



IMPACT OF EMERGENCY CESAREAN SECTION ON PRIMIPAROUS WOMEN CONSIDERING SCHEDULED VAGINAL DELIVERY: A QUALITATIVE APPROACH

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ABSTRACT

Background: Emergency cesarean section (ECS) can be a physically and emotionally challenging experience, particularly for primiparous women who initially plan for a vaginal delivery. The unexpected shift in birth mode can lead to psychological distress, altered postpartum experiences, and changes in future childbirth preferences. Understanding these women's perspectives is essential for improving maternal care and informed decision-making.

Objective: To explore the experiences, emotional responses, and perceptions of primiparous women who underwent an ECS despite planning a vaginal delivery.

Materials and methods: A Qualitative exploratory study design was conducted over six months in Lahore, Pakistan. Seventeen primiparous women aged 18-35 years who had undergone ESC were recruited using purposive sampling. Participants recruitment continued until data saturation was achieved. Data were collected through semi-structured, in-depth interviews. Interviews were audio-recorded with participant's consent, transcribed verbatim and anonymized to ensure confidentiality. Data were analyzed manually using Braun and Clarke's six-phase thematic analysis to identify key themes related to participant's experiences and future delivery preferences.

Results: Seventeen primiparous women participated in the study. Four major themes emerged from the thematic analysis: decision-making surrounding ECS, emotional experiences following ECS, post-cesarean perceptions and social influences, and future delivery considerations. Participants described feelings of fear, disappointment, anxiety and loss of control associated with ECS. Societal expectations and support systems influenced their postpartum experiences and perceptions of childbirth in future pregnancies, concerns regarding safety, recurrence of complications and previous birth experiences continued to shape their preferences and decision-making.

Conclusion: ECS had a profound impact on the experiences and future childbirth preferences of primiparous women. Strengthening communication, psychological support and individualized counseling may improve maternal experiences and promote informed decision-making in subsequent pregnancies.

Keywords: Emergency Cesarean Section, Primiparous Women, Childbirth Experiences, Future Delivery Preferences, Qualitative Rese.



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INTRODUCTION

Childbirth could be a magnificent blessing for human generation on soil, happening ceaselessly since the birth of Adam. Whereas delivery gives joy to numerous ladies, it could be a singular experience characterized by strongly anguish. The lion's share of ladies characterizes labor torment as the foremost seriously misery encountered (Khatony et al., 2019). The frequency of caesarean sections (CS) has increased around the world, rising as a major public health concern. In 2016, the United States reported that 31.9% of all births occur through caesarean section, with 12.4% of women with past caesarean delivery giving birth vaginally (Attanasio et al., 2019).

This trend is especially significant for primiparous women, as the mode of delivery can influence their physical and psychological well-being as well as future reproductive decisions. The choice between CS and vaginal delivery is multifaceted, affected by therapeutic, social, and individual factors. A few primiparous women perceive CS as a more secure alternative for the infant and a implies to protect physical aesthetics (Khatony et al., 2019). In contrast, others prefer vaginal birth to encounter natural childbirth and avoid surgical risks. Healthcare providers also play a crucial role, a few may favor CS due to its consistency and convenience (Suwanrath et al., 2021).

Emergency cesarean sections (ECS) can have a profound impact on primiparous women who initially planned for a vaginal delivery. The sudden transition from an expected natural birth to an unplanned surgical intervention often results in feelings of disappointment, loss of control, and emotional distress. Many women experience increased anxiety and stress, further intensified by unexpected surgical complications and prolonged postpartum recovery. The physical pain and delayed healing may also affect their ability to care for their newborns. In addition, ECS may interfere with skin-to-skin contact, possibly influencing early mother-infant bonding. Some women experience guilt, dissatisfaction or disappointment, questioning their capacity to give birth naturally. In more extreme cases, this experience may contribute to postpartum depression or post-traumatic stress symptoms. This subjective approach highlights the require for comprehensive antenatal counseling to prepare women for the possible birth interventions and reduce emotional stress. Support from healthcare provider, family, and peer group plays a significant part in making a difference women cope with their birth experience (Ayers et al., 2016; Cook et al., 2018).

Fear of childbirth (tokophobia) is an important psychological factor influencing delivery preferences. The findings suggest that fear of childbirth significantly contributes to women's

preference for caesarean delivery, highlighting the need for early psychological assessment and targeted interventions. This also emphasizes the significance of comprehensive antenatal education and counseling to reduce childbirth related fears and decrease non-medically indicated CS (Kaya, 2024). Globally, CS rates have risen from approximately 7% in 1990 to 21% nowadays, with projections indicating that about one-third (29%) of all births will occur via CS by 2030 (Betran et al., 2021). In Pakistan, the CS rate has increased by 14% over the past decade. This rise reflects a complex exchange of component interaction of sociocultural factors, healthcare framework, and financial status. Understanding these components is essential for developing strategies to optimize CS use, ensuring that it is performed when medically necessary whereas avoiding unnecessary procedures (Sizear & Rashid, 2024).

Understanding the impact of CS on primiparous women considering vaginal delivery requires a qualitative approach. Such an approach can capture the nuanced experiences, beliefs and preferences that quantitative methods might neglect. By investigating women's perspectives and the factors influencing their delivery choices, healthcare provider can better support informed decision-making, aligning medical recommendations with individual preferences and improving maternal outcomes.

METHODS

A qualitative study was conducted over a period of six months in Lahore, Pakistan, to explore the impact of emergency cesarean section on primiparous women considering scheduled vaginal delivery. Purposive sampling technique was employed to recruit participants who could provide rich and relevant information regarding the phenomenon under investigation. The study included 17 primiparous women aged 18 to 35 years who had undergone an emergency cesarean section during their first childbirth. Women who underwent ECS in last 6 months, who were willing to share their experiences, able to provide written informed consent, and had considered vaginal delivery were eligible to participate. Women with medical contraindications, multiparous women, those unwilling or unable to provide informed consent and women who had experienced stillbirth or neonatal death were excluded from the study.

The participants were recruited directly from the community rather than through a single hospital. After discharge from the hospital, women who met the eligibility criteria were identified through personal contacts and referrals and they were approached by co-authors of the study. The purpose and objectives of the study, along with voluntary nature of participation, were explained to all eligible

participants. Written informed consent was obtained prior to data collection and participants were informed of their right to withdraw from the study at any stage without and consequences.

Data were collected through semi-structured in-depth interviews using an interview guide developed to explore participants experiences of ECS and its influence on future childbirth preferences. Open-ended questions addressing factors contributing to the ECS, emotional responses to the experience, awareness of future birth options, societal influences and considerations regarding future delivery decisions. Probing questions were used to obtain detailed insights.

Interviews were conducted at locations preferred by the participants, including their homes to ensure comfort, privacy and confidentiality. Each interview lasted approximately 25 to 40 minutes. With participants permission, interviews were audio-recorded, transcribed verbatim and anonymized. Recruitment continued until data saturation was achieved.

Ethical approval was obtained from departmental Research Committee prior to data collection. Data were analyzed manually using Braun and Clarke's six phase thematic analysis (Braun & Clarke, 2006). Transcripts were read repeatedly to achieved familiarity with the data, initial codes were generated and related codes were grouped into themes. Themes were reviewed, refined and defined to accurately represent participants experiences. An audit trail was maintained throughout the analytical process to enhance the trustworthiness of the findings.

RESULTS

A total of 17 primiparous women who undergone ECS participated in this study. Participants differed in educational attainment, occupation and postpartum recovery experiences, providing diverse perspectives regarding ECS and future childbirth preferences.

Table 1. Demographic Characteristics of Participants (n = 17)

Sr. no.	Age (Years)	Education	Occupation
1	25	High School	Homemaker
2	30	Postgraduate Degree	Full-time Job
3	21	College Degree	Homemaker
4	34	High School	Homemaker
5	32	College Degree	Homemaker
6	30	No Formal Education	Homemaker
7	19	College Degree	Full-time Job
8	31	Postgraduate Degree	Full-time Job
9	29	High School	Homemaker
10	32	College Degree	Full-time Job
11	20	College Degree	Homemaker
12	33	High School	Homemaker
13	25	College Degree	Part-time Job
14	31	Postgraduate Degree	Full-time Job
15	21	High School	Homemaker
16	34	College Degree	Homemaker
17	30	College Degree	Full-time Job

Thematic Analysis:

Manual thematic analysis generated four major themes and eight subthemes related participants experiences of ECS.

Table 2. Summary of Themes, Sub-themes and representative Quotations

Sr. no.	Theme	Sub-theme	Representative Quotations
1.	Decision-making surrounding emergency cesarean section	<ul style="list-style-type: none"> Medical indications and physician recommendations Limited involvement in decision-making 	“The doctor said it was the safest option for both me and my baby, so we agreed.”
2.	Emotional experiences	<ul style="list-style-type: none"> Fear, anxiety and loss of control Relief and acceptance 	“I had prepared myself for a normal delivery, so when I was told I needed

	following emergency cesarean section		surgery, I felt scared and disappointed.”
3.	Post-cesarean perceptions and social influences	<ul style="list-style-type: none"> • Recovery challenges • Family and societal expectations 	“People around me kept saying that normal delivery is better, which made me question myself.”
4.	Future delivery considerations	<ul style="list-style-type: none"> • Preferences and future vaginal birth • Concerns regarding safety and recurrence 	“I would like to try normal delivery next time if it is safe for me and my baby.”

Theme 1: Decision-making Surrounding Emergency Cesarean Section:

Most participants reported that the decision to undergo ECS was largely driven by medical necessity and healthcare providers’ recommendations. Due to the urgent circumstances, women had limited involvement in the decision-making process and received minimal information regarding future birth options.

“The doctor said it was the safest option for both me and my baby, so we agreed immediately.” (Participant 3)

“Everything happened very quickly. There was no time to think about other choices.” (Participant 11)

Theme 2: Emotional Experiences Following Emergency Cesarean Section:

Participants described a range of emotional reactions, including fear, anxiety, disappointment, helplessness and loss of control. Despite these emotions, several women expressed relief following the safe delivery of their infants.

“I had prepared myself for a normal delivery, so when I was told I needed surgery, I felt scared and disappointed.” (Participant 6,7,11)

“I was relieved that my baby was safe, but emotionally it took time to accept what had happened.” (Participant 14,2)

Theme 3: Post-Cesarean Perceptions and Social Influences:

Women discussed the physical challenges associated with post-operative recovery and the impact these difficulties had on caring for their newborns. Family attitudes perceptions of their childbirth experiences.

“People around me kept saying that normal delivery is better, which made me question myself.” (Participant 8)

“The support from my family helped me cope with the pain and emotional stress after surgery.” (Participant 2,11,17)

Theme 4: Future Delivery Considerations:

ECS influenced women’s preferences regarding future childbirth in subsequent pregnancies, concerns about maternal and fetal safety, fear of repeated complications and trust in healthcare providers remained important considerations.

“I would like to try normal delivery next time if it is safe for me and my baby.” (Participant 8,12,13)

“After what I went through, I think I would choose another cesarean section to avoid uncertainty.” (Participant 1, 16)

DISCUSSION

In this qualitative study, participants reported that decision to undergo ECS was primarily influenced by healthcare team’s recommendations. Due to urgent nature of the situation, many women perceived that they had limited involvement in decision-making. Similar findings were reported by Reppen et al. (2023), who found that women frequently experienced unmet healthcare needs and inadequate communication during childbirth, contributing to reduced autonomy and satisfaction with the birth experience (Reppen et al., 2023). The emotional impact of ECS emerged as a prominent finding. Participants described feeling of fear, anxiety, disappointment, helplessness and loss of control, although some also express relief following the safe delivery of their infants. These findings are consistent with previous qualitative research demonstrating that ECS is perceived as a psychological distressing event despite positive neonatal outcomes (Elmir et al., 2010). Women may grieve the loss of their anticipated vaginal birth while feeling grateful for the safety of their newborns at the same time. Such mixed emotional responses emphasize the need for psychological support during the postpartum period.

In the present study, women also highlighted the physical burden of post-operative recovery and the influence of family and societal expectations on their perceptions of childbirth. Difficulties in mobility, pain, and limitations in caring for their newborns affected their early postpartum experiences. In addition, participants described societal beliefs that portrayed vaginal birth as the preferred or "normal" mode of delivery, resulting in feelings of self-doubt and inadequacy among some women. Colomar et al. (2021) reported that cultural norms, societal influences and personal beliefs substantially shape women’s perceptions and preferences regarding the mode of birth (Colomar et al., 2021). These findings suggest postpartum care

should address not only physical recovery but also the social and emotional challenges women may face following ECS.

Another important theme is about future delivery considerations. Although several participants expressed a preference for attempting vaginal birth in subsequent pregnancies, concerns regarding maternal and neonatal safety, fear of repeated complications and trust in healthcare team strongly influenced their decisions. These findings support previous evidence suggesting that women's future birth preferences are shaped by their previous birth experiences and perception of risk (Fenwick et al., 2010). Fear of child birth had been identified as an important determinant of cesarean preference, highlighting the need for personalized counselling and evidence-based information regarding future birth options. Another study by Holopainen et al. (2020) suggest that control over future delivery mode underlie practices and give more positive future childbirth experiences among women (Holopainen et al., 2020).

Although the current study highlights valuable insights into the experiences of primiparous women following ECS, several limitations should be acknowledged. Participants were recruited from the community after discharge from hospital, which may have introduced recall bias. In addition, the qualitative design limits the generalizability of the findings. Nevertheless, the study offers an in-depth understanding of women's psychological impact of ECS among first-time mothers.

CONCLUSION

ECS had a profound impact on the experiences and future childbirth preferences of primiparous women. Findings underscore the importance of respectful communication, emotional support and personalized counselling throughout the perinatal period. Strengthening communication, psychological support and individualized counseling may improve maternal experiences and promote informed decision-making in subsequent pregnancies.

Ethical Considerations and Consent to Participate

Written permission was obtained from The University of Lahore for this study to collect data. All participants provided informed consent prior to data collection.

Consent for Publication

Not applicable.

Competing Interests

The authors declare that they have no competing interests.

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