 24 Sep 2023 (v3)

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.



Quali-Dec

A positive childbirth experience through informed decision-making.



Planning for caesarean section or a vaginal birth?

Making an informed choice

Information

Motivations

You're pregnant and wondering how you're going to give birth?

Would you prefer a caesarean section or a natural birth?

Here is some information to help you understand which mode of delivery is best for you and your baby.

This booklet is a decision-analysis-tool used in the QUALI-DEC research project. The aim of this project is to improve decision-making about the mode of birth.

This tool has been given to you by a healthcare professional to help you understand the most appropriate mode of birth for you and your baby, and then to discuss your preferences and motivations with your provider. By using this booklet, you are consenting to take part in this research. Your participation is anonymous and confidential. It will not be possible to identify you.

Thank you for your availability.

What is the purpose of this tool?

To give you additional information and support so that you and your healthcare provider can make the best decisions for your own health and the health of you baby.

- Understanding the possible benefits and increased risks of each mode of delivery ("Information" section)
- Revealing your preferences and what is important to you ("Motivations" section)

Please bear in mind that your condition may change throughout your pregnancy. A vaginal delivery or caesarean section may become the best option. In this case, the decision that seems most appropriate to you after reading this booklet may be different from your doctor's decision at the time of delivery. Your doctor will explain the reasons for this change.

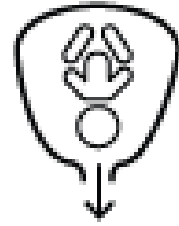
The information in this booklet is intended to help you think about your options, but should never replace the advice of your doctor. The authors do not accept any responsibility for any decision based solely on the information contained in this booklet. For further information, please contact your doctor.

The background is a solid green color with a pattern of white cherry blossoms of various sizes scattered across it. The blossoms are stylized with five petals and a central dot.

1 *Information*

Planning for a vaginal delivery

A vaginal delivery is a birth in which you push your child/children out of your uterus through your vagina. You can plan a vaginal delivery which it can still involve medical interventions.



Planning for a caesarean section delivery

A caesarean section delivery is a surgical procedure to deliver your baby through an incision made in your abdomen and uterus. A caesarean section is abdominal surgery. Pain relief methods such as an epidural or spinal anesthesia are used, or in rare cases you may have a general anesthesia.

A planned caesarean section is usually recommended for medical reasons, based on discussion with your healthcare provider. It is scheduled around your due date, once your baby has reached full term and before the onset of your labor.



Choosing a vaginal delivery

A vaginal delivery can be a safe and positive experience for many women.

If you and your baby are healthy and supported to have a safe vaginal birth, this method avoids unnecessary medical interventions and risks associated with surgery. If you choose to become pregnant again, a vaginal birth also avoids complications for future pregnancies associated with a caesarean section scar.

There is always the possibility of needing to switch to a c-section due to complications during your labour, but about 90% of all women who choose a vaginal delivery continue to give birth this way.

What do I need to consider when choosing a vaginal delivery?

Most women can have a vaginal delivery, but every pregnancy and childbirth is unique. Making a decision to prepare for a vaginal delivery will depend on your medical history and your current pregnancy.

Your healthcare provider will review your medical history and ensure you have access to all the necessary information to make a decision together.

IMPORTANT CONDITIONS FOR A VAGINAL DELIVERY:

- ✓ You are pregnant for only one baby
- ✓ Your baby is in the head-down position
- ✓ > You are at 37 weeks of pregnancy or more

SPECIAL CONSIDERATIONS TO DISCUSS WITH YOUR HEALTHCARE PROVIDER

- ✓ Your baby is in bottom down position (breech position)
- ✓ The estimated weight of your baby is over 4 kg (Macrosomia)
- ✓ Your cervix is not ready for labor and induction is needed

Can I change my mind about my delivery method during pregnancy and childbirth?

Throughout your pregnancy, your health and the health of your baby will be assessed on an ongoing basis to ensure that a vaginal birth remains a safe option for you and your baby.

- If your condition changes and a vaginal delivery becomes more of a risk, it is important to discuss and determine together with your healthcare provider whether a planned caesarean section is safer for you and your baby
- If you choose to try a vaginal delivery, you will be monitored throughout your labour so that a caesarean section can be quickly performed, if it is necessary for you or your baby
- If your labour is prolonged, a caesarean section during labor might be needed.



QUIZ

True or false?

1. Vaginal delivery is more risky than a caesarean section for you and baby.

True False

2. With a caesarean section, there is no risk of pelvic organ descent.

True False

3. If you choose to breastfeed, your chances of successful breastfeeding are greater if you give birth vaginally.

True False

4. Having a caesarean section eliminates all the pain because of anaesthesia.

True False

5. A baby born vaginally after a normal labour is less likely to have respiratory complications at birth than a baby delivered by planned caesarean section.

True False

ANSWERS TO THE QUIZ



1. **False**, recent studies clearly indicate that there are more risks for your health and your baby's health when delivery is by caesarean section.
2. **False**, a descent of a pelvic organ usually occurs in the last months of pregnancy, because of pressure on the cervix of the baby. A caesarean section delivery does not automatically prevent this problem.
3. **True**, you have more likelihood of starting breastfeed right after delivery, and continuing to breastfeed, if you have a vaginal delivery. Breastfeeding is one of the most effective ways to ensure child health and survival.
4. **True, the** anaesthesia provides pain relief during the surgery but abdominal pain is likely during the first 3 months after delivery
5. **False**, especially if you give birth before 39-40 weeks. Before this time, babies delivered by planned caesarean section are likely to have respiratory complications. Going through the birth canal prepares the baby's lungs for outside breathing.

There are many misunderstandings about the safety and presumed benefits of caesarean section. It is important to take the time to familiarize yourself with all advantages and disadvantages of both options based on scientific evidence. The possible benefits and risks of planned vaginal birth and planned caesarean section are summarized in the following table:

Planned vaginal birth

Planned caesarean section

Summary

- You push your baby out of your uterus, through your vagina
- You can use a pain control method (epidural)
- You may have an assisted vaginal delivery (for instance with forceps or a vacuum) or a caesarean section if necessary
- You will stay at the hospital for around 48 hours if you give birth vaginally, and 3-4 days if you have a caesarean section during labor

- Your baby is delivered by abdominal surgery
- Your surgery is planned in advance and scheduled before the onset of labour
- You will have a pain control method (most likely epidural or spinal anaesthesia)
- You may undergo a general anaesthesia
- You should stay at the hospital for 3 to 4 days

Possible benefits

- Immediate and sustained contact with your baby
- Starting to breastfeed right after delivery
- Reducing the risks associated with surgery
- Faster recovery, including increased mobility after childbirth and shorter hospital stay
- Reducing the risk of complications during a future pregnancy

- Reducing pain during labour
- Avoiding prolonged labour
- Avoiding urgent caesarean section if complications arise during labour
- Less pain in your perineum after delivery and in the first 3 months
- Reducing the risk of temporary urinary incontinence during the first 2 years after your delivery

Possible increased risk of

- Urgent caesarean section during labour if necessary for medical reasons
- Assisted delivery (for instance forceps or vacuum) if necessary
- Pain in your perineum and abdomen during delivery and in the first 3 days after
- Temporary urinary incontinence during the first 2 years after your delivery

- Longer hospital stay
- Slower recovery
- Post-operative pain
- Separation from your baby after delivery so you can get post-surgical care
- Challenges to your functionality as you recover, for instance you will not be able to lift or push heavy items at home for a number of weeks
- Needing more help at home to take care of both yourself and your baby
- Reducing your chances of starting to breastfeed after delivery
- More abdominal pain in the first 3 months after your delivery
- Persistent pain at the site of your surgical wound for 12 or more months
- Higher likelihood of hysterectomy
- Higher likelihood of complications during any future pregnancy

Possible increased risk for your baby

- Brachial plexus injury in case of complicated vaginal birth

Cardio-respiratory complications

- Respiratory disorders after birth (if your delivery is earlier than 39-40 weeks of pregnancy)
- Obesity in childhood or adolescence

What to know to prepare for a vaginal delivery?

DURING PREGNANCY

- › Seek support (partner/husband or friend, family, healthcare providers)
- › Take childbirth preparation classes if available
- › Have confidence in your ability to give birth

PAIN MANAGEMENT

Discuss pain control methods with your healthcare provider. Options may include a method called an epidural, administered during a vaginal delivery.

INDUCTION OF LABOUR

Induction is a method that starts your labour artificially, instead of waiting for it to begin spontaneously. The decision to have an induction should be made with your healthcare provider and include a discussion of possible side effects.

Induction should take place at or after 41 weeks of pregnancy, although certain medical conditions require induction before this time.

If an induction is necessary for the health of you or your baby, you may need additional healthcare interventions to prepare your cervix for delivery, such as insertion of a Foley catheter.

DURING DELIVERY

- › Wait until labour begins spontaneously
- › Move, change positions, get up, walk
- › Eat lightly and stay hydrated to keep your energy
- › Get a massage, try to relax between contractions, breathe
- › Listen to music, take a bath, practice visualization
- › Ask for the support of your chosen labour companion

What to know to prepare a caesarean section?

DURING PREGNANCY

- This is the ideal time to ask any questions you may have about the surgery and to remove any anxiety.
- Get plenty of rest before the caesarean section
- It is important to schedule this caesarean section after 37 weeks of pregnancy to reduce the risk of respiratory complications for your baby.
- Bear in mind that labour may start spontaneously before the planned caesarean section.

DURING CAESAREAN SECTION

- If the lower part of the body is anaesthetized (the most common case), you will be conscious during the surgery and you will be able to see your baby immediately after birth.
- If a general anaesthesia is required (less frequent), you will not be conscious and you will see your baby in post-surgery.



2 *Motivations*

Personal reflexion

After reading the first part of this booklet, you may have a preference. Would you prefer a planned vaginal delivery or a planned caesarean section? To explain your motivations to your healthcare provider, choose from the list below what's important to you (tick all what apply):

<input type="checkbox"/>	Experience a vaginal birth
<input type="checkbox"/>	Increase my chances to breastfeed successfully
<input type="checkbox"/>	Reduce my risks associated with any kind of surgery
<input type="checkbox"/>	Have immediate physical contact with my baby
<input type="checkbox"/>	Avoid prolonged labour
<input type="checkbox"/>	Other reason, please specify :

You can add additional information about your preferences here :

Show this booklet to your healthcare provider at your next antenatal care visit and discuss your preferences and your motivations.

If you still have questions about the benefits of a vaginal birth, you can seek a second opinion from another healthcare provider.

Authors	Review committee
<ul style="list-style-type: none"> • Allison Shorten 	<ul style="list-style-type: none"> • Alexandre Dumont
<ul style="list-style-type: none"> • Marylène Dugas 	<ul style="list-style-type: none"> • Myriam de Loenzien
<ul style="list-style-type: none"> • Myriam de Loenzien 	<ul style="list-style-type: none"> • Charles Kaboré
<ul style="list-style-type: none"> • Alexandre Dumont 	<ul style="list-style-type: none"> • Pisake Lumbiganon
	<ul style="list-style-type: none"> • Guillermo Carroli
	<ul style="list-style-type: none"> • Mac Quoc Nhu Hung
	<ul style="list-style-type: none"> • Ana Pilar Betrán
	<ul style="list-style-type: none"> • Maria Regina Torloni

Acknowledgements :

This booklet was inspired by the tool developed by Marylène Dugas, Nils Chaillet and Allison Shorten entitled « *Donner naissance après une césarienne, s'informer pour mieux choisir* » and the tool developed by Allison Shorten entitled "Birth Choices. What is best for you.... Vaginal or Caesarean Birth?"

Partnerships:

This booklet was adapted to low- and middle income countries as part of the QUALI-DEC project, which is co-financed by the European Commission under the H2020 "research and innovation" program (contract No. 847567) and by the UNDP-UNFPA-UNICEF-WHO-World Bank Special Research Program in Reproductive Health (HRP), a program executed by the World Health Organization's Department of Research in Sexual and Reproductive Health (SRH). The contents are the responsibility of the authors and do not reflect the opinion of the European Commission, nor that of UNDP-UNFPA-UNICEF-WHO-World Bank.

Registered in september 2021 in the Decision Aid Library Inventory (DALI) of the Ottawa Hospital Research Institute: Decision Aid #1959, according to International Decision Aid Standards. Last updated April 28, 2023.