

A Qualitative Review and Meta-Analyses of Published Literature Exploring Rates and Reasons Behind the Choice of Elective Caesarean Section in Pregnant Women With No Contraindication to Trial of Labor After One Previous Caesarean Section

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Abstract : Background: Previous research has found a variety of rates and reasons for choosing medically unindicated elective repeat cesarean section (ERCS). Understanding the frequency and reasoning of ERCS, especially when unwarranted, could help healthcare professionals better tailor their advice and service. Therefore, our study conducted meta-analyses and qualitative analyses to identify the reasons and rates worldwide for choosing this procedure over the trial of labor after cesarean (TOLAC), also referred to in published literature as vaginal birth after cesarean (VBAC). Methods: We conducted a systematic review of published literature available on PubMed, EMBASE, and science.gov and conducted a blinded peer review process to assess eligibility. Search terms were created in collaboration with experts in the field. An inclusion and exclusion criteria were established prior to reviewing the articles. Included studies were limited to those published in English due to author constraints, although no international boundaries were used in the search. No time limit for the search was used in order to portray changes over time. Results: Our qualitative analyses found five consistent themes across international studies, which were socioeconomic and cultural differences, previous cesarean experience, perceptions of risk with vaginal birth, patients' perceptions of future benefits, and medical advice and information. Our meta-analyses found variable rates of ERCS across international borders and within national populations. The average rate across all studies was 44% (CI 95% 36-51). Discussion: The studies included in our qualitative analysis demonstrated similar repetitive themes, which give validity to the findings across the studies included. We consider the rate variation across and within national populations to be partially a result of differing inclusion and eligibility assessment between different studies and argue that a proforma be utilized for future research to be comparable.

Keywords : elective cesarean section, VBAC, TOLAC, maternal choice

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