

Risks and benefits of caesarean section versus vaginal delivery :
women's attitudes and experience in Hanoi
**Preliminary results of a
community-based qualitative study**

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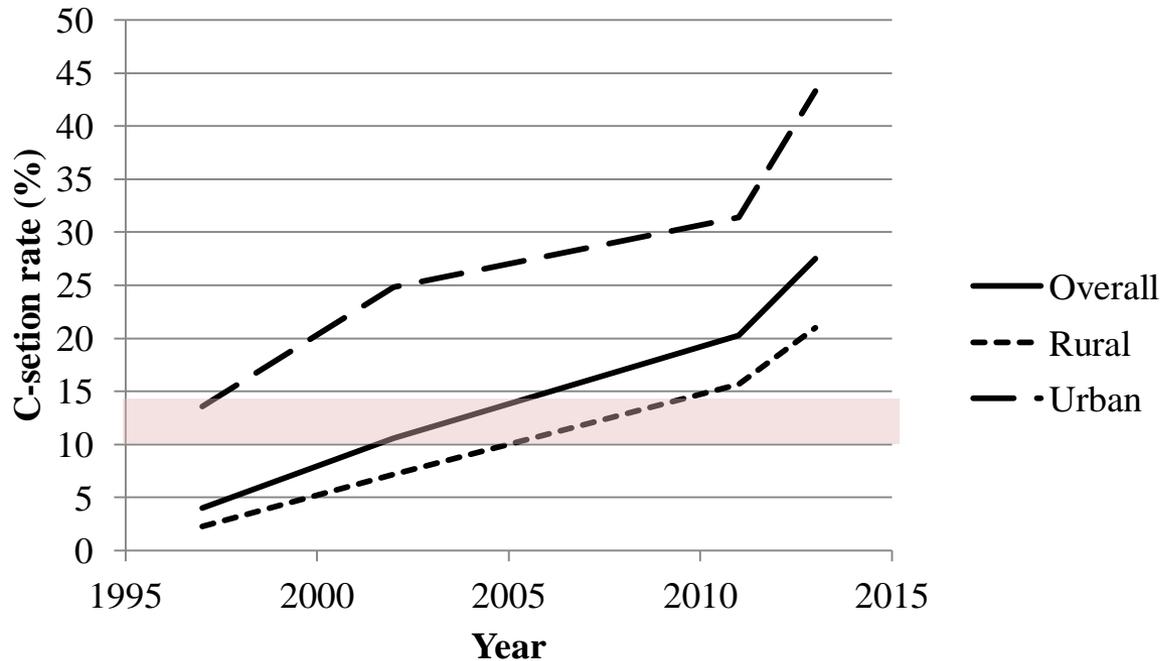
Rationale and objectives

- Rising rates of caesarean section in Vietnam
- Lack of community-based qualitative data
- On-going Cesaria research programme



cesaria
BÉNIN • FRANCE • MALI
CAMBODGE • VIËT NAM

C-section rate per year and type of area



Objectives

- Document women's perceptions of risks and benefits of vaginal delivery and caesarean section
- Complement data from institutional settings with community-based study (outer perspective)
- Include women from rural and urban districts of Hanoi
- Participate in designing decision aid tool to be use during antenatal consultations to inform and empower women to make birthing choices



Method: qualitative study

Face to face individual interview

At or close to women's place of residence

Audio recorded

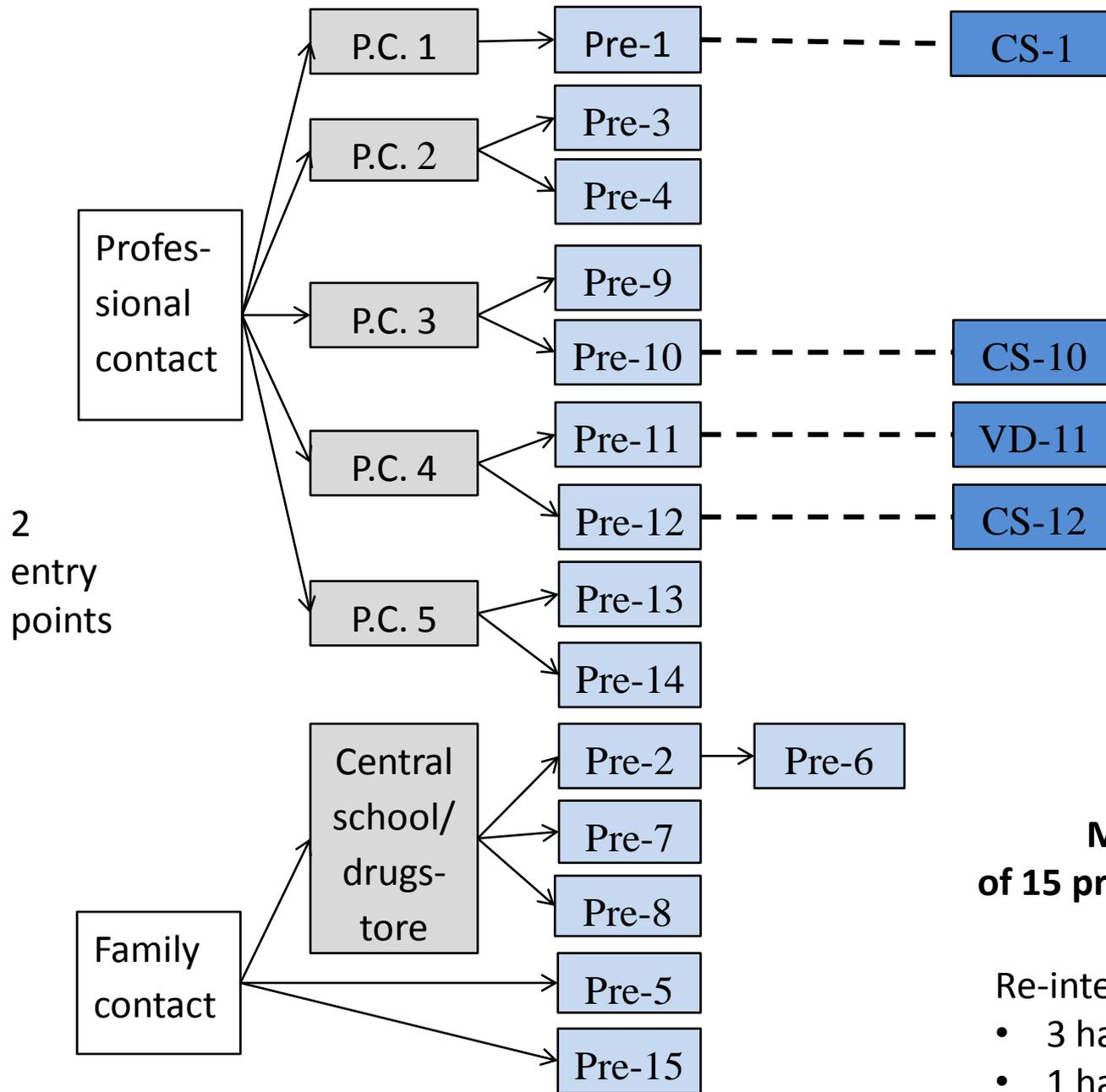
Vietnamese language

Duration between 50 minutes and 1h20

Content: healthcare and delivery process, relationships with husband, family, friends and healthcare providers

- Everyday life
- Getting prepared to deliver
- Relationship with healthcare providers
- Controlling time of birth
- Information sources
- Comparing rural and urban contexts
- Comparing vaginal and caesarean delivery
- Future





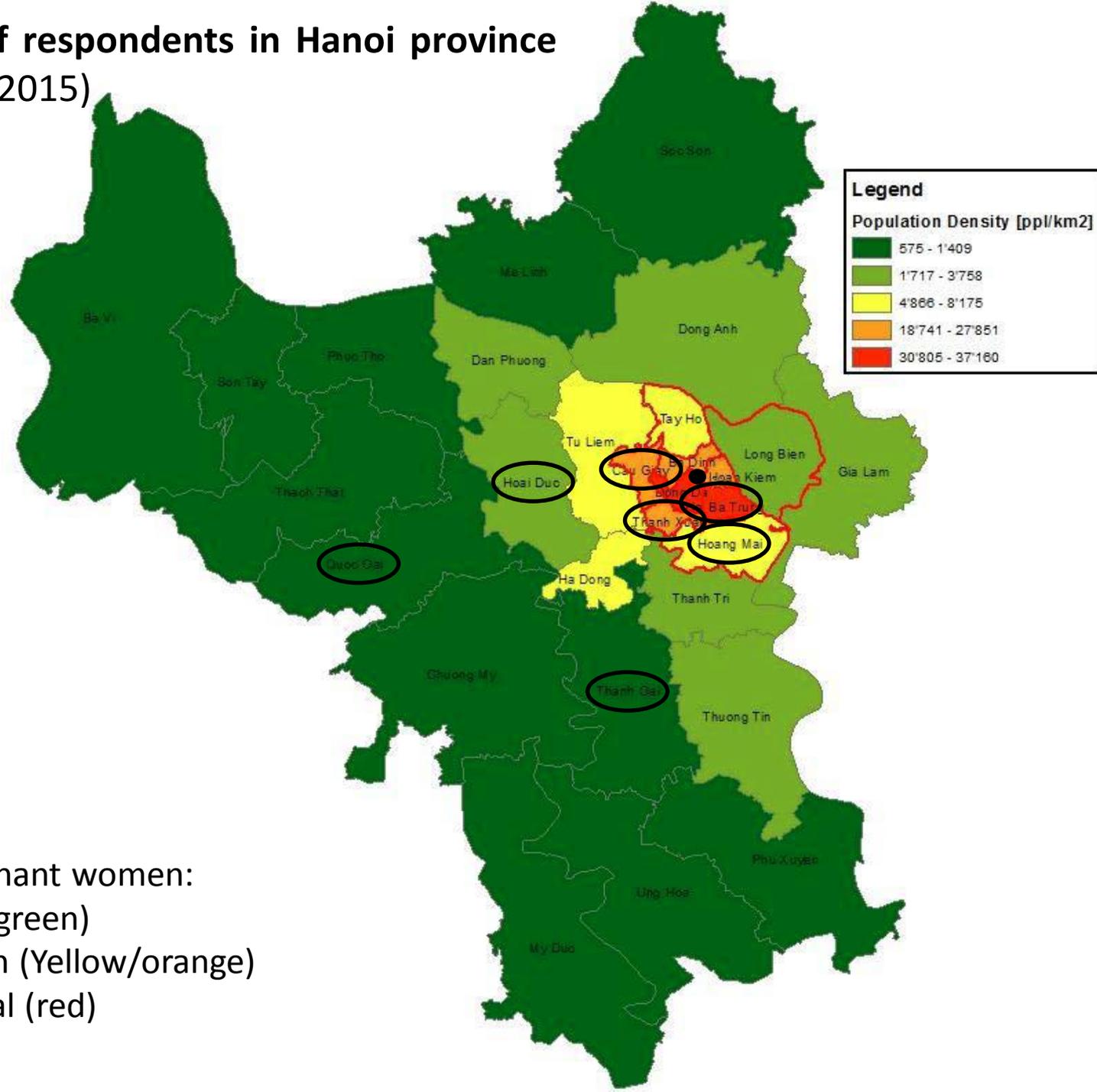
Method: Identification of 15 primiparous pregnant women

Re-interviewed post-partum:

- 3 had CS
- 1 had VD

Results: Location of respondents in Hanoi province

(map from Brandes 2015)



15 nulliparous pregnant women:

- 6 in rural areas (green)
- 5 in urban periph (Yellow/orange)
- 4 in urban central (red)

Results: social and demographic characteristics of women

	Main trend	Childbirth
Age	20-33 years	No experience
Duration of pregnancy	28-40 weeks	Increasingly worried
Economic activity	Business (shop, market, home) Employee, Midwife Private and public sector	6 months leave
Family	All married 4 cohabiting with in-laws	Support and financial assistance
Health insurance	All insured since pregnancy or work	80% in sector 30% out

Results: from ANC to delivery

Pregnancy follow-up

- ANC mostly in private office setting
- Late registering at hospital
- Intensive use of ultrasound: 9-12 examinations (sex of newborn, accessibility)

Preparation for delivery

- No childbirth preparation class: 1 women in commercial setting
- Reason for not attending: work, lack of time

Contacts with healthcare workers during pregnancy

- Medical practitioner: discussions mostly to solve problems
- Midwife only after delivery: no contact before, midwife associated to childcare

Criteria for choosing hospital for delivery

- Technical skills (practitioners and services)
- Avoidance of overcrowding (service, bed)
- Proximity from place of residence
- Financial cost

Results: Main trends in attitudes regarding the 2 modes of delivery

Caesarean section

- New increasing trend
- Solution to difficulty in delivery
- Preference for CS, indirect testimony of preference from friends and relatives
- Direct experience of CS, CS after trial of labour or health problem

Vaginal delivery

- Preferred mode of delivery
- « natural », « ordinary », non interventional
- Reference to family experience
- Women's ability, rewarding experience

Context

- Fear of childbirth
- Lack of experience and self-confidence
- Search for information, intense use of the internet

Results: Detailed information about caesarean section practice (vs vaginal delivery)

Pros

- Solution to difficult delivery: weakness, pressure from healthcare staff
- Search for propitious time (day, hour)
- Less painful during delivery
- Avoid enlarged vaginal route and perineum scar leading to problems in sexual life
- Shared experience with previous generations in family
- Rewarding experience

Cons

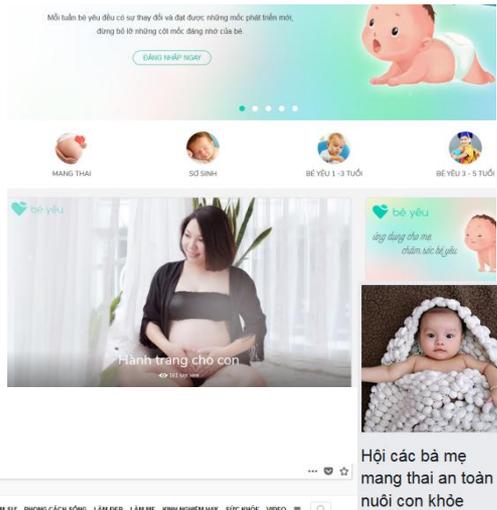
- Difficulty in breastfeeding
- Long recovery
- Long term pain (back) due to anaesthesia
- High financial cost
- Long delay for next pregnancy (2-3 years)
- Health problems for new-born
- Non aesthetic scar

Explanation of recent increase in CS rates

- Search for safety
- Availability of technology
- Increased age at delivery
- Change in lifestyle: weakness due to less physical exercise and environmental problems

Results: source of information on childbirth

- Combination of contradictory data
- Intense use of internet on smartphone for all decisions regarding delivery
- General information on family and health, and more specialized websites



Discussion: research methodology

Community-based versus hospital based interview

- No interview in hospital (timing, power relations, selection bias)
- Potential selection biases due to identification of informants through drugstore/ school and popular committee (registered residents)

Difficulties in recruiting women asking for elective caesarean section:

- Fear of contact among pregnant women
- Superstition regarding efficiency of elective CS
- Hard to reach population: young, active, upper class (see dynamic of new norm)

Diversity of contexts

- Central urban covered
- Rural area close to metropolis (periurban) covered
- Rural still to be documented



Discussion: suggestions for future research and action

Paradox and ambivalence of CS

- Rising CS rates but preference for VD
- CS solution to modern weakness and availability of healthcare equipment

Need for closer monitoring and assistance:

- Contradictory injunctions: social environment, family experience, the internet, medical advice
- Lack of childbirth preparation classes
- Reduced intra-family transmission

Need to remedy to organizational constraints of healthcare infrastructures (crowd, access of accompanying relatives)

Potential impediment to DAT use:

- Late decision regarding place for delivery leading to separation between antenatal care and childbirth care (fostered by flexibility of healthcare system)
- Scattered pregnancy follow-up: multiple recourses, private health sector (legal aspects)

Objective of intervention: decrease elective CS but also CS after trial of labour



Thank you for your attention