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**Opinia pacjentek o cięciu cesarskim a preferowana droga ukończenia ciąży – zmiany na przestrzeni ostatniej dekady**

**Rozprawa na stopień doktora nauk medycznych i nauk o zdrowiu  
w dyscyplinie nauki medyczne**

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## **Streszczenie w języku angielskim**

Title: „Patients’ opinion about cesarean section and their preference about the mode of delivery – changes over the last decade”

Patient-centered care requires shared decision-making, which is a unique process in the context of choosing the mode of delivery, as the decision influences not only the mother, but also the baby. It is vital to provide adequate information about the vaginal delivery and cesarean section to allow women understand the real advantages and disadvantages of both ways of delivery. Over the last decade, the lifestyle and level of patient’s knowledge about medical procedures has changed due to global access to social media. That also includes women’s knowledge about the advantages and disadvantages of different modes of delivery and therefore we wanted to verify whether it has influenced their preference for having a cesarean section.

The aim of the study was to acquire information about Polish women’s knowledge, opinion and preference for the mode of delivery and the decision-making process, as well as different ways of pain-relief in labor. The study was designed as an anonymous online and paper survey with the aim to collect data about the opinion of Polish women about the cesarean delivery, distributed via social media and filled in by 1175 women in 2010 and 1033 women in 2020. Respondents were asked about their preference of mode of delivery, possible factors influencing their decision and their knowledge about risks and benefits of cesarean section.

The results of our study show that maternal preference of the mode of delivery in Poland has changed over the last decade, the rate of preference for the cesarean section having had increased from almost 44% of women in 2010 to more than 56% in 2020 ( $p<0.05$ ) . We observed a rising trend in the number of women who claimed it was their autonomic right to choose the mode of delivery, the rate having increased from more than 25% in 2010 to almost 35% in 2020 ( $p<0.05$ ). The rate of women who prefer co-deciding with their obstetricians was comparable between the 2010 and 2020 groups (46% vs. 44%).

There was an increase in the proportion of women who wanted to have analgesia in labor, with respectively 67.9% of women in 2010 and 73.9% in 2020 ( $p<0.05$ ) . About 50% of women chose epidural analgesia as the only efficacious method of pain relief in labor both in 2010 and 2020 time-points. 92.3% of women in 2010 and 94.9% in 2020 thought that they should have the possibility of independent choice of analgesia method before the delivery ( $p<0.05$ ).

When analyzing the factors that influenced women's preference, we found a correlation between the level of education and preference of mode of delivery, with a significant increase of proportion of women who prefer vaginal delivery (VD) with the increasing level of education, with the lowest rate in the group with primary education (66.0% in 2010 and 33.3% in 2020) and highest with medical education – 86.3% in 2010 and 69.3% in 2020 ( $p < 0.05$ ). This trend existed both in 2010 and 2020; however the proportion of women who preferred VD has decreased over the last decade in all groups, even two-fold in the primary education group. A similar correlation was present between the level of education and the decision-making process about the mode of delivery, with the higher proportion of women who accepted the role of obstetrician and preferred shared decision-making and understood the importance of medical indication in the higher and medical education groups. Between 2010 and 2020, there was an increase in all educational level groups, with almost a three-fold increase in the rate of women with lower education who wanted to have an independent right of choosing the mode of delivery. A decrease in all educational level groups was observed in terms of preference for cesarean section (CS) only for medical indications. A history of VD significantly reduced the preference for having a cesarean delivery, with only 6.9% of women in 2010 with a history of VD and 8.9% in 2020 having preferred a cesarean delivery. The proportion of women who had had only a CS and preferred CS was almost six times higher than of those with a history of VD only both in 2010 and 2020 groups. The preference for VD was two-fold higher in the group with a history of VD than CS. A history of CS also resulted in almost two-fold higher proportion of women who thought it should be their autonomic right to decide about the way of delivery and indicated they would like to have a cesarean delivery on maternal request (CDMR).

There has been a significant increase both in the rate of Polish women who prefer cesarean delivery over the last decade and in the rate of women who consider the choice of mode of delivery as their autonomic right. The importance of educating women about the advantages and disadvantages of vaginal and cesarean delivery should be emphasized. The medical professionals – obstetricians and midwives involved in the pregnancy care - should provide women adequate information about the ways of delivery in the course of pregnancy, so that they are aware of the indications for cesarean delivery and its' possible consequences for mother and the baby. A high proportion of Polish women choose epidural analgesia (EDA) over other pharmacological and non-pharmacological methods of pain relief in Increasing women's knowledge about different methods of intrapartum pain relief may lead to wider use of non-pharmacological methods of pain relief. Some of the main factors influencing the

preference for cesarean delivery, such as fear of childbirth or concern for fetal health are modifiable and thorough educational and psychological preparation would decrease the increasing predominance of CS preference.