

Delivery Mode Preferences Among Women with one Previous Caesarean Scar

A qualitative study at a Tertiary Hospital in Dar es Salaam, Tanzania.

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Background

- Cesarean section rates are rising globally, with about 1 in 5 women delivering by cesarean, despite no clear improvement in maternal or neonatal outcomes. Tanzania shows a similar trend.
- Vaginal birth after cesarean (VBAC) is a safe option for appropriate women with one prior cesarean, yet it remains underutilized.
- Decisions around mode of delivery are shaped by more than clinical guidance, personal fears, cultural beliefs, and social influences often shape women's choices.
- limited information in Tanzania on how women with one previous cesarean decide between VBAC and repeat cesarean, and what factors influence their preferences.

Objective

To explore factors influencing choice of the mode of delivery among women with one previous scar at a Tertiary Hospital in Dar es Salaam, Tanzania

Methodology

- **Study design:** Descriptive qualitative study
- **Setting:** Private tertiary hospital, Dar es Salaam, Tanzania
- **Participants:** Women with one previous cesarean section, eligible for VBAC
- **Data collection:** In-depth interviews using a semi-structured guide
- **Analysis:** Thematic analysis using an inductive approach.

Findings

11 interview conducted(6 had VBAC, 5 had undergone repeat CS)

4 Key themes influencing decision on mode of birth

1 SOCIAL & CULTURAL INFLUENCE

Family & Peer pressure

"My mum said....You need to give birth normally"

Media & Anecdotes

Actors looks fine after caesarean. but I can't even get out of bed"..

2 EMOTIONAL &PHYSICAL RECOVERY

Fulfillment as a mother

"When you have a vaginal delivery ,you become a woman

Post partum Body Image

I want a quick recovery and avoid having a bigger belly

3 NEED FOR EMOTIONAL SUPPORT AND RELIEF FROM LABOUR PAIN

"Finally, I asked, why endure all this pain while there is simpler option?"

"..When the doctor reassured ...it gave me strength to continue..."

4 BALANCING MEDICAL ADVISE & PERSONAL BELEIFS

"Perception of risk and safety

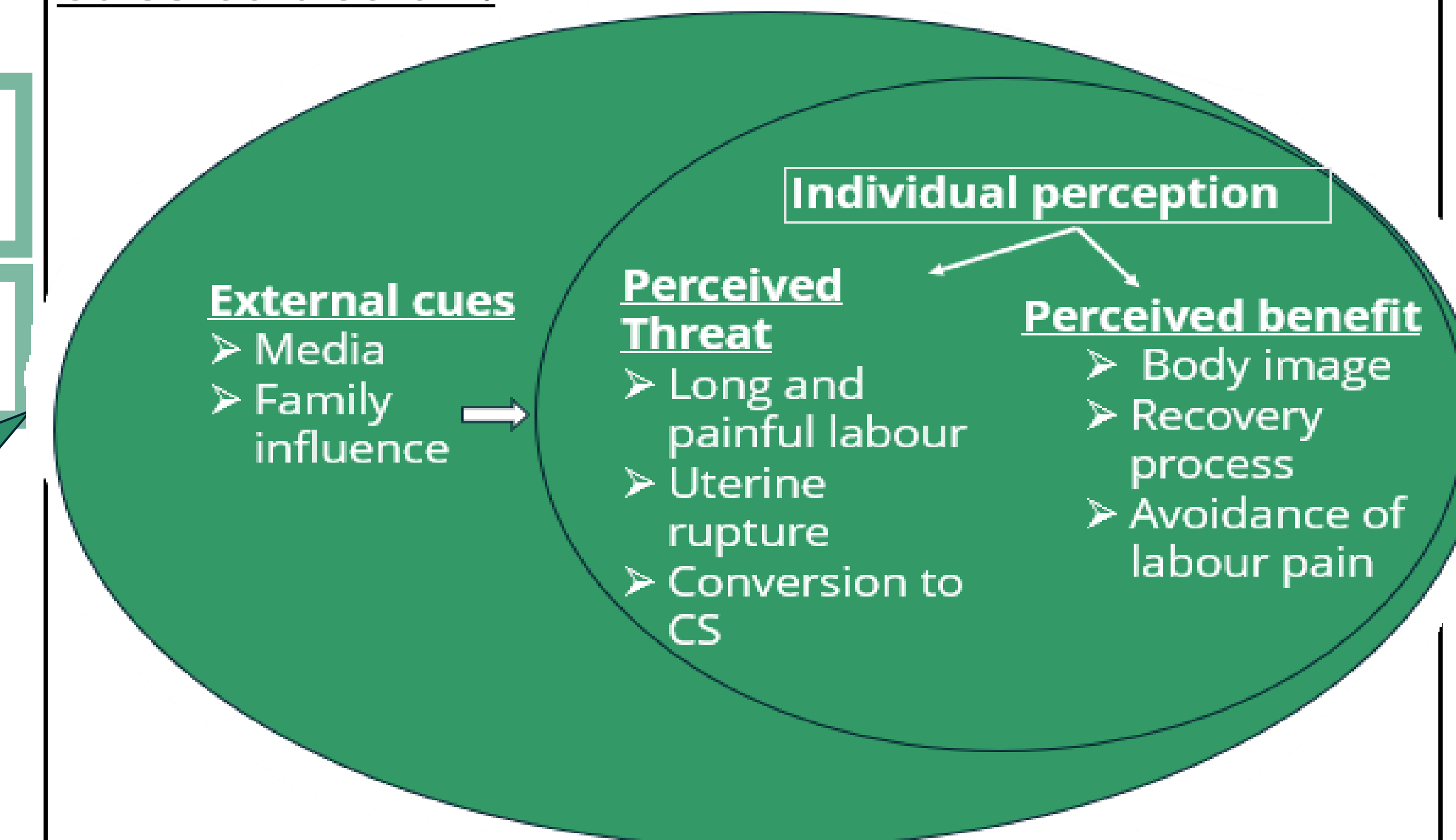
"People should not be afraid, nowadays doctors are advanced, you get a small scar, wrap your belly....

Risk communication

"Doctor told me,your uterus could be removed, Don't risk your life"

Discussion

Health belief model was utilized to interpret decision making under three constructs, Perceived **threat**, **perceived benefit** ,**External cues to action**.



- Under the Health Belief Model, fears reflected, perceived severity and susceptibility, amplified by unclear medical advice and anecdotal stories.

Conclusion

- Women decision are influenced by fear driven narrative, misinformation and inconsistent provider counselling
- There is a need for provider to engage in proactive,culturally tailored counselling that address misconception.

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