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Caesarean Birth: Too Posh to Push, or Punished for Not Pushing?

Exploring Women's Experiences of Caesarean Birth

Leanne Taylor-Miller

The University of Auckland

A doctoral thesis submitted in partial fulfillment of the requirements for the Doctor of Clinical Psychology at The University of Auckland

October 2010
ABSTRACT
Caesarean birth is the mode of delivery for almost a quarter of births in New Zealand (NZ), and as the rate steadily rises, the expectation of a “natural birth” remains ubiquitous in society. Research investigating the impact of caesarean birth has previously demonstrated mixed findings regarding psychological outcomes, and recently caesareans have become topical with the addition of the idiom “too posh to push” to our lexicon. This implies that caesarean is an easy option, and may have shaped a sense of stigma against caesareans, particularly elective caesareans. The previous research demonstrating differences in psychological outcomes between planned and unplanned caesareans was conducted when caesarean birth was less common, and tended to be quantitative in design. The purpose of this qualitative research was to investigate the experiences of 32 women, including both first-time and non-first time mothers, who have undergone caesarean birth, half planned and half unplanned, in order to gain insight into their perceptions of their experiences and identify aspects that contributed to positive and negative experiences. Semi-structured interviews were used to explore their perceptions, including how they and others have reacted to their caesarean experience. These interviews were analysed using thematic analysis to identify themes to help to understand their experiences. This research supported a number of previous findings regarding caesarean birth including increased rates of induction associated with caesarean birth; differences in initial interaction between mother and infant for planned or unplanned caesareans; trust in medical experts; low occurrence of 'maternal' request for caesarean; and perceptions of societal attitudes towards caesarean. In addition, this research identified themes regarding the roles of expectations and preferences with the actual caesarean or breast feeding experience, influenced by individual and social factors. Negative outcomes were associated with a lack of reconciliation between actual experience, expectations and preferences; while positive outcomes were associated with effective reconciliation, through the development of rationales, applied both prospectively and retrospectively.
ACKNOWLEDGEMENTS

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<tr>
<td>ACOG</td>
<td>American College of Obstetricians and Gynaecologists</td>
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<td>APA</td>
<td>American Psychological Association</td>
</tr>
<tr>
<td>DMQ</td>
<td>Demographic Medical Questionnaire</td>
</tr>
<tr>
<td>GSSDH</td>
<td>Government Statistical Service for the Department of Health</td>
</tr>
<tr>
<td>HDWA</td>
<td>Health Department Western Australia</td>
</tr>
<tr>
<td>LMC</td>
<td>Lead Maternity Carer</td>
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<td>NHS</td>
<td>National Health Service</td>
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<td>NWH</td>
<td>National Women’s Hospital</td>
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<td>NZ</td>
<td>New Zealand</td>
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<td>NZHIS</td>
<td>NZ Health Information Service</td>
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<td>NZMOH</td>
<td>NZ Ministry of Health</td>
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<tr>
<td>Plunket</td>
<td>Royal New Zealand Plunket Society</td>
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<tr>
<td>PND</td>
<td>Post natal depression</td>
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<tr>
<td>PTSD</td>
<td>Post traumatic stress disorder</td>
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<td>TOL</td>
<td>Trial of labour</td>
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<td>UK</td>
<td>United Kingdom</td>
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<tr>
<td>US</td>
<td>United States</td>
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<tr>
<td>USNIH</td>
<td>United States National Institute of Health</td>
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<tr>
<td>VBAC</td>
<td>Vaginal birth after caesarean</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
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