



The Cesarean Catastrophe

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ABSTRACT

The cesarean rate has reached an all-time high at 29.1% of all births in the United States. In this column, the risks inherent in cesareans are discussed within the context of the current climate of “intervention-intensive” labor and birth, forced cesareans, the precipitate decrease in vaginal births after cesarean, and the alarming increase in primary cesarean, including “patient-choice” cesareans. Strategies to increase women’s confidence and to promote, protect, and support normal birth are discussed as ways to decrease the cesarean rate.

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READER’S QUESTION

The National Center for Health Statistics 2004 birth data reported a preliminary cesarean rate of 29.1% (Centers for Disease Control and Prevention, 2005). I should not have been surprised because the cesarean rate in the hospital in which I teach sometimes approaches 50%, but the steady increase in the cesarean rate to this all-time high, with no signs of slowing down, seems to be a catastrophe in the making. A contributing factor to this feeling is what appears to be a general lack of concern, an increasing number of women planning for elective primary cesareans, and hospitals actually beginning to design units to accommodate a 50% cesarean rate. What can I do as a childbirth educator to help put the brakes on the escalating cesarean rate?

COLUMNIST’S REPLY

The sharp increase in cesarean births defies best evidence and best practice. It is a catastrophe, with serious implications for women and babies’ health in

the short term and for women’s health over the course of their lives. The 40% increase in the cesarean rate in the last 8 years should frighten health-care providers, childbirth educators, and childbearing women. But it does not appear to do so. Why? As described below, the reasons for the rising rate and the complacency with which our society accepts this increase are interwoven. However, childbirth educators can help reduce the cesarean rate by sharing important information and teaching the care practices that promote and protect normal birth.

INTERWOVEN REASONS CONTRIBUTE TO COMPLACENCY OVER RISING CESAREAN RATE

Lack of Awareness of Cesarean Risks

Women (and many nurses and childbirth educators) are largely unaware of the risks of cesarean birth. In 2003, the Maternity Center Association (MCA) completed the first and only systematic review of the risks of cesarean birth. The findings are

presented in *What Every Pregnant Woman Needs to Know About Cesarean Section* (MCA, 2004) and should be required reading for childbearing women, health-care providers, and childbirth educators.

As pointed out in MCA's (2004) publication, cesarean birth increases short-term risks for mothers, such as infection, surgical injury, more severe and longer lasting pain, poorer overall functioning, and the rare but real risks of blood clots, stroke, and emergency hysterectomy. Ongoing harm includes pelvic pain and an increased risk of future infertility, ectopic pregnancy, placenta previa, placenta accreta, and placental abruption. In future pregnancies, women who have had a cesarean have an increased risk of experiencing stillbirth and giving birth to babies with low birth weight. Harm to babies includes surgical injury, an increase in respiratory problems, and an increased risk of asthma in both childhood and adulthood.

The findings of MCA's (2004) systematic review are compelling. For most women, the safest way to have a baby is a normal, vaginal birth. Without a clear medical indication, cesarean is harmful for mothers and babies.

Lax Attitude About Surgery

Our society has a casual attitude about surgery. It is a triumph of medical science that surgery, even complex surgery, has become increasingly safer. The result is that, as a society, we are comfortable not only with surgery for birth, but also with all kinds of "elective" surgery, including face lifts and tummy tucks. However, no surgery is ever risk-free; therefore, risks and benefits always need to be weighed. When a clear medical indication is present, the benefits of cesarean will outweigh the risks. When no clear medical indication is present, the risks must be carefully considered, not denied or ignored.

Belief that Vaginal Birth Is Harmful

Although a small increase (3%) in problems with urinary or bowel incontinence occurs in women who give birth vaginally compared with women who have cesareans, the differences are in the short-term period. Pelvic-floor disorders do not appear to be a risk of *spontaneous* vaginal birth. An increased risk of these disorders appears to occur if women have experienced interventions such as episiotomy and forceps or vacuum birth (MCA, 2004).

Failure to Support Normal Birth

The norm in the U.S. is "intervention-intensive" labor and birth. The *Listening to Mothers* survey reported that 44% of women had their labors induced, 71% did not move freely during labor, 93% had continuous electronic fetal monitoring, 86% had intravenous lines, and 74% gave birth on their backs (Declercq, Sakala, Corry, Applebaum, & Risher, 2002). Only 1% of women in the *Listening to Mothers* survey (Declercq et al., 2002) experienced a birth that included all of Lamaze International's (2003) six care practices that promote, protect, and support normal birth.

If women wait for labor to begin, have freedom of movement, give birth in nonsupine positions, and are not subjected to routine interventions, the cesarean rate would certainly decrease. In the largest study of home birth ever done, Johnson and Daviss (2005) report that only 4% of home births required a cesarean.


Providers' Fear of Lawsuits


An increasing concern is that care providers are making clinical decisions based on the fear of litigation rather than on "best evidence." Women are "forced" to have a cesarean if their baby is in a breech position and if they have had a previous cesarean, even though the research suggests that vaginal birth would be a reasonable choice for some of these women. Additionally, the fear of litigation drives many care providers to insist upon routine interventions, such as continuous electronic fetal monitoring (despite research that does not support its benefit when used routinely) and restrictions of both movement and labor support. The result is an increase in the primary cesarean rate, as well as a steep decline in the number of vaginal births after cesarean.

Elective, "Patient-Choice" Cesareans

Although the *Listening to Mothers* survey (Declercq et al., 2002) reports that most women who had a cesarean birth would choose a vaginal birth with their next baby, the number of women choosing to have a cesarean appears to be increasing. Some researchers (and the media) suggest that most cesareans with no medical indication are "patient-choice" decisions; however, no evidence supports this. In fact, researchers report that most cesareans with no

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 For a copy of *What Every Pregnant Woman Needs to Know About Cesarean Section*, call the Maternity Center Association at 212-777-5000 or download the booklet from MCA's Web site (<http://www.maternitywise.org/pdfs/cesareanbooklet.pdf>).

 For a copy of the *Listening to Mothers* survey, call the Maternity Center Association at 212-777-5000 or download the document from MCA's Web site (www.maternitywise.org/listeningtomothers).

The choice of care provider and place of birth powerfully influences how labor will progress, including the risks of having a cesarean.

For copies of Lamaze International's six care-practice papers that promote normal birth, call LI toll-free at 800-368-4404 or download them from the Web site of the Lamaze Institute for Normal Birth (<http://www.lamaze.org/institute/carepractices/intro.asp>). Also, each of the six care-practice papers, along with commentary by leading childbirth educators and health-care providers, is presented in the entire issue of *The Journal of Perinatal Education* (2004), Volume 13, Number 2, which is available on-line at IngentaConnect (<http://www.ingentaconnect.com/content/lamaze/jpe>) or by calling Lamaze International toll-free at 800-368-4404.

Important childbirth education resources, such as *The Official Lamaze Guide: Giving Birth with Confidence*, are available at the Lamaze Bookstore and Media Center. Call toll-free at 877-952-6293 or visit the bookstore link on the Web site for Lamaze International (www.lamaze.org).

To view the Maternity Center Association's recent response to the rising cesarean rate in the U.S., titled *3 in 10 U.S. Mothers Gave Birth by C-Section in 2004: Sharp, Continuing Rise Defies Best Evidence and Best Practice*, log on to http://www.maternitywise.org/cesarean_response.html

medical rationale are proposed by doctors, not mothers (Kalish, McCullough, Gupta, Thaler, & Chervenak, 2004). We need a better understanding of the extent and the reasons for patient-choice cesareans, even though this choice appears to comprise a small fraction of the current cesareans.

CHILDBIRTH EDUCATORS CAN HELP REDUCE THE CESAREAN RATE

The tragedy of rising cesarean rates goes well beyond health risks. When women are deprived of the experience of giving birth naturally, a loss of a different kind occurs. As a woman who experienced a cesarean birth with her first child, Indira Sweeney notes:

In some profound way, which surprised me, I felt dehumanized by the cesarean I had with my first baby. I felt I had missed something, been robbed of something central to being me, in order to make things simple for someone else. As I gave birth to my second daughter, despite the pain, I was aware of something eternal in a woman giving birth, surrounded and helped by other women who had given birth themselves. I felt a connection to life that I had not felt the first time. (Lothian & De Vries, 2005, p. 3)

The good news is that childbirth educators are in a position to make a difference. The following paragraphs describe a few ways in which educators can help to dramatically reduce the cesarean rate.

Encourage the Choice of Supportive Caregivers and Place of Birth

Encourage women to consider carefully their choice of caregiver and place of birth. The choice of care provider and place of birth powerfully influences how labor will progress, including the risks of having a cesarean. Whether childbirth educators meet women early in pregnancy or later in Lamaze classes, expectant mothers need to know how

their caregivers' practices and the routines at their chosen birth setting will influence their labor and birth. Encourage the women in your classes to read more about this topic in *The Official Lamaze Guide: Giving Birth with Confidence* (Lothian & De Vries, 2005). Also, encourage women to find out their caregiver's cesarean rate. If it is close to or higher than the national statistic, it is cause for alarm, and expectant mothers should know this.

Teach the Six Care Practices that Promote Normal Birth

Introduce class participants to Lamaze International's (2003) six care practices that promote, protect, and support normal birth. It is especially critical to highlight the importance of waiting for labor to start on its own. If women plan to give birth in hospital settings that are restrictive, encourage them to hire a doula and to stay at home as long as possible. It is imperative that women in your classes understand the connection between intervention-intensive labor and the rising cesarean rate. If women are unable or unwilling to change providers or place of birth, their birth plans should reflect how they can stay confident, move freely, and be supported in order to maximize the chances of keeping birth normal (see Lothian, in press).

Share Evidence-Based Information

Provide class participants with evidence-based information about the indications for and the risks of cesarean. For example, MCA's (2004) *What Every Pregnant Woman Needs to Know About Cesarean Section* should be required reading.

However, keep in mind that some class participants may be overwhelmed by the amount of information. Try to simplify and present information in a way that helps women comprehend all of the facts. For example, MCA's (2005) recent response to the rising cesarean rate, titled *3 in 10 U.S. Mothers Gave Birth by C-Section in 2004: Sharp, Continuing Rise Defies Best Evidence and Best Practice*, is an excellent summary of what is most important to know. Provide your students with a copy of this document. Also, encourage them to visit the Web sites of both the Maternity Center Association (www.maternitywise.org) and the Lamaze Institute for Normal Birth (www.normalbirth.lamaze.org) for updates on ongoing research. If expectant mothers have complete information about the risks of

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cesarean, the number of patient-choice cesareans may decline.

Birth is too important—and cesarean birth without medical indication is too harmful for women and their babies—for society to sit back and continue to watch the cesarean rate skyrocket. Our efforts will make a difference.

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Although you can download What Every Pregnant Woman Needs to Know About Cesarean Section for free from the Maternity Center Association's Web site (<http://www.maternitywise.org/pdfs/cesareanbooklet.pdf>), when you call MCA at 212-777-5000 to order the \$4 booklet, you'll also receive a special insert, "Vaginal Birth and Cesarean Birth: How Do the Risks Compare?" The insert offers a quick and easy introduction to essential information for childbirth educators and their class participants.

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TAKING ACTION IN YOUR BELIEFS

If you really want to do something, you will find a way. If you don't, you will find an excuse.

– Anonymous

Champions aren't made in the gyms. Champions are made from something they have deep inside of them—a desire, a dream, a vision. They have last-minute stamina, they have to be a little faster, they have to have the skill, and the will. But the will must be stronger than the skill.

– Muhammad Ali

It is not the size of the dog in the fight, it is the size of the fight in the dog!

– Anonymous

Speak in anger and you'll give the greatest speech you'll ever regret.

– Anonymous

The thing I hate about an argument is that it always interrupts a good discussion.

– G. K. Chesterton