

## Exploring the Lived Experience of Women with Vaginal Delivery after Cesarean (VBAC): A Phenomenological Study

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### Abstract

**Background:** Increase cesarean birth rate is accompanied by a high incidence of maternal morbidity and mortality. Vaginal delivery after caesarean section (VBAC) is a tool aimed at reducing the frequency of caesarean section. VBAC is a safe and satisfying delivery method for women who already had a caesarean section. Despite expert recommendations in the favor of VBACs and their high success rates, VBACs remain controversial and there is a lack of reliable data which help physicians and women to choose the best method of delivery among subsequent pregnancies. **The aim** of the current study was to explore the lived experience of women with vaginal delivery after cesarean section. A Phenomenological Research **design** was used for the current study. The study was conducted at the Outpatient Clinic and Casualty Department at El Kasr Al-Ainy University Hospitals affiliated to Cairo University Hospitals. A purposeful **sample** of 12 participants was used in the current study. **Tool:** three tools were utilized for data collection. Structured Interviewing Questionnaire; Unstructured Interviewing Questionnaire; and Audio tape recording. **Result:** age of the participant ranged from 20-36 years old with a mean age of  $28.08 \pm 5.23$  years old; almost all the participants were living in rural areas. One-third of the participants received preparatory education. While 50% of the participants delivered CS according to their doctors' opinion without any maternal or fetal indications, and 25% of the participant had a previous in vitro fertilization or repeat abortion, so this pregnancy was considered worthwhile. Other causes included post-pregnancy fetal discomfort and twin pregnancies. **The findings** of the current study concluded into a five main themes in exploring the lived experiences of women with vaginal delivery after cesarean section including: Meaning of VBAC as perceived by the mother; Wellness and impairment; Mother experience; Encouraging factors and Obstacles. **Recommendations:** increase awareness of health care providers as well as the pregnant women regarding VBAC, and its benefits and adverse outcomes.

**Keywords:** VBAC, Mixed methods, Cesarean section, women

### Introduction

The rising rate of cesarean section (CS) is a global health concern (Denham, et al., 2019), it is indicated for some medical causes such as failure to progress, cephalopelvic disproportion, antepartum hemorrhage, preeclampsia, and repeated cesareans. This increase in the cesarean birth rate is accompanied by a high incidence of maternal morbidity and mortality. Vaginal delivery after cesarean section (VBAC) is one of the tools that aims to decrease incidence of cesarean section (Saadia, Al-Habardi, & Adam, 2018). VBAC remains a controversial topic and there is a lack of reliable data to guide clinicians and women in choosing the best method of delivery in subsequent pregnancies (Ryan, Nicholson, & Morrison, 2018). Vaginal delivery after cesarean section (VBAC) could be a safe and satisfactory birthing method for women who previously had a cesarean section (AGOG Practice Bulletin No. 184, (2017).

VBAC is associated with decreased maternal morbidity and risk of complications in future pregnancies as well as a decrease in the overall cesarean delivery rate at the population level (ACOG Practice Bulletin No. 205: 2019). There are several potential health benefits for women who achieve VBAC such as lower rates of hemorrhage, thromboembolism, infection, and a shorter recovery period than women who perform an elective repeat cesarean delivery. Moreover, decrease the risk of maternal consequences which related to multiple cesarean deliveries (Sakiyeva et al., 2018). VBAC main maternal complications were postpartum hemorrhage, a uterine rupture, and neonatal complications as RDS, tachypnea and meconium excretion (Asgarian, Rahmati, Nasiri, & Mohammadbeigi, 2019).

Decision making regarding mode of delivery depends on the pregnant women's personal preferences, obstetric history, data about the risks, benefits of VBAC versus repeated CS delivery,

and availability of labor after cesarean section (TOLAC) in the selected birth setting (Metz et al., 2020). Accordingly, every woman should have the opportunity to be consulted early in pregnancy about the options available, with the provision of written or online information materials to help decision-making throughout pregnancy. Period to achieve optimal childbirth outcomes and satisfaction (Wingert et al., 2019).

Counseling is effective in increasing the incidence of VBAC, and successful VBAC is associated with better fetal-maternal and neonatal outcomes. Therefore, most women who had a previous cesarean section with a low transverse incision should be counseled and encouraged to try labor when pregnant again (Mohamed, et al., 2020). A qualitative study to explore the maternity culture in high and low VBAC countries reported that in the high VBAC countries the physicians had a positive and pro-VBAC attitude, this encourages women to choose VBAC, whereas in the countries with low VBAC, rates clinicians held both pro and anti-VBAC views negatively affecting women who are seeking for VBAC (Lundgren, et al., 2019). Lyckstam et al., (2019) in their qualitative study which held in Sweden reported that, the VBAC experience is helping to regain confidence in the possibility of a vaginal birth. Women are not monitored but supported after a Caesarean (CS), during the subsequent pregnancy for future VBAC. Increased support could be a key factor in helping women overcome challenges and feel confident about vaginal birth despite their previous experience with CS.

In the same line, a qualitative study to examine the women's experience, women reported, that the VBAC is less traumatic than their previous caesarean section, and those who had continuity of care (COC) with a midwife there were more likely to feel control on their decision-making, trusted on their midwife, with receiving an active support, and become more active during labor, either when immersed in water and/or in an upright birth position. A focus should be on strengthening the shared trust and confidence in VBAC across professions and also among women who are seeking for VBAC (Keedle, et al., 2020).

A recent qualitative study to explore the women's experiences of vaginal birth after cesarean in the United States, among 1151 mother provided qualitative data about who planned for VBAC and reported significantly greater autonomy decision-making and respectful treatment for their maternity care compared with those who did not. The qualitative theme: "I had to fight for my VBAC", as the obstacles to VBAC care according to the participant's description were the supportive provider and the traveling for long distances to locate a clinician or hospital willing to provide such kind of care. Participants cited support from the providers, doulas, and peers as a critical issue to their ability to acquire the requisite knowledge and power to effectively self-advocate (Basile et al., 2021).

### Significance of the study

Worldwide, caesarean section rates had risen from around 7% in 1990 and continue to rise globally, to be more than 1 among 5 of all childbirths which equal (21%) (WHO, 2021). In Egypt, the past decade reported a sharp increase in the prevalence of CS which documented that CS rate become 52 % in the most recent Egypt Demographic and Health Survey (EDHS) and suggested that cesarean delivery might be overused or used for inappropriate indications (Abdel-Tawab, et al., 2018). The prevalence of cesarean section in Alexandria, Egypt, in (2017) was 70.4%, and it was the leading cause for previous cesarean delivery among (34.9%) and (12.1%) based on maternal request (Mobarak, & Sultan, 2019). There is scattered qualitative studies done to assess the women's experience after VBAC in Egypt, accordingly this study aims to explore the lived experience of women with vaginal delivery after cesarean (VBAC).

### Aim of the study

The aim of the current study is to explore the lived experience of women with vaginal delivery after cesarean (VBAC).

### Research Design

A qualitative research design using the phenomenological approach was used to explore the lived experience of hospitalized women undergoing vaginal delivery after

cesarean (VBAC). Phenomenology is the study that fits well to detect people's experience of a specific phenomenon and is focusing on seeking the essence of human experienced phenomena through the analysis of verbal explanations from the viewpoint of the participants (Sloan and Bowe, 2014).

### Research Questions

What is the lived experience of women with vaginal delivery after cesarean delivery (VBAC)?

## Subjects & Methods

### Setting

The study was conducted at the Outpatient Clinic and Casualty Department (postpartum unit) in El Kaser Al-Ainy Hospitals which affiliated to Cairo University Hospitals.

### Participants

A purposive sample of postpartum woman who had vaginal birth after CS was used in this study. The logic and power of purposeful sampling lie in selecting participants who provide rich information for the study (Lapan, Quartaroli, & Riemer, 2011). The predetermination of the number of participants for such a given design is almost impossible. The sample size in this study will not be determined by the number of participants but by the data saturation or redundancy. Redundancy is evidenced when no new information was heard about the study phenomenon (Tracy, 2013). Saturation and redundancy indicate the completion of the data collection phase, and this was decided by the researchers.

### Tools for Data Collection

Three tools were utilized for data collection:

#### Tool (1)-Structured interviewing questionnaire,

It included two sections. The first section related to the demographic characteristics of the participants. And the second section related to the obstetric history and the cause of CS delivery.

#### Tool (2)-Unstructured interviewing questionnaire

It included eight open-ended questions which helped the women to deeply express their experiences of having VBAC, asking about sources of information, mother experience and factors that affecting decision making regarding to VBAC.

#### Tool (3) An audio-tape recording.

It is an instrument used by cell phones (personal mobile phone), as it plays an important role in qualitative studies for data collection. In the case of refusing the audio-digital recording by the participants, a handwritten recording by the researchers was used.

### Ethical Consideration

Upon receiving the formal approval from the Research Ethics Committee of the Faculty of Nursing at Cairo University. The researcher introduce herself to participant women who met the inclusion criteria and inform them about the purpose of this study to obtain their acceptance to participate in this study. Written consent was obtained from the women who agree to participate in the study. Also, anonymity and confidentiality are assured through coding the data. Participants were assured that their personal data was not used for other research purposes without their permission.

### Tool validity

The tools of data collection were given to 5 experts in the field of maternity nursing to test the content validity of the tool and clarify the sentences as well as the appropriateness of the content. Modification of the tools was done accordingly (it was done for the study tool I and II).

### Procedure

Data was collected over a period of 6 months from the beginning of September 2021 till the end of February 2022. After getting the acceptance by the research ethics committee, official permission to conduct the study which was obtained from the administrative authority for the antenatal clinic and casualty department (postpartum unit) in El Kaser Al-Ainy Hospitals. Before conducting the interviews, the researcher was prepared an interview guide used to direct the conversation toward the topics of the research; the interview questions will be formulated in a way that would help the women to answer the research question. It was written in a language that is comprehensible to the participants, which would help them to express their lived experience with vaginal delivery after cesarean section.

The investigator meets the participants individually for the first time at the postpartum unit for recruitment (woman who had first successful trial of vaginal birth after CS), written consent was obtained from the participants after an explanation of the aim and the nature of the study and ask the participants' permission for audiotape recording of the interviews was granted, and confidentiality of the recorded data was maintained. As regards, the first interview aims to establish rapport and gain trust with the women included in the study, also obtaining demographic data and obstetric history. The interview lasts approximately 15 -20 minutes with postpartum mother.

The second interview was planned after 6 weeks postpartum at the outpatient clinic to obtain the qualitative data, this interview was audio-recorded with the participants' permission, each interview lasts approximately from 20-25 minutes. It was concerned with clarifying some issues related to the women's experience toward vaginal delivery after CS. At the end of the interview, the researcher validated data as well as certain participants' perceptions and assisted in naming the emerging themes. After completed data analysis, and identifying the themes, the researchers review the literature to adjust the findings within the context of the phenomenon.

### Statistical Analysis

For the quantitative data, the collected data were scored, tabulated, and analyzed by a personal computer using the statistical package for the social sciences (SPSS) program version 20. Descriptive statistics were utilized to analyze data pertinent to the study.

For the qualitative data, which is non-numerical data, data was analyzed following the guidelines for phenomenological analysis as proposed by Giorgi (1997). Initially, the digital-recorded tapes will be heard and transcribed, after that, the transcription will be read many times and check the researcher explanation with the participant to ensure that the researcher explanation agreed by the participant pronunciation. The next step was to delineate the meaning units relevant to the research question, and then these units clustered into units of general meanings.

Finally, themes are identified that best exemplified the experience of women with VBAC.

### Results

Table (1) showed demographic characteristics of the study participants (12 women). The age of the participants ranged between 20-36 years old with a mean age of  $28.08 \pm 5.23$  years old; almost all the participants were living in rural areas. One-third of the participants received preparatory education, 25% had secondary school education, and 16.7% were university graduates, while only 8.3% of them can't read or write. The majority of the participants (8 women) were housewives.

Table (2) showed that 83.3% of the participants had from 2 to 3 years apart between the previous CS and current vaginal delivery; all of them had average liquor. In relation to gestational age, 41.7% of the participants delivered before 36 weeks of gestation with a mean of  $37.33 \pm 1.50$  weeks. In relation to the cause of previous CS, 50% of the participants delivered CS according to their doctors' opinions without any maternal or fetal indications, while 25% of them thought that the baby is precious as they had IVF or recurrent abortions before, the other participants mention other causes as fetal distress, twin pregnancy, and post term pregnancy (8.3%, 8.3%, 8.3% relatively).

Figure (1) explained the sources of participants information about VBAC, - 60.7% of the participants had no information about VBAC till the time of delivery in the hospital, while (16.7% & 16.7%) of them know about it from mass media or internet respectively, as well (8.3% , 8.3% & 16.7%) of them heard about VBAC from their doctors, midwives, and from relatives or from the success stories of others respectively, and only 8.3% of them heard about it from their neighbors and they decide to try despite refusing of their doctor.

Table (4) showed that, there are four themes and sub-themes. Meaning of VBAC as perceived by the mother, Wellness and impairment, Mother experience, Encouraging factors and Obstacles.

**Table (1):** Distribution of the Participants According to their demographic characteristics (n=12)

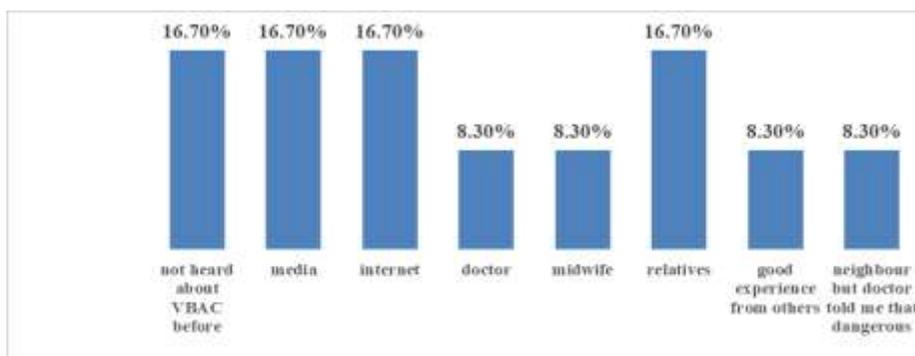
Participants Code	Age	Residence	Educational level	Occupation
1	30	rural	read and write	Housewife
2	25	rural	preparatory education	Housewife
3	34	rural	high education	working
4	27	rural	secondary education	Housewife
5	24	urban	secondary education	Housewife
6	20	rural	preparatory education	working
7	24	rural	read and write	Housewife
8	36	urban	neither read nor write	working
9	36	rural	high education	working
10	25	rural	secondary education	Housewife
11	31	rural	preparatory education	Housewife
12	25	rural	preparatory education	Housewife

**Table (2):** Distribution of the Participants According to their demographic characteristics (n=12) cont.

Items	Freq.	%
<b>Age (Yrs.)</b>		
Minimum – Maximum		20-36
Mean ± SD		28.08± 5.23
<b>Educational level</b>		
Can't read & write.	1	8.3
Read & Write	2	16.7
Preparatory level	4	33.3
Secondary level	3	25
High education	2	16.7
<b>Residence</b>		
Rural	10	83.3
Urban	2	16.7
<b>Occupation</b>		
Housewife	8	66.7
Working	4	33.3

**Table (3):** Distribution of the Participants According to the previous and current delivery (n=12)

Participants Code	The duration between cesarean delivery and current pregnancy	Cause of the previous cesarean delivery
1	From 2 to 3 years	as doctor order (without cause)
2	From 2 to 3 years	post term
3	From 2 to 3 years	fetal distress
4	From 2 to 3 years	precious baby
5	From 2 to 3 years	as doctor order (without cause)
6	From 2 to 3 years	as doctor order (without cause)
7	More than 3 years	Twin
8	From 2 to 3 years	as doctor order (without cause)
9	More than 3 years	precious baby
10	Less than 2 years	as doctor order (without cause)
11	From 2 to 3 years	precious baby
12	From 2 to 3 years	as doctor order (without cause)

**Figure (1):** Source of information about the possibility of vaginal birth after cesarean delivery

**Table (4):** Themes and sub-themes of the qualitative analysis

Themes	Sub-themes
1-Meaning of VBAC as perceived by the mother	A-Physical a1- Pain. a2- Mobilization.
2-Wellness and impairment	B- Psychological b1- Attachment and bonding. b2- Fear of decision making. b3- Fear of uterine rupture. b4- Fear of newborn.
3-Mother experience	A- Mother's opinion. B- Advising.
4-Encouraging factors and obstacles	A- Knowledge. B- Family constraints. C- Disagreement of healthcare providers.

### 0..Theme (1) Meaning of VBAC as perceived by the mother.

A cesarean section is a common obstetric operation that could save the life of the mother and fetus. VBAC is refers to a planned attempt to deliver vaginally by a woman who had a previous cesarean delivery, regardless of the meaning perceived by the participant, all of them had a prepare definition of VBAC. “ *I think its mean that, I can delivered vaginal after a previous cesarean section if my age is appropriate and having stable health status for me and my fetus*”.p2“*means that the woman's womb contracted after two years from the previous CS*”.p3; and “*vaginal delivery after cesarean section means delivery through vagina after cesarean section if there is no permanent reason for CS, such as pelvic problem or mother and fetal health problems*”. P11.

### Theme (2) Wellness and impairment

#### Sub-theme 2.1: Physical

Regarding pain after VBAC, the participants experienced a severe pain before and after delivery but they thoughts this pain not compered to CS pain. “*Pain was intolerable during a uterine contraction but after vaginal delivery I can tolerate postpartum pain more than cesarean section*”. p1 and “*Vaginal delivery is painful, but I can't forget the severe pain after cesarean section*”. p12

Concerning mobilization after cesarean section, “*I can move freely without constrains even at home in contrary for cesarean section*’. P4, “*I can move quickly from bed after vaginal delivery more than cesarean section which help*

*me in household activities*”. p8 and “*I can move to bath room without help*’.p9

#### Sub-theme 2.2: Psychological

##### Sub-theme 2.2.1- Attachment and bonding.

In relation to attachment and bonding, the participants express their pleasant experience of touching and caring for their newborns immediately after vaginal delivery which not possible with CS delivery. “*I can handle my baby immediately after vaginal delivery, I can breastfeed him, which make me very happy feeling emotional and warmth*”. p6 and “*Initiation of breastfeeding after vaginal birth earlier than a cesarean section and I can give care for my baby, also, carry him close to me*”.p7

##### Sub-theme 2.2.2 Fear from Decision Making.

*The participants of this study took the decision for VBAC on their own responsibility and this decision had a burden on them. “I am afraid after taking the decision of vaginal delivery and passing through the labor process and ended by cesarean section delivery. p5, I am afraid from taking the decision, if the baby got any problem or complication due to vaginal delivery, I would blame myself for taking this decision. p9 I fell Fear from blaming of my husband and my family for taking this decision without their agreement. p10*

##### Sub-theme 2.2.3 Fear of uterine rupture

*Most of participants had a false concept that VBAC will cause rupture of the uterus at any time of labor process. “I fear uterine rupturing of the incision because it takes less than 2 years from previous cesarean delivery”’. p5 and “last few*

*minutes before delivery all was in my mind, that my uterus will be rupture at any time".p12*

#### **Sub-theme 2.2.4 Fear of newborn**

In relation to their feeling toward their babies, most of participants' main concern during delivery is the fetus if breath or not. *"During vaginal delivery, I thought the baby will be affected especially his respiration". p1, and "I fear after vaginal deliver trial my baby may be died or delivered with any health problems".p7*

### **Theme (3) Mother's experience**

#### **Sub-theme 3.1: Mother opinion**

*Most of the participants were satisfied with VBAC experience. "After the trial of vaginal delivery following cesarean section, the experience of vaginal delivery is better than cesarean section. p4, I will deliver through vaginal delivery because it was a good experience for me. P6, I wanted to deliver vaginally in the previous delivery, but the baby became stressed, so I delivered with CS. In this pregnancy, I decided to deliver vaginally, and I am happy for having this experience. P7*

#### **Sub-theme 3.2: Advising**

*I advise all women, who had previous cesarean section to deliver the next one with vaginal delivery if they have no indication for cesarean section, p1*

### **Theme (4) Encouraging factors and obstacles.**

The findings of the current study explored numerous factors that expressed by the participants which could be act either encouraging or obstacles of a woman's ability to access labor following a C-section described by the following terms: knowledge, family constraints, and disagreement of healthcare providers.

#### **Sub-theme 4.1: Knowledge**

*My neighbor who delivered vaginally after a previous cesarean section she told me that, it was a good experience. P3, during my pregnancy follow up the doctor advise me by vaginal delivery for this pregnancy, because I have no contraindication for vaginal delivery. P5, I heard about the serious complication of CS, so I decided to deliver vaginally. P8.*

#### **Sub-theme 4.2 Family constraints**

*Family constraints that faced the participants was as the following, my husband and his family refused vaginal delivery after the previous CS, but I take the responsibility. P1, my husband was afraid of the outcomes of the trial for me and my baby. P10*

#### **Sub-theme 4.3 disagreement of healthcare providers**

*The doctor in the private clinic refused to deliver me vaginally but the governmental hospital agrees to deliver me vaginally. P3, the doctor refuses the opinion of vaginal delivery, and he told me it is dangerous for me and my baby. P6, the doctor said that "I'm afraid, your womb would be ruptured. p8*

### **Discussion**

The aim of the current study was to explore the lived experience of women with vaginal delivery after cesarean section. The frame of reference regarding the discussion are to discuss five main themes in exploring the lived experiences of women with vaginal delivery after cesarean: (I) Meaning of VBAC as perceived by the mother; (II) Wellness and impairment; (III) Mother experience; (IV) Encouraging factors and (V) Obstacles.

#### **Regarding the first theme: Meaning of VBAC as perceived by the mother.**

The findings of the current study showed that, the participant expressed the meaning of VBAC from their point of view as; it is a delivery through vagina after cesarean section when the age is appropriate and having stable health status for mother and the fetus. This finding is congruent with the finding of study done by ACOG (2019) who stated that, VBAC refers to a planned attempt to deliver vaginally by a woman who had a previous cesarean delivery, regardless of the outcomes. Also the finding of study done by Mi, and his colleagues (2021) concluded that, VBAC is deemed a good choice for pregnant women to reduce unnecessary cesarean section. VBAC meant being able to give birth, regaining confidence in their body, and being able to do it in a manner similar to that among most women as defined by Thelin, Lundgren, & Nilsson, (2019). Most of women of this study had a previous

information about what is VBAC from surroundings, healthcare providers and media.

## Regarding to the second theme: Wellness and impairment

### Physical

#### 1- Pain

The findings of the current study showed that, the participant experienced intolerable pain during uterine contraction, but during early postpartum period the pain was more tolerated than the post cesarean section pain. These findings agreed with the finding of study done by Akgün, & Boz, (2019) who reported that the women experienced painful feeling during postpartum post caesarean section more than natural birth. Vaginal childbirth pain is very strong during process of delivery then completely disappearing, contrariwise the cesarean wound pain which persisted longer after birth according to the finding of study done by (Simeone, et al., 2019). The result of the current study related to tolerability of the pain that's because there were no wound and inflammatory reaction from tissue cutting which occurred with CS beside the physiological process which occurred afterpain in early postpartum days.

#### 2- Mobilization

Regarding postpartum mobilization, the participants experienced early and easier mobilization after delivery than post cesarean section. In the same context, the finding of study done by Ibrahim, Kennedy, and Whittemore, (2020) who found that women believed that vaginal birth could be recovered naturally, healthy and easier than after caesarean, and also they reported confidence in their bodies to give birth vaginally. Moreover, the main benefit of vaginal birth that women do not require assistance in the post-partum period as following caesarean section (Akgün, & Boz, 2019). Concurrently the finding of study done by Simeone, et al., (2019) who documented that immobilized on the bed with ongoing pain at the wound site are common complaints post-CS with emotional distress that made healing more difficult. In this study the women could walk early as there is no general of epidural anesthesia as in CS.

### Psychological

#### 1- Attachment and bonding.

In relation to attachment and bonding, the findings of the current study revealed that, the participant expressed their feeling as they can carry, care, and breastfeed their babies immediately after vaginal delivery, which provide them with pleasant feeling and warmth. In the same line, the finding of study done by Hadjigeorgiou, et al., (2021) concluded that VBAC had a favorable impact on mothers with bonding the baby and their initiation of breastfeeding. As the women in the current study had no wound less pain so they could initiate baby care earlier than what they experienced in the previous CS.

#### 2-Fear from decision making, uterine rupture and about newborn

The findings of the current study showed that, the participant expressed their feeling toward fear from taking decision of vaginal delivery and pass through labor process as they were scared of VBAC complications for them and their babies. There was an agreement with the finding of study done by, Keedle (2018) who claimed that a woman's ability to select giving birth vaginally after CS is highly influenced by the support received by the medical care provider, whether that support is positive or negative. Moreover, accordance with the finding of study done by Firoozi, Tara, Ahanchian, & Roudsari, (2020) who concluded that escaping of the medical staff from legal responsibilities to support VBAC due to the lack of legal protection for them regarding the complications which may occurred post VBAC to the mother or the baby during an attempted VBAC accordingly, the women become unwillingness to make decisions. In addition, the choice of VBAC is the result of the sum of many factors, including previous experiences, personal expectations, medical advice, and familial or social expectations (Simeone, et al., 2019). The finding of study done by Keedle, et al., (2020) concluded that women who receive continuous care and positive support with a midwife were more likely to feel control on her the decision- making in preparing for VBAC. Additionally, many women who are eligible for TOLAC decide to have repeat Caesarean births (ERCD), because obstetricians frequently highlight the serious risks involved

with TOLAC particularly uterine rupture (Uno, et al., 2020). The participants of this study were so scared of losing their babies or having a baby with any disability caused by complicated vaginal delivery. They also were afraid of having uterine rupture in the site of the previous CS scare.

### **Regarding to the third theme: Mother experience**

#### **A-Mother opinion**

The findings of the current study showed that, the participants opinion regarding VBAC as, the experience of vaginal delivery is better than cesarean section, it was a good experience for them, and they were glad for having this experience. In congruent with many studies which reported that mothers having a sense of control over their birth experience during labor, and the perception of achieving a VBAC is better than cesarean section. Also, women reported their successful VBACs as a healing experience that helped them recover emotionally from previous caesarean birth. Following a caesarean section, women identified vaginal birth as a crucial component of their femininity and sense of motherhood. Moreover, the women viewed VBAC as a wholly positive event that gave them a sense of empowerment and self-pride. Women who experienced VBAC expressed more satisfaction with the entire delivery process than women who had CS after vaginal birth (Hadjigeorgiou, et al., 2021; Akgün, & Boz, 2019; Fransisco & Sanchez 2018; Keegan, 2015; Mohammed, et al., 2015).

#### **B – Advising**

The findings of the current study showed that the participants would advise all women who had previous cesarean section to have VBAC if they have no indication for cesarean section. This finding is congruent with the finding of study done by Attanasio, Kozhimannil, and Kjerulff, (2019) who concluded that near to half of the study participants who had their first child by caesarean preferred VBAC in subsequent pregnancies.

### **Regarding to the fourth theme: Encouraging factors and obstacles**

The findings of the current study explored numerous factors that expressed by the participants which could be act either

encouraging or obstacles of a woman's ability to access labor following a C-section described by the following terms: knowledge, family constraints, and disagreement of healthcare providers.

This finding in the same line with the finding of study done by Ibrahim et al., (2020) who report that the woman's interaction with her healthcare provider, the rules and procedures of the health system, and financial considerations, family support, and culture all were factors affecting the accessing process of VBAC. As well as health care professionals offer a trustworthy relationship with women who had severe labor anxiety which addressing their anxieties (Wulcan, & Nilsson, 2019). Giving birth within a VBAC supportive healthcare system; nurses' support the laboring women during and after cesarean is helpful in achieving a VBAC (Kurtz Landy, 2020). Efficient support may be a critical component in assisting women to overcome the obstacle and feel secure about vaginal delivery (Thelin, et al., 2019). Hence, making policies, fostering a culture of shared decision-making, and enhancement of maternity care professionals' knowledge and skills will help in lowering the overall rate of caesarean sections (Firoozi, et al., 2020).

Women in the current study considered the knowledge as an empowering variable which push her to decide to try VBAC. Similar to this result a study finding concluded that one of the most facilitators to select a labor after caesarean was women level of knowledge about physiologic birth and possibilities for VBAC birth after caesarean. In one study, the researchers found that the ability of the participants to get the necessary information regarding VBAC and the power to effectively self-advocate was described as being crucially dependent upon support from the clinicians, doulas, and peers. Access to unbiased knowledge had been cited by women in several high-resource countries as a crucial facilitator in their decision-making and pursuit of a VBAC. When women had adequate knowledge and assistance, they tended to select VBAC as their preferred method of delivery. Women's decisions regarding the selection of birth method following caesarean delivery proved to be more influenced by social factors, such as the support of her partner, family, friends, and provider (Coates, Thirukumar, & Henry, 2020; Ibrahim et al.,

2020; Uno, et al., 2020; Fransisco & Sanchez, 2018).

The findings of the current study revealed that, the most significant obstacles identified by participants was VBAC family constrains, as in Egypt families of the partners specially the husband's mother interfere in all affairs of her daughter in low, and they were afraid of any harm that could be done for the baby. Also, there were lack of service and facilities in the governmental hospital to deal with any complications that may happen with VBAC. Studies about VBAC revealed that many women understood how crucial to find a doctor who supported vaginal delivery after caesarean, the absence of a supporting healthcare system restricting the women's ability to choose the delivery method. Insufficient knowledge about risks and benefits of birth options after previous caesarean may restricting women's access to VBAC choices. Another hindrance cited by mothers was the danger that could be happened to mother or baby during VBAC attempted, as well the fear of medical professionals from subsequent VBAC complications and legal issues beside the lack of reliable transportation to travel to a more distant VBAC supportive hospital. (Wendling, 2021; Firoozi, et al., 2020; Fransisco, & Sanchez, 2018; Keedle, 2018).

### Conclusions

The findings of the current study identified four main themes in exploring the lived experiences of women with vaginal delivery after cesarean: (I) Meaning of VBAC as perceived by the mother; (II) Wellness and impairment; (III) Mother experience; (IV) Encouraging factors and Obstacles.

### Acknowledgement

The authors would like to express their sincere gratitude to all participants, for their acceptance to participate in this study and for their time and effort during the interviews.

### Recommendations

- 1- Increase awareness of the pregnant women regarding VBAC, and its benefits and adverse outcomes.
- 2- Further study to assess health care providers' view regarding factors affecting VBAC.

- 3- Randomized Control Trails (RCTs) studies need to be conducts to test the benefits and adverse outcomes of VBAC.

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