Primigravid Women's Views of Being Approached to Participate in a Hypothetical Term Cephalic Trial of Planned Vaginal Birth versus Planned Cesarean Birth

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ABSTRACT: Background: *Several papers have called for a trial of planned cesarean section versus planned vaginal birth for low-risk women—a recommendation that is fiercely debated. Although proponents of a trial have voiced their support, evidence suggests that in the United Kingdom few midwives and obstetricians believe such a trial to be feasible, and no studies reporting women's views on the prospect of such a trial have been published. The purpose of this study is to explore women's views of participation in a trial of planned cesarean birth versus planned vaginal birth.* **Methods:** *A qualitative study was conducted using in-depth interviews in a large maternity hospital in the United Kingdom. Sixty-four women were interviewed 12 months after giving birth. Women were asked "How do you think you would have felt if you had been approached to take part in such a trial during your first pregnancy?" Data were analyzed thematically.* **Results:** *Only 3 of the 64 women stated that they would have participated in a trial of planned vaginal birth versus planned cesarean section, had they been asked. However, five other women said that they would have consented to participate if they had been asked during pregnancy, but with hindsight, would have regretted that decision. The remainder of women would not have participated, unless a preference arm was offered. Three main themes were identified: "feeling cheated," "let nature take its course, " and "just another trauma that you don't need."* **Conclusions:** *Few women supported a trial and most suggested that it was intuitively wrong. Given the strong views voiced by women, it is unlikely that a trial of planned vaginal delivery versus planned cesarean delivery would be feasible. (BIRTH 36:3 September 2009)*

Key words: *cesarean, interview, trial, vaginal birth*

The performance of a cesarean section without medical indication remains a controversial and enthusiastically debated issue among health care professionals and consumers. Many papers report the morbidity and mortality associated with birth methods, that is, vaginal birth (1–3) and cesarean birth (4,5), leaving some practitioners in equipoise with respect to appropriate practice (6,7). A systematic review of planned cesarean section versus planned vaginal birth found no trials that fulfilled the inclusion criteria (8). The lack of robust evidence on which to make informed birth method decisions has resulted in some authors calling for a trial of planned cesarean section versus planned vaginal birth for women with straightforward pregnancies, free from

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medical indications (9,10). Our earlier survey of obstetricians in the United Kingdom (6) showed little support for such a trial. However, in the United States the lay media continues to debate the rationale and methodological issues related to a trial (11).

Women's views are pivotal to any debate about birth method. Although women's views have been sought in relation to the mode of birth (12,13), no studies have been published on women's views of participation in a trial of birth method. Interestingly, it has been reported that some clinicians believe women would agree to recruitment in such a trial (11), although the evidence to substantiate this claim has not been presented.

Three systematic literature reviews of studies reporting women's preference or request for cesarean section have shown that few women request cesarean section in the absence of what they believe to be a clinical or psychological indication (14–16). It is important to consider this factor when attempting to understand women's positions about a trial of mode of birth. As a part of a program of research (17) investigating planned cesarean birth for primigravid women, we explored women's views of participation in a trial of planned cesarean birth versus planned vaginal birth.

Methods

We explored women's views on the prospect of a randomized controlled trial of planned vaginal birth versus planned cesarean section without medical indication, using in-depth interviews. Ethical approval was obtained from the National Health Service Local Ethics Research Committee before the commencement of the study.

Study Participants

The study took place in a large teaching maternity hospital in northwest England where 8,000 births occur annually. Data collection was completed in October 2005. In all 454 primigravid women consented to take part in a longitudinal study exploring their views on planned cesarean delivery during pregnancy and after childbirth. The longitudinal study (17) involved women who were interviewed and supplied with questionnaire data at multiple time points (12, 24, and 36 wk, and 12 mo after childbirth). Consent was renegotiated at each stage. In this paper we report on the 64 women who consented to be interviewed 12 months after childbirth.

Data Collection

A qualitative study was conducted using in-depth interviews. Women were interviewed at 12 months after childbirth, since this time was considered pivotal for reflection, when women were often considering future births. All interviews took place in the women's homes, lasted between 40 and 210 minutes, and were audio-recorded after participants gave written consent. The interviewer (CK) explained, in an unbiased way, a hypothetical trial of planned cesarean section versus planned vaginal birth. The question posed was preceded with a statement that said "One of the reasons we are doing this study is because it has been suggested that there might be a need to compare outcomes of vaginal birth and planned cesarean section. There has been talk about doing a clinical trial where, with their consent, women would be randomized to either planned vaginal birth or randomized to elective cesarean section." An additional explanation of what a randomized clinical trial involved was given, as and when appropriate. The interviewer then asked the women "How do you think you would have felt if you had been approached to take part in such a trial during your first pregnancy?"

Data Analysis

Questionnaire data were entered onto SPSS version 13.0 (18) and analyzed descriptively. All interview data were transcribed verbatim and entered onto MaxQda2 (19) for data management. A descriptive and thematic approach was adopted, whereby transcripts were read several times and coding combined a data-driven and theory-driven approach. Women's preferences were descriptively coded, and the rationale for such preferences was coded thematically. Two researchers (TL and CK) carried out the analysis simultaneously and independently and a consensus was reached. Verbatim quotes were selected to represent the most frequently occurring themes, negative cases, and cross-sections of birth outcomes.

Results

Demographic details of the 64 participants can be seen in Table 1. Nine women were pregnant with their second baby when interviewed; none had given birth to a second baby. Demographic information was obtained at the first antenatal visit; age was obtained from the hospital records, and the remaining information was self-reported in a questionnaire.

Of these women, 39 women had spontaneous vaginal delivery; 12 had instrumental vaginal delivery; 4 had

planned cesarean section, and 9 had emergency cesarean section. Two women had cesarean delivery on "maternal request." One woman had progressive multiple sclerosis and the other requested cesarean delivery during labor.

Expressed birth preferences during pregnancy can be seen in Table 2. Of the 64 women interviewed, all returned the booking questionnaire, 59 returned questionnaires at 24 weeks, and 53 returned questionnaires at 36 weeks. At 36 weeks, most women ($n = 43$) expressed a preference for giving birth vaginally. Table 3 shows preferences for subsequent birth method in future pregnancies.

Women were asked "How do you think you would have felt if you had been approached to take part in such a trial during your first pregnancy?" Most women ($n = 59$) reported views indicating their opposition to a trial for their first birth. Strong feelings were evident by the initial reactions of "Gosh," "Oh my God," "That's terrifying," and "No way!"

> There's no way I'd agree to do that (randomization). I'd find it hard to believe that any woman would, to be honest. It's such a big thing. . . I can't believe that they'd (health practitioners) expect women to do that. *(Age 27, reported preference dictated by medical reasons, preference for a vaginal birth at 24 and 36 weeks' gestation, actually had a spontaneous vaginal delivery.)*

> I think if people want an elective cesarean then [they] want it, they don't want somebody to flip a coin and then say "no, or bad luck you are not," so no, I don't think you will get many people who would want to do that unless you are offering them money! *(Age 38, reported preference for a vaginal birth at 12, 24, and 36 weeks' gestation, actually had a spontaneous vaginal delivery.)*

Three women reported views in favor of a trial, one of whom was an obstetrician and atypical of the population. The remaining two women had different rationales; one woman stated that she would do what the doctor requested and the other said she wanted to assist with research.

A few women ($n = 5$) stated that they would have participated in a trial if they had been asked during their pregnancy because they feared vaginal birth. However, having experienced childbirth, they believed that this decision would have been wrong. This response suggests that birth preparation may have been inadequate.

> I remember being very specific when you last interviewed me, saying if they'd let me have a cesarean then I'd have a cesarean, but now I think I probably wouldn't. . . . Going under the surgeon's knife as it were when you don't have to, I think it's just not for me now; it would have been, not now. . . . it wasn't as bad as I thought. No, it was lovely. . . looking back now, I wouldn't (participate in a trial). *(Age 28, reported preference dictated by medical reasons at 12 weeks, did not have*

Table 1. Sociodemographic Characteristics of the 64 Women Interviewed

Characteristic	*Study Group (n = 64) No. (%)*
Age (yr) (mean ± SD (range)	30.8 ± 5.174 (19–41)
<20	1 (1.6)
20–24	8 (12.6)
25–29	14 (21.9)
30–34	22 (34.2)
35–39	18 (28.1)
40–45	1 (1.6)
Ethnicity	
White	64 (100)
Disability	
Yes	3 (4.7)
Housing	
Partner/husband	54 (84.4)
On own	2 (3.1)
With friends	2 (3.1)
Family members	5 (7.8)
Missing	1 (1.6)
Highest educational qualification	
GCSE	15 (23.4)
A Level	6 (9.4)
HND/degree	9 (14.3)
Professional	28 (43.8)
Other	5 (7.8)
Missing	1 (1.6)
Employment	
Full-time (>24 hr/wk)	53 (82.8)
Part-time (<24 hr/wk)	4 (6.2)
No, not at the moment	6 (9.4)
Missing	1 (1.6)
NHS or health-related employment	
Woman	15 (23.4)
Partner	4 (6.8)

GCSE = General Certificate of Secondary Education; A Level = Advanced level General Certificate of Education; HND = Higher National Diploma; NHS = National Health Service.

Table 2. "How would You Prefer to Give Birth to This Baby?" Responses of Women During Pregnancy

Women's Preference for First Birth	*Booking (n = 64) No.*	*24 Weeks (n = 59) No.*	*36 Weeks (n = 53) No.*
I would prefer to give birth vaginally	41	41	43
I would prefer to have a planned CS without medical indication	5	0	1
I haven't thought about it	3	1	0
I do not have a preference	5	7	4
I don't know	7	3	0
My preference is dictated by medical reasons	3	7	5

CS = cesarean section.

a preference at 24 weeks, preference for a vaginal birth at 36 weeks, actually had an assisted vaginal delivery.)

This change in preference appeared to be regardless of the mode of birth:

> I probably would have said OK, to start with, I would probably have said OK, I probably wouldn't now. . . . for the simple reason that I didn't want to stay in hospital longer than I have to. *(Age 29, reported did not have a preference at 12 weeks, preference dictated by medical reasons at 24 weeks, preference for a vaginal birth at 36 weeks, actually had an emergency cesarean section.)*

Almost all women ($n = 54$) questioned the benefit of a trial, with one woman stating that such a trial would be "pointless," whereas another said "Women wouldn't get anything out of the research."

"Let Nature Take Its Course"

Women had a strong belief that normal birth was superior and that a cesarean section was not and should not be considered an easy option. This belief was instrumental in informing their decisions about whether they would consider participating in a trial.

> I don't know, I feel maybe people should go natural unless there's a problem. That's my instinct because it seems strange that somebody would want to opt for it to go, you know, it's like a major stomach operation isn't it? *(Age 29, reported did not have a preference at 12 and 24 weeks, preference for a vaginal birth at 36 weeks, actually had a spontaneous vaginal delivery.)*

> I would have been adamant (not to participate in a trial) . . . a cesarean section to me is the last resort, only to be used when the baby's in danger and not before. *(Age 37, reported preference for vaginal birth at 12 and 24 weeks' gestation, preference dictated by medical reasons at 36 weeks and actually had an assisted vaginal delivery.)*

Most women ($n = 44$) used the word "natural" as opposed to "normal" when providing a rationale for not participating in a trial.

> My gut reaction would be to be quite opposed to that (trial). . . (pause). Surely it's better to have a natural birth isn't it? *(Age 24, reported preference for a vaginal birth at 12, 24, and 36 weeks' gestation, actually had a spontaneous vaginal delivery.)*

Women's motivation for not participating in a trial centered on the "natural" being superior and interference, that is, cesarean section, being inferior.

> I think I'd have said no, because I would have wanted a vaginal birth. I suppose because I feel you shouldn't mess around with nature unless you have to sort of thing. *(Age 36, reported preference for a vaginal birth at 12, 24, and 36 weeks' gestation, actually had a spontaneous vaginal delivery.)*

One woman drew on the fear of pain to illustrate the normal process of childbirth, which she described as a rewarding experience. The thought of losing the option of a vaginal birth made her angry, as illustrated below:

> I mean people psychologically say "oh, it's the pain, it's the pain"; it's not, it's your body bringing a baby, your child into this world and you cannot take that experience away, it's an unique feeling. . . . They (women who opt for a cesarean) don't realize they have been cheating themselves, they don't realize what they are missing because when that baby comes out of you, and the midwife puts it on your chest and you look at it for the first time, nobody can take that away from you, no one (pause) and its worth it. . . no ifs or buts about it, you can't tell me how I am going to deliver. I have that choice, and I will. . . I would choose a vaginal. . . . *(Age 32, reported preference for a vaginal birth at 12, 24, and 36 weeks' gestation, actually had a spontaneous vaginal delivery.)*

Some women found it difficult to articulate why they did not think that they would participate in a trial—it just felt intuitively right to give birth vaginally:

> I just, I can't give you a definite reason, I would just say, from my heart, I would just say, just try naturally. *(Age 30, reported preference for a planned cesarean section at 12 weeks' gestation, didn't know at 24 weeks, no response at 36 weeks, actually had a spontaneous vaginal delivery.)*

Table 3. Women's Preference for Subsequent Birth Method

	Actual Method of Birth for First Child				
Preference for Any Subsequent Pregnancy	*Spontaneous Vaginal Birth*	*Instrumental Vaginal Birth*	*Planned CS*	*Emergency CS*	*Total*
Spontaneous vaginal birth	33	9	1	4	47
Planned cesarean section			2	1	3
Not sure	3	2		3	8
Preference dictated by a medical reason		1	1	1	3
Preference for no further birth	3				3
Total	39	12	4	9	64

CS = cesarean section.

"Feeling Cheated"

Women wanted to have input into decisions about the mode of birth and, in the main, would not take part in a trial that would remove one of their options. The default, in their minds, was clearly vaginal birth, with women suggesting that some women might opt for a cesarean birth. Having the option of cesarean section taken away was not seen as detrimental, whereas having the option of vaginal birth taken away was:

> You'd kind of feel cheated if you, if really you just wanted to have a normal birth and then you got put in the c-section group, you'd kind of feel, and the other way round, you know. . . . I wouldn't have wanted to end up in the c-section group even though I did (have a cesarean). *(Age 29, reported preference for a vaginal birth at 12 and 36 weeks' gestation, no response at 24 weeks, actually had an emergency cesarean section for "maternal request" recorded in notes.)*

Normal birth was seen as an achievement; only two women used the word "failure," but many articulated that they would feel like they had failed if they did not give birth vaginally.

> I wanted to be able to have him myself. It's like if you have a CS, you didn't really try then yourself. *(Age 23, reported no preference at 12 weeks, no response at 24 and 36 weeks' gestation, actually had a spontaneous vaginal delivery.)*

The process of randomization was thought to remove any control the women may have:

> I don't think I would have felt very happy about that (randomization), because, yeah, no choice, no control. That's a really difficult one. . . and like I say, there's people that I know, who had cesareans, as emergency cesareans, and felt robbed, because they wanted to have a vaginal delivery. You know, they dearly wanted to and I would imagine lots of women feel that way, and that's how it might be if it was random. *(Age 35, reported didn't know, and preference dictated by medical reasons at 12, 24, and 36 weeks' gestation, actually had a planned cesarean section.)*

Two women, both of whom had vaginal births, indicated that, for a first baby, women should "experience" a vaginal birth. Women would resent not having this option for their first pregnancy, although having now experienced it they would be more ambivalent. One of these women said:

> I think I would feel I had missed out, especially if it's your first I think it's nice to experience what it's like having a natural birth. . . I wouldn't want to have you to flip the coin and say, yeah, you're going to have a cesarean and think, "ah God, I don't know what it's like having a natural birth," but now that I do. . . if it was of some benefit then, I would probably consider it, yeah. *(Age 33, reported preference for a vaginal birth at 12, 24, and 36 weeks' gestation, actually had a spontaneous vaginal delivery.)*

"Just Another Trauma that You Don't Need"

Cesarean section was considered to have more negative than positive outcomes, which deterred women from wanting to participate in a trial. Women's perceptions of extended maternal recovery after a cesarean birth, and the inconvenience it caused, were particular deterrents.

> The girl who was sitting next to me said she felt like she had been hit by bus and that was 3 days after she had had the baby, and I felt absolutely fine the next day after I had had him, so I thought, oh God, I hope I don't end up having one of them ever. So I think that I can't really see any plus points about having one (cesarean). *(Age 33, reported preference for a vaginal birth at 12, 24, and 36 weeks' gestation, actually had a spontaneous vaginal delivery.)*

> After I gave birth, I was just ready to go, then I was fine. If I'd had to have a cesarean, then by the time you are up and running again, it's time to go back to work isn't it? . . . you have missed half your mat (maternity) leave. *(Age 30, reported preference for a vaginal birth at 12 and 24 weeks, no response at 36 weeks' gestation, actually had a spontaneous vaginal delivery.)*

> It creates such a difference in your life, once I felt a bit better, about 2 weeks or so after she was born I could drive. *(Age 37, reported preference for a vaginal birth at 12 and 36 weeks' gestation, no response at 24 weeks, actually had a spontaneous vaginal delivery.)*

Despite increasing reports in the lay media highlighting the increasing safety of cesarean deliveries (20), women in this study took no reassurance from them. Fifteen women commented on several celebrities taking the option of a planned cesarean, 13 of whom were particularly negative. Women were critical of women opting for a cesarean delivery if there was not a specific medical need:

> Even though I've had all of that (failed ventouse, forceps delivery, perineal trauma) and I've been recommended to have one (cesarean), I still struggle with the idea of having a section because it's major abdominal surgery and there are risks. I think to have that when there's no indication for it, doesn't sit very well with me. *(Age 33, reported didn't know, no response and preference for a vaginal birth at 36 weeks' gestation, actually had an assisted vaginal delivery.)*

Discussion

In this unique study we have explored women's views of participating in a randomized controlled trial of planned cesarean section versus planned vaginal birth for primigravid women in the absence of a clinical indication. This study obtained views from only one hospital; however, the hospital is not dissimilar to others within the National Health Service in England. Exploring women's views in a setting in which a trial is likely to take place is important. Therefore, replication of this study nationally and internationally may be useful.

The study is limited in that women were questioned in retrospect and hypothetically. This procedure meant that women had the opportunity to provide what they considered to be socially desirable answers. However, the interviewer (CK) had built a good relationship with the participants, which was evidenced by the very open and often personal narratives they supplied. Furthermore, the respondents were aware that the interviewer was not a health care professional. Since women were questioned in the postnatal period, it is likely that their responses were influenced by their actual childbirth experience. However, it was not considered ethical to ask such questions of women during their first pregnancy and outside of a trial.

Women who volunteered to be interviewed were slightly older than the general birthing population and were white; however, they were not unrepresentative of those women who typically participate in maternity care research (21). Women interviewed were particularly motivated and perhaps the most altruistic, continuing in the study up to 12 months after childbirth; arguably such women would be among those most likely to participate in a trial. The different modes of delivery experienced within the sample are representative of the target population.

This study raises several important issues. First, it appears that women do not believe that such a trial is desirable. Although often unable to articulate the rationale for their negativity, women stated that it was "intuitively" not right. Removing the option of vaginal birth gave cause for concern, with women believing that they would resent never having the option to experience something they considered to be "natural." Five women did, however, state that they would participate in the trial for a second baby. This response appeared to provide a way that women could fulfill their own needs while remaining altruistic. A recent study from Brazil also reports that most women consider it important to experience the mode of birth in order to choose a preference (22). Conducting a randomized trial of birth mode in a multigravid population would answer a different question than that debated in the media and would pose different methodological challenges.

Second, most women did not view cesarean birth as equal, in terms of morbidity. They viewed cesarean delivery as a "major operation" and more inconvenient, because of a longer postnatal recovery compared with vaginal birth. Women were clearly not in equipoise, when considering birth mode options, making trial participation ethically challenging. Only three women in our study stated that they would agree to participate in a trial. One was an obstetrician and appeared in equipoise with respect to the evidence of risks. One said that she would participate out of altruism, to provide information to support others. The remaining woman said that she would do what the doctor asked of her. Most participants indicated that they would only participate if they could choose their allocated trial arm. A preference trial would therefore be the only design women would consider. Given that most women in our sample would choose planned vaginal birth and given that review data (14–16) and national surveys (23–25) suggest that few women would choose planned cesarean birth, such a trial is unlikely to be feasible.

Third, five women stated that, had they been approached to participate in a trial early on in their pregnancy, they might have agreed. However, in hindsight they reported that this decision would have been something that they would regret. All researchers have an ethical duty to ensure that participants have considered all aspects of trial participation and are comfortable with the decision they have made. This study showed that women's views change during pregnancy. This factor is an important ethical consideration for anyone planning a trial. Furthermore, it raises practical considerations with respect to timing of recruitment, attrition, and withdrawal.

Conclusions

A strong preference for vaginal birth was expressed among the women in this study. This preference was what women believed, intuitively, to be right, suggesting that few women might participate in a trial for the fear of receiving the cesarean allocation and losing their right to have a vaginal birth. Of those who would take part, some might regret their decision and feel cheated subsequently. We therefore found no evidence to support the feasibility of such a trial.

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References

1. Sultan AH, Stanton SL. Preserving the pelvic floor and perineum during childbirth—Elective caesarean section? *Br J Obstet Gynaecol* 1996;103:731–734.
2. Sultan AH, Monga AK. Anal and urinary incontinence in women with obstetric anal sphincter rupture. *Br J Obstet Gynaecol* 1997;104:754–755.
3. Farrell SA, Allen VM, Baskett TF. Parturition and urinary incontinence in primiparas. *Obstet Gynecol* 2001;97:350–356.
4. Hansen AK, Wisborg K, Uldbjerg N, Henriksen TB. Risk of respiratory morbidity in term infants delivered by elective caesarean section: Cohort study. *BMJ* 2008;336:85–87.

5. Liu S, Liston RM, Joseph KS, et al; for the Maternal Health Study Group of the Canadian Perinatal Surveillance System. Maternal mortality and severe morbidity associated with low-risk planned cesarean delivery versus planned vaginal delivery at term. *Obstet Gynecol Surv* 2007;62:499–500.
6. Lavender T, Kingdon C, Hart A, et al. Could a randomised trial answer the controversy relating to elective cesarean section? National survey of consultant obstetricians and heads of midwifery. *BMJ* 2005;331:490–491.
7. Lavender T, Kingdon C, Hart A, et al. Birth method: Trial and error? *Pract Midwife* 2006;9:12–16.
8. Lavender T, Hofmeyr GJ, Neilson JP, et al. Cesarean section for non-medical reasons at term. *Cochrane Database Syst Rev* 2006;3. Art. No.: CD004660. DOI: 10.1002/14651858.CD004660.pub2.
9. Ecker JL. Once a pregnancy always a cesarean? Rationale and feasibility of a randomized controlled trial. *Am J Obstet Gynecol* 2004;109:314–318.
10. Hannah ME. Planned caesarean section: A reasonable choice for some women? *CMAJ* 2004;170:81–14.
11. Rubin R. Answers prove elusive as C-section rate rises. *USA Today*. Accessed January 23, 2009. Available at: http://www.usatoday.com/news/health/2008-01-07-csections_N.htm?loc=interstitialskip.
12. Angeja AC, Washington AE, Vargas JE, et al. Chilean women's preferences regarding mode of delivery: Which do they prefer and why? *BJOG* 2006;113:1253–1258.
13. Chong ES, Mongelli M. Attitudes of Singapore women toward cesarean and vaginal deliveries. *Int J Gynecol Obstet* 2003;80:189–194.
14. Gamble JA, Creedy DK. Women's request for a cesarean section: A critique of the literature. *Birth* 2000;27:256–263.
15. McCourt C, Weaver J, Statham H, et al. Elective cesarean section and decision-making: A critical review of the literature. *Birth* 2007;34:65–71.
16. Kingdon C, Baker L, Lavender T. A review of nulliparous women's views of planned cesarean birth: The missing component in the debate about a term cephalic trial. *Birth* 2006;33:229–237.
17. Kingdon C, Neilson J, Singleton V, et al. Choice and birth method: Mixed-method study of caesarean delivery for maternal request. *BJOG*. 2009;116:886–895.
18. SPSS Inc. *Statistical Package for Social Science for Windows, Version 13.0*. Chicago, Illinois: Author, 2003.
19. Kukartz U [developer]. WinMax Pro Software for Qualitative Data Analysis. Berlin, Germany 1998 (Successor Versions since 2001: Maxqda). Accessed January 23, 2009. Available at: www.maxqda.com.
20. Weaver J. Caesarean section and maternal choices. *Fet Mat Med Rev* 2004;15:11–25.
21. Thomas J, Paranjothy S. Royal College of Obstetricians and Gynaecologists Clinical Effectiveness Support Unit. *National Sentinel Caesarean Section Audit Report*. London: RCOG Press, 2001.
22. Kasai KE, Nomura RMY, Benute GRG, et al. Women's opinions about mode of birth in Brazil: A qualitative study in a public teaching hospital. *Midwifery* 2008;DOI: 10.1016/j.midw.2008.08.001.
23. Declerq ER, Sakala C, Corry MP, Applebaum S. *Listening to Mothers II Report*. New York: Childbirth Connection, 2006; Accessed January 23, 2009. Available at: http://www.childbirthconnection.org/pdf.asp?PDFDownload=LTMII_report.
24. Redshaw M, Rowe R, Hockley C, Brocklehurst P. *Recorded Delivery: A National Survey of Women's Experience of Maternity Care*. Oxford, England: National Perinatal Epidemiology Unit, 2006.
25. Chalmers B, Dzakpasu S, Heaman M, et al. The Canadian maternity experiences survey: An overview of findings. *J Obstet Gynaecol Can* 2008;30(3):217–228.