Reconstructing Birth after Caesarean Section

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**Background:** Although few women in the general population request a caesarean section, preference for this type of birth is more common amongst women who have previously experienced a caesarean section. Rates of attempted and successful vaginal birth after previous caesarean section are low and have been partly attributed to women's request for repeat caesarean section.

**Aim:** This study explores the childbirth expectations, knowledge, beliefs and attitudes of women who experienced a caesarean section (C/S) and prefer a C/S in a subsequent pregnancy.

**Method:** An advertisement placed in newspapers in regional and urban areas throughout Queensland invited women who had experienced a C/S to participate in an in-depth telephone interview. The findings of the thematic analysis are from the data collected from the participants who either had a planned elective C/S in their next pregnancy or stated they would choose this option in a subsequent pregnancy.
Results: One hundred and fifty women responded to the advertisement and 96 women could be contacted and interviewed. Prior to the first C/S most participants expected and wanted to birth normally. The data from those women who stated they preferred C/S in a subsequent pregnancy revealed that they reconstructed vaginal birth to be uncertain, unpredictable, unsafe and potentially unachievable. Psychological defence mechanisms are used as a framework for interpreting women’s reactions and birth preferences. The major influences on women’s preferences for birth of a subsequent baby were the medical discourse that promoted C/S as the safest option, family and friends, and personal negative reflections on birthing experiences.

Conclusions: In response to the professional medical discourse and their birthing experiences, C/S came to be viewed by women in this study as bearable and the least risky option. Understanding women’s responses to birthing experiences and the impact on preferences in a subsequent pregnancy is important if health professionals are to improve the quality of care offered to women and their families during the normal, but significant, life event of pregnancy, birth and early parenting.