

ABSTRACT

Background: Pregnancy is a unique and vulnerable state, where the well-being of both mother and baby is paramount. Mothers, influenced by positive perceptions of different options tend to choose the hospital settings and Mode of Delivery (MoD) that best align with their desire for a safe and empowering childbirth experience.

Aim: To describe the trend and the factors influencing the MoD at public and private sector hospitals within the Municipal Council (MC) area of Negombo.

Method: A descriptive cross-sectional study was conducted on postpartum mothers who delivered in public (n=111) and private (n=111) hospitals in the MC of Negombo for two months. Mothers were recruited by convenient sampling until the sample size was achieved. Key Informant Interviews were conducted in both sectors involving Consultant Obstetricians, and obstetric ward Nursing Sisters. Interviewer Administered Questionnaires on mode of delivery (IAQMoD), Check List on mode of delivery (CLMoD) and Key Informant interview guides were used as data collection tools. The questionnaire was pretested. Multilingual data collectors were utilized for data collection. The researcher conducted key informant interviews. Ethical clearance and administration approval were acquired before conducting data collection.

Results and discussion: A growing trend towards Lower-Segment Cesarean Sections (LSCS) was observed in both public and private hospitals. The factors influencing the choice of hospital and mode of delivery included, maternal age ($\chi^2 (df=1) = 9.644, p < 0.05$), permanent residence ($\chi^2 (df=1) = 26.38, p < 0.05$), distance to the hospital ($\chi^2 (df=1) = 13.719, p < 0.05$), educational level ($\chi^2 (df=1) = 45.538, p < 0.05$), monthly income ($\chi^2 (df=1) = 74.335, p < 0.05$), employment status ($\chi^2 (df=1) = 8.108, p < 0.05$), prior Mode of Delivery ($\chi^2 (df=1) = 9.437, p < 0.05$), place of previous delivery ($\chi^2 (df=1) = 51.665, p < 0.05$), BMI ($\chi^2 (df=1) = 14.277, p < 0.05$), planning of pregnancy ($\chi^2 (df=1) = 10.410, p < 0.05$), and the presence of gestational diseases ($\chi^2 (df=1) = 7.940, p < 0.05$) showed a significant difference. In the public sector, 79.3% of mothers (n = 88) expected NVD, and 20.7% (n = 23) expected LSCS. Inversely in the private sector, 37.8% of mothers (n = 42) expected NVD, and 62.2% (n = 69). There was 78% (n = 73) planned LSCS in the private sector while 53% (n = 31)

underwent emergency LSCS in the public sector. There was a significant difference exhibited in expected and actual MoD in both public ($McNemar \chi^2(df=1) = 36.214, p < 0.001$) and private ($McNemar \chi^2(df=1) = 15.75, p < 0.001$) hospitals. Mothers chose public hospitals due to economic feasibility (36.9%; n = 41), while the staff (30.6%; n = 34) was the main reason to choose the private sector for the delivery. A significant difference was exhibited between the two hospital settings in terms of medical conditions ($Z = 21.25, p < 0.001$), past experience of delivery ($Z = 12.13, p < 0.001$), and risk avoidance behavior ($Z = 6.8, p < 0.001$). Driven by the desire for a quicker recovery and fewer complications, many mothers chose NVD. On the other hand, the perception of safety and reduced pain during delivery led many to opt for LSCS. Mothers in both sectors perceived a significant gap between the actual and desired responsiveness of the health system. The Obstetricians highlighted the crucial role of policy changes and public sector reforms in establishing respectful maternal care. Nursing sisters mentioned that private hospitals have a higher capacity for LSCS procedures, particularly considering the higher capability for NVD in the public sector.

Conclusion and recommendation: A significant increase in LSCS is evident, particularly in the private sector. Socioeconomically advantaged mothers, those with comorbidities, those with prior LSCS experiences, and mothers with previous experience at private hospitals were more likely to prefer private hospitals. Positive perceptions of hospitality and staff influence choices for private hospitals, while economic feasibility drives selections for public hospitals. Mothers favoring NVD prioritize quick recovery and fewer complications, whereas those opting for LSCS prioritize safety and reduced pain. The private sector demonstrates higher responsiveness compared to the public sector. A multidisciplinary approach is necessary to investigate the rising trend of LSCS. Comprehensive surveys should be conducted to identify socioeconomic and obstetric factors influencing maternal choices and mode of delivery. Internal audits and patient satisfaction surveys can provide valuable insights into maternal perceptions and healthcare provider responsiveness.

Keywords: *Trend, LSCS, NVD, MoD, Respectful maternal care*