

# Mode of Delivery of Pregnant Women: Caesarean Section or Normal Vaginal Delivery

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## Short communication

Pregnancy is a physiological event, and the end of it causes mothers to experience pain, worry, anxiety, and even the fear of death. Childbirth is a multi-faceted process that includes physical, emotional, social, physiological, cultural, and psychological aspects. For women, childbirth may be a life-changing and sometimes unpleasant experience.

One of the most common medical concerns is pain, which has a negative impact on an individual's abilities and causes dread and anxiety. Physical, psychological, environmental, and supportive elements all influence how people feel about labour pain, which has a big impact on the form of delivery they choose. People's thoughts and attitudes regarding labour pain, as well as the definition of labour pain, coping techniques for pain, and related actions, are all influenced by culture. Women's attitudes toward labour pain can influence their decisions about mode of delivery. One of the most significant moments in a woman's life is her birth. Primiparous women, in particular, sometimes have mixed feelings about giving birth. During pregnancy, one of the concerns for potential moms and fathers is birth and the method of delivery they will pick.

Normal Vaginal Delivery (NVD), which is the natural route of birth, or caesarean section are the two options for delivery. Since ancient times, vaginal delivery has been regarded the most prevalent method of childbirth for humans because it is a natural and physiological procedure. The second option is a Caesarean Section (CS), which is one of the most common surgeries performed around the world; nevertheless, the rising rate of CS is linked to a higher incidence of both short and long-term complications. It is believed that nearly half of all caesarean section (CS) is unnecessary, and that more than 90% of the indications for (CS) are relative ones. Furthermore, one of the most commonly cited explanations of rising caesarean section (CS) rates is C-section on Maternal Request (CSMR). A patient's choice of delivery method is influenced by a number of factors. Starting with the patient's upbringing, progressing through her intellectual level, preferences, and pain threshold, and concluding with the advice of her private physician, who has the most influence over her decision and must explain all of the options and their ramifications.

If a woman chooses a mode of delivery, she may be at a higher risk of postpartum depression and/or posttraumatic stress symptoms if she does not use it. The first birthing experience of a woman has a significant impact on her future attitudes on birthing modes, and it should serve as a guiding principle for caregivers throughout intrapartum care. There is currently no information on the preferences of Lebanese women in terms of delivery mode. The purpose of this study is to determine which mode of birth Lebanese women prefer, whether they are aware of the benefits and drawbacks of each method of delivery, and whether they received sufficient counselling in the clinic and a complete explanation of each stage in each method of delivery.

When it comes to labour, one of the most important aims for any medical

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team is to ensure a safe delivery. C-sections were first used to protect both the mother and the foetus. Today, however, C-section is viewed as a painless, safer, and healthier alternative to vaginal delivery, and the false belief that C-section is painless, safer, and healthier than vaginal delivery has become widespread among women. In fact, more than half of all women opt for a C-section as their preferred delivery method. Women should decide on the mode of delivery during their pregnancy. The decision-making process is one of the most intricate mechanics of human mind, and it is influenced by a variety of factors. "Information analysis, making a decision, and implementing that decision" is how decision-making is defined.

One of the health insurance indexes is the rate of C-sections. C-section rates were recorded as 15% in 1985 by the World Health Organization (WHO). According to WHO estimates from 2009, this rate has risen dramatically over the world. C-sections account for one out of every ten childbirths in the United States, with the rate increasing to 26.1 percent of all deliveries in 2002. This number has also been reported as 13-25 percent in European countries.

C-sections are only indicated when the mother's or foetus' lives are in danger. However, this strategy has now become a popular way to avoid labour pain. People commonly believe that a caesarean birth is less painful, safer, and healthier than a vaginal birth. However, this strategy has now become a popular way to avoid labour pain. People commonly believe that a caesarean birth is less painful, safer, and healthier than a vaginal birth. Awareness must be developed in many ways, and current myths must be rectified, in order to build a favourable cultural and religious attitude regarding vaginal delivery. Encourage people to use vaginal birth as a form of delivery that enhances foetal/maternal health, increases women's awareness of maternal identity, increases their comfort, and changes the mode of delivery decision by modifying current beliefs and attitudes about safe delivery.

As a result, various factors influence pregnant patients' decisions about mode of delivery and with the availability of caesarean delivery on maternal request nowadays, patients can choose their desired mode of delivery freely with their attending physician. The most essential things that assist patients in deciding how they wish to birth are counselling and perceived information regarding delivery. And, because physicians are in charge of deciding on the technique of delivery, they should do it prudently and in accordance with the recommendations [1-5].

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