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INSIGHTS INTO MATERNAL AND NEONATAL COMPLICATIONS ASSOCIATED WITH CAESAREAN SECTION AMONG WOMEN: FINDINGS FROM A NATIONWIDE CROSS-SECTIONAL STUDY

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Abstract:

Background: Cesarean section (CS) is the most common obstetric surgery, with rates rising globally and in Palestine. While lifesaving in complicated pregnancies, unnecessary CS may increase maternal and neonatal risks. Women's awareness of these complications is essential for informed decision-making. This study aimed to assess Palestinian women's knowledge of CS complications and indications.

Methods: A nationwide cross-sectional study was conducted from January 2024 to February 2025 across governmental and non-governmental hospitals in Palestine. A total of 2007 women aged 10–49 years, currently pregnant or recently delivered, completed a structured questionnaire assessing sociodemographic factors, obstetric history, and knowledge of CS-related complications and indications. Data were analyzed using descriptive statistics, chi-squared tests, and regression models.

Results: Among 2007 participants, the most commonly recognized complications were wound infection (89.4%), prolonged recovery (86.0%), limited future vaginal delivery (83.2%), and hemorrhage (71.3%). Awareness of severe long-term risks was lower, including infertility (28.9%), abnormal placental implantation (37.9%), uterine rupture (41.4%), and neonatal respiratory distress (46.3%). Regarding indications, 87.1% identified abnormal fetal lie and 83.1% non-reassuring fetal monitoring, while 57.8% considered maternal request sufficient for CS. Regression analysis showed that older age ($B = 0.550$, $p < 0.001$), higher education ($B = 0.099$, $p = 0.018$), and prior CS experience ($B = 0.404$, $p = 0.010$) significantly predicted better awareness.



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Conclusion: While Palestinian women demonstrated good awareness of common CS complications, knowledge of severe long-term risks was limited. Misconceptions about maternal request indicate the need for targeted prenatal education and effective healthcare communication to reduce unnecessary CS and improve maternal and neonatal outcomes. **Keywords:** Cesarean section, Maternal, Neonatal, Complications

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