The Research of Medical Science Review
ISSN: 3007-1208 & 3007-1216 Volume 3, Issue 8, 2025

PSYCHOSOCIAL AND EMOTIONAL FACTORS INFLUENCING THE CHOICE BETWEEN CESAREAN SECTION AND NORMAL DELIVERY

Sania Imran[1], Shaista Fatima[2], Hamna Iftikhar[3], Atikka Masoud[4], Muhammad Ali[5], Faiqa Firdous[6], Wasim Ahmad[*7]

[1]*Department of OBGYN, Shalamar Hospital, Lahore, Pakistan.*
[2,3,5,6]*Foundation University school of health sciences, Islamabad, Pakistan*
[4]*Fauji Foundation Hospital, Rawalpindi, Pakistan*
[*7]*HOD, Department of Allied Health Sciences, SHS, Peshawar*

[*7]vazim4847@gmail.com

DOI: https://doi.org/10.5281/zenodo.16886026

Keywords
Cesarean Section, Parturition, Vaginal Birth, Cultural Factors, Patient Satisfaction

Article History
Received on 16 May 2025
Accepted on 25 July 2025
Published on 16 August 2025

Corresponding Author: *
Dr. Wasim Ahmad

Abstract

Background: *Childbirth is a profound journey influenced by cultural, social, and medical elements. The decision between a C-section and vaginal delivery is crucial for expectant mothers, driven by personal choices, beliefs, and medical guidance. This choice deeply affects the health of the mother, the well-being of the newborn, and the overall childbirth experience.*

Objective: *To investigate the psychosocial and emotional determinants that shape women's choices between cesarean section and normal delivery in Pakistan.*

Methodology: *This cross-sectional study at Fauji Foundation Hospital, Rawalpindi (May-Oct 2024), surveyed 300 pregnant/postpartum women using questionnaires. It explored factors influencing delivery decisions, analyzing demographics, education, occupation, marital status, family size, insurance, emotional states, social/personal factors, birth history, healthcare/societal influences, and post-birth reflections using descriptive statistics in SPSS (v. 27.0).*

Results: *The study of 300 women, mostly college-educated (41.8%) and married (95.3%), revealed that healthcare provider recommendations (31.6%), fear of pain (8.6%), and personal preference (15.9%) were key in delivery decisions. Most (77.7%) felt informed and influenced by providers (38.9%). High rates of stress (18.9%) and anxiety (80.7%) were noted, alongside the impact of societal expectations (48.8%) and emotional well-being concerns (74.4%). Social support (71.4%), cultural influences (52.2%), preference for natural birth (61.1%), and risk concerns (71.8%) were important. Previous births (64.1%), provider input (64.2%), and societal norms (55.1%) also mattered. Post-birth, 26.0% were very satisfied, and 43.3% reported a positive childbirth experience.*

Conclusion: *Childbirth decisions are shaped by emotional factors (anxiety, stress) and social influences (provider advice, societal norms). Culturally sensitive support is crucial for informed choices prioritizing women's well-being in Rawalpindi-Punjab*

INTRODUCTION

Childbirth is a transformative experience influenced by cultural, social, and medical factors, with the choice between cesarean section (C-section) and vaginal delivery being a pivotal decision for expectant

mothers. While both delivery methods aim to ensure the safe arrival of the baby, the decision-making process extends beyond medical considerations, involving emotional and psychosocial factors such as fears, beliefs, and past experiences[1,2]. This complex process is shaped by a range of personal preferences, cultural norms, and recommendations from healthcare providers, with significant implications for maternal health, newborn well-being, and the overall childbirth experience[3,4].

In recent years, the global increase in C-section deliveries has raised concerns among healthcare professionals regarding its appropriate use. While medical factors like maternal health risks and fetal presentation have traditionally guided this decision, contemporary research acknowledges the importance of psychosocial factors such as anxiety, fear, and cultural pressures in shaping a woman's choice of delivery[6,7]. These emotional and social influences are particularly significant in countries like Pakistan, where factors like cultural norms, family expectations, and economic status further complicate the decision-making process[4,10,11]. Previous childbirth experiences also play a crucial role, with women who have had traumatic births often opting for C-sections to mitigate perceived risks, while positive experiences may reinforce a preference for vaginal delivery[12].

The role of healthcare providers in childbirth decisions is critical, as they educate and guide expectant mothers through their options, while also addressing their emotional needs. However, variations in healthcare recommendations, influenced by professional biases or institutional policies, can affect women's autonomy and decision-making[13,14]. In Pakistan, research addressing the psychosocial factors influencing childbirth decisions remains limited, particularly concerning the roles of cultural norms, religious beliefs, and psychological elements such as fear and previous birth experiences. Gaining a deeper understanding of these factors is crucial for enhancing maternal healthcare services, ensuring interventions are culturally sensitive, and fostering women's emotional well-being and autonomy. This study was conducted to investigate the psychosocial and emotional determinants that shape women's choices between cesarean section and normal delivery in Pakistan.

2. Materials and Methods

2.1. Study Design:

A descriptive cross-sectional study design was employed to explore the social, emotional, and psychological factors impacting pregnant women's choice of delivery mode.

2.2. Ethical Considerations:

The study was conducted following approval from the Ethical Review Committee, Foundation University School of Health Sciences/ Hospital (No. FF/FUMC/215-424-1 Phy/24). Written informed consent is obtained from all participants, ensuring comprehension of the research purpose, interventions, data collection process, and associated risks and benefits. Anonymity and confidentiality of participants' responses are maintained throughout, adhering to the ethical guidelines outlined in the Helsinki Declaration and Pakistan Medical & Research Council.

2.3. Study Setting:

The study was conducted at the Gynecology & Obstetrics department of Fauji Foundation Hospital, Rawalpindi, over a six-month period, from May 2024 to October 2024.

Inclusion criteria:

- Women who visited the gynecology department of Fauji Foundation Hospital, Rawalpindi, with recent or past childbirth experiences.
- Pregnant women aged 18 and above, with singleton pregnancies, considering both cesarean and vaginal delivery options, from diverse socioeconomic and cultural backgrounds, and various educational levels.

Exclusion criteria:

- Pregnant women with serious medical complications necessitating specific delivery modes.
- Those with a definitive decision on delivery mode.
- Those unable to provide informed consent.

2.4. Variables:

Psychosocial and emotional factors significantly influence the choice between C-section and vaginal delivery by shaping a woman's perceptions, anxieties, and preferences related to childbirth. These include the level of childbirth anxiety and fear, the degree of perceived control over the birthing process, the strength of social support networks, culturally ingrained beliefs about delivery, the influence of family and community opinions, concerns about body image, and prior birth experiences. Furthermore, a woman's preference for a specific mode of delivery, her fear of pain, feelings of vulnerability, overall emotional well-being, expectations about the birth, sense of empowerment or disempowerment, and satisfaction with received information all contribute to this complex decision-making process, highlighting the deeply personal and socially embedded nature of choosing how to give birth in Rawalpindi-Punjab, Pakistan.

2.5. Data Source & Measurement:

The tool comprised sections assessing demographic details, observational checklists for social, emotional, and psychological factors, social support assessment, personal preferences, the role of previous birth experiences, knowledge regarding childbirth, and post-birth reflections. The questionnaire used in this study was designed to gather comprehensive data on various factors influencing participants' decision-making processes regarding childbirth mode and healthcare provider influence. It consisted of sections addressing demographic information, educational background, occupation, marital status, family size, insurance coverage, emotional states during pregnancy, social factors, personal factors, previous birth experiences, the impact of healthcare professionals' input, societal conceptions, and post-birth reflections. Dependent variables included psychological, emotional, and social health, along with knowledge regarding childbirth, while independent variables consisted of age, educational background, occupation, number of children, and previous birth experiences.

2.6. Sampling procedure:

Convenient sampling is utilized to select 300 women with recent or past childbirth experiences.

The data were collected through a structured questionnaire distributed among participants via online surveys or in-person interviews, ensuring confidentiality and anonymity. The questionnaire was made available in multiple languages to accommodate participants' preferences and facilitate broader participation.

2.7. Participants:

The study included participants who were pregnant or had recently given birth, representing a diverse demographic range in terms of age, educational background, occupation, marital status, and number of children. Participants were recruited through various channels, including social media platforms, community centers, and healthcare facilities.

2.8. Statistical Analysis:

Descriptive statistics, including frequencies and percentages, were utilized to summarize the demographic characteristics of the participants, their educational background, occupation, marital status, family size, insurance coverage, emotional states during pregnancy, social factors, personal factors, previous birth experiences, the impact of healthcare professionals' input and societal conceptions, and post-birth reflections. Statistical software SPSS (version 27.0) was employed for data analysis. P-value less than 0.05 was significant.

3. RESULTS

The dataset of 300 respondents reveals diverse demographic characteristics. Most participants have a College/University education (126, 41.8%), followed by High School (62, 20.5%) and Postgraduate qualifications (36, 11.9%). Occupation-wise, the largest group consists of Homemakers (162, 53.8%), with full-time employment (51, 16.9%) making up the smallest proportions. In terms of family size, 90 participants (29.9%) have two children, 63 (20.9%) have one, and 66 (21.9%) have three.

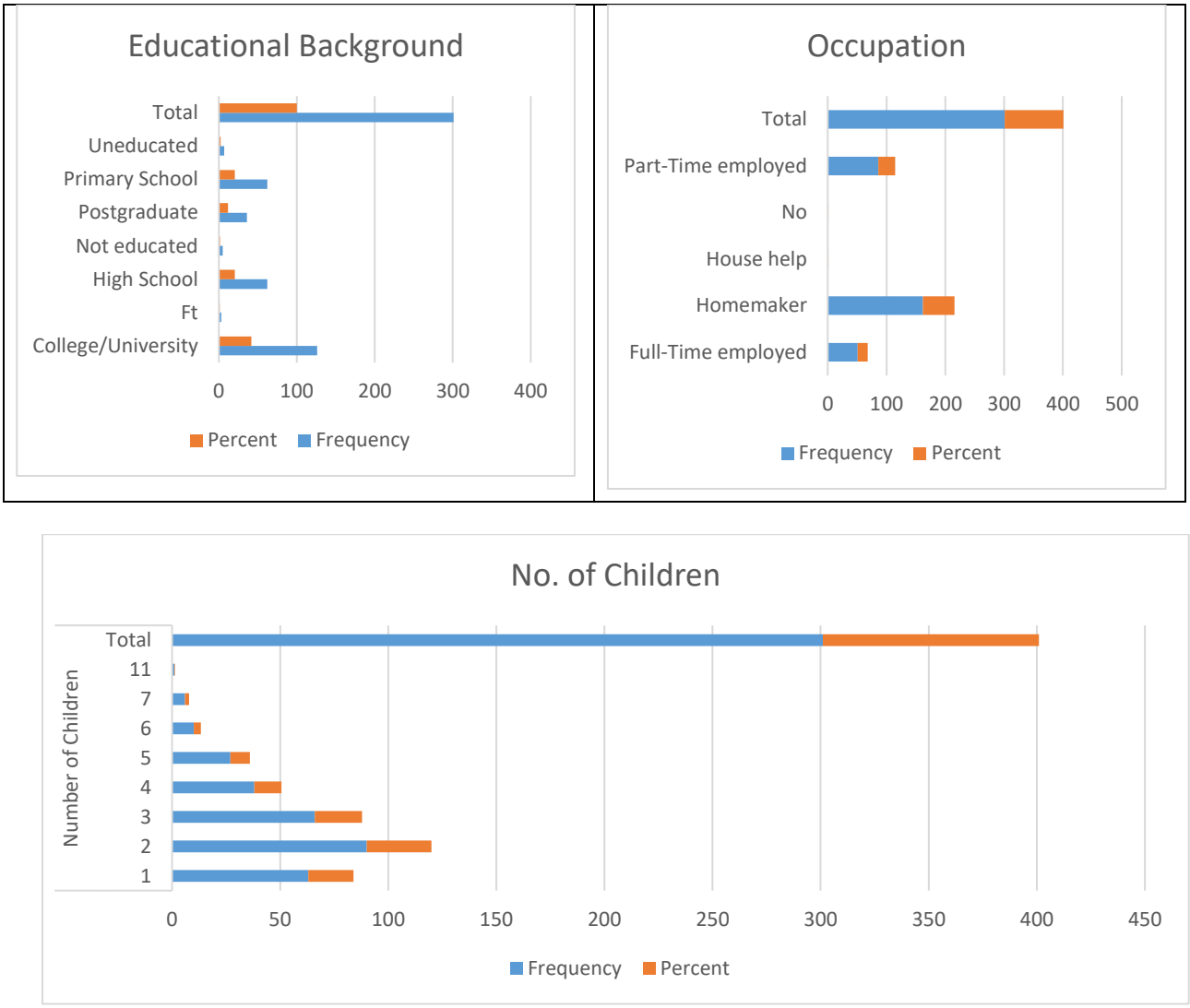


Figure 1: Demographic characteristics

The most significant factor influencing the mode of delivery was healthcare provider recommendations (94, 31.3%). Personal preference accounted for 48 respondents (15.9%), while fear of pain associated with natural birth influenced 26 respondents (8.6%). Prior birth experience affected 13 respondents (4.4%), and societal or financial pressures influenced a small group of 3 respondents (1%).

Table 1: Factors Influencing the Mode of Delivery

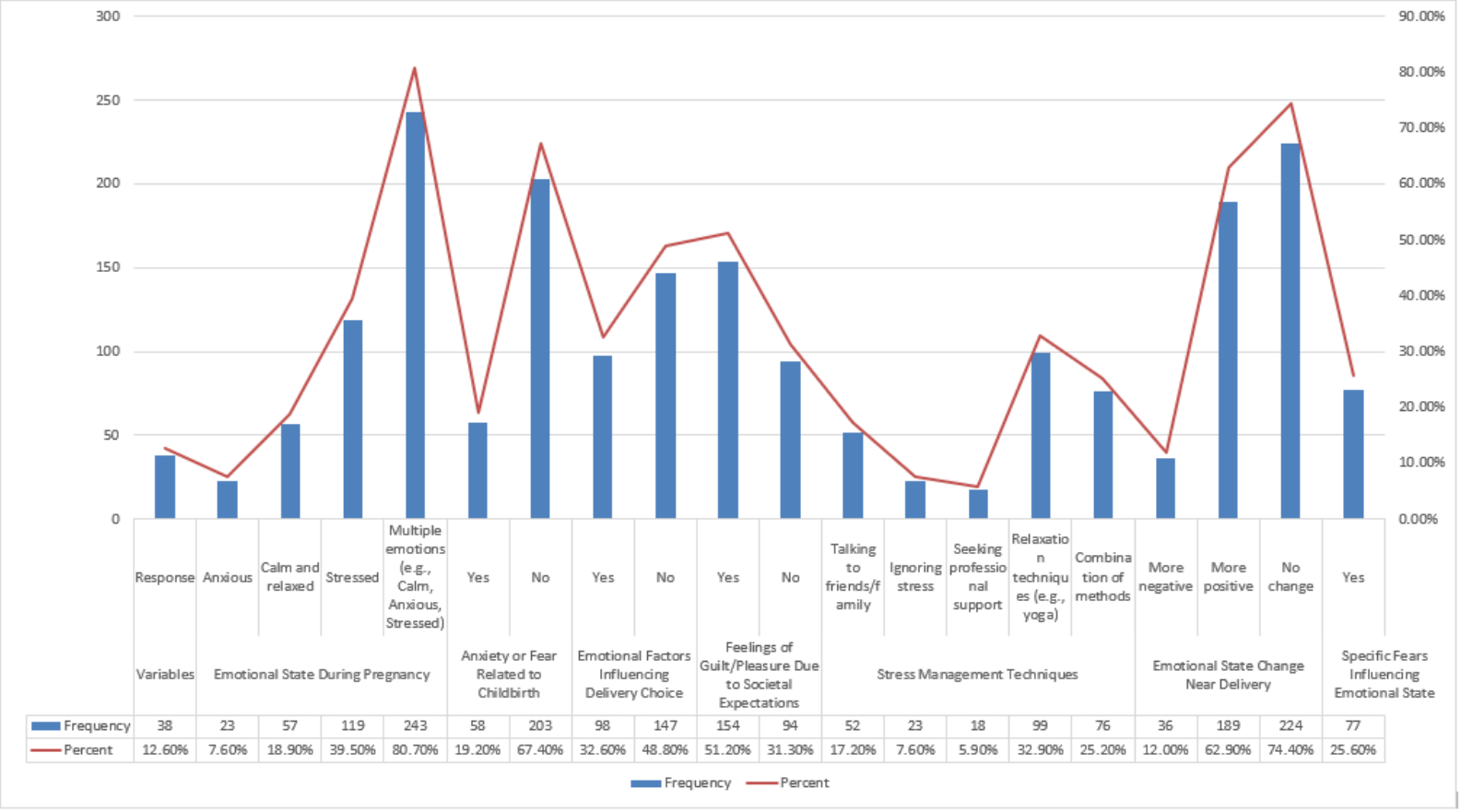
Factors	Frequency (%)
Fear of pain (natural birth)	26 (8.60%)
Previous birth experience	13 (4.40%)
Healthcare provider recommendation	94 (31.3%)
Personal preference	48 (15.90%)
Society/Society + low income	3 (1.00%)
Combinations (e.g., Healthcare provider + Fear of pain, etc.)	109 (36.20%)
Total	300 (100.00%)

A substantial majority (234, 78%) of respondents felt well-informed about the delivery options available to them, while 67 (22%) did not have adequate information.

Table 2: Informed About Delivery Options

Response	Frequency (%)
Yes	234 (78%)
No	66 (22%)
Total	300 (100.00%)

The emotional states reported by 300 respondents during pregnancy reveal significant psychological variability (figure 2). The most common emotion was stress, experienced by 18.9% (n = 57), followed by anxiety in 12.6% (n = 38). Notably, 16.2% (n = 49) reported feeling a mix of calm, relaxed, anxious, excited, and stressed, while 7.6% (n = 23) felt calm and relaxed exclusively. As childbirth approached, 25.2% (n = 76) felt increasingly negative, with 12.0% (n = 36) feeling more positive. A majority (80.7%, n = 243) expressed anxiety or fear related to childbirth, and 67.4% (n = 203) acknowledged emotional factors influencing their delivery choice. Feelings tied to societal expectations were reported by 48.8% (n = 147). Coping strategies varied, with 31.3% (n = 94) seeking support from friends/family and 17.2% (n = 52) opting to ignore stress. Additionally, 74.4% (n = 224) cited childbirth fears impacting their emotional state, highlighting the diverse emotional landscape and coping mechanisms during pregnancy.



Variables	Response	Anxious	Calm and relaxed	Stressed	Multiple emotions (e.g., Calm, Anxious, Stressed)	Yes	No	Yes	No	Yes	No	Talking to friends/family	Ignoring stress	Seeking professional support	Relaxation techniques (e.g., yoga)	Combination of methods	More negative	More positive	No change	Yes
		Emotional State During Pregnancy				Anxiety or Fear Related to Childbirth		Emotional Factors Influencing Delivery Choice		Feelings of Guilt/Pleasure Due to Societal Expectations		Stress Management Techniques					Emotional State Change Near Delivery			Specific Fears Influencing Emotional State
Frequency	38	23	57	119	243	58	203	98	147	154	94	52	23	18	99	76	36	189	224	77
Percent	12.60%	7.60%	18.90%	39.50%	80.70%	19.20%	67.40%	32.60%	48.80%	51.20%	31.30%	17.20%	7.60%	5.90%	32.90%	25.20%	12.00%	62.90%	74.40%	25.60%

Figure 2: Emotional factors

Table 3 illustrates social factors influencing pregnancy experiences among 300 participants, with responses delineated in terms of frequency and percentage. A notable majority, constituting 71.4% (n = 214) of respondents, reported receiving adequate social support from their partner, family, or friends during pregnancy. Concerning the influence of social circle opinions and experiences on decision-making, 45.6% (n = 137) of individuals reported a negative impact. Moreover, 52.2% (n = 156) of participants acknowledged cultural or societal expectations influencing their choices. These findings shed light on the significant role of social dynamics and cultural norms in shaping pregnancy experiences and decision-making processes among expectant individuals.

Table 3: Social factors

Variables	Response	Frequency (%)
Adequate Social Support	Yes	214 (71.40%)
	No	86 (28.60%)
Influence of Social Circle	Negatively	137 (45.60%)
	Not at all	109 (36.30%)
	Positively	54 (18.00%)
Cultural/Societal Expectations	Yes	156 (52.00%)
	No	144 (48.00%)

A majority of respondents (64.00%, n = 192) reported that previous childbirth experience impacted their current decision. In terms of traumatic experiences, 31.66% (n = 95) were influenced by previous birth trauma. Additionally, 55.00% (n = 165) had concerns or misconceptions about cesarean section or natural birth that influenced their decision(table 4).

Table 4: Influence of Previous Experiences, Healthcare Information, and Misconceptions on Delivery Decisions

Variables	Response	Frequency
Previous Childbirth Influencing Current Decision	Yes	192 (64.00%)
	No	108 (36.00%)
Traumatic Previous Birth Experience	No	205 (68.33%)
	Yes	95 (31.66%)
Concerns/Misconceptions About Delivery Methods	Yes	165 (55.00%)
	No	135 (45.00%)

The table 5 summarizes the post-birth reflection among participants, highlighting frequencies and percentages across various variables. Regarding satisfaction with the mode of delivery choice, 43.3% (n = 130) expressed being somewhat satisfied, while 26.00% (n = 78) reported feeling very satisfied. Additionally, participants shared their emotional well-being during pregnancy, with 49.8% (n = 150) reporting no impact on the birthing experience. Moreover, 66.33% (n = 199) acknowledged experiencing a range of emotions post-birth, while 68.00% (n = 204) felt that the actual birthing experience met their expectations.

Table 5: Post-birth reflection

Variables	Response	Frequency
Satisfaction with Mode of Delivery	Very satisfied	78 (26.00%)
	Somewhat satisfied	130 (43.30%)
	Neutral	84 (28.00%)
	Somewhat dissatisfied	8 (2.60%)

Emotional Impact on Birthing Experience	Positively	66 (21.90%)
	No impact	150 (49.80%)
	Negatively	85 (28.20%)
Emotions After Birth	Yes	199 (66.33%)
	No	101 (33.66%)
Alignment of Birth Experience with Expectations	Met expectations	204 (68.00%)
	Exceeded expectations	38 (12.66%)
	Fell short of expectations	58 (19.33%)

4. Discussion

This study provides a valuable lens through which to understand the multifaceted determinants of childbirth decisions within the specific demographic context of Rawalpindi-Punjab, Pakistan. The surveyed population exhibits a notable level of educational attainment, with a significant proportion holding a College/University degree (41.8%). The occupational landscape is largely represented by homemakers (53.8%), reflecting prevailing gender roles and socio-economic structures within the region. The distribution of family sizes, with a considerable number of respondents having two children (29.9%), suggests evolving family planning practices and contributes to the broader socio-cultural understanding of the sample[15-18]. Recognizing this demographic mosaic is crucial for interpreting the various factors that influence women's choices regarding childbirth.

The study meticulously explores the immediate factors shaping delivery decisions, highlighting the pivotal role of healthcare provider recommendations, which significantly influenced nearly a third of the participants (31.6%). While the fear of pain registered as a concern for a smaller segment (8.6%), the substantial influence of personal preferences (15.9%) indicates a degree of individual agency in these critical decisions. The encouraging finding that a large majority of women (77.7%) felt well-informed about their delivery options underscores the importance of effective communication and access to relevant information. However, the strong impact of healthcare provider influence (38.9%) reinforces the hierarchical nature of the patient-physician relationship and the significant trust placed in medical professionals when navigating childbirth choices[19].

Beyond direct medical and personal influences, the study illuminates the pervasive impact of the social environment on pregnancy experiences and childbirth decisions. The robust social support reported by a significant majority (71.4%) underscores the vital role of family and partners in providing emotional and practical assistance during this crucial life event. Conversely, the notable influence of negative opinions from social circles on a substantial proportion of participants (45.8%) highlights the potential for social pressures and anxieties to shape maternal well-being and preferences. The acknowledgment of cultural expectations as a salient factor by over half the respondents (52.2%) firmly roots childbirth decisions within the specific cultural norms and traditions prevalent in Rawalpindi-Punjab. These intricate social dynamics, intertwined with individual factors such as perceived control over the birthing process and concerns about potential risks, collectively shape the decision-making landscape for expectant mothers.

In light of these findings, the study underscores the critical need for a paradigm shift towards patient-centered care that prioritizes informed decision-making and provides comprehensive support for expectant individuals throughout their pregnancy journey[20-26]. Healthcare providers must be mindful of the significant influence they wield and strive to offer culturally sensitive guidance that respects individual preferences and empowers women to make choices aligned with their values and well-being. Furthermore, addressing negative social influences and fostering supportive community environments are essential for promoting positive childbirth experiences. Ultimately, this research contributes valuable insights into the complex interplay of demographic characteristics, medical guidance, personal autonomy, and social-cultural forces that shape childbirth

decisions in this specific region of Pakistan, advocating for holistic and culturally attuned support systems for all expectant mother.

5. CONCLUSION

The study concludes that childbirth decisions in Rawalpindi-Punjab, Pakistan, are significantly influenced by a complex interplay of psychosocial and emotional factors, including anxiety (80.7%), stress (18.9%), healthcare provider recommendations (31.3%), societal expectations (48.8%), and previous birth experiences (64.0%). Cultural norms and social support (71.4%) further shape preferences, with many women favoring natural birth (61.1%) but expressing concerns about risks (71.8%). Post-birth, 43.3% reported positive experiences, though emotional well-being and societal pressures notably impact satisfaction. The findings underscore the need for culturally sensitive, patient-centered care to empower informed choices, reduce fears, and enhance maternal well-being in Pakistan.

6. RECOMMENDATION

To enhance maternal decision-making and well-being in Rawalpindi-Punjab, Pakistan, based on the study's findings, it is recommended to implement culturally sensitive educational programs in multiple languages to address fears (8.6%) and misconceptions (55.0%) about delivery methods, ensuring all expectant mothers feel informed (78% currently do); train healthcare providers to offer unbiased, patient-centered guidance given their significant influence (31.3%); strengthen social support systems (71.4%) through community programs and support groups to counter negative social influences (45.6%); integrate mental health screenings and counseling to manage anxiety (80.7%) and stress (18.9%); provide specialized counseling for women with traumatic birth experiences (31.7%) to support informed choices (64.0% influenced by prior births); launch campaigns to reduce cultural and societal pressures (52.2%); enhance postpartum care to improve satisfaction (26.0% very satisfied) and emotional alignment (68.0% met expectations); and conduct further research with randomized sampling to inform policies for equitable, holistic maternal care.

7. LIMITATIONS

The study on psychosocial and emotional factors influencing the choice between caesarean section and vaginal delivery in Rawalpindi-Punjab, Pakistan, is limited by its use of convenient sampling, which may introduce selection bias and restrict generalizability beyond the 300 participants at Fauji Foundation Hospital. Its cross-sectional design, conducted from May to October 2024, captures only a snapshot, missing how preferences or emotions like anxiety (80.7%) evolve over time. Self-reported data via questionnaires may be prone to recall inaccuracies or social desirability bias, particularly for emotional states or satisfaction (43.3% somewhat satisfied). Excluding women with serious medical complications or fixed delivery decisions narrows the sample, while the limited exploration of socioeconomic factors, despite noting societal pressures (1.0%), and reliance on descriptive statistics without qualitative insights restrict deeper understanding of cultural influences (52.2%) or trauma (31.7%). These limitations suggest the need for broader, longitudinal, and mixed-method research to enhance the applicability of findings.

8. Conflict of Interest

None declared

9. Funding

No funding from any source

10. REFERENCES

Chen X, Hong F, Wang D, Bai B, Xia Y, Wang C. Related psychosocial factors and delivery mode of depression and anxiety in primipara in late pregnancy. Evid Based Complement Alternat Med. 2021 Oct 4;2021:8505059. doi:10.1155/2021/8505059.

Negrini R, da Silva Ferreira RD, Guimarães DZ. Value-based care in obstetrics: comparison between vaginal birth and caesarean section. BMC Pregnancy Childbirth. 2021 Apr 26;21(1):333. doi:10.1186/s12884-021-03798-2.

Leahy-Warren P, Mulcahy H, Corcoran P. Factors influencing women's perceptions of choice and control during pregnancy and birth: a cross-sectional study. BMC Pregnancy Childbirth. 2021;21:667. doi:10.1186/s12884-021-04106-8.

Mo L, Wang N, Peng B, Wu J, Tang L, Liu H, He Y, Hu J. Factors influencing mode of delivery: A case-control study. Sci Res. 2024 Mar 8. Available from: scirp.org/journal/paperinformation?paperid=133445.

Betran AP, Ye J, Moller AB, Souza JP, Zhang J. Trends and projections of caesarean section rates: global and regional estimates. BMJ Glob Health. 2021 Jun;6(6):e005671. doi:10.1136/bmjgh-2021-005671.

Zewude B, Siraw G, Adem Y. The preferences of modes of child delivery and associated factors among women: A pragmatic observational study. Pragmat Obs Res. 2022 Jul 15. Available from: dovepress.com/the-preferences-of-modes-of-child-delivery-and-associated-factors-amon-peer-reviewed-fulltext-article-POR.

Ma D, Sun S, Qian J, Wang M, Gu H, Lou J, Yu X. Predictors of pregnancy stress and psychological birth trauma in women undergoing vaginal delivery: A cross-sectional study in China. BMC Pregnancy Childbirth. 2023 Aug 22;23:701. doi:10.1186/s12884-023-05990-8.

Dekel S, Ein-Dor T, Berman Z, Barsoumian IS, Agarwal S, Pitman RK. Delivery mode is associated with maternal mental health following childbirth. Arch Womens Ment Health. 2022 Dec;25(6):927-939. doi:10.1007/s00737-020-01095-0.

Elgzar WT, Alshahrani MS, Ibrahim HA. Mode of delivery preferences: The role of childbirth fear among nulliparous women. Front Psychol. 2023 Nov 1;14:1221133. doi:10.3389/fpsyg.2023.1221133.

Latif AS. The importance of understanding social and cultural norms in delivering quality health care: A personal experience commentary. Trop Med Infect Dis. 2020 Feb 5;5(1):22. doi:10.3390/tropicalmed5010022.

Felisian S, et al. Sociocultural practices and beliefs during pregnancy, childbirth, and postpartum among Indigenous pastoralist women of reproductive age in Manyara, Tanzania: A descriptive qualitative study. BMC Womens Health. 2023 Mar 23;23(1):277. doi:10.1186/s12905-023-02277-4.

Hosseini Tabaghdehi M, Keramat A, Kolahdozan S, Shahhosseini Z, Moosazadeh M, Motaghi Z. Positive childbirth experience: A qualitative study. Nursing Open. 2020 Jul;7(4):1233-1238. doi:10.1002/nop2.499.

Power C, Williams C, Brown A. Physical and psychological childbirth experiences and early infant temperament. Front Psychol. 2022 Jan 31;13:792392. doi:10.3389/fpsyg.2022.792392.

Sahoo KC, Negi S, Patel K, Mishra BK, Palo SK, Pati S. Challenges in maternal and child health services delivery and access during pandemics or public health disasters in low- and middle-income countries: A systematic review. Healthcare (Basel). 2021 Jun 30;9(7):828. doi:10.3390/healthcare9070828.

Mueller CG, Webb PJ, Morgan S. The effects of childbirth education on maternity outcomes and maternal satisfaction. J Perinat Educ. 2020 Jan 1;29(1):16-22. doi:10.1891/1058-1243.29.1.16.

Khalife-Ghaderi F, Amiri-Farahani L, Haghani S, Hasanpoor-Azghady SB. Examining the experience of childbirth and its predictors among women who have recently given birth. Nursing Open. 2020 Aug 19;8(1):63-71. doi:10.1002/nop2.603.

Huang Y. Family size and children's education: Evidence from the one-child policy in China. Popul Res Policy Rev. 2021 Feb 26;40(2):345-369. doi:10.1007/s11113-021-09638-7.

Taylor YJ, Liu TL, Howell EA. Insurance differences in preventive care use and adverse birth outcomes among pregnant women in a Medicaid nonexpansion state: A retrospective cohort study. J Womens Health (Larchmt). 2020 Jan 1;29(1):29-37. doi:10.1089/jwh.2019.7658.

McCourt C, Cheyne H, Leister N. Women's experiences of decision-making and informed choice about pregnancy and birth care: A systematic review and meta-synthesis of qualitative research. BMC Pregnancy Childbirth. 2020 Dec;20(1):1-21. doi:10.1186/s12884-020-03101-8.

Battulga B, Benjamin MR, Chen H, Bat-Enkh E. The impact of social support and pregnancy on subjective well-being: A systematic review. Front Psychol. 2021 Sep 9;12:710858. doi:10.3389/fpsyg.2021.710858.

Wani IR, Sultana S, Waris M, et al. Sociodemographic factors influencing choice of the mode of delivery in pregnant women: A cross-sectional study from tertiary hospital in Srinagar, India. J South Asian Feder Obst Gynae. 2024;16(2):111–115.

Dagher RK, Linares DE. A critical review on the complex interplay between social determinants of health and maternal and infant mortality. Children (Basel). 2022 Mar 10;9(3):394. doi:10.3390/children9030394.

Wani IR, Sultana S, Waris M, et al. Sociodemographic factors influencing choice of the mode of delivery in pregnant women: A cross-sectional study from tertiary hospital in Srinagar, India. J South Asian Feder Obst Gynae. 2024;16(2):111–115.

Dagher RK, Linares DE. A critical review on the complex interplay between social determinants of health and maternal and infant mortality. Children (Basel). 2022 Mar 10;9(3):394. doi:10.3390/children9030394.

Rúger-Navarrete A, Vázquez-Lara JM, Antúnez-Calvente I, Rodríguez-Díaz L, Riesco-González FJ, Palomo-Gómez R, Gómez-Salgado J, Fernández-Carrasco FJ. Antenatal fear of childbirth as a risk factor for a bad childbirth experience. Healthcare (Basel). 2023 Jan 18;11(2):178. doi:10.3390/healthcare11020178.

Stjernholm YV, Charvalho P da S, Bergdahl O, Vladic T, Petersson M. Continuous support promotes obstetric labor progress and vaginal delivery in primiparous women: A randomized controlled study. Front Psychol. 2021 Jan 20;12:582823. doi:10.3389/fpsyg.2021.582823.