

Leading Factors Relevant to the Choice of Mode of Childbirth Among Pregnant Women

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ABSTRACT: Every second woman reports that she intends to or has given birth operationally. The World Health Organization (WHO) recommends cesarean section to be performed only on the basis of a valid medical reason. Global activities focus on prenatal diagnostics and the reduction of surgical births, which have become a fashion trend in recent years. Practice around the world and in our country shows that they take into account the cases when cesarean section is performed at will (for a pregnant woman) without any medical indications for it. This is also the reason why governments and ministries of health of affected countries promote programs to limit the use of caesarean sections in favor of natural birth (through the natural birth canal). In addition to the purely psychological stimulation of pregnant women for a quick birth, the myth of a quick and easy start to the long-awaited event is also widely spread as a guarantee of the quality of obstetric and gynecological care. More and more women are looking for luxury in the hospital environment and individual stay in the hospital environment.

The aim of this study is to deduce the leading factors associated with the choice of a pregnant woman on how to deliver. Material and methods: the opinion of 76 medical specialists (doctors and midwives) working in inpatient and pre-hospital care and 112 pregnant women at different moments of pregnancy. The medical workers are from the hospital and the women's consultation of the Medical Center. Pregnant women are selected at random. For the needs of the study are used documentary Method, statistical (research) method and contextual analysis. The survey was conducted in August 2022. - December 2022 in the city of Varna.

KEYWORDS: health professionals, competencies, pregnant women, choice, birth, C-section;

INTRODUCTION

The choice of method of childbirth depends mainly on medical indications, fear of pain, previous experience and the advice of the tracking doctor. The health culture of a pregnant woman has a determining role in the formation of the quality of her life the subsequent choices she makes when choosing a mode of childbirth. This determines the choice of a healthy lifestyle by overcoming the health risk factors and adhering to the positive factors.

Surveys of women in labor in the country show that awareness and trust in the medical team are key to making the final decision. [5] precise monitoring by qualified specialists [6,27], with the necessary modern ultrasound equipment and a quality clinical laboratory, is key for the smooth development of pregnancy. Antenatal (antenatal) care is complex and requires the interaction of various specialists and professions to follow the development of pregnancy, its impact on the mother and the newborn [7,21]. Pregnancy monitoring provides prevention to detect early deviations in fetal development, deviations in maternal health [4,11]. This requires continuous development of the knowledge and skills of medical professionals [9,13], in line with technological progress and innovations in medical practice [17]. Good resourcing and the establishment of clear communication channels between consumers, healthcare professionals and regulatory authorities [13] is important. Pregnancy is one of the most wonderful periods of a woman's life, but it requires increased attention and specialized care for the health of the pregnant woman and her child. [31]

All over the world, under the auspices of who [31], activities related to the protection and improvement of the health of pregnant women, the provision of quality obstetric care, by creating the conditions for affordable and quality medical care are undertaken. Global efforts are focused on prenatal diagnosis and reduction of operative births, which are a fashion trend in recent years [20,23]. In 2020, a national program for improving maternal and Child Health expires in Bulgaria. The document was adopted

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in 2013. and formulates clearly the problems of maternal health, identifying a system of measures to overcome them. Among them are quality – oriented trainings for specialists, for pregnant women, for families and for adolescents-but also those related to improving analysis and policies. A number of set ideas are not realized in full, and some of them are partially realized, others are not at all, and others are implemented according to the written on paper, but do not give the desired results (Legal Regulation of Health-consultative Centers for maternal and child health, despite the written normative rights with the last amendment of the medical institutions act [17] due to a number of legislative obstacles or cumbersome bureaucratic system. The result is similar to the other measures provided for in the document.

According to international experts, the medically justified rate of C-section births is about 20%. In Bulgaria, this percentage increases by between 1 and 2 points per year, and in 2026 it is likely to reach over 65% [31].

Material and methodology: the opinion of 76 medical specialists (doctors and midwives) working in hospital and pre-hospital care and 112 pregnant women in different periods of pregnancy were studied. Pregnant women are randomly selected. For the needs of the study, a documentary Method, statistical (survey) method and contextual analysis are used. The survey was conducted between August 2022 and December 2022. in the city of Varna. Each survey contains 11 questions, of which 3 are open. Technical units of observation are "women's consultation" and hospital obstetric structures. The respondents were selected regardless of the order and duration of the pregnancy.

RESULTS AND DISCUSSION

RESULTS

The study is motivated by the growing trend for surgical delivery as a preferred and safe method by obstetricians and pregnant women. Modern recommendations pay attention to the fact that uncomplicated pregnancy and childbirth are physiological processes. When at the head of every low-risk pregnant woman stands the high and expensive expertise of the obstetrician – gynecologist, it reduces and makes access to those who really need-the cases of complications. And the expert on normal childbirth is the midwife. The study among the group of pregnant women showed diversity in terms of age structure and education.

The respondents were 20 years old 36 years (average age 28 years), with 67.85% having higher education or in the process of acquiring. In the order of pregnancy, the primes predominate (Figure 1).

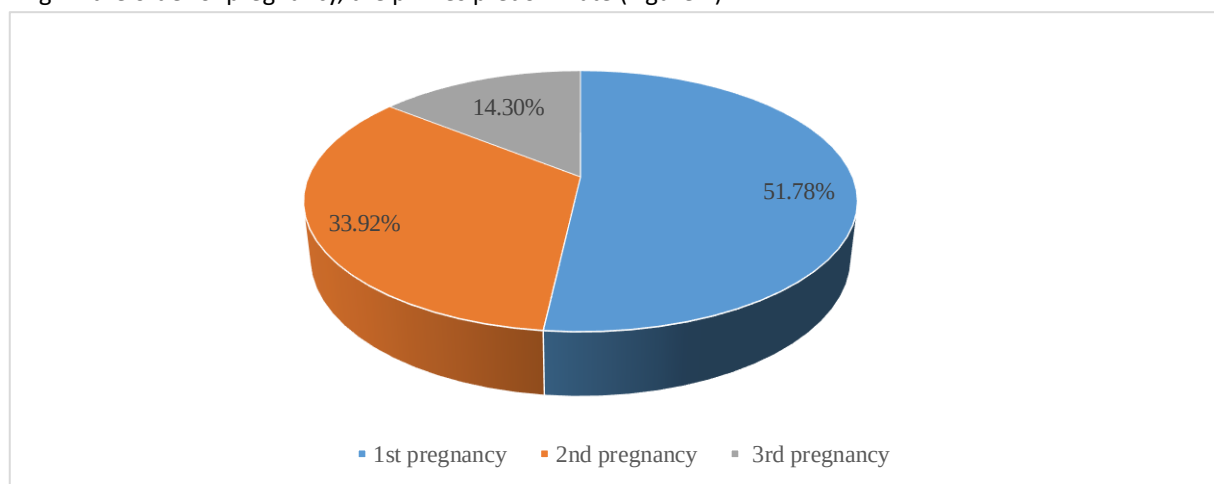


Figure 1. Order of pregnancy

In the three subgroups, the preference for operative delivery prevails (Figure 2). In their free responses, they reported that they targeted because of fear of pain, for medical reasons, and in multi-births, because of a previous cesarean section. An interesting answer is given by some of the first women who indicate that they choose the operative method, planning the date, and if possible the time, according to the numerological direction of the newborn.

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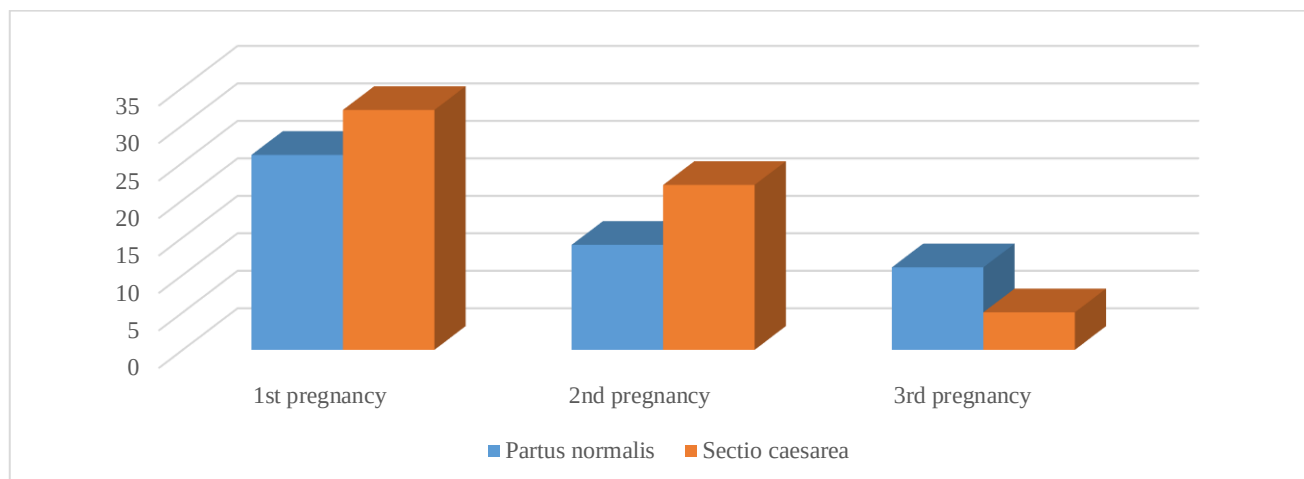


Figure 2. Preferred method of birth among pregnant women

In terms of the referral of pregnant women to a medical professional for childbirth – 66.07% went to a doctor and a delivery team, and 21.42% went to a midwife on recommendation. The direction for the team, due to the chosen doctor and the preferred surgical birth, has been an increasing trend in recent years, according to the instructions of The Ordinance on the implementation of the right of access to medical care, last published by the state gazette issue 29 of 7 April 2017, where team selection is regulated. The preference of choosing a team is determined by the fact that for cesarean section more specialists are needed. According to the internal rules of each hospital structure and according to the Financial Policy, a % of the paid choice by the patient is allocated. Pregnant women are referred to a doctor-obstetrician gynecologist, according to the leading names among Obstetricians, on personal impressions or recommendations of relatives and relatives.

More than half of the respondents (73.21%) attended courses and lectures related to preparation for childbirth, and 32.14% of pregnant women still do not have the necessary information about the upcoming birth. In terms of awareness of the necessary and institutionally conditioned informed consents comes 30.35% share that they are familiar with the forms necessary for medical institutions, having been informed about this from their websites and websites.

According to pregnant women, the leading factors for good obstetric care are personal attention, good communication with healthcare professionals, detailed information and assistance in various activities and recovery (Table 1).

Table 1. Factors defining obstetric care

Factors for good obstetric care	%*
Attention	69,64%
Communication and information	66,96%
Support (in various activities and recovery)	59,82%
Kind attitude	65,25%
Kindness and responsiveness	54,46%
Good atmosphere, luxurious living conditions	53,57%

*The sum of % is more than 100% because respondents gave more than one answer.

The second group includes 76 medical professionals (36 doctors and 40 midwives) working in hospital and pre-hospital care. Naturally, given the situation in the treatment structures, the largest group is those with over 30 years of work experience (Figure 3).

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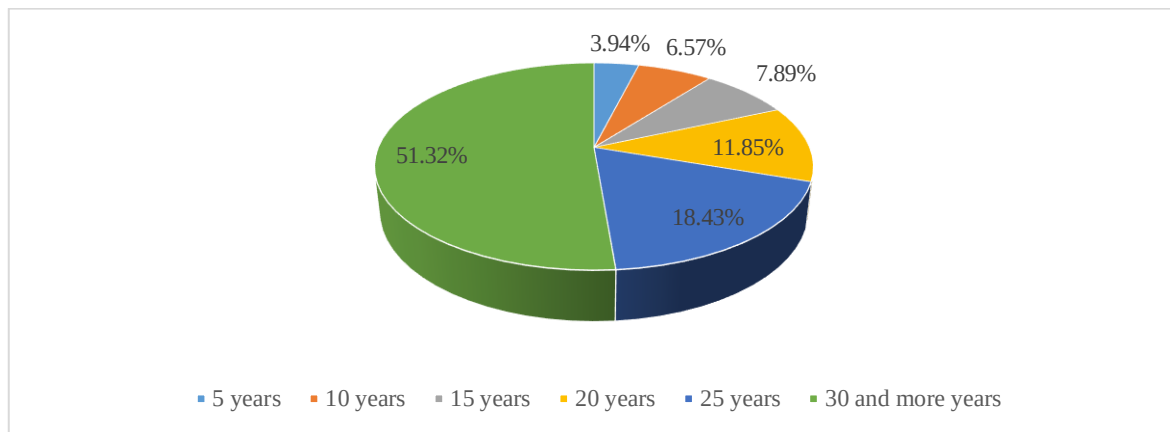


Figure 3. Work experience of the surveyed medical personnel

Medical professionals refer pregnant women in the third trimester of pregnancy, and only in cases where there are specific medical indications for surgical rhododendron is noted in the medical documentation the obstetric risk and the final conclusion from the follow – up of pregnancy-guidance for operative Rhododendron, according to the somatic status of the pregnant woman or the condition of the fetus (Figure 4). The final conclusion is based on clinical-laboratory indicators, early and subsequent neonatal screening, general somatic status of the pregnant woman, physiological development of the fetus, present or concomitant diseases of the mother or fetus. More than half of the respondents do not approve of the Section at will.

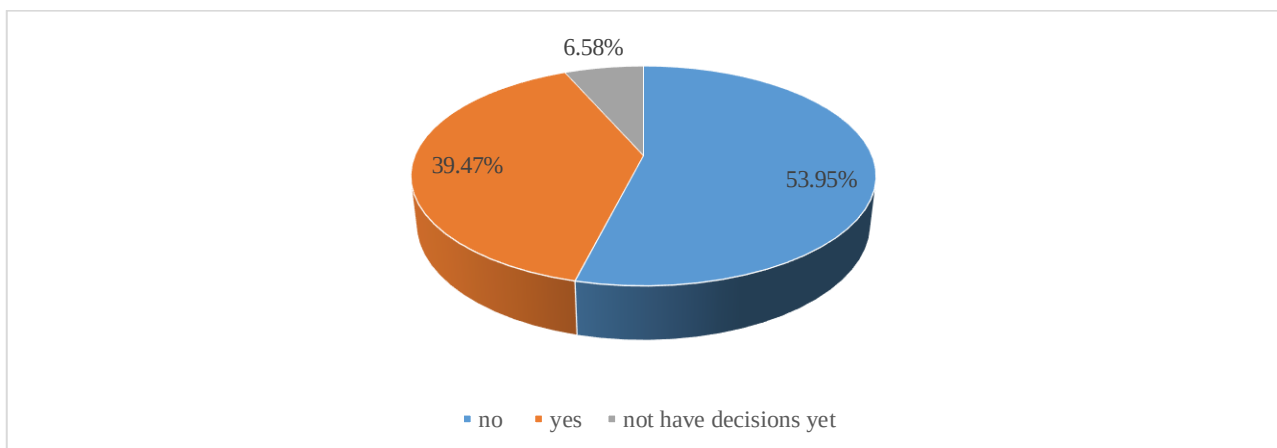


Figure 4. C-section guidelines

According to 63.15% of doctors, pregnant women have preconceptions about the way of childbirth or decide this before entering the third trimester. Physicians are categorical in the ranking of factors for operative Rhododendron resolution, determining the leading place of medical causes on the part of the mother and fetus (Table 2).

Table 2. Factors for referral to operative birth.

<i>factors for performing a cesarean section</i>	<i>%</i>
medically, by the mother	98,68%
medically, by the fetus	97,36%
complications in the course of a normal birth	81,57%
patient's right to choose	80,26%
acute incidents related to pregnancy or not	78,94%
non-somatic causes	60,52%

It is not yet a practice to refer pregnant women to obstetric and patronage care. In recent decades, the monitoring of pregnancy and childbirth has been dominated by obstetricians and Gynecologists. Good practice in other European countries shows that providing continuing obstetric care for low-risk pregnancies leads to cheaper medical care, better health outcomes for mothers and babies (fewer interventions, fewer premature births and fewer lost pregnancies) and higher levels of maternal

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satisfaction. In Bulgaria, midwives are legally deprived of autonomy and currently do not have the opportunity to monitor pregnancy, lead childbirth and provide postpartum care without medical supervision, although this is exactly what their competences are. Legal changes have been published (Law on medical institutions from May 2020), according to which it can make it possible to reveal fully obstetric practices, patronage care. However, these practices are denied the opportunity to sign a contract with the health fund, which means that if they decide to work independently, midwives will rely on patients to pay them out of pocket in full. Even if this problem is solved, however, it will take the efforts of the state itself to restore public confidence in the midwifery profession, which is currently seen as supportive. One of the reasons for the problems described above is the removal of the midwife from the routine care of healthy pregnant women and the conduct of uncomplicated births. It is necessary to lay down rules for control (health care standards: obstetric care-prenatal, hospital, postnatal; patronage Neonatal Care; Advisory obstetric care)

Doctors rank the factors for providing good obstetric care as follows: monitoring the development of the pregnancy and the mother's condition, preparation and support for the birth, giving advice supporting the delivery and postpartum period, monitoring of the mother and the newborn.

DISCUSSION

The medical trends in our country stubbornly, continuously and amazingly successfully resist the recommendations of international health and professional OG-organizations, such as WHO (World Health Organization), FIGO (International Federation of gynecology and obstetrics), ICM (international confederation of Obstetricians), etc. In the autumn of 2018. FIGO made a series of publications published in the prestigious scientific journal. The title of the introductory publication is „cesarean section: how to stop the epidemic“, and the text clarifies that when done without strict medical indications, this intervention brings unnecessary short-and long-term adverse effects on the health of both mother and baby [12,13].

The global debate over the method of childbirth (vaginal versus caesarean section) in recent years has shifted from a purely medical necessity to a multidisciplinary problem. The World Health Organization (WHO) maintains a recommended rate of C-section between 10% and 15%, as within these limits optimal saving of maternal and neonatal life is achieved (Thomaidi S, 2025). However, rates of surgical rhododesign are increasing dramatically worldwide and in Bulgaria.

This discussion analyzes how objective medical indications are intertwined with subjective psycho-social and demographic factors that shape the final choice of a pregnant woman.

1. Socio-demographic profile and awareness levels Studies have shown that a woman's age, education, and income are strong predictors of her preferences.

Age and social status: Studies in Bulgaria (NCPHA, NST) show that older age is associated with more clearly defined notions of birth. Women with higher education and higher incomes are more likely to pre-plan a birth by elective cesarean section

Role of disinformation: according to studies of EsencanT Y, N. as of 2024, the presence of distorted or inaccurate information about the risks of vaginal delivery significantly increases the interest in surgical delivery. Conversely, women who go through organized prenatal training and quality consultations (Antenatal Care) show much greater confidence in the physiological process and more often choose natural childbirth due to the expectation of rapid recovery.

2. Psycho-emotional factors

Fear versus security psychological attitude plays a dominant role in cases of cesarean section at will (without medical indications).

Tocophobia and fear of pain: fear of Labor and potential pelvic floor damage is a leading motive for choosing a C-section. The literature defines avoidance of labor pain as a major stimulus in 79.5% of women who choose the surgical route (Thomaidi S).

Previous obstetric experience: according to Yilmaz SD and his team, a traumatic past birth, dissatisfaction with previous medical care, or an emergency C-section experience strongly reinforce the preference for planned surgery in a subsequent pregnancy for predictability and control (Zewude B.,2022). In contrast, women with positive previous experiences overwhelmingly prefer natural childbirth again.

Desire for control: some women prefer cesarean section because it gives them a sense of planning and control over the date and time of birth (Loke AY, 2015).

3. Medical indications and role of health professionals Despite the increasing percentage of subjective decisions, clinical factors remain a fundamental pillar. Clinical complications: the presence of gestational diabetes, pre-eclampsia, placental disorders, transverse / breech presentation or evidence of foetal distress automatically necessitates a caesarean section (National Center for public health analyses).

Fetal position: the breech or transverse position of the baby is often an indication of surgical intervention.

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According To Mo, L.F. (2024) the outcome of a previous birth is the leading reason for a final decision on the manner of subsequent birth. Having a previous cesarean section requires a risk assessment when attempting a vaginal birth.

According to the National Statistical Institute and World Health Organization, complications during labor are leading to a timely assessment in the course of early birth, such as: fetal distress (change in the baby's heart tones) or problems with the placenta (e.g. placenta previa). Women who have gone through a difficult first birth or emergency C-section often choose a planned operation for their next child (Betran, A. P (2021). Conversely, women with successful vaginal births are highly motivated to give birth again naturally (Bawadi H., 2025).

Reproductive interventions before the onset of pregnancy are particularly influential (EsencanT Y (2024). Pregnancies achieved after in vitro procedures (especially in women of older age) more often end in cesarean section due to the high cost of pregnancy and increased medical caution (Kumaraswamy R. (2016).

Influence of the doctor: various studies (Otogara M. (2018), Sindiani A. (2020), Thomaidi S (2025) found that the opinion and recommendations of the follow-up obstetrician-gynecologist have critical weight. The doctor's advice (obstetrician's advice) is mentioned in the international literature as a factor with 100% influence on the choice when it is justified by the safety of the baby. When specialists communicate calmly, assess the individual pain threshold and offer effective analgesia, pregnant women show a much greater propensity for vaginal delivery (FIGO).

The recommendations and practices of the pregnancy-tracking obstetrician-gynecologist are among the strongest decision-making factors (Li Y, Yuan C. (2025).

According to the summarized data from studies in (Loke AY, Davies L, 2015), the motives of pregnant women are distributed as follows (table 4).

Table 4. Motives of pregnant women are distributed as follows

Desire for vaginal birth (BP)	Desire for cesarean section (CS)
Care for newborn health (85%)	Avoiding labor pain (79.5%)
Maternal health care (73.2%)	Perceived foetal safety (53.4%)
Perceived as „natural“ (49.6%)	Prevention of obstetric injuries
Faster physical recovery	Previous surgical birth

It is of the utmost importance to properly and timely inform and give the right advice at the right time according to the team of Li Y, Yuan C (2025). They define several points of support, such as:

- The role of prenatal care: active conversations with the obstetrician and visits to school for parents significantly shape the choice. The lack of sufficient obstetric support often tilts the scales towards an operative birth (Li Y, Yuan C (2025); Dragneva P. (2022).
- Recommendations from the social environment: the experience and advice of loved ones (mother, friends or partner) directly influence the preferences of the pregnant woman (Amyx M. (2018).

Particular attention deserves economic and administrative conditions (ICM), which are often preferred, especially in Bulgaria (National Statistical Institute, National Center for public health analyses). The choice of hospital / team is based on the current trends among those who have made the choice of pregnant women to show an opportunity, without even having the real income for it, according to the model of others who have made such choices (National Center for public health analyses). The possibility of planned cesarean section at will in private clinics according to the strict protocols of public hospitals is an affordable and possible service.

The role of the midwife in the selection process

The Midwife is the key figure who can reverse the trend towards excessive medicalization of childbirth. (Dragneva P.,2022)

- Eliminating fear: conducting courses by midwives during pregnancy drastically reduces the fear of pain (ICM).
- Informed choice: The Midwife provides objective information about the advantages of the natural path and the risks of major abdominal surgery (Karlström, A.(2020).
- Support in the delivery room: continuous obstetric care during delivery (Continuous Labor Support) increases the chances of a successful vaginal delivery (ICM).
- Devaluation of function: when the functions of the Midwife are taken over entirely by the doctors, the distance between the pregnant woman and the medical team grows, leading to more elective operations (Law on medical institutions, Ministry of Health, National Center for public health analyses).

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Statistics and trends in Bulgaria

Bulgaria occupies one of the top places in Europe in the number of operative births.

- Record percentage: over 50% of babies in our country are born by C-section.
- Sustainable growth: rate up from 45% in 2017 up to 53% in recent years.
- Regional differences: in large private and public AG hospitals in Sofia, Varna and Plovdiv, the C-section often exceeds 60-70% of the total number of births.
- Hospital competition: studies by Medical University-Varna show that doctors often comply with patients' desire for elective surgery due to the risk that they will choose another medical facility.

Key selection factors (table 5) are shown in table 5.

Table 5. Factors are divided into subjective (desires) and objective (clinical)

Category factors	Main components and manifestations
Psychological	Strong tocophobia, desire for control, fear of emergency situations.
Obstetric history	Traumatic first birth or previous C-section.
Medical pressure	The advice of the follow-up doctor, in which women vote full confidence.
Social factors	Influence of the media, shared experience in forums and high social status.

RECOMMENDATIONS

1. Improvement of the conditions in the healing structures: in the follow-up of pregnancy; in hospitals, in the delivery process;
2. Improving patient-healthcare professional communication;
3. Removal is Administration of pre-hospital assistance activities;
4. Conducting informed campaigns on the benefits of natural childbirth;
5. Institutional policy and increased control by the state to reduce the percentage of operational births, for the performance of which it is necessary to comply with the medical criteria (absolute and relative criteria).
6. Restoring the image of the obstetric profession and providing legal rights for conducting patronage care, independent midwifery competences.
7. Development of good practices for conducting quality obstetric care (standards in the different directions of obstetric competences and care).
8. Introduction of psychoprophylaxis and psychological help in preparing the pregnant woman for the upcoming changes and processes. Formation of multidisciplinary teams to provide quality and supportive midwifery care at a global level.

CONCLUSIONS

Informing patients is the main activity in conducting various clinical, laboratory and therapeutic activities. The implementation of a number of regulatory requirements and their administration to some extent reduces the time for informing patients, which is a prerequisite for subsequent administrative and legal inquiries. Globally, the WHO recommends a number of measures for behavior in conducting physiological childbirth that go beyond purely medical expertise and are related to promoting the physiological course of childbirth by creating a comfortable and relaxed environment for the birthing – clear, timely and accessible communication with the medical team, a preliminary plan for behavior during childbirth, access to a companion during the whole process, the possibility of free movement and change of posture, access to light food and drinks, etc. None of these options, however, are routinely available for the Bulgarian woman, and some are not offered in any maternity ward in the country, regardless of whether the mother can and wants to pay.

For Bulgaria, the recommendations of the Bulgarian Society of Obstetrics and gynecology for keeping records of guidelines, in which the specialist is committed to "providing balanced information about what are the available methods and approaches in the conditions of the respective medical institution, as well as encouraging compliance with this".

Collaboration is required at all levels and building effective communication with regard to midwifery care providers and users. Policy at the state and institutional level is necessary to develop in the direction of supporting natural childbirth, creating conditions for prolonged obstetric care not only by obstetricians-gynecologists, but also by midwives who carry out the care of the mother and newborn. By involving a wide range of different specialists (psychologists, clinicians, mediators, assistants, etc.) will

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increase the satisfaction of patients and medical workers, will solve a number of problems in terms of communication, behavior and Legal Administration of activities.

REFERENCES

- 1) Amyx M, Gibbons L, Xiong X, Mazzoni A, Althabe F, Buekens P, Belizán JM. Sources of influence on pregnant women's preferred mode of delivery in Buenos Aires, Argentina. *Birth*. 2018 Mar;45(1):71-78. doi: 10.1111/birt.12307. Epub 2017 Aug 29. PMID: 28856723; PMCID: PMC5814339.
- 2) Bawadi H, Hamdan Z, Shaqra NA, Maaitah M, Suleimat A, Basha A, Saleh S, El-Zibdah M, Khater R, Abdulla A. Determinants of Delivery Mode Preferences and Decision-Making Among Jordanian Women: A Cross-Sectional Study. *J Pregnancy*. 2025 Dec 12;2025:8395387. doi: 10.1155/jp/8395387. PMID: 41497561; PMCID: PMC12767023.
- 3) Betran, A. P., Ye, J., Moller, A. B., Souza, J. P., & Zhang, J. (2021). The increasing trend in caesarean section rates: Global, regional and national estimates: 1990-2020. *BMJ Global Health*, 6(3), e004310.
- 4) Cook K, Loomis C. The Impact of Choice and Control on Women's Childbirth Experiences. *The journal of perinatal education*, 2012;21(3):158-168.
- 5) Chen, W.L. (2025) Factors Influencing the Choice of Mode of Delivery in Women with Repeat Pregnancies after Cesarean Delivery. *Open Journal of Obstetrics and Gynecology*, 15, 213-223. <https://doi.org/10.4236/ojog.2025.152018>
- 6) Dilova P. Quality of obstetric care and prospects for their development in Bulgaria. Autoreferat, Pleven, 2019
- 7) Dimitrova D, Licanova R, Ahmedova Z, Kostadinova M. Reasons for the choice of surgical Rhododendron among pregnant women in Bulgaria. *Varna medical forum*, 2016;5(4):72-76.
- 8) Dragneva P, Survey of the opinion of midwives and midwifery students regarding the provision of information to pregnant women giving birth by caesarean section. XXXII International online scientific conference "70 years of "Mines Maritsa-east" - energy independence and national security" June 02-03, 2022, city of Stara Zagora, Collection of reports, p. 20
- 9) Dragneva, P., & Georgieva, S. (2023). Factors affecting pregnant women's delivery mode preferences: The role of the midwife in giving competent advice. *Journal of Medical and Clinical Research*, 11(4), 112-119.
- 10) Esencan T Y, N. Sul, B. Çetinkaya, E. Aydin and all. Factors Affecting Pregnant Women's Delivery Mode Preferences. July 2024 *The Practising Midwife* 27(4):53-62 DOI: 10.55975/PYTF6362
- 11) Esteban R. Factores psicosociales en el embarazo, parto y puerperio. Ed. Fundamentos. Madrid, 1998.
- 12) Eurostat. (2024). Surgical operations and procedures statistics: Caesarean sections across Europe. European Commission.
- 13) FIGO (International Federation of gynecology and obstetrics)
- 14) International Confederation of Midwife (ICM)
- 15) Karlström, A., Nystedt, A., & Hildingsson, I. (2020). The shadow of fear: Midwives' experiences of supporting women requesting cesarean section without medical indication. *Midwifery*, 82, 102604.
- 16) Kumaraswamy R. Factors influencing mode of delivery in primigravida in rural tertiary care hospital [Internet]. *Indian J Obstet Gynecol Res*. 2019 [cited 2026 Jun 13];6(4):466-468. Available from: <https://doi.org/10.18231/j.ijogr.2019.101>
- 17) Law on medical institutions, last Amendment and supplement, issue 74 of 9 September 2025
- 18) Li Y, Yuan C, Ran X, Zhou L, Zhai J. What factors affect women's preferences for the mode of birth? A cross-sectional quantitative study based on the generalized resistance resources framework of salutogenesis. *BMC Pregnancy Childbirth*. 2025 Nov 19;25(1):1237. doi: 10.1186/s12884-025-08246-z. PMID: 41257664; PMCID: PMC12628574.
- 19) Loke AY, Davies L, Li SF. Factors influencing the decision that women make on their mode of delivery: the Health Belief Model. *BMC Health Serv Res*. 2015 Jul 20;15:274. doi: 10.1186/s12913-015-0931-z. PMID: 26188472; PMCID: PMC4506759.
- 20) Martínez-Galána P, Martín-Gallardo E, Macarro-Ruiz C, Martínez-Martín E, Manrique-Tejedore J. Educación prenatal e inicio de la lactancia materna: Revisión de la literatura Prenatal education and the commencement of breastfeeding: A literature review Educação pré-natal e início do aleitamento materno: revisão da literatura. *Enfermería Universitaria*, 2017;14(1):54-66.
- 21) Ministry of Health. National maternal and Child Health Program 2013-2020.
- 22) Mo, L.F., Wang, N., Peng, B., Wu, J.W., Tang, L.S., Liu, H., He, Y.H. and Hu, J. (2024) Factors Influencing Mode of Delivery: A Case-Control Study. *Advances in Reproductive Sciences*, 12, 141-154. <https://doi.org/10.4236/arsci.2024.122012>

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- 23) Mousa O. Pregnant women priority of choice about mode of delivery: A mixed method study. *Journal of Nursing and Health Science (IOSR-JNHS)*, 2019;8(3):89-95.
- 24) National Center for public health analyses
- 25) National Statistical Institute
- 26) Otogara M, Karimi-Shahanjarini A, Hazavehei S, Poorolaja J, Radnia N, Tabib M. The Effects of Social Support on Pregnant Women's Choice of Delivery Method: Application of an Expanded Theory of Planned Behavior. *Crescent Journal of Medical and Biological Sciences*, 2018; 5(3):181-188.
- 27) Ordinance on the implementation of the right of access to medical care, last Amendment state gazette. issue 29 of 7 April 2017
- 28) Sindiani A, Rawashdeh H, Obeidat N, Zayed F, Alhowary AAA. Factors that influenced pregnant women with one previous caesarean section regarding their mode of delivery. *Ann Med Surg (Lond)*. 2020 May 18;55:124-130. doi: 10.1016/j.amsu.2020.05.007. PMID: 32477510; PMCID: PMC7251298.
- 29) The International Federation of Gynecology and Obstetrics (FIGO).
- 30) Thomaidi S, Sarantaki A, Tzitoridou Chatzopoulou M, Orovou E, Jotautis V, Papoutsis D. The Rising Global Cesarean Section Rates and Their Impact on Maternal and Child Health: A Scoping Review. *J Clin Med*. 2025 Nov 15;14(22):8102. doi: 10.3390/jcm14228102. PMID: 41303138; PMCID: PMC12653877.
- 31) World Health Organization
- 32) Yilmaz SD, Bal MD, Beji NK, Uludag S. Women's Preferences of Method of Delivery and Influencing Factors. *Iran Red Crescent Med J*. 2013 Aug;15(8):683-9. doi: 10.5812/ircmj.11532. Epub 2013 Aug 5. PMID: 24578835; PMCID: PMC3918192.
- 33) Zewude B, Siraw G, Adem Y. The Preferences of Modes of Child Delivery and Associated Factors Among Pregnant Women in Southern Ethiopia. *Pragmat Obs Res*. 2022;13:59-73, <https://doi.org/10.2147/POR.S370513>



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