Literature review: what reasons do women give for requesting caesarean section in the absence of medical indication?

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Introduction

- Background
- Aims of the literature review
- Methods
- Results
- Discussion
- Conclusions
- Recommendations for further research and/or audit
Caesarean delivery at maternal request (CDMR) is defined as a term, caesarean delivery for a singleton pregnancy requested by the mother in the absence of any medical indication

* Caesarean deliveries (CD) account for 20-25% of all births
* CDMR accounts for 6-8% of all primary CD

**CD is viewed as a safe procedure**

* Improved surgical technique
* Improved anaesthesia/analgesia
* Ready availability of antibiotics
* Ready availability of blood products
CDMR has been a source of much controversy in both the lay media and in medical literature

- **Medical ethics**
  - Patient autonomy versus non-maleficence

- **Economic viability**
  - Normal vaginal delivery (NVD) costs approximately £700 less than CD
  - NHS could save £4.9 million for every percentage reduction in CDMR
  - However, NICE advise there is not enough evidence to refuse CDMR on the grounds of cost-effectiveness
    - Model does not take into account sequelae of NVD or potential costs of supporting a woman to attempt NVD
Aims and methods

Aims
* Highlight the main reasons for CDMR
* Comment on the quality of existing research
* Make recommendations for further research and/or audit

Methods
* Key words
  * “caesarean section AND maternal request” in combination with “decision making,” “motivation,” “reasons for request,” and “choice”
* Databases
  * Cochrane
  * PubMed
  * Ovid
  * Maternity and Infant Care
  * PsychInfo
  * PsychARTICLES
Results

- Total database search results (288)
- Relevant titles (16)
- Relevant abstracts (7)
- Relevant citations (1)
- Total papers for review (8)
### Summary of reviewed studies

<table>
<thead>
<tr>
<th>Study</th>
<th>Design</th>
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<tbody>
<tr>
<td>Wiklund et al. Sweden 2007 (n=70)</td>
<td>Prospective cohort study. Self-assessment questionnaires assessing reasons for planning CDMR.</td>
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<tr>
<td>Dursun et al. Turkey 2011 (n=366)</td>
<td>45-item questionnaire assessing reasons that might influence participants to have CDMR.</td>
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<tr>
<td>Romero et al. U.S.A. 2011 (n=317)</td>
<td>62-item survey assessing reasons that might influence participants to have CDMR.</td>
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<td>Robson et al. Australia 2008 (n=78)</td>
<td>2-page postal survey assessing reasons for choosing CDMR.</td>
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<tr>
<td>Pakenham et al. Canada 2006 (n=210)</td>
<td>2-page anonymous questionnaire assessing reasons that might influence participants to have CDMR.</td>
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<tr>
<td>Chigbu et al. Nigeria 2007 (n=27)</td>
<td>Prospective interview study. Oral questionnaire assessing reasons for choosing CDMR.</td>
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<tr>
<td>Chong and Mongelli Singapore 2003 (n=160)</td>
<td>Self-completion questionnaire assessing reasons that might influence participants to have CDMR.</td>
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<tr>
<td>Edwards and Davies Wales 2001 (n=344)</td>
<td>Self-completion questionnaire assessing reasons that might influence participants to have CDMR.</td>
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Discussion

* Dearth of information
* Studies difficult to compare and extrapolate
  * Studies from Sweden, Turkey, U.S.A., Australia, Canada, Nigeria, Singapore, Wales
  * Developing versus developed countries
  * Low versus high socio-economic groups
  * Study design and results formatting
  * Under- or over-representation of societal sub-populations
    * Visible minority groups, immigrants, IVF pregnancies
* Questionable aspects to most studies
  * Unclear design
  * Results reporting
  * Some poorly referenced
Some themes in terms of the reasons given for CDMR

- CD is safer for the baby
- Avoidance of labour pain
- Avoidance of vaginal/pelvic floor injury
Literature review carried out in 2012

New developments

* No new reviews on the subject
* 3 recent papers identified
* Recent theme in the literature
  * looking at decision-making processes, motivations, life influences
  * Interventions to reduce the number of ‘unnecessary caesarean sections’
* The importance of this issue appears to be coming to the fore
Audit

- NICE recommend that the reasons for a woman’s request are explored and documented
- Evidence suggests this is not being carried out
- It may be useful to aim for 100% achievement of the above and audit in a year to what extent this has been achieved

Research

- Use the reasons documented in patient notes to chelate information on the reasons given for CDMR
- Results could be stratified in terms of parity, age, ethnicity, education etc.
Conclusions

- CDMR is a controversial issue
- Limited guidance regarding the most ethical/economical course of action
- Dearth of information regarding women’s reasons in favour of CDMR
- Available studies of questionable reliability
- In general terms the most frequently cited reasons for CDMR relate to concern for the baby, and fear of pain and vaginal/pelvic trauma
- There is a need for more robust studies to understand this issue and to inform best practice
Thank you for listening!
Any questions?

References
Reviewed papers:


Thank you for listening!
Any questions?

References
3 new papers:

Other referenced papers:
Thank you for listening!
Any questions?

References

Other referenced papers continued