

Assessment Knowledge of Pregnant Women Toward Cesarean Section in Al-Hilla City

Dr.Wafaa Ahmed¹, Maryam Abdul-Kareem², Mohammed Talib Abed³

¹ PhD Maternal and Neonate Nursing, College of Nursing, University of Babylon, Iraq

² MSc Maternal and Neonate Nursing, College of Nursing, University of Babylon, Iraq

³ MSc Pediatric Nursing, College of Nursing, University of Babylon, Iraq.

Abstract

Background: When vaginal birth is not possible (emergency CS) or the doctors believe the risk to the mother and baby would be greater with a vaginal delivery, a Caesarean section is performed to safeguard the safety of the mother and child (planned CS). **The aim of the study** : to identify the personal characteristics of participants, to assess knowledge of pregnant toward cesarean section and to find out the association between personal characteristics of study sample and their knowledge. **Methodology.** A descriptive analytic design was used on a non-probability (convenient sample) of (80) pregnant women who were seen at the Babylon teaching hospital in Al-Hilla city. For the period of 19th December 2019 to 22nd January 2020, a questionnaire was used to gather data. It is divided into two sections: demographic, reproductive, and pregnancy knowledge. These items are assessed on a three-level Likert scale (I know, I'm not sure, and I have no idea). **Results:** The majority of them were between the ages of 25 and 29, had a college education, and were housewives in rural areas. Information was obtained from relatives and friends. **Conclusion:** All pregnant women are aware of all aspects of C/S.

Keywords: Assessment, Pregnant Women, Knowledge, Cesarean Section

Introduction

Although Caesarean section (Cs) has dramatically improved maternal health and mortality, it is still a common surgical procedure worldwide. In this surgical procedure, fetuses are delivered after the 28th week of pregnancy through an abdominal and uterine incision ^(1,2). A C-section is a life-saving therapy for both the mother and the fetus, but unnecessary indications and overuse of C-section may greatly harm the quality of life for both the mother and the newborn, as well as put their family in financial difficulties ⁽³⁾. In developed and developing countries alike, Caesarean sections are becoming more popular for a variety of reasons Preventing mother and baby deaths during childbirth is a primary objective of C-sections ^(4,5)

Increased frequency of caesarean sections can lead to complications such as previous caesareans, multiple pregnancies, malpresentation, fetal distress, obstructed labor, uterine rupture, and obstetric fistulas, as well as a host of other medical issues for mothers ^(6,7,8). It is suggested in the 2015 WHO Statement on Cesarean Section Rates that higher rates of cesarean section (CS) in the population are not associated with lower rates of mother and infant mortality, but that every effort should be made to provide CS to women who require it ^(9,10)

During the period from 1990 to 2014, the global CS rate rose by 12.4 percent, with Latin America and the Caribbean experiencing the largest absolute increase (19.4 percent) and Africa experiencing the lowest (4.5 percent). Estimates for CS rates in 2014 ranged from 7.3% in Africa to 40.5% in Latin America and the Caribbean, with a global rate of 18.6% ⁽¹¹⁾

CS rates have risen dramatically in China over the past few decades. There was a dramatic increase in the percentage of people in mainland China who had CS from 3 percent in 1988 to 39 percent by 2008. ⁽¹²⁾

For every 74,809 deliveries in Iran, 48 percent resulted in a C-section; in Iraq, the CS rate in the public sector was 24.5% in 2009, rising to 25.8% in 2010, but the private sector rate was substantially higher, reaching 75.8% and 79.5 percent in 2009 and 2010, respectively; in Iran ^(13,14). It jumped by 45 percent in these women, while the number of emergency caesareans increased by 22 percent ⁽¹⁵⁾. Fetal morbidity is still high in cesarean sections compared to vaginal delivery, and complications are more prevalent in emergency cesarean sections than in elective procedures. When it comes to birthing, a cesarean section is by far the most prevalent approach. An increasing number of women opt for cesarean delivery, making it the most prevalent obstetric surgery. However, there are certain risks, such as the risk of the mother's bladder or intestines being damaged, as well as an increased risk of respiratory difficulties in the baby. These should be explained to the patient as part of her pre-surgery education ^(16,17) .

When it comes to complications during labor, the most common ones are hemorrhage of the uterus, a wound infection of the uterine and urinary system, and abdominal organ injury ⁽¹⁸⁾. Children born via C-section are more likely to suffer from childhood asthma, juvenile diabetes, and childhood obesity as well as a higher risk of cancer in later life, according to various studies. Complications for the baby can include respiratory distress, delivery trauma, and hypoglycemia as a result of the CS procedure ^(19,20). To put it another way: The United Kingdom had a 26.2% C-section rate in 2014. A significant percentage of all births in the United States were C-sections last year, according to the Centers for Disease Control and Prevention (CDC) ⁽²¹⁾. Woman-centered care enables women to make decisions in conjunction with healthcare experts, based on their unique needs and preferences and the best evidence of potential advantages and dangers ⁽²²⁾ .

As the caesarean rate rises in developing nations, it is imperative that pregnant women and their partners receive more knowledge about the various methods of childbirth and the associated indications, benefits, and drawbacks. Mothers' education and psychological and emotional preparation for a natural birth lowered the rate of cesarean section by 15%, for example. ^(23,24)

Objectives of the study:

- (1) To identify the personal characteristics of participants
- (2) To assess the knowledge of pregnant toward cesarean section

II. Methodology:

2.1 Design of the study: A descriptive analytic study.

2.2 Sample of the study: Non-probability (convenient sampling) of pregnant women undergoing cesarean section .

2.3 Setting of the study: Babylon for maternity and children, Al-Emam Al-Sadiq and Al-Hilla teaching hospitals in Al-Hilla city , data collected from the period of 19th Dec.2019 to 22th Jan.2020.

2.4 Instruments: The questionnaire was created specifically for the purpose of the research. The instruments were divided into two categories:

2.4.1Part 1 :Demographic and Reproductive information:

(8) items are included in this section, which deals with demographic and reproductive data (age, educational level, occupation, residence, economic state, number of pregnancies, previous cesarean section and source of information).

2.4.2 Part 2: pregnant women's understanding about cesarean sections (17) The mother has a greater risk of infection in a cesarean section, the hospital stay costs are higher in cesarean sections, the emotional relationship between mother and child is less in cesarean sections, there are many indications for a cesarean section and pain is a common complication following cesarean sections, cesarean sections are preferred by the pregnant because the position of normal vaginal delivery is not desirable by the mother, anesthesia complication problems are of concern. Neonatal respiratory issues that are less common with cesarean section birth, uterus delivered by cesarean section does not require long-term bed rest for women undergoing tubal ligation, blood can be transfused during or after cesarean section, and the pregnant woman can give birth vaginally following cesarean section; cesarean section affects the initiation and duration of breastfeeding). As a result, points are assigned based on how each question is judged on a Likert scale of one, two, and three (3,2,1). Respectively. Validity was carried out through (5) experts. Data were analyzed using the Statistical Package for Social Sciences (SPSS) version (20). Through the application of descriptive statistical data analysis include (Frequencies, Percentages, and Cum. Percent)

Table (1): Distribution of Socio Demographic and Reproductive Information No .(80)

Items	Groups	Frequency	Percent (%)
Age	15-19	11	13.75
	20-24	25	31.25
	25-29	29	36.25
	30-34	9	11.25
	35-39	4	5
	40more	2	2.5
	Total	80	100
Educational level	Not read & Write	1	1.25
	Read &write	16	20
	Primary	8	10
	secondary school	18	22.5
	Institute / College	37	46.25
	Total	80	100.0
Occupation	Employed	29	36.25
	Housewife	51	63.75
	Total	80	100.0
Residency	Urban	28	35
	Rural	52	65
	Total	80	100.0
Economic level	Enough	50	62.5
	Some extent enough	25	31.25
	Not enough	5	6.25
	Total	80	100.0
Number of pregnancy (Gravida)	1-2	45	56.25
	3-4	26	32.5
	5&More	9	11.25
	Total	80	100.0
Previous cesarean section	Yes	27	33.75
	No	53	66.25
Information	Total	80	100.0
	Friends and family	42	52.5
	Colleagues	3	3.75
	TV and net	14	17.5
	Doctors	14	17.5
	Others	7	8.75
	Total	80	100.0

Results:

Table 1 reveals Age group (25-29) was found to make up 36.25% of the study sample, according to the findings of this study. According to the findings of this study, 46.25 percent of the participants were educated up to the college level. Housewives make up the largest percentage of the sample, and they are reflected in the results (63.75 percent). Rural residents make up the largest percentage of the sample, according to the research (65 percent). According to the findings of the research, the majority of the sample had sufficient economic standing to be taken into consideration (62.5 percent). Most of the sample falls between the gravida range of one to two (56.25 percent). When it comes to past caesarian sections, the majority of women in the sample did not have any (66.25 percent). Family and friends make up the majority of the sample, and this is taken into consideration (52.5 percent).

Table(2) Knowledge of Pregnant Women towards Cesarean Section No (80)

ITEMS	Group	Frequenc y	Percent (%)
1-Do you know the definition of cesarean section .	I don't know	23	28.75
	I'm not sure	6	7.5
	I know	51	63.75
	Total	80	100.0
2-Mother is greater risk for infection	I don't know	15	18.75
	I'm not sure	5	6.25
	I know	60	75
	Total	80	100.0
3-Hospital stay cost is more in cesarean section	I don't know	7	8.75
	I'm not sure	3	3.75
	I know	70	87.5
	Total	80	100.0
4-Emotional relationship between mother and neonate is less and delay in cesarean section.	I don't know	16	20
	I'm not sure	12	15
	I know	52	65
	Total	80	100.0

5-There are many indication for cesarean section.	I don't know	13	16.25
	I'm not sure	8	10
	I know	59	73.75
	Total	80	100.0
6-Pain is common complication after cesarean section .	I don't know	7	8.75
	I'm not sure	3	3.75
	I know	70	87.5
	Total	80	100.0
7-Cesarean section is prefer normal vaginal delivery not desirable by the pregnant.	I don't know	20	25
	I'm not sure	16	20
	I know	44	55
	Total	80	100.0
8-Anesthesia complication problems are more in cesarean section.	I don't know	17	21.25
	I'm not sure	6	7.5
	I know	57	71.25
	Total	80	100.0
9-Inappropriate pelvis structure is one of the indication of cesarean section.	I don't know	25	31.25
	I'm not sure	17	21.25
	I know	38	47.5
	Total	80	100.0
10-Neonate delivery by cesarean section is less exposure to head injuries.	I don't know	18	22.5
	I'm not sure	14	17.5
	I know	48	60

	Total	80	100.0
11-Respiratory problems of the neonate less in cesarean section.	I don't know	19	23.75
	I'm not sure	20	25
	I know	41	51.25
	Total	80	100.0
12-Cesarean section prevent uterus prolapse.	I don't know	29	36.25
	I'm not sure	4	5
	I know	47	58.75
	Total	80	100.0
13-Delivered women by cesarean section need comfort in bed rest long period.	I don't know	6	7.5
	I'm not sure	4	5
	I know	70	87.5
	Total	80	100.0
14-Cesarean section is suitable for tubal ligation.	I don't know	14	17.5
	I'm not sure	9	11.25
	I know	57	71.25
	Total	80	100.0
15-Blood may be transfused during or after cesarean section.	I don't know	14	17.5
	I'm not sure	12	15
	I know	54	67.5
	Total	80	100.0
16-The pregnant can birth vaginally after cesarean section	I don't know	8	10
	I'm not sure	16	20

	I know	56	70
	Total	80	100.0
17-There is impact of cesarean section on breast feeding initiation and duration	I don't know	13	16.25
	I'm not sure	9	11.25
	I know	58	72.5
	Total	80	100.0

Table (2) reveals that the majority of the sample understands what a cesarean section is, and these individuals are included in the analysis (63.75 percent). The sample mother with the highest chance of infection is accounted for (75 percent). Cesarean sections account for the majority of the sample hospital stay costs (87.5 percent). A cesarean section delay and a weaker emotional attachment between mother and baby account for the highest percentage of the sample (65 percent). The vast majority of respondents are aware that there are numerous reasons to perform a cesarean section (73.75 percent). Pain is a common complication following cesarean surgery, and the biggest percentage of the sample is aware of this (87.5 percent). They favor cesarean sections because they don't want to be in a situation where a normal vaginal delivery isn't desired by the expectant woman (55 percent). Cesarean sections contribute for the highest percentage of sample anesthetic complications (71.25 percent). There is a higher than average number of women in this sample who require a cesarean section due to an abnormal pelvic structure (47.5 percent). Because cesarean sections are less likely to result in head injuries, the highest percentage of respondents are included in the sample (60 percent). Cesarean section is associated with the highest percentage of neonatal respiratory issues in the sample (51.25 percent). There is a significant rate of cesarean sections that prevent uterine prolapse in the sample (58.75 percent). The majority of the women who gave birth via cesarean section were found to require long-term comfort in bed rest (87.5 percent). The majority of the women who underwent cesarean sections are candidates for tubal ligation, and this group is included in the analysis (71.25 percent). Blood transfusions during or following cesarean delivery may account for the majority of the sample's transfusions (67.5 percent). It is the highest percentage of women who are able to give birth vaginally following cesarean section that is included in the total sample size (70 percent). The greatest proportion of the population is affected by the effects of cesarean section on the initiation and duration of breastfeeding, and this group is taken into consideration (72.5 percent)

Table (3): Overall assessment knowledge of pregnant women about cesarean section

Classification of knowledge	Frequency	Percent	MS	Assess.
Poor	7	8.8	2.0493	Fair

Fair	48	60.0		
Good	25	31.3		
Total	80	100.0		

Overall cesarean section knowledge of participants was found to be fair, with a mean of 2.0493.

Table (4): The association between knowledge of pregnant women with their demographic characteristic

variables		Knowledge			Sig.
		Poor	Fair	Good	
Age	Rating				
	15-19	0	6	5	p-value=0.000 Df=10 HS
	20-24	0	12	13	
	25-29	0	22	7	
	30-34	5	4	0	
	35-39	2	2	0	
40 and more	0	2	0		
Education	Not read and write	0	0	1	p-value=0.028 df=8 S
	Read and write	4	11	1	
	Primary	1	6	1	
	Secondary	1	10	7	
	institute or college	1	21	15	
Occupation	Worker	1	15	13	p-value=.097 NS Df=2
	Housewife	6	33	12	
Residence	Rural	4	14	10	p-value=.0.286 NS Df=2
	Urban	3	34	15	
Economic status	Enough	4	32	14	p-value=0.707 df=4 NS
	Some extent enough	2	13	10	
	Not enough	1	3	1	
Number of pregnancy	1-2	5	26	14	p-value=0.292 df=4 NS
	3-4	0	17	9	
	more than5	2	5	2	
Previous CS	Yes	3	14	10	p-value=0.563 df=2 NS
	No	4	34	15	

This table shows that participants' demographic variables (age and educational level) were statistically associated with their knowledge of CS at a p-value 0.05.

Discussion:

Pregnant women between the ages of 25 and 29 were included in this study, which implies that the majority of the participants are within the optimal reproductive age range. In Nigeria, ⁽²⁵⁾ showed that 26.6 percent of all pregnant women in the southwest were between the ages of 30 and 34. There are the greatest percentages of people who graduated from a college or university in the sample. Knowledge is greatly influenced by education.

In terms of labor at home, 63.75 percent of Iranian housewives ⁽²⁶⁾ were found to be housewives, which is in line with the findings of this current study (which found that 21 percent were housewives). It is clear that the study participants' residences were in rural areas, which were reported in the results (65 percent). The findings of this study are consistent with those of a previous study ⁽²⁷⁾, which found that the majority of pregnant women live in rural areas.

The study participants' economic level was found to be adequate, and they were accounted for in the findings (62.5 percent). In tertiary care center City, (61.0 percent) of pregnant women's income was sufficient, a conclusion supported by ⁽²⁸⁾. Most women who participated in the study had one or two pregnancies, and these were accounted for in the findings (56.25 percent). As previously reported by ⁽²⁹⁾ in Abidjan city, the majority (64.96%) of the study sample was pregnant with one or more children.

An even higher percentage (66.25 percent) of women who took part in this study had not previously undergone a caesarian section, which is in line with a recent study that indicated that 24.3% of pregnant women had not undergone a caesarian section. .

More than half of the sample (52.5 percent) got their knowledge from family and friends, which is in accordance with a study from North America ⁽³¹⁾ that revealed that (63 percent) of the sample got their information from family and friends.

The (80) participants showed that they and they are accounted for (63.75 percent) of the sample's knowledge about cesarean section, which is in line with the findings of the ⁽³²⁾ study, which reported that 60.4 percent of the sample had a high degree of knowledge about cesarean section.

According to the results of this study, 75% of people are aware that the statement "mothers are at greater risk of infection" is true. ⁽³³⁾ Decreased fibrogenesis, macrophage response, and angiogenesis in North America (39.10 percent) may cause wound breakdown and infection by delaying wound closure and healing.

Most of the answers to questions about cesarean section costs were (I know) in relation to the remark that cesarean sections cost more. The findings of this investigation ⁽³⁴⁾ in Bangladesh concur with ours.

According to the findings of this study, 52 of the respondents (or 65 percent) reported having information about (the lack of an emotional bond between mother and newborn and the length of time it takes to perform a cesarean section). Only (69 percent) of women in tertiary care centers agreed with ⁽³⁵⁾ that vaginal delivery is favored by the majority because it fosters a closer bond between mother and child.

59 (73.75 percent) of the respondents stated that they were aware of the statement that there are many reasons for a cesarean section. The results of a ⁽³⁶⁾ study conducted in Nigeria with well-educated people back up this assertion. regarding cesarean section indications.

Pain is a prevalent problem following cesarean section, according to 73.75% of those surveyed. Some of the reasons provided by pregnant women for not desiring a CS were dread of postoperative pain.

In light of the fact that the position of normal vaginal delivery is not ideal by pregnant women, a cesarean section is preferred (55 percent). According to ⁽³⁷⁾, in Brazil, 86% of women who took this post claimed that it had no benefit for the advancement of labor, but that they had been forced to do it because of the professional imposition. .

According to the findings, 57 out of 71.25% of women who underwent cesarean sections experienced anesthetic complications. The most common anesthetic side effects, according to a 38-year-old study conducted in southern Nigeria, were headache and delayed recovery, with the former accounting for 64,9 percent of all cases (29.7 percent) .

It was shown that when we assessed the item (wrong pelvic anatomy is a sign of cesarean section) that we accounted for ⁽³⁸⁾ (47.5 percent). This is in line with the Baghdadi notion ⁽³⁹⁾ that young women's pelvises are too tiny for vaginal delivery at the time of marriage.

Concerning the statement (knowing that neonate delivered by cesarean section is less exposed to head trauma) the finding mentions that 48 (60 percent) are aware of this information.. 57.1 percent of women in south western Nigeria believe that caesarean sections and the level of intelligence of the baby are not linked; however, if an instrumental delivery is performed when the vaginal delivery is not properly managed, it can cause brain damage in the baby, which can affect the level of the child's intelligence in the future.

According to the results of this study, (respiratory difficulties of the neonate less in cesarean) 51.25% of the answers were relevant to the topic. Although this is supported by ⁽⁴¹⁾, a review comparing cesarean section without medical indication with vaginal delivery has found that this increases the incidence of respiratory problems in newborns.

Cesarean section prevents uterine prolapse is a statement that most of the answers were (I know) to. CS was viewed as a painless and safe delivery method by a majority of participants (51.0 percent) who had favorable opinions about the CS and prioritized it, according to research conducted by ⁽⁴²⁾ other researchers in Iran's northern provinces.

With regards to the statement (delivered women by cesarean section need comfort in bed rest long period) In the findings, 70 people were mentioned as having knowledge of the subject (87.5 percent). ⁽⁴³⁾ go to school in Addis Ababa, Ethiopia. Because of the higher rate

of problems, prolonged bed rest, and bleeding dangers associated with cesarean section, they viewed it as abnormal.

According to the findings, 57 (71.25 percent) of pregnant women were aware of the fact that cesarean section is suited for tubal ligation, which is in line with the findings of ⁽⁴⁴⁾.

The findings of this study show that (blood may be transfused during or after cesarean section) 67.5 percent of those who answered this question correctly were knowledgeable about it. Blood transfusions are more likely after a cesarean section because of the possibility of life-threatening hemorrhage.

In support of the claim (that women who have had cesarean sections know they can give birth vaginally again), research shows that 56 (70 percent). ⁽⁴⁵⁾ A Saudi Arabian study indicated that the majority of pregnant women (82,5%) were aware that a vaginal delivery was an option following a cesarean section.

I know that cesarean section has an impact on breastfeeding initiation and duration in most cases, but when we assessed the information fairly, the answer was (I know) in most cases. A cesarean section usually results in a mother-baby withdrawal because of the surgery's limitations, so the mother's ability to meet the baby's needs in the first few hours or days of life is limited, and breastfeeding may be delayed, which may affect the desire of the mother to nurse.

Pregnant women's knowledge of cesarean birth in the following state was assessed as fair (60.0%), good (31.3%), and poor (8.8%). This result is consistent with the findings of a study conducted by ⁽⁴⁷⁾, which examined the perception, knowledge, and attitude of pregnant women in north Trinidad regarding cesarean birth; their findings indicated that the highest percentage of pregnant women had fair knowledge. According to ⁽⁴⁸⁾, a study on expectant women's awareness of the birth mood, the highest percentage of the study sample's knowledge was "fair" at this point in the delivery process (46.6 percent).

Pregnant women's knowledge and attitudes about cesarean sections are strongly linked to their demographic parameters, with a P. value of 0.00 for the age of the research participant. Pregnant women's knowledge of the risks of cesarean section and their educational attainment were shown to be significantly associated at a p-value of 0.02, which is in agreement with the findings of ⁽⁵⁰⁾, which looked at pregnant women's knowledge of the benefits of cesarean section. Pregnant women's occupational status was shown to have no significant association with knowledge, contrary to the findings of research ⁽⁵¹⁾, which found a substantial association between knowledge and occupational position. Pregnant women's knowledge of venous thromboembolism is not associated with their residency, economic status, or the number of pregnancies they have. These findings are consistent with those of a previous study ⁽⁵²⁾ that assessed the level of patient knowledge about venous thromboembolism before they underwent CS. Finally, when it comes to the previous cesarean section delivery, the results show that pregnant women's knowledge does not have an impact on this parameter, which is in contrast to the findings of a study examining the

factors that influence the method of delivery and attitude of pregnant women admitted to the civil hospitals of the Social Security Organization.

Conclusions:

(25 – 29) year old's make up the largest share of the study participants' age group. the majority had a college degree, they had a good financial standing, and they were well-versed in all aspects of c/s. .

Recommendations:.

1.All women of childbearing age, as well as those who are pregnant, should be educated about C-sections in order to better understand the procedure.

2.To make an educated decision on delivery methods, their indications, benefits, and risks, primary health care providers have an important role to play in providing prenatal education and recognizing the early manifestation of unfavorable postnatal outcomes.

3.More research is needed to examine the link between moms' awareness and bad pregnancy outcomes.

References:.

1. Afaya R.;Bam V.;Afaya A.: Knowledge of pregnant women on caesarean section and their preferred mode of delivery in Northern Ghana. **An International Journal of Nursing and Midwifery**.2018 2(1)PP:162-73I.
2. Utuk N.; Ekanem A.; Abasiattai A.: Knowledge and attitude of antenatal attendees towards caesarean section in a University Teaching Hospital in Southern Nigeria. **Journal of Dental and Medical Sciences** . 2018 17(6)PP: I36-40I.
3. Bogg L.;Diwan V.; Vora KS.; DeCosta A.: Impact of Alternative Maternal Demand-Side Financial Support Programs in India on the Caesarean Section Rates: Indications of Supplier-Induced Demand. **Matern Child Health J**. 2016 20(1)PP:111-15I. doi:10.1007/s10995-015-1810-2.
4. Vogel JP.; Betrán AP.; Vindevoghel N.; on behalf of the WHO Multi-Country Survey on Maternal and Newborn Health Research Network. Use of the Robson classification to assess caesarean section trends in 21 countries: a secondary analysis of two WHO multicountry surveys. **Lancet Global Health** .2015 3(5)PP:I260-70I.
5. Ye J.; Betran AP.; Vela MG.; Souza JP.; Searching for the Optimal Rate of Medically Necessary Cesarean Delivery. **Birth**. 2014 41(3)PP:I237-43I.
6. Varghese S.; Singh S.; Kour G.; Knowledge, attitude and preferences of pregnant women towards mode of delivery in a tertiary care center. **International Journal of Research in Medical Sciences**. 2016 4(10)PP:I4394-4398I.
7. Pantí A.; Nasir A.; Saidu A.;Perception and Acceptability of pregnant women towards cesarean section in Nigeria.**European Journal of Pharmaceutical and Medical Research**. 2018 5(3)PP:I 24-29I.
8. Joshi A.; Thapa M.; Panta O.; Maternal Attitude and Knowledge towards Modes of Delivery. **J Nepal Health Res Council**. 2018 16(39)PP:I 209-14I.
9. Betran AP.; Torloni MR.; Zhang J.; Gulmezoglu.; WHO Working Group on Caesarean Section. WHO statement on caesarean section rates. **BJOG**. 2016 123(5)PP:I667–70I. 10.1111/1471-0528.13526 [PMC free article] [PubMed] [CrossRef] [Google Scholar].
10. Miller S.;Abalos E.; Chamillard M.; Beyond too little, too late and too much, too soon: a pathway towards evidence-based, respectful maternity care worldwide.**Lancet**. 2016 388(10056)PP:I2176–92I. 10.1016/S0140-6736(16)31472-6 [PubMed] [CrossRef] [Google Scholar].
11. Betrán AP.; Ye J.; Moller AB.; Zhang J.; the increasing trend in caesarean section rates: global, regional and national estimates: 1990–2014. **PLoS ONE**. 2016 11(2):e0148343 10.1371/journal.pone.0148343 [PMC free article] [PubMed] [CrossRef] [Google Scholar].

12. Feng xL.; Xu L.;Guo Y.; RONsmans C.;Socioeconomic inequalities in hospital births in China between 1988 and 2008.**Bull World Health Organ**.2011;89(6)PP:1432-41I.10.2471/BLT.10.085274[PMCFree article][PubMed][CrossRef][Google Scholar].
13. Majida M.; Batool A.; Hassan H.; Comparison of Rate Caesarean Section between Governmental and Private Hospitals in Baghdad City. **The Iraqi Postgraduate Medical Journal**. 2013 12 (2) PP:1288-95I.
14. Azami-Aghdash S.; Ghojzadeh M.; Dehdilani N.;Prevalence and Causes of cesarean section in Iran: Systematic Review and Meta-Analysis. **Iran J Public Health** 2014 43(5)PP:1545-55I.
15. Health Stats NSW. Type of birth (vaginal, caesarean, forceps etc) 2001–2015 [cited 2017 Apr 8]. Available from: http://www.healthstats.nsw.gov.au/Indicator/mab_bth_cat/mab_bth_cat_trend.
16. Vogel JP.; Betrán AP.; Vindevoghel N.; Use of the Robson classification to assess caesarean section trends in 21 countries: a secondary analysis of two WHO multicountry surveys. **Lancet Glob Health**. 2015 3(5)PP:1260–70I. [PubMed] [Google Scholar].
17. Eni-Olorunda T.; Otito O.; Akinbode A.; Akinbode O.; Knowledge and attitude of mothers on risk factors influencing pregnancy outcomes in Abeokuta South Local Government Area Ogun State. **European Scientific Journal**. 2015 11(11)PP:I 1857-7881I.
18. Noel KR.; Harris M.;Wilkins S.; Bruno TS.; Cesarean Section Wound Infections and Neonatal Outcomes [8A]. **Obstetrics & Gynecology** .2016 127(14). <https://doi.org/10.1097/01.AOG.0000483303.58649.64>.
19. Moya-Pérez A.; Luczynski P.; Renes IB.; Intervention strategies for cesarean section-induced alterations in the microbiota-gut-brain axis. **Nutr Rev**. 2017 75(4)PP:1225-240I. doi:10.1093/nutrit/nuw069.
20. Mylonas I.; Friese, K.;Indications for and Risks of Elective Cesarean Sec- tion. **Deutsches Ärzteblatt International**.2015 112 PP:1489-495I.
21. Martin J.; Hamilton B.; Osterman M.; Births: Final Data for 2015. Division of Vital Statistics. 2017PP:11120I.
22. Australian Commission on Safety and Quality in Health Care. **Shared decision making**. 2014 [cited 24 November 2014]. Available from: <http://www.safetyandquality.gov.au/our-work/shared-decision-making>.
23. Varghese S.; Singh S.; Kour G.; Dhar T.; Knowledge, attitude and preferences of pregnant women towards mode of delivery in a tertiary care center. **Int J Research Med Sci**.2016 4:PPI4394-8I.
24. Navaee M.;Abedian Z.;Effect of role play education on primiparous women's fear of natural delivery and their decision on the mode of delivery . **Iran J Nurs Midwifery Res**. 2015 20(1)PP:140–46I.
25. Ogunlaja OA.; Ogunlaja IP.; Akinola SE.; Knowledge, attitude and willingness to accept Caesarean Section among women in Ogbomosho, southwest Nigeria. **South Sudan Medical Journal**.2018 11(4)PP:189-92I.
26. Pazandeh F.; Potrata B.; Huss R.; Women’s experiences of routine care during labour and childbirth and the influence of medicalisation: a qualitative study from Iran. **Midwifery**. 2017 1(53)PP:163-70I.
27. Jahromi AS.; Rahmanian K.; Madani A.; Relation of Knowledge about Cesarean Disadvantages and Delivery Mode Selection in Women with First Pregnancy; South of Iran. **Journal of Research in Medical and Dental Sciences**. 2018 6(2) PP: 1550-6I.
28. Prah J.; KudomA.; Lasim O.; Knowledge, Attitude and Perceptions of Pregnant Women towards Caesarean Section among Antenatal Clinic Attendants in Cape Coast, Ghana. **Texila International Journal of Public Health**. 2017 5 (1)PP:11-6I.
29. Abdoul K.; Touré-Ecra A.; Olou N.;Maternal complications of the caesarean: analysis of 117 cases at the maternity of university hospital Yopougon in Abidjan (Cote d’Ivoire). **Obstet Gynecol Int J**. 2018 9(3)PP:1202-6I.
30. Jemal B.; Alemu M.; Perception, Knowledge and Attitude of Developing Country Pregnant Mothers about Anesthesia for Cesarean Section. **Universal Journal of Medical Science**. 2016 4(1)PP: I31-7I.
31. Fitzwater JL.; Tita AT.; Prevention and management of cesarean wound infection. **Obstet Gynecol Clin North Am**. 2014; 41(4) PP: I671-89I. <https://goo.gl/izBJqC>.
32. Agnihotri S.; Aruoma O. I.; Agnihotri A. K.; Caesarean section – desired rate versus actual need. **Archives of Medical and Biomedical Research**. 2016; 3(1)PP:I 17-23I.
33. Varghese S.; Singh S.; Kour G.; Dhar T.; Knowledge, attitude and preferences of pregnant women towards mode of delivery in a tertiary care center. **International Journal of Research in Medical Sciences**. 2016; 4(10)PP:14394-98I.
34. Begum T.; Rahman A.; Herfina Nababan D M.; Indications and determinants of caesarean section delivery: Evidence from a populationbased study in Matlab, Bangladesh.**PLoS one**.2017 12(11)PP:11-16I.

35. Côrtes CT;Oliveira SM;;Santos R;;Implementation of evidence-based practices in normal delivery care. **Rev. Latino-Am. Enfermagem** 2018 26(2988)PP:11-111.
36. Rabi A.; Abubakar IS; Muhammad AD; Knowledge, attitude, and perception of pregnant women toward anesthesia for cesarean section at Aminu Kano Teaching Hospital. **Sahel Medical Journal**.2019 22(1)PP:133 -371.
37. Nasir NA; Amir H; Knowledge and attitude of pregnant women towards modes of delivery in an antenatal care clinic in Baghdad. **JFac Med Baghdad**. 2017 59(1)PP:125-301.
38. Faremi AF; Ibitoye OF; Olatubi MI; Attitude of pregnant women in south western Nigeria towards caesarean section as a method of birth. **Int J Reprod Contracept Obstet Gynecol**. 2014 3(3)PP:1709-141
39. Mascarello KC; Horta BL; Silveiral MF; Maternal complications and cesarean section without indication: systematic review and meta-analysis. **Rev Saude Publica**. 2017;51 (105)PP:11-121
40. Bernardo LS; Simões R; Bernardo WM; Mother-requested cesarean section compared to vaginal delivery: a systematic review. **Rev Assoc Med Bras**. 2014;60(4)PP:1302-41.
41. Zakerihamidi M;Latifnejad RI; Khoei EM; Delivery vs. Cesarean Section: A Focused Ethnographic Study of Women's Perceptions in The North of Iran. **International Journal of Community Based Nursing and Midwifery**. 2015 3(1)PP:139-501.
42. Varghese SH; Singh S; Kour G; Knowledge, attitude and preferences of pregnant women towards mode of delivery in a tertiary care center. **International Journal of Research in Medical Sciences**. 2016 4(10)PP:14394-43981.
43. Moges A; Ademe B; Akessa G; Prevalence and outcome of caesarean section in Attat Hospital, Gurage Zone, SNNPR, Ethiopia. **Arch Med**. 2015 7(4)PP:11-61.
44. Mascarello KC; Horta BL; Silveiral MF; Maternal complications and cesarean section without indication: systematic review and meta-analysis. **Rev Saude Publica**. 2017;51 (105)PP:11-121
45. Al Sulamy AA; Yousef SA; Thabet HA . Knowledge and Attitude of Pregnant Women toward Elective Cesarean Section in Saudi Arabia. **Open Journal of Nursing** .2019 9(2)PP:1199-2081.
46. Rahnama P;Mohammadi K; Montazeri A;Vaginal delivery in pregnant women :A qualitative stud. care center. **International Journal of Research in Medical Sciences**. 2016 4(10) PP: 14394-81
47. Mungrue, K., Nixon, C., David, Y., Dookwah, D., Durga, S., Greene, K., & Mohammed. Trinidadian women's knowledge, perceptions, and preferences regarding cesarean section: How do they make choices? **International journal of women's health**. 2010; 2, 387. PP: 387-391.
48. Al-Kareem, M. A., Kadhum, S., & Hadi, S. Knowledge of Pregnant Women Concerning the Physiological Delivery Process in Babylon Governorate. **Indian Journal of Public Health Research & Development**. 2020; 11(12) PP: 161-168.
49. Ajeet, S., Jaydeep, N., Nandkishore, K., & Nisha, R.. Women's knowledge, perceptions, and potential demand towards caesarean section. **National Journal of Community Medicine**. 2011; 2(2) PP: 244-248.
50. Rahmanian, K., Rahmanian, V., & Ghasvari, M. THE KNOWLEDGE OF PREGNANT WOMEN ABOUT SHORTCOMINGS OF CESAREAN AND ITS ASSOCIATED FACTORS IN 2009. 2013.
51. Abd Al-Kareem, M., & Kadhum, S. Attitude of Prime-Pregnant women toward Normal Vaginal Delivery in Southern of Babylon Governorate. **Indian Journal of Forensic Medicine & Toxicology**. 2020; 14(4) PP: 2369-2374.
52. Alzoubi, K. H., Khassawneh, B. Y., Obeidat, B., Asfoor, S. S., & Al-azzam, S. I. Awareness of patients who undergo cesarean section about venous thromboembolism prophylaxis. **Journal of Vascular Nursing**. 2013; 31(1) PP: 15-20.
53. Ghadimi, M. R., Rasouli, M., Motahar, S., Lajevardi, Z., Imani, A., Chobsaz, A., & Razeghian, S. Affecting factors the choice of delivery and attitude of pregnant women admitted to the civil hospitals, the Social Security Organization in 2013. 2014