Caesarean section in the absence of clinical indications: Discourses constituting choice in childbirth

By

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Thesis submitted to
Massey University of Palmerston North
in fulfilment of the requirements
for the degree of
Doctor of Philosophy in Midwifery.

Massey University Palmerston North
2007
**Acknowledgements.**

Special thanks go to the women, midwives and obstetrician who volunteered to take part in this study. It was their wisdom and their synergy that informed this thesis. It is to these people I am indebted as this study would not have been possible without their contribution.

Particular thanks also to my supervisors, Associate Professor Cheryl Benn and Professor Jenny Carryer of Massey University for their guidance, encouragement and affirmation throughout the journey. Their heartening endorsement has kept me on track, whenever I strayed from the path.

Special thanks also to Massey University, to whom I am indebted for the granting of *Massey University Women’s Award* and the Pro Vice- Chancellors *Advanced Degree Award*. These awards enabled me to focus solely on my research and progress it toward completion.

To Fran Richardson and Margret Westwater, friends and fellow students, for the wonderful catch-ups. It was Fran who encouraged me to trust the process and Margret’s droll perspicacity that made for an entertaining journey. Thanks also to Liz Francis for her help with the focus groups and invaluable feedback. Thanks to Paul Orsman for guiding through the library resources, to Kirsty McNeil for her help and support with End Note and to Caroline Lowe for her technical talents.

To my dear family and friends, with especial thanks to Rocky, Anton, Jenny and Justin, for their immeasurable love and support over the years and to Iririhapeti whose wairau has accompanied me throughout.

To all my colleagues in the College of Humanities and Social Sciences, at Massey University for their interest through this gestation and enabling me to bounce my ideas off them. Also to my PhD cohorts who have given me the inspiration to progress as I have witnessed them come to their journey’s end and to my discourse group for providing opportunities for testing the water.
Abstract

This poststructuralist qualitative study explored the discourses constructing women’s choice for a caesarean section in the absence of clinical indications, in the talk and texts of women, midwives, an obstetrician, professional journals and the media publications. The study affirms inscriptions surrounding choice in childbirth are shaped discursively through a multiplicity of discourses underpinned by social and institutional practices. With advances in technology, childbearing women have a greater variety of options from which to choose. Controversial, is the option of a caesarean section, regardless of clinical need. The issue is depicted in both professional and popular discourse as contentious, complex and contradictory. Its momentum into the 21st century, as a new object of obstetric discourse, has been played out on a number of platforms.

In this thesis I draw from the theoretical ideas of French philosopher Michel Foucault, to examine this complex debate. I argue there is a volatile moment in the history of childbirth in which an explosion of discourses have sculptured choice for a caesarean, in the absence of clinical indications, out of a repartee of autonomy, convenience, desire, fear and risk. In this precarious moment, new meanings joust with the old on a shifting terrain awash with rhetoric that co-opts, competes, and contradicts to bring about a caché of mutable ‘truths’.

Whether caesarean, as an optional extra, can be explained in terms of a libertarian imperative, an embodiment of lifestyle, the satiation of desire, the attenuation of fear or the avoidance of risk, the democratisation of this choice has exposed a pathologising paradox, whereupon the normal emerges as the abnormal, and the abnormal emerges as the normal. The deconstruction of choice through a poststructuralist lens has enabled insight into how contradiction and contest befall the ‘order of things ’ and in so doing, provides new openings for contemplating the discursive positioning of women through the competing discourses of childbirth.
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# Glossary and abbreviations.

## Glossary.

### Aotearoa

Aotearoa is the name for the land tenured by Maori before it was named New Zealand by a Dutch explorer. The dualism of Aotearoa New Zealand recognizes the co-existence of “two realities in one land”. (Reid & Cram, 2005, p. 35).

### Caesarean section.

An incision into the abdomen and uterus through which the babies are extracted. Various referred to as cesarean (absent ‘a’ denotes its American idiom) or its shortened version c-section. In the current study the British vernacular - Caesarean is used.

### Cattlehorn caesarean section,

Caesareans attained by the having an infuriated animal tear open a woman’s pregnant uterus (King, 1895, in Frazer, 1987, p. 74). Cattlehorn lacerations were speculated by some as preferable to the surgical operation.

### Craniotomy

An opening into the cranium of the skull. A destructive technique once used to crush babies skulls to enable its passage through the birth canal.

### Elective caesarean

A general term given to a caesarean prior to the onset of labour.

### Iatrogenic

A disorder brought about by the effect of medical intervention.

### Maori

The indigenous, ‘first’ peoples, of Aotearoa New Zealand.

### Medicalisation

In relation to women, “…the process whereby western medicine turns its gaze toward aspects of women’s lives and bodies renders
them problematic and focuses attention on treatment to achieve a cure.” (Carryer, 1997, p. 152).

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
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<tbody>
<tr>
<td>Multigravida</td>
<td>The term designated to a woman who has one or more pregnancies.</td>
</tr>
<tr>
<td>Multiparous</td>
<td>The term designated to a woman who has given birth to more than one baby.</td>
</tr>
<tr>
<td>Nulliparous</td>
<td>The designated term for a woman who has never given birth.</td>
</tr>
<tr>
<td>Pakeha</td>
<td>A person of European decent living in Aotearoa New Zealand.</td>
</tr>
<tr>
<td>Primigravida</td>
<td>The term for a woman who in her first pregnancy.</td>
</tr>
<tr>
<td>Primiparous</td>
<td>The term for a woman who has given birth for the first time.</td>
</tr>
<tr>
<td>Pubiotomy</td>
<td>An opening of the symphysis pubis joint of the pelvic bones to increase the size of the birth canal.</td>
</tr>
<tr>
<td>Tangata whenua</td>
<td>The Maori name for the people of the land, in reference to the ‘first’ peoples in Aotearoa New Zealand.</td>
</tr>
<tr>
<td>Te Tiriti of Waitangi</td>
<td>The name given to the Maori translation of the founding document of Aotearoa New Zealand. Also referred to by its English translation, as the Treaty of Waitangi.</td>
</tr>
</tbody>
</table>

**Abreviations.**

- **ACOG**: American College of Obstetricians and Gynecologists.
- **ACNM**: American College of Nurse-Midwives.
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOH</td>
<td>Board of Health</td>
</tr>
<tr>
<td>DHB</td>
<td>District Health Board</td>
</tr>
<tr>
<td>DOH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>FIGO</td>
<td>Federation of International Gynecologists and Obstetricians</td>
</tr>
<tr>
<td>HFA</td>
<td>Health Funding Authority</td>
</tr>
<tr>
<td>ICM</td>
<td>International Confederation of midwives</td>
</tr>
<tr>
<td>IVF</td>
<td>In vitro fertilization</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>NICE</td>
<td>National Institute for Clinical Excellence</td>
</tr>
<tr>
<td>NHC</td>
<td>National Health Committee</td>
</tr>
<tr>
<td>LMC</td>
<td>Lead Maternity Carer</td>
</tr>
<tr>
<td>Midwive’s talk</td>
<td>A broad term to describe the discussion from midwives as a whole group.</td>
</tr>
<tr>
<td>Women’s talk</td>
<td>The term as above to describe the women’s focus group as a whole.</td>
</tr>
<tr>
<td>Tom</td>
<td>Pseudonym given to the specialist obstetrician who took part in an individual interview.</td>
</tr>
<tr>
<td>MWFGSE</td>
<td>Midwives focus group – self employed midwives</td>
</tr>
<tr>
<td>MFGDHB</td>
<td>Midwives focus group - District Health Board or hospital midwives</td>
</tr>
<tr>
<td>WFG1</td>
<td>Women’s focus group 1 – The first focus group held for childbearing women participants</td>
</tr>
<tr>
<td>WFG2</td>
<td>A second separate focus group of women.</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Description</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
</tr>
<tr>
<td>MWFGm1</td>
<td>Midwives focus group member (m)</td>
</tr>
<tr>
<td></td>
<td>1. The designation of the first midwife in a sequence of an interaction.</td>
</tr>
<tr>
<td>MWFGm2</td>
<td>Second midwife speaking in an interaction.</td>
</tr>
<tr>
<td>WFG1m1</td>
<td>The first member in the first women’s focus group 1 speaking in a sequence of an interaction.</td>
</tr>
<tr>
<td>WFG2m3</td>
<td>The third member of women’s focus group 2 in a sequence in the same interaction.</td>
</tr>
</tbody>
</table>

Use of brackets such as (dis)enabling; Brackets interposed within words denotes the fluid nature of language and thought. Appropriated from Surtees ideas around ‘nomadic border crossings (2003, p. 12) in that I blur the boundaries between states symbolised through bracketing. I also draw from Lupton’s (1999, p. 133) discussion of liminality to allude to a state of flux in meaning.