

Exploring the Medicalization of Childbirth and its Effects on Postnatal Health Outcomes in Urban Areas of Lahore, Pakistan.

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Abstract

Background

The Natural Process of Childbirth has advanced from being supported by midwives to the events of highest medicalized nature in hospital setting with various medical interventions. This transition shaped by professionalization of obstetrics and advancements in medical technology has raised a wide range of concerns that includes the overuse of medical interventions and its impact on postnatal health outcomes. There exists limited number of studies that has studied the experiences of women and healthcare providers regarding medicalized childbirth especially in Urban Lahore. This study aim was to understand and investigate medicalized experiences of both mother and its implications regarding postnatal health outcomes.

Method

Qualitative research design was chosen, in which Sixteen Interviews were conducted from a diverse range of participants and healthcare providers across different tertiary health units (THQs) and private clinics within Lahore. While conducting the interviews, it was audio-recorded and responses was later transcribed verbatim for each question to identify key themes using Inductive thematic analysis. During the interviews field notes were also taken.

Results

The study's results demonstrated diverse demographic and birth-related characteristics among participants. Personal experiences reveal the physical and emotional impact of medical treatments, the differences in care quality, and the challenging journey to becoming a mother. The reason to choose medicalized childbirth specifically cesarean sections among the respondents was Fear of pain, pressure from society, and financial concerns. Medicilzed

childbirth is a complex issue according to Healthcare providers medical, social, and cultural factors.

Conclusion

When discussing the medicalization of childbirth in urban Lahore, it's important to recognize the challenges faced by both women and healthcare providers. An Improvement is needed to increase health literacy, promote natural childbirth, and empower women to make informed choices about their care. Collaboration among healthcare professionals, policymakers, and the community is vital for effectively implementing these initiatives and ensuring better outcomes for mothers and infants. Key recommendations include enhancing education and awareness, promoting evidence-based practices, and addressing socio-economic disparities in childbirth care.

Background

Childbirth is a significant event in a woman's life that has traditionally been viewed as a natural process occurring at home or within the community supported by experienced midwives and birth attendants. Notable changes have been observed over the past few decades the way childbirth is approached that leads to medicalization of the process [1]. Advances in medical technology, the professionalization of obstetrics, and the perception of safety and control offered by hospital are the factors that have influenced this shift [2]. The number of women delivering babies in healthcare facilities within urban areas has increased that has transformed non-medical aspects into medical concerns, even for low-risk childbirths.

Advancements in biomedicine, evidence-based medicine, obstetrics, and surgical interventions, have driven this trend which poses financial and health risks if applied unnecessarily [3][4]. Medical profession has persuaded and redefine childbirth as a pathological condition that required specialized knowledge. Middle-class women opt for hospital-based care, encouraging safer and less painful births [5]. A shift in Caesarean sections and other medical intervention has resulted in higher maternal and neonatal mortality rates, reduced midwife and traditional birth attendant roles, and decreased women's autonomy during childbirth [6]. Medical interventions can prevent complications in high-risk pregnancies while its overuse can lead to adverse outcomes, including unnecessary medical procedures, increased medical costs, and potential harm to mothers and babies low-risk pregnancies [7].

According to a study conducted in Rawalpindi, a significant majority of women (87.5%) preferred vaginal delivery despite the rising rates of C-Section. Respondent cites quicker recovery and natural birth processes as a primary reason as the reason to prefer C-section [8]. Negative postnatal health outcomes, such as postpartum mental health issues and delayed breastfeeding initiation are also associated with Excessive use of medicalization [9]. Balancing the benefits of medical interventions with the promotion of natural childbirth is key to enhancing the well-being of both mothers and newborns [10] [4].

Due to the indirect nature of information received from healthcare professionals, urban women in Pakistan faces complex decision-making processes regarding their childbirth [11]. The decision of delivery mode significantly influences the health outcomes of both newborns and their mothers. Therefore, preferences of patient are a key factor in this process

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[12] [13]. Urban areas have experienced the rise of medicalization of childbirth due to improvements in healthcare infrastructure and population growth in the urban centers [14]. Lahore, the second-largest city of Pakistan, is experiencing a similar situation. The city is characterized by interplay of cultural norms, socioeconomic disparities, and limitations within its healthcare system [11].

Pakistan has some alarming statistics regarding pregnancy outcomes when compared with other nations with low resources. The country has greater rates of stillbirths, neonatal fatalities, and maternal mortality ratios than its regional neighbors [15]. Most part of literature that exists focuses and emphasizes on the factors associated with cesarean deliveries, subjective pregnancy experiences, expectations around childbirth, and determinants that influence postnatal care utilization for mothers and newborns [16][17][18]. Significant research gaps remain regarding how medicalization of childbirth affects mothers' and babies' health outcomes in urban areas of Lahore, Pakistan.

To address the challenges of medicalization of childbirth in Lahore, Effective strategies can be designed by understanding the factors influencing these decisions and the resulting impact on postnatal health outcomes. By clearly understanding and investigating medicalization of childbirth and its impacts on postnatal health outcomes, analysing the impact of medicalization on maternal and infant health, exploring its psychological effects on mothers, and identifying the factors contributing to this phenomenon is the aim of this study. The study provided a comprehensive understanding of how medicalization influenced the childbirth experience and its implications for health and well-being in urban context.

The Lahore healthcare network faces similar challenges. To design better integrated healthcare systems for childbirth, we need to understand how healthcare providers perceive and experience their role in providing care. This study explores healthcare providers' views and experiences regarding the medicalization of childbirth in urban areas of Lahore, Pakistan, addressing an important knowledge gap.

Methods

Participants

The study participants were women who had given birth in specific medical settings within urban Lahore, carefully selected from Sir Ganga Ram Hospital and Doctors Hospital. These participants represented diverse socioeconomic backgrounds, ethnicities, ages, and delivery methods. The group included women who had undergone caesarean sections, assisted deliveries, and natural homebirths, ensuring a comprehensive understanding of how the medicalization of childbirth impacts postnatal health in the city.

Procedure

Sampling Technique

Data were collected from a diverse group of participants, representing different socioeconomic backgrounds, ethnicities, and educational levels, using a purposive sampling

technique. This approach allowed the study to capture a wide range of perspectives on the medicalization of childbirth by including women with varied childbirth experiences, from highly medicalized births to natural homebirths.

Data Collection Method

Data were collected through 16 comprehensive, in-depth interviews, guided by a specifically designed interview guide. A qualitative method was chosen for its capacity to generate rich, detailed data, offering profound insights into participants' experiences, perceptions, and opinions regarding the medicalization of childbirth and its impact on postnatal health. Literature review was conducted to support the interview data.

Instrument Development

An interview guide was developed specifically for this study to data collection. To explore the experiences and perceptions of women who had given birth in a medical setting a carefully crafted question guide was designed.

Ethical Considerations

Informed consent was obtained from the research participants and local stakeholders including female elders, healthcare support staff, Lady Health Workers, nurses etc. were involved to ensure community trust and respect for cultural norms. Confidentiality and anonymity of responses and data were maintained. By maintaining Confidentiality validity and reliability of the study findings were ensured and open the way to facilitate the collection of honest and open responses from participants.

Data Analysis

Data analysis was conducted through comprehensive thematic analysis process. The process includes data collection, coding, identifying themes and sub-themes, and interpreting findings. Verbatim transcriptions of interviews of audio recordings were made. The researcher engaged deeply with the data by carefully listening to recordings and thoroughly reading transcripts. Subsequently, the researcher engaged in coding, beginning with open coding to generate initial codes, followed by axial coding to organize these codes into categories. This process was refined iteratively to ensure consistency. Themes were then identified as overarching patterns within the coded data, with relationships between themes examined for connections and contradictions. In the final interpretation stage, the researcher analyzed these themes within the broader context of the medicalization of childbirth and its postnatal health outcomes in urban Lahore, Pakistan.

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Results:

Demographic Information of Respondent and Healthcare providers:

Table 1: Demographics of the Respondents

Particulars	Descriptions	Values	Percentage
Age	20-30	10	71.4%
	31-40	4	28.5%
Highest Level of Education	Inter	01	7.1%
	Graduation	10	71.4%
	Post-Graduation	01	7.1%
	Uneducated	02	14.2%
Occupation / Primary source of income	Husband's income	09	64.2%
	Self-earning	02	14.2%
	Both	03	21.4%
Household income level	Upper	02	14.2%
	Middle	10	71.4%
	Lower	02	14.2%
Residential Area within Urban Lahore	Urban	01	7.1%
	Semi Urban	10	71.4%
		01	7.1%
		02	14.2%
Gap between the birth of previous children	1 - 3 years	04	28.57%
	3 - 4 years	05	35.57%
	N/A	05	35.57%
Previous Delivery type	C – Section	05	35.7%
	SVD	03	21.4%
	Both	01	7.1%
	N/A	05	35.7%
Current Delivery type	C – Section	08	57.1%
	SVD	06	42.8%
Did you deliver in Public or Private hospital?	Public	03	21.4%
	Private	07	50%
	Semi- Govt	02	14.2%
	Midwives	02	14.2%

Table 2: *Demographics of the Healthcare providers*

Particulars	Descriptions	Values	Percentage
Age	30-40	03	60%
	41-50	02	40%
Gender	Male	0	0%
	Female	05	100%
Years of Experience	10-20	03	60%
	20-30	02	40%
Occupation	Gynecologist	02	40%
	Consultant gynecologist	01	20%
	Labor Room Supervisor	01	16%

Qualitative Findings:

Medicalized childbirth in Lahore is a complicated and often challenging experience for women. Mothers and babies' experiences show how medical interventions, both positive and negative, affect their physical and emotional well-being.

Theme 1: Understanding Medicalization of Childbirth

Birth Experiences:

Interviews have revealed the unpredictability and complications that can arise during pregnancy and labor, requiring quick interventions like emergency c-sections. One respondent's experience underscores the profound physical and emotional toll that can accompany medicalized childbirth, stating: *"It was worst, because during first 6 months of pregnancy, I have had hyperemesis, I had excessive vomiting, I was not able to tolerate anything after the hormonal imbalance, I couldn't even tolerate drinking water. I was working at Hamid Latif, so I used to have drip of IV (Intravenous Fluids) in the morning before work, and in afternoon, at off time. For the 6 months I took my nutrition through IVs, it was very less orally."* Another respondent's narrative of an unexpected emergency cesarean due to fetal distress demonstrates the abrupt shift from natural birth preparations to surgical intervention, leaving the mother feeling out of control: *"Everything was normal throughout 9 months; I was prepared for vaginal birth but at the last moment Dr told me that I have to go for an emergency C Section that's why I was scared."* These accounts highlight the importance of comprehensive prenatal care, clear communication, and patient-centered decision-making in navigating the complexities of medicalized childbirth.

Factors Influencing Medicalization of Childbirth:

There are a lot of factors that influence women's willingness to have medicalized childbirth, especially cesarean sections. The preference to choose Caesarean section over vaginal birth are the concerns of women about pain management. Another reason is to preserve their physical appearance especially if they experienced discomfort during a previous vaginal delivery. According to one respondent, *"People are scared of pains and their figure that's why they go for Cesarean."* This sentiment is repeated by another comment that *"People can't bear pains"* and choose cesarean sections to avoid the pain of natural childbirth.

The access to medical interventions significantly effects childbirth decisions, with one participant stating that *"the upper class had choices regarding these matters, whereas we struggle to secure even basic sustenance."* Socioeconomic disparities were emphasized by this response that affect individuals' options for childbirth. Healthcare providers also have their say on the prevalence of medicalized childbirth, observing that many women choose cesarean sections due to concerns about their health and a desire to avoid the pain of natural childbirth.

Healthcare providers emphasise the importance of informed decision-making, urging for a balance between patient preferences and medical considerations to ensure the safety and well-being of both mother and baby. As one doctor remarked, *"Medical ethics dictate that patient preferences should be considered when determining the mode of delivery."*

Theme 2: Postnatal Health Outcome:

An analysis on Postnatal health experiences following medicalized childbirth shows several common complications among women. A primary concern is physical discomfort and pain, particularly among those who have undergone cesarean sections. Respondents frequently reported issues such as back pain, headaches, muscle stretching, and difficulty sitting or standing. One participant shared, *"It takes time; I feel pain in the stitches, and proper healing requires time."* Surgical complications were also prevalent, with women expressing concerns about the quality of the procedures. Further analysis shows Issues like stitches coming undone, wound infections, and pus formation.

Gastrointestinal problems were another common issue, with respondents experiencing constipation and discomfort during bowel movements. One participant mentioned suffering from *"stomach pain, fissures, and discomfort during bowel movements."* The physical burden of medicalized childbirth was further worsened by general weakness and health concerns, such as fatigue, weight gain, and issues with nails and teeth.

The emotional and psychological impact of these complications was also significant, with women reporting stress, anxiety, and difficulty coping with the pain and discomfort. Healthcare providers provided additional insights, acknowledging that while cesarean sections may reduce the likelihood of certain unpredicted complications, the recovery process can be more challenging and prolonged compared to spontaneous vaginal deliveries. They emphasized the importance of proper patient counseling and postpartum care as crucial factors in mitigating the adverse effects of medicalized childbirth.

Theme 3: Impact of Medicalization on Infant Health and Development

Medical interventions during childbirth, such as cesarean sections, can significantly impact maternal health, leading to challenges in breastfeeding. Mothers recovering from surgery or dealing with health complications may find it difficult to breastfeed, which can adversely affect the infant's nutrition and the mother-child bonding process. Some respondents noted that mothers may refrain from breastfeeding due to personal discomfort and work-related constraints, which further affects their child's health. One participant shared, *"I was not well, and I was afraid of breastfeeding, so I didn't feed him. Also, I am a working woman, and I don't feel comfortable breastfeeding at work."*

Infants born via cesarean section may face challenges like low hemoglobin levels and developmental concerns. For instance, one respondent shared their worry about their child's growth due to maternal health issues: *"I feel my first baby is not growing properly. He is weak even after 6 years."*

Breathing problems and jaundice are common issues among newborns, though not always directly linked to cesarean sections according to healthcare providers: *"My baby got issues in breathing but Dr. told it is not due to C section, it is very common in newborns."*

Physical recovery from childbirth can impede a mother's ability to breastfeed, leading to reliance on formula milk, impacting infant nutrition and bonding. As one respondent noted, *"The baby stays on formula milk for 60-70% times, because the mother can't get up and feed."*

Some infants demonstrate resilience and recover from initial health challenges, underscoring the importance of early medical intervention and ongoing care: *"A little bit, she was weak, but now healing with time."* The risk of infections for both mother and infant during or after surgery highlights the need for stringent hygiene practices in medical settings: *"This time I had Yeast infection, and my baby also caught Yeast infection during surgery."*

Healthcare providers emphasize that while cesarean sections offer controlled conditions and reduced respiratory risks, the timing of delivery and provider expertise are critical for infant safety and well-being: *"It is safe if done in safe hands."*

Theme 4: Psychological effects of medicalization on mother:

Psychological effects of medicalized childbirth reveal the significant impact it can have on mothers in Lahore. Many respondents reported experiencing postpartum depression and emotional strain, with factors such as strained marital relationships, lack of social support, and negative emotions towards the newborn contributing to their distress. As one participant expressed, *"Yes, I am in postpartum depression, I don't even like my husband, I feel like my child is a burden on me, I regret marrying. I get annoyed and aggressive when he cries. I don't have a social circle"*. Anticipatory anxiety before childbirth emerged as a common theme, with one respondent expressing the fear that grips them, *"especially after seeing other patients around you in the operating theater (OT)."* This underscores the critical need for psychological preparation and support during the prenatal period to help alleviate such anxieties.

The dichotomy between the initial relief after childbirth and the subsequent feelings of overwhelm highlights the importance of comprehensive postpartum support. Respondents

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described significant challenges in coping with the demands of caring for a newborn while simultaneously recovering from the physical toll of childbirth. These difficulties often led to feelings of depression and a dependence on others. As one participant shared, *"But then you get depressed when you have to look after the baby, and you are not well and can't take rest."*

The isolation experienced by mothers, especially those lacking spousal support, was a significant concern. The absence of a supportive environment can exacerbate the psychological burden, as evidenced by one respondent who stated, *"I feel so lonely. I have to do everything alone. I am suffering from Postpartum Depression. I felt my baby was an extra burden. I am taking care of my baby alone. My husband and I are living away from family, and my husband is not supportive at all."*

Healthcare providers acknowledged the wide range of psychological experiences associated with medicalized childbirth, from fear and anxiety to relief and happiness. They emphasized the importance of offering comprehensive support, including mental health resources, to address the varied needs of mothers during this critical period.

Theme 5: Factors contributing to medicalization of childbirth

The factors contributing to the medicalization of childbirth highlights the complex interplay of societal, cultural, and economic influences that shape preferences and decisions around delivery methods. The role of personal experiences and beliefs shared by mothers emerges as a significant factor. Participants noted that mothers often advocate for specific delivery methods, such as spontaneous vaginal deliveries (SVDs), based on their own experiences and the perceived benefits, such as a quicker return to normalcy and physical activity levels. Societal and cultural pressures also play a crucial part in shaping attitudes towards medicalized childbirth. Concerns about physical appearance and conforming to societal norms can lead individuals to choose cesarean sections (C-sections) over SVDs. Traditional beliefs passed down by elders and the opinions of family members, including mothers, mothers-in-law, and peers, can sway individuals' preferences for a particular delivery method.

As one respondent stated, *"Yes, my elder sister had SVD, so I had pressure to deliver normally. I was told that it is not something very difficult. Also, I don't want to be shamed by society on delivering baby painlessly. It was a constant pressure."* This highlights the significant influence of social and cultural factors on childbirth decisions.

Healthcare providers also shed light on the various factors contributing to the medicalization of childbirth. Fear of labor pains and the desire for a quicker, less painful delivery experience drive many individuals to opt for C-sections. The opinions and experiences of family members, especially in joint family systems, can also shape these preferences.

Socioeconomic status emerged as a crucial determinant, with those from higher-income backgrounds more likely to choose C-sections or *"painless deliveries,"* while individuals from lower socioeconomic backgrounds may prefer SVDs due to cost considerations or lack of access to elective C-sections. Other factors, such as the ability to schedule deliveries on specific dates for personal or cultural reasons, past traumatic experiences, and the financial incentives for healthcare providers to perform more C-sections, were also identified as contributing to the medicalization of childbirth in urban Lahore.

Theme 6: Strategies to Address Medicalization of Childbirth:

A multi-pronged approach to medicalizing childbirth in urban Lahore involves education, awareness, and healthcare initiatives. Awareness of the benefits of natural childbirth and the risks of unnecessary medical interventions is one of the key focal points. Educating people, reaching out to communities, and disseminating accurate information are some ways to do that.

In an effort to reduce medical interventions, healthcare providers highlighted the challenges, acknowledging that certain factors, like the prevalence of contracted pelvises among the younger generation, may necessitate continuing medical treatment. They also emphasized the importance of government intervention in reducing over-medicalization and promoting maternal health. A crucial strategy is to invest in basic education and promote health literacy. Educating people about the benefits of natural childbirth and maintaining a healthy lifestyle during pregnancy can help them make informed healthcare decisions.

Health providers have an important role to play in guiding and counseling expectant mothers. Informed decisions about childbirth options can be made by providing information about the risks and benefits of medical interventions. In addition, regular exercise and physical activity is a good way to help prepare pregnant women's bodies for birth and reduce medical interventions. Healthy Experiences were contributed to by encouraging women to stay active throughout pregnancy.

To address medicalization of childbirth in urban Lahore, a comprehensive approach is needed that involves healthcare professionals, policymakers, and the community. Empowering women, promoting natural childbirth, and ensuring healthier experiences for mothers and babies can be accomplished through education, awareness, and proactive healthcare.

Discussion

Evidence shows that Cultural, social, and healthcare factors all play a role in the medicalization of childbirth in urban Lahore. Cultural and societal norms play a big role in some participants' preference for medicalized childbirth. Women are pressured to have C-sections because of the influence of elders and societal expectations. Women's relative lack of decision-making power and negative conceptions of health-facility birth may also contribute to this [19]. Observation of similar trends in other countries suggests that balancing traditional beliefs with modern medicine is a universal challenge. Khalid also points out how traditional beliefs, gender disparities, and healthcare system challenges influence maternal healthcare decisions, emphasizing the need for culturally sensitive approaches to ensure facility deliveries and improve maternal and neonatal health [20].

There's a critical area of concern when it comes to the psychological effects of medicalized childbirth. The effectiveness of these measures is dependent upon their accessibility and cultural acceptability, even though healthcare providers recognize these challenges. There's a gap in postnatal mental health support, suggesting that more integrated mental health services are urgently needed. Mental health issues could be mitigated by this integration and mothers could

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get the holistic care they need. A study conducted by Garapati discussed postpartum depression and anxiety as part of the discussion on the psychological aftermath of medicalized childbirth [21].

Women's choices are influenced heavily by the recommendations of healthcare providers in the medicalization of childbirth. The choice and control of women influence birthing experiences, according to Cook [22]. There's a tension between advocating for medical interventions and respecting a woman's desire for a natural childbirth experience, though they emphasize informed decision-making and patient safety. In order to balance medical necessity with patient preferences, healthcare providers need to keep talking and learning. Informed decision-making and patient safety are important because of this balance between medical necessity and patient preferences [23].

Considering neonatal health, One doctor argues that a cesarean section is a preferable option because it allows the baby to be delivered directly, bypassing the extended and sometimes complex process of vaginal delivery. However, another doctor contends that vaginal delivery is better because it reduces the risk of complications arising from secretions that the baby might encounter during a cesarean section. From the mothers' perspective, opinions vary regarding the impact of cesarean sections on their babies. Some mothers believe that cesarean delivery results in weaker infants, while others report that it has no adverse effects on their children's health.

Medicalized childbirth has significant economic implications, as participants' concerns about affordability show, making it difficult to access preferred options. Economic barriers are a serious issue that policymakers and healthcare organizations need to address. Women could make choices based on preference instead of budget constraints with initiatives aimed at making healthcare more affordable and accessible [24]

In light of the findings, several recommendations are made for addressing the challenges of medicalized childbirth. In order to empower expecting mothers and their families to make informed decisions about childbirth, it is important to increase health literacy among them. Additionally, culturally sensitive healthcare practices can help bridge the gap between traditional beliefs and modern medicine. It's possible to deal with postpartum depression by improving mental health support within maternal care. Advocating for policy changes that make childbirth options more affordable and accessible will enable women to choose the birthing experience that suits them best.

Conclusion:

The exploration of childbirth experiences in urban Lahore reveals a complex landscape, with the medicalization of childbirth significantly impacting the physical and emotional well-being of mothers and infants. The preference for medical interventions, particularly cesarean sections, is driven by a range of factors, including fear of pain, sociocultural norms, and economic considerations. The postnatal health Experiences highlight numerous challenges, from physical discomfort and surgical complications to profound psychological impacts, such as postpartum depression and anxiety. These findings underscore the need for comprehensive postpartum care and support to mitigate the adverse effects of medicalized childbirth.

Addressing the medicalization of childbirth requires a multi-pronged approach that emphasizes education, awareness, and proactive healthcare initiatives. Key recommendations include:

- Increasing health literacy to empower women and families to make informed decisions.
- Promoting culturally sensitive healthcare practices that bridge traditional beliefs and modern medicine.
- Enhancing mental health support within maternal care to address psychological impacts.
- Advocating for policies to improve the affordability and accessibility of childbirth options.

By implementing these strategies, stakeholders in Lahore can work towards a more balanced and holistic approach to childbirth, prioritizing the well-being of mothers and infants while respecting their personal preferences and cultural contexts.

List of abbreviations:

PNC: Postnatal care

CS: Cesarean sections

NICUs: Neonatal intensive care units

EmCD: Emergency cesarean deliveries

THQs: Tertiary health unit

SVD: Spontaneous vaginal delivery

IV: Intravenous Fluids

UTIs: Urinary tract infections

LHWs: Lady health workers

PPH: Postpartum hemorrhage

OT: Operating theater

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