

Women's Decision-Making Process of Childbirth Methods

Leixi Li*, Wenlin Wan

The People's Hospital of Leshan, Leshan 614000, Sichuan, China. E-mail: 469261472@qq.com

Abstract: Background: At normal situation, vaginal delivery is recommended to pregnant females who are at low risk of complications. Recently, there is a widespread discussion about the right of the women in choosing their childbirth methods, specifically cesarean section. Aim: We designated to critically discuss the ethical argument on female's choice of childbirth method as well as the influential factors involved in their decision-making process. Methods: A comprehensive discussion relying on systematic literature reviews was conducted to address the ethics, policies, safety, and suggestions for the choice of childbirth approach. Findings: Most women would like to have the freedom in selecting the delivery method, whereas the decision-making process is complicated and multifactorial and needs to coordinate with safety issues, opinions from family members, and recommendations from doctors. Discussion: No evidences could define the safest fetal delivery method. However, in consideration of both the equality and ethical principle, obstetricians should respect the women's autonomy while obligate to refuse their requests to lower the risk of both the mother and infant. The establishment of trust, exchange of information, fully consideration of all factors, and legal protection can ensure doctors helping the mothers to make the best decision for childbirth approach. Conclusion: The decision-making process for determining the childbirth method depends on the balance among females' autonomy, family's suggestions, obstetrician's obligation, and legal protection of the doctor.

Keywords: Decision-Making; Childbirth Method; Clinical Ethic

1. Introduction

In recent years, an increasing number of health organizations and researchers have advocated patients to participate in medical decisions^[1]. In obstetrics, the issue of a woman's choice on her method of delivery, for instance, whether cesarean sections without medical indications should be allowed in cases of uncomplicated pregnancies has caused widespread discussions. Generally, pregnant women without medical indications for cesarean section or with low risk of complications are recommended for vaginal delivery^[2]. However, studies have reported that most women require cesarean sections to reduce the risk of fetal injury, irrespective of how

much the risk can be reduced^[3,4]. According to a recent literature review most obstetricians support a woman's right to choose the method of delivery, and women championing for this right also account for a large proportion. Only a small proportion of midwives believe that women should be advised on the safest method of delivery^[5]. Several clinicians have contended that it is inappropriate for women to choose cesarean deliveries for fear of pain caused by vaginal deliveries and that obstetric professionals have moral responsibilities and obligations to help women make the best decisions^[4,6]. It should be emphasized that pregnancy and childbirth are dynamic processes. Therefore, decisions will be affected

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by different conditions and factors^[7]. The National Institutes of Health (NIH) currently asserted that there are insufficient evidences to compare the advantages and disadvantages of the two methods of delivery and suggested that a woman's choice of delivery method should be based on ethical principles^[8]. Thus, this article will critically discuss the ethical debates on women's decision-making process of the childbirth methods.

2. Discussion

Autonomy enjoys an essential position in Kant's moral philosophy and Mill's utilitarian liberalism^[9,10]. It recommends that each patient's decision be respected and each patient provide written informed consent before treatment^[11]. As with any medical procedure, a woman's choice of delivery method requires clinical evaluation and informed consent^[7], that is, each woman has the right to make her own decision after complete understanding the risks and benefits of the method of childbirth she has chosen. Obstetricians have a moral obligation to give full consideration to a woman's preference and to respect her autonomy in making the decision on the delivery method^[12]. This right also assumes that the patient can make informed decisions, as the fetus is not autonomous^[13]. If women do not clearly understand the risks and benefits of childbirth, it is challenging to obtain informed consent^[14]. Autonomy can sometimes have negative consequences. It gives the patient the right to refuse a particular treatment, even if it is forced by an obstetrician. The entire decision-making process may also start off on negative footing. For example, the patient may not be allowed to ask the doctor for his/her opinion on the best treatment^[6,14]. Regardless, in the decision-making process, women must choose between two methods of childbirth.

For most women, choosing a delivery method based on an understanding of risks and information provided by obstetricians is actually a complicated process, even most women want to have the freedom of choosing the delivery method^[5]. In fact, these women need to consider many factors, such as fetal safety, family member opinions, and finances before making their decisions^[15,16]. Although the risks of childbirth are difficult to predict, obstetricians are required to respect a woman's autonomy as much as possible and to provide answers to her

questions^[7]. Doherty^[17] reported that 80% of patients were more likely to be passive in the decision-making process, suggesting that most women can exercise their autonomy while in fact they are following the advice of professionals^[5]. On the other hand, the autonomy of obstetricians should be considered in the decision-making process, and they should not just be the executors of the treatment. When patients are given treatment options and informed consent forms, each patient has the right to choose her preferred option, and the physician has the obligation to meet the patient's needs^[6]. For a doctor, disregarding his/her expertise while respecting the patient's autonomy can diminish the value of profession; therefore, it is essential to maintain professional ethics^[18]. According to Seedhouse^[19], creating autonomy for a patient is different from providing choices for the patient. During the decision-making process, according to ethical guidelines and the law, obstetricians should recommend the best delivery method and justify the choice. Obviously, they are not obliged to provide patients with all the requirements. It is also worth noting that paternalism has been gradually replaced by the patient's right to make decisions^[3], and interfering with the patient's autonomy is one of the core elements of paternalism^[20]. In the United States, health care organizations emphasize the need to respect patients' autonomy and to stay away from paternalism, but it has inadvertently caused most doctors to offer as little advice as possible^[14]. During the process of informed consent, doctors discuss the risks and benefits of the two delivery methods for both mothers and infants, as well as providing guidance on making an informed decision while respecting their autonomy^[10]. However, the core elements of paternalism protect patients from self-harm, especially during emergencies^[20].

The principles of beneficence and non-maleficence require health care providers to minimize risks and maximize benefits. It also requires doctors to balance the risks and benefits of childbirth in order to reduce potential harm to mothers and infants^[13]. During the decision-making process, if the preference of the pregnant woman is not satisfied, the childbirth experience, doctor-patient relationship, and even the mother-child relationship may be negatively impacted^[21]. Compared with cesarean section, the probabilities of neonatal asphyxia and emergency cesarean section are higher during vaginal delivery, which is difficult for most women to accept^[22].

Moreover, natural childbirth is the main cause of pelvic floor tissue prolapse and urinary incontinence^[23]. The unpredictability of vaginal delivery also puts significant pressure on obstetricians. For example, if a woman goes through a difficult vaginal birth or a transfer to the neonatal unit, the obstetrician can be sued. As a result, some doctors may find it difficult to advise on delivery patterns and instead defer to the woman's will^[24]. Although selective cesarean sections may improve safety, they can still result in short-term or long-term harm such as placenta previa, placental hyperplasia, and hysterectomy. Other risks include damage to the bladder, ureter, or intestine^[25]. In China, the cesarean section rate, especially the selective cesarean section rate, continues to increase, and this may be related to the previously instituted one-child policy. It may also be related to the fear of pain, the safety of the fetus, and the choice of an auspicious time to deliver. As China currently has a two-child policy, government and health groups are encouraging and recommending vaginal deliveries^[2]. Therefore, cesarean sections should not be recommended for low-risk women who are considering future pregnancies.

Women's decisions on the childbirth method also require ethical considerations of the fetus. Historically, restrictions on the mother's rights as a guardian of the fetus have caused widespread controversies^[26]. In the past, individuals and institutions have used the interests of the fetus to limit the autonomy of the mother, resulting in the death of the fetus and mother, which served as an example for future legal decisions^[27]. On the one hand, cesarean sections are relatively safe for newborns, which explains why most pregnant women choose this method of delivery. However, cesarean sections also associate with risks for the fetus. For example, Chu, *et al.*,^[28] reported that the incidence of asthma in infants born by cesarean section is significantly higher than that in those born naturally. In addition, previous studies have demonstrated that cesarean sections have a negative effect on breastfeeding^[29, 30]. On the other hand, a previous study has shown that the incidence of intracranial haemorrhage in infants during vaginal delivery using forceps or fetal suction is higher than that of non-users^[31]. Therefore, the risks of these two delivery modes need to be carefully weighed. However, how can one make a balanced decision when the interests of the mother and child are in conflict? It has been suggested that the

mother's request be respected when there is reasonable assurance that the child or mother can suffer irreparable and physical harm^[32,33].

The decision-making process of the childbirth method is related to the principle of justice such as the equitable distribution of existing medical resources^[3]. Distributive justice is often a social decision, not a principle that applies to the care of each patient. By comparing the costs of the two delivery methods, vaginal delivery has more advantages^[34]. However, short-term and long-term maternal and neonatal diseases, as well as the costs associated with these complications, also need to be taken into account. These costs may include hospital stay, NICU transfer, and repeated cesarean sections^[35]. Druzin and El-Sayed^[35] argued that elective cesarean sections can result in the highly questionable use of limited resources. For egalitarians, justice undertakes the moral obligation of equal distribution or equal opportunity in meeting the needs of patients. Although healthcare needs vary among individuals, it is important to avoid unfair discrimination and to provide personalized support^[13]. For obstetricians, applying uniform standards to the allocation of medical resources can help eliminate potential ethical issues. On the other hand, legal justice is also important. However, it is difficult to ensure efficient use of resources and to reduce unnecessary expenditures when doctors are exposed to the threat of litigation^[13]. In China, health insurance is limited to cesarean sections without medical indications, which means that other expenditures may be questioned^[36]. Therefore, effective supervision and accountability can achieve a balance between legal and distributive justice, although this is currently lacking.

3. Conclusion

In summary, this article critically addressed the decision-making process of childbirth methods based on ethical principles. Pregnancy and childbirth are normal physiological activities. Therefore, Women's preferences should be respected when making decisions on childbirth patterns. In the decision-making process, doctors are obliged to adhere to the moral principles that respect women's autonomy and protect mothers and infants from harm. The mother also has a duty-based obligation to the fetus. Although respect for women's autonomy is the

first principle of equality^[37], obstetricians have the right to refuse their requests if there is more harm than good. Presently, there is no compelling evidence on the safest delivery method. During the informed consent process, healthcare providers need to inform women, conduct in-depth exchanges and establish trust, and they should fully consider the values of women and providers, and assist them in making the best decisions. Furthermore, legal justice and fair distribution of medical resources require the implementation of robust policies to ensure that doctors can better assist women in making decisions.

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