

## ORIGINAL ARTICLE

## Factors Influencing Maternal Preference for Mode of Delivery in an Antenatal Clinic

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**ABSTRACT**

**Background:** Maternal choices regarding the mode of childbirth have become a topic of growing interest worldwide, particularly due to rising caesarean section rates and their implications for maternal and neonatal health. The purpose of the study was to identify and analyze the factors influencing women's preference for mode of delivery in an antenatal clinic. **Methods & Materials:** This cross-sectional study at the Department of Obstetrics and Gynecology, Government Employee Hospital, Dhaka, Bangladesh (June 2024–July 2025) included 100 consenting pregnant women ( $\geq 18$  years,  $\geq 20$  weeks gestation) to assess factors influencing delivery preference, with data on demographics, pregnancy history, perceptions, and counseling analyzed using SPSS v25, and associations tested by chi-square/Fisher's exact test ( $p \leq 0.05$ ) while maintaining confidentiality. **Results:** Among 100 participants (mean age  $26.9 \pm 4.7$  years), 44% were 19–25 years and 81% lived in urban areas. Gravida distribution was 39% primigravida, 42% two pregnancies, and 19%  $\geq 3$ ; 25% had a previous cesarean. Most preferred normal delivery (78%), 11% preferred cesarean, and 11% were undecided; 72% considered it safer for mother and baby. Key influencing factors were safety (50%), fear of operation (22%), and previous experience/labor pain (28%). Women with previous cesarean or fear of operation were more likely to prefer cesarean (27.3% vs 3.0%; 36.4% vs 3.8%;  $p \leq 0.001$ ). **Conclusion:** Maternal delivery mode preference is mainly influenced by perceived safety, prior birth experience, and counseling, with previous cesarean and fear of surgery increasing cesarean preference.

**Keywords:** Influencing Factors, Maternal Preference, Mode of Delivery

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**INTRODUCTION**

Maternal choices regarding the mode of childbirth have become a topic of increasing interest among researchers and healthcare professionals worldwide, particularly due to the continuous rise in caesarean section (CS) rates, with certain countries surpassing the World Health Organization's (WHO) recommended range of 10–15% [1]. In cases where serious complications occur, such as severe pre-eclampsia, obstetric fistula, or birth asphyxia resulting from prolonged labor, caesarean section serves as a critical, life-saving surgical intervention for both the mother and the fetus [2-4]. However, cesarean delivery carries both short- and long-term risks that can affect maternal and infant health for years following the

procedure and may also impact future pregnancies. In addition, it imposes considerable financial burdens on families [5]. The selection of delivery method therefore has substantial implications for the health and wellbeing of both mothers and newborns, as cesarean sections may lead to complications including postoperative infections, hemorrhage, and perinatal asphyxia, raising significant public health concerns [6,7]. Within the South Asian region, cesarean section rates have exceeded the WHO-recommended levels. For instance, the fifth National Family and Health Survey in India reported a national CS rate of 21.5%, above the ideal threshold [8]. Despite this, the trend toward cesarean delivery is particularly notable among urban women, those with higher

socioeconomic status, educated women, and individuals seeking private healthcare services. Nonetheless, literature indicates that these patterns only partially reflect the full spectrum of factors influencing delivery decisions. Evidence from Sub-Saharan Africa demonstrates considerable variation in cesarean prevalence across different countries, while the Ethiopian Demographic and Health Survey highlight substantial differences in CS rates between regions and among women with varying socioeconomic backgrounds [9,10]. These observations underscore the need for research focused on understanding delivery mode preferences within specific sociocultural and geographic contexts.

Existing studies have identified multiple factors that affect women's preferences for the mode of delivery, including socioeconomic status, prior delivery experience, and pregnancy-related complications [11-13]. Additionally, social, religious, and cultural norms play a significant role in shaping individuals' perceptions and definitions of delivery modes, which subsequently influence their choices [14]. Other determinants include abnormalities detected during prenatal assessments, low confidence in vaginal birth, fear of labor pain, desire to determine timing and method of delivery, maternal age, urban residence, education level, employment status, utilization of antenatal care services, choice of private hospitals, parity, history of abortion, and perceived safety for mother and child [15-20]. These findings collectively highlight the multifaceted interaction of demographic, obstetric, psychosocial, and cultural factors that govern pregnant women's decision-making regarding the preferred mode of childbirth.

Despite the growing body of literature on factors influencing delivery mode, there remains a lack of context-specific evidence from antenatal clinics in Bangladesh, particularly regarding how sociodemographic, obstetric, psychosocial, and cultural factors interact to shape women's preferences. Most existing studies focus either on national cesarean rates, clinical outcomes, or isolated determinants, without comprehensively examining the combined influence of previous childbirth experiences, fear of labor, counseling, and perceived safety within a localized antenatal setting. Moreover, variations in urban versus semi-urban populations and the role of family or healthcare provider guidance have not been fully explored in this context. This gap limits the ability of healthcare providers to offer targeted counseling and interventions tailored to women's actual preferences and concerns. Therefore, the purpose of the study is to identify and analyze the factors influencing women's preference for mode of delivery in an antenatal clinic.

**OBJECTIVES**

**General Objective**

To assess the factors influencing maternal preference for mode of delivery among pregnant women attending the antenatal clinic.

**Specific Objectives**

1. To determine the preferred mode of delivery among pregnant women attending the antenatal clinic.
2. To identify sociodemographic factors associated with maternal preference of mode of delivery.
3. To assess the influence of obstetric factors on maternal preference.
4. To evaluate the role of knowledge and perception regarding benefits and risks of different modes of delivery on maternal preference.

5. To explore the impact of family, cultural, and social influences on the choice of mode of delivery.
6. To assess the effect of healthcare provider counseling and antenatal care services on maternal preference of mode of delivery.

**METHODS & MATERIALS**

This cross-sectional study was conducted at the Department of Obstetrics and Gynecology, Government Employee Hospital, Dhaka, Bangladesh, between June 2024 and July 2025. A total of 100 pregnant women attending the antenatal clinic were included using convenience sampling to identify factors influencing their preference for mode of delivery.

**Inclusion Criteria:**

- Pregnant women attending the antenatal clinic at Government Employee Hospital, Dhaka
- Gestational age  $\geq 20$  weeks (confirmed by last menstrual period or ultrasound)
- Age  $\geq 18$  years
- Able to provide informed consent
- Willing to participate in the study

**Exclusion Criteria:**

- Presence of major obstetric complications requiring immediate intervention (e.g., severe preeclampsia, placenta previa with bleeding, fetal distress)
- Psychiatric illness or cognitive impairment affecting decision-making capacity
- Critical medical comorbidities (e.g., severe cardiac disease, uncontrolled diabetes)
- Women in active labor
- Previous refusal to participate or incomplete interviews

Data were collected using a structured questionnaire covering sociodemographic characteristics (age, residence, education, occupation, and monthly household income), pregnancy and delivery history (gravida, parity, previous delivery type, and current gestational age), perception and preference regarding mode of delivery, and knowledge and counseling received about delivery options. Participants were asked about their preferred mode of delivery, perceived safety for mother and baby, main factors influencing preference, sources of information, and satisfaction with counseling. Collected data were entered into a spreadsheet and analyzed using SPSS (version 25). Descriptive statistics summarized categorical variables as frequencies and percentages, and continuous variables as mean  $\pm$  standard deviation. Associations between factors and preference for cesarean section were evaluated using chi-square or Fisher's exact test, with  $p \leq 0.05$  considered statistically significant. Written informed consent was obtained from all participants, and confidentiality and anonymity were maintained throughout the study.

**RESULTS**

Table I shows the sociodemographic characteristics of the study participants (n = 100). The mean age was  $26.9 \pm 4.7$  years, with 44% aged 19–25 years, 25% aged 26–30 years, and 31% aged  $\geq 31$  years. Most participants resided in urban areas (81%). Regarding education, 44% had completed higher secondary education, 33% had graduation, 20% had post-graduation, and 3% had primary/secondary education. A majority were homemakers (61%), while 39% were students or employed. Monthly household income ranged from 20,000–40,000 BDT in 56% of participants, 40,000–60,000 BDT in 36%, and  $<20,000 / >80,000$  BDT in 8%.

**Table - I: Sociodemographic Characteristics of the Study Participants (n = 100)**

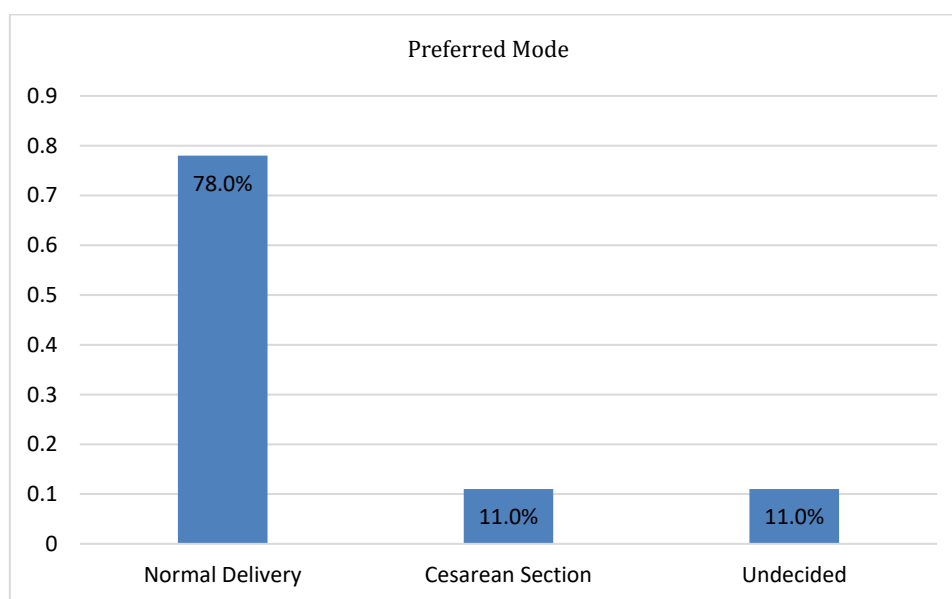
Characteristic	Frequency (n)	Percentage (%)
Age (years)	19-25	44
	26-30	25
	≥ 31	31
	Mean ± SD	26.9 ± 4.7
Residence	Urban	81
	Semi-Urban	11
	Missing	8
Education Level	Higher Secondary	44
	Graduation	33
	Post Graduation	20
	Primary/Secondary	3
Occupation	Homemaker	61
	Student/Employed	39
Monthly Income	20,000-40,000 BDT	56
	40,000-60,000 BDT	36
	<20,000 / >80,000	8

Table II presents the pregnancy and delivery history. Among the participants, 39% were primigravida, 42% had two pregnancies, and 19% had three or more (≥3) pregnancies. Regarding previous delivery type, 33% had no prior deliveries, 22% had a previous normal delivery, 25% had

undergone cesarean section, 8% had experienced both types, and 12% were missing this information. The current gestational age ranged from 1-40 weeks, with 25% in 1-20 weeks, 61% in 21-40 weeks, and 14% missing; the mean gestational age was 24.7 ± 9.1 weeks.

**Table - II: Pregnancy and Delivery History of the Study Participants (n = 100)**

Characteristic	Frequency (n)	Percentage (%)
Gravida	1	39
	2	42
	≥ 3	19
Previous Delivery Type	None	33
	Normal	22
	C-Section	25
	Both	8
	Missing	12
Current Gestation (weeks)	1-20	25
	21-40	61
	Missing	14
	Mean ± SD	24.7 ± 9.1



**Figure - 1: Preferred Mode of Delivery Among the Study Participants (n = 100)**

Figure 1 shows the distribution of participants' preferred mode of delivery. Most women (78%) expressed a preference for normal vaginal delivery, while 11% preferred cesarean section. An additional 11% of participants remained undecided regarding their preferred mode of delivery at the time of the interview.

considered normal delivery safer, 3% considered cesarean section safer, and 25% were unsure. A similar trend was observed for the safety of the baby. The main factors influencing participants' preference included safety of both baby and mother (50%), fear of operation (22%), and previous birth experience, labor pain, or understanding of associated risks (28%).

Table III illustrates participants' perception regarding mode of delivery. Regarding perceived safety for the mother, 72%

**Table - III: Perception of Safety and Factors Influencing Mode of Delivery Among the Study Participants (n = 100)**

Characteristic	Frequency (n)	Percentage (%)	
Perception: Safer for Mother	Normal Delivery	72	72.0%
	Cesarean Section	3	3.0%
	Not Sure	25	25.0%
Perception: Safer for Baby	Normal Delivery	72	72.0%
	Cesarean Section	3	3.0%
	Not Sure	25	25.0%
Main Influencing Factor	Safety of Baby & Mother	50	50.0%
	Fear of Operation	22	22.0%
	Previous Experience / Labor Pain / Risk Understanding	28	28.0%

Table IV summarizes participants' knowledge and counseling experience. Most participants reported receiving information from family (42%), followed by doctors (28%), the internet (17%), and friends, TV, or other sources (13%). A majority (69%) had received counseling regarding delivery mode.

Among those counseled (n = 69), 76% were satisfied or very satisfied, 20% were neutral, and 4% were dissatisfied. Overall, 58% of participants recommended counseling for others, while 42% did not or had not discussed it.

**Table - IV: Knowledge and Counseling Regarding Mode of Delivery Among the Study Participants (n = 100)**

Characteristic	Frequency (n)	Percentage (%)	
Knowledge Source	Family	42	42.0%
	Doctor	28	28.0%
	Internet	17	17.0%
	Friends/TV/Other	13	13.0%
Received Counseling	Yes	69	69.0%
	No	31	31.0%
Satisfied with Counseling (n=69)	Satisfied/Very Satisfied	53	76.0%
	Neutral	14	20.0%
	Dissatisfied	2	4.0%
Recommend Counseling	Yes	58	58.0%
	No/Not Discussed	42	42.0%

Table V presents the factors associated with preference for cesarean section. Women with a previous cesarean section were significantly more likely to prefer cesarean delivery (27.3%) compared to those without a previous cesarean (3.0%) (p ≤ 0.001). Fear of operation was also significantly

associated with cesarean preference (36.4% vs 3.8%, p ≤ 0.001). Education level and parity were not significantly associated with cesarean preference (p = 0.210 and p = 0.340, respectively).

**Table - V: Factors Associated with Preference for Cesarean Section Among the Study Participants (n = 100)**

Factor	Prefers CS (n=11)	Prefers VD/Undecided (n=89)	p-value
Previous Delivery	Had Previous CS (n=33)	9 (27.3%)	≤0.001
	No Previous CS (n=67)	2 (3.0%)	
Fear of Operation	Cited (n=22)	8 (36.4%)	≤0.001
	Not Cited (n=78)	3 (3.8%)	
Education	Tertiary (n=53)	8 (15.1%)	0.210
	Non-Tertiary (n=47)	3 (6.4%)	
Parity	Primigravida (n=39)	6 (15.4%)	0.340
	Multigravida (n=61)	5 (8.2%)	

**DISCUSSION**

Women's preferences regarding the mode of delivery are a critical aspect of maternal healthcare, influencing both maternal and neonatal outcomes, recovery, and satisfaction with childbirth. The choice between normal vaginal delivery and cesarean section is shaped by a combination of medical

indications, personal beliefs, and psychosocial factors. Understanding these preferences is particularly important in antenatal clinic settings, where counseling and guidance can help women make informed decisions. The findings of this study highlight that the majority of women preferred normal delivery, with perceived safety for both mother and baby,

previous childbirth experiences, and fear of operation emerging as key determinants. These results underscore the importance of considering obstetric history, perceptions, and psychosocial influences when supporting women in their delivery mode decisions.

The sociodemographic profile of the women in this study shows that most participants were in the early to mid-reproductive age group, predominantly urban residents, and largely educated up to higher secondary or graduation level, with more than half being homemakers and belonging to middle-income households. These characteristics closely mirror findings from Hamid et al., who reported that factors such as age, educational attainment, occupation, and income significantly shape women's decisions regarding mode of delivery, particularly among younger and better-educated women who often view vaginal delivery as safer and associated with quicker recovery [21]. Similarly, Parvej et al. observed that age, residence, working status, and monthly household income influence delivery preferences, with older and higher-income women more inclined toward cesarean section [22]. The predominance of urban, educated, and economically stable women in our sample aligns with these patterns, suggesting that sociodemographic context remains a major determinant of delivery-related choices in antenatal populations.

The pregnancy and delivery history of the participants in this study shows a balanced distribution of primigravida and multigravida women, with 39% being first-time mothers and 61% having experienced at least one previous pregnancy, which is comparable to the findings of Begum et al., who reported a similar gravidity pattern in their study of antenatal mothers [23]. The varied previous delivery experiences in our sample—ranging from no prior delivery (33%) to previous normal births (22%) and prior cesarean sections (25%)—also reflect the obstetric diversity noted in their study. Moreover, the influence of past childbirth experiences observed in our participants aligns with Adu-Bonsaffoh et al., who demonstrated that parity and previous mode of delivery significantly shaped women's preferences for their current delivery mode, with prior cesarean history strongly predicting future cesarean preference [24]. The predominance of women in mid-to-late gestation in our sample further supports the relevance of assessing prior obstetric history, as these factors closely interact with decision-making regarding delivery mode during the later stages of pregnancy.

The findings from this study show that a substantial majority of antenatal women (78%) preferred normal delivery, with most perceiving it as safer for both mother and baby—a pattern closely aligned with observations from Kalyan et al., who reported an overwhelming preference for vaginal birth (98.4%) driven by expectations of faster recovery and perceived safety [25]. Similarly, Zewude et al. found that 75.4% of participants favored vaginal delivery, largely due to its natural process, safety profile, and avoidance of painful or invasive procedures [26]. In the present study, safety of mother and baby emerged as the most influential factor (50%), followed by fear of operation and previous childbirth experiences, mirroring the motivational trends described in both studies. These consistent findings highlight that across diverse settings, women's delivery preferences are strongly shaped by beliefs surrounding safety, recovery, and past obstetric experiences.

The findings from this study indicate that the majority of participants obtained knowledge about delivery modes from family (42%) and doctors (28%), with additional input from the internet and other sources. Most women (69%) reported receiving antenatal counseling regarding delivery options, and among those counseled, a substantial proportion (76%) were satisfied or very satisfied, while over half (58%) recommended counseling to others. These results are consistent with Joshi et al., who reported that pregnant women in Nepal had moderate to good knowledge about delivery modes, with family and healthcare providers playing a key role in shaping perceptions and choices [27]. Similarly, El-Shrqawy et al. demonstrated that structured antenatal education significantly improved women's knowledge and attitudes toward delivery mode, highlighting the importance of counseling in enhancing understanding and influencing preferences [28]. Overall, these findings underscore that both informal (family) and formal (healthcare provider) sources, along with structured counseling, are crucial in guiding pregnant women's awareness and decision-making regarding mode of delivery.

In this study, previous cesarean section and fear of operation were found to be significantly associated with preference for cesarean delivery, while education level and parity showed no significant effect. These findings align with Adu-Bonsaffoh et al., who reported that women with prior cesarean were much more likely to prefer cesarean delivery, whereas multiparous women were less likely to choose it [24]. Similarly, the influence of fear on delivery preference observed in our cohort corresponds with Elgzar et al., who demonstrated that nulliparous women with higher levels of fear related to pain, procedures, or potential harm to the infant were significantly more likely to opt for cesarean delivery [29]. Together, these studies underscore that both prior obstetric experience and psychosocial factors such as fear play critical roles in shaping women's delivery preferences.

#### LIMITATIONS OF THE STUDY

This study had some limitations:

- The study population was relatively small, limiting generalizability.
- The sample was not randomly selected.
- The study's limited geographic scope may introduce sample bias, potentially affecting the broader applicability of the findings.

#### CONCLUSION

Maternal preference for mode of delivery is influenced by their perceptions of safety, prior experiences, and counseling received during antenatal care. In this study, most participants preferred normal delivery and considered it safer for both mother and baby. Key factors shaping their choice included safety concerns, fear of surgery, and previous birth experiences, while prior cesarean section significantly increased preference for cesarean delivery. These findings underscore the importance of individualized counseling and education to support informed decision-making regarding delivery mode.

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**Conflicts of interest:** There are no conflicts of interest.

**Ethical approval:** The study was approved by the Institutional Ethics Committee.

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