

# Whether cesarean or vaginal, childbirth experiences greatly affected by 'dehumanizing' treatment, study finds

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Whether delivering via cesarean or vaginally, patients' overall experiences and perceptions of childbirth are largely determined by the kind of treatment they receive from their medical providers and whether they feel seen and heard, a recent Oregon State University study has

found.

The research is [published](#) in the journal *SSM—Qualitative Research in Health*.

The researchers say their findings underscore the need for better training for medical professionals as well as structural support within the health care system.

The study was based on in-depth interviews with 25 mothers who had previously given birth via [cesarean section](#) and then tried for a "[vaginal birth](#) after cesarean," commonly referred to as VBAC, for a subsequent birth. In the U.S., 1 in 3 births occurs via cesarean.

In the interviews, it became clear that patients' delivery methods mattered far less than the conversation and process surrounding them, said study co-author Melissa Cheyney, a medical anthropologist and community midwife at OSU's College of Liberal Arts.

"People do not forget how you treat them during birth," Cheyney said. "I've had people tell me about their birthing experience 40 years ago, and they still remember the nurse who snapped at them or a physician who made them feel disrespected. They also remember the person who said nothing but stroked their hand at the hardest part of labor, offering comfort."

The study includes excerpts taken verbatim from the patient interviews. Many of the women described trying to ask questions of their doctors before and during childbirth, only to be ignored, dismissed or even threatened.

One woman, identified in the study as Moira, was hoping for a vaginal birth, but the obstetrician told her she needed a cesarean birth. She asked

if she could try laboring for just a little longer.

In her interview, Moira recounted: "He (the OB) said, 'If you do, I'm going to be forced to contact CPS (Child Protective Services) because at this point you're putting your own well-being or your own wishes ahead of your child's well-being. And you could kill your baby. She's dying right now. She'll probably be dead in 30 minutes if you don't do this."

The doctor then said he had something else to do and left her alone for more than four hours. When he came back, Moira said, he berated her for not consenting earlier to the cesarean, but her baby was born alive and well.

"In the systems we've created, care can feel rushed and impersonal. Too often when a patient asks a question they have every right to ask, the provider perceives it as a threat to their knowledge and authority," Cheyney said.

Cheyney often gives presentations to groups of [medical providers](#), educating on what she's learned from her research with patients going through childbirth.

"Anthropologists say, 'Normal is what you're used to,'" she said. "If you go to work and perform cesareans or inductions every single day, you're normalized into that."

But providers must remember that for their patient, this is a once-in-a-lifetime experience that is physically and emotionally challenging, if not traumatic, Cheyney said. During a cesarean, she said, "You are strapped down on the table having surgery while you're awake."

While dehumanizing treatment made childbirth even scarier, the study found that patients who felt listened to and respected throughout the

process reported [positive outcomes](#), even if they ended up having an unplanned cesarean. For some, a positive experience with their second cesarean helped them heal emotionally from a previous traumatic birth.

"I felt like I could do anything. I felt empowered. I felt supported," said a woman identified in the study as Ynez, describing her second cesarean birth. "After working through my whole labor and delivery, I'm healed, I'm happy and I'm proud."

Cheyney says it's crucial to look at these problems at a systemic level to understand the gaps in training or the institutional structures making it difficult for doctors to give patients the time and information they need to feel seen. These issues need to be addressed at the source, she said, in the design of care.

But in the meantime, providers need to advocate for the patients who are right in front of them.

"Healthy communities start with healthy birth," Cheyney said. "We can't wait on the systems around us to change."

Study co-authors were Bridget Basile Ibrahim and Holly Powell Kennedy from Yale University and Saraswathi Vedam from the University of British Columbia.

**More information:** Bridget Basile Ibrahim et al, "I was able to take it back": Seeking VBAC after experiencing dehumanizing maternity care in a primary cesarean, *SSM—Qualitative Research in Health* (2023). [DOI: 10.1016/j.ssmqr.2023.100339](https://doi.org/10.1016/j.ssmqr.2023.100339)

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