

Cesarean Childbirth

Position

The International Childbirth Education Association (ICEA) recognizes that cesarean childbirth, a surgical procedure for delivery of a baby(ies) through the abdomen, can be a life-saving operation. In conjunction with the World Health Organization (WHO), The American College of Obstetricians and Gynecologists, The Society for Maternal-Fetal Medicine and many other health governing bodies, ICEA agrees that although sometimes imperative for the safety of the mother and/or child(ren), the rapid increase in the rate of cesareans is cause for concern. The decision for Cesarean should be made on a case-by-case basis where education on the benefits and risks are discussed allowing for informed choice.

Introduction

Cesarean Section is now one of the most common major surgical procedures performed in the United States. This upward trend in surgical birth is not limited to the United States, according to WHO, rate worldwide are higher than the recommended rates. “The high rates of cesarean are occurring without data of concomitant decreases in maternal and/or neonatal morbidity or mortality.” (2018 WHO) It is agreed upon by all governing bodies that the rates have surpassed the rate in which we see decreases in poor outcomes. These governing bodies agree that this surgical procedure poses short- and long- term health risks to mothers and infants. Additionally, the scarring of the uterus poses a risk to all future pregnancies and deliveries. For these reasons, the recommendation is that cesarean surgery be reserved for situations when potential benefits clearly outweigh potential harms. In the United States, the department of Health and Human Services has set a target rate of 23.9% as the maximum cesarean rate. (HP2020) The World Health Organization statement considers the ideal caesarean rate to be 10-15%. Using HP2020 as the target, data from the California Maternal Quality Care Collaborative found that only 44% of US hospitals fell under that rate leaving 56% of US hospitals with rates in excess of that set for the safety standard. Looking at United States national data there is a 33% cesarean rate overall. The global

cesarean rate is 18.6% with 4 countries having rates over 50% (2018 WHO)

Although there has been a plateau in the rising cesarean rate since the alarming rapid increase from 1996-2011, it is still important to continue to look at ways to decrease rates in both the primary and secondary cases. Multiple organizations such as ICAN, the VBAC Project and March of Dimes along with physician groups have looked at this multifaceted problem to determine ways to lower Primary and thus Secondary rates of cesarean.

Vaginal birth is not an option for circumstance and cesarean is the safer option for other situations. It is a relatively safe procedure but it is major abdominal surgery and with that are associated risks for morbidity and mortality. It is important that all women understand the risks before undergoing surgery so that she makes an informed decision.

Indications for Cesarean Birth

When making the decision to perform a cesarean, there are many factors to consider. Some situations such as placenta previa are an absolute indicator for cesarean birth, while others such as variable heart tracings may need further analysis, adherence to protocols, and risk analysis before making the decision to have a cesarean birth. Below are common medical indications for cesarean birth:

- Labor dystocia
- Abnormal or indeterminate fetal heart tracing
- Fetal malpresentation
- Multiple gestation
- Fetal macrosomia
- Maternal fibroids

- Fetal anomaly
- Uterine rupture
- Cord prolapse
- Maternal medical conditions

When looking at the risks of cesarean, it is important to consider health conditions that may have led up to the need for cesarean. The risks of cesarean listed below are based on research looking at increased risks for otherwise healthy women.

Potential Harms to Mother

Compared with vaginal birth, women who have a cesarean are more likely to experience:

- Accidental surgical cuts to internal organs
- Major infection
- Emergency hysterectomy (due to uncontrollable bleeding)
- Complications from anesthesia
- Deep venous clots that can travel to the lungs or brain
- Admission to the intensive care unit
- Readmission to the hospital for complications related to the surgery
- Pain that can last six months or longer after delivery
- Adhesions, thick internal scar tissue (may cause chronic pain)
- Endometriosis, causing pain, bleeding, and possible need for future surgery
- Negative psychological consequences with unplanned cesarean
 - Poor birth experience
 - Feelings of being overwhelmed, frightened, and/or helpless

- A sense of grief, loss, personal failure, acute trauma symptoms, PTSD or clinical depression
- Death

Potential Harms to Baby

Compared with vaginal birth, babies born by cesarean section are more likely to experience:

- Accidental surgical cuts
- Being born late- preterm as a result of scheduled surgery
- Complications from prematurity
- Respiratory complications, sometimes severe enough to require admission to the special care nursery
- Readmission to the hospital
- Childhood development to of asthma or allergies
- Death

Potential Harms to Maternal Attachment and Breastfeeding

Breastfeeding has numerous health benefits to both mom and baby and is recommended by all health governing bodies. However, for both physiological and psychological reasons, babies are less likely to breastfeed or struggle more if they are born via cesarean. Inability to allow for early skin to skin care and attachment is a big factor in breastfeeding challenges. As more research on this topic has become available, an increasing number of hospitals are working towards skin to skin care in the operating room. If that is not possible then early reuniting mom and baby along with increased

skin to skin time postpartum can offset this issue. However, increased IV fluids, decreased levels of birth hormones, maternal pain, difficulty with position, and medication effects on both mom and baby can still have an impact on breastfeeding success.

Possible Complications with Future Pregnancies

The decision to have a cesarean not only has an impact on that pregnancy but it can have an impact on future fertility, pregnancy outcomes, and delivery. The likelihood of serious complications rises with each subsequent cesarean birth. Compared with prior vaginal birth, prior cesarean puts women at risk for:

- Uterine scar rupture
- Infertility/miscarriage
- Cesarean scar ectopic pregnancy (implantation within the cesarean scar)
- Placental issues
 - Previa
 - Abruption
 - Accreta
 - Poorly functioning placenta
- Emergency hysterectomy
- Preterm birth and/or low birth weight
- Stillbirth

Cesarean Surgery and Pelvic Floor Dysfunction

It is often stated that if a woman has a cesarean birth she will not experience pelvic floor dysfunction. However, the long term protection has not been validated in the literature. Women having

a cesarean may have less urinary incontinence in the immediate postpartum period than a woman having a vaginal birth, this only a temporary difference. Over the long term, many factors such as weight, pelvic floor health, ligament/pelvic alignment, and heredity all have an impact on pelvic strength. Pelvic floor prolapse has also been found to have similar results with factors such as smoking, hysterectomy, hormone replacement therapy, constipation, irritable bowel syndrome, and urinary tract infections as confounders in this condition.

Cesarean Section, Care Providers, and Place of Birth

In 2018 the United States had an overall cesarean rate of 31.9% with rates that vary from 22%- 40%. (2019 CDC) Primary cesarean rates can differ from 17%-31% depending on the state. The huge variation we see from state to state is even greater when looking at hospitals. The range for primary cesarean in US hospitals is 7%-51%. The issue is complicated as population health, socio-economic status, materno-toxic environments, and even primary race of the population has an impact on cesarean rates.

Worldwide there is the same variation in rates with The Dominican Republic, Brazil, and Egypt having rates over 55%. Africa has some of the lowest rates with areas such as South Sudan having a .6% rate. However, it is critical to note that the infant mortality rate in South Sudan is 63.7%. Many factors are involved in this rate but lack of access to safe birth practices is one of their health priorities (WHO 2018)

As researchers continue to look at all the variables surrounding cesarean birth, it the role of the

childbirth educator and the doula to help educate women on their choices, benefits and risks, and communication with their care providers to decrease unnecessary cesarean birth. It is the responsibility of hospitals to look at the research, their policies and protocols to provide the safest care with the least interventions.

Lactation support teams need to be educated on best practices post cesarean to lessen the challenges women experience when breastfeeding after a cesarean. Finally, we need to have better support systems in place for parents who experience negative psychological symptoms as a result of cesarean birth.

References

The American College of Obstetricians and Gynecologists 2014 (Reaffirmed 2016) Obstetric Care Consensus, Safe Prevention of the Primary Cesarean Delivery

American College of Obstetricians and Gynecologists FAQ Cesarean Birth <https://www.acog.org/Patients/FAQs/Cesarean-Birth> accessed 12/2019

Centers for Disease Control and Prevention, Cesarean Delivery Rate by State 2019

CMQCC California Maternal Quality Care Collaborative 2017 www.cmqcc.org accessed 1/24/2018

Gourevitch, R, Mehrotra, A, Galvin, G, Karp, MPlough, A, Shah, N 2017 how do pregnant wome use quality measures when chossing their obstertric provider? Birth vol 44, Issue 2 Pg 120-127

Haelle, T 2017 Your Biggest C-Section Risk May be Your Hospital Consumer Reports

McCulloch, S 2016 Highest C-Section Rates By Country Birth Dec 9

International Cesarean Awareness Network (ICAN) 2018 available at www.ican-online.org

Jukelevcs, N 2017 The VBAC Education Project available at www.vbac.com

Keag, E. Norman, J. Stock, S. 2018 Long- term risks and benefits associated with cesarean deliver for mother, baby, and subsequent pregnancies: Systematic review and meta-analysis <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002494> accessed 01/26/2018

Office of Disease Prevention and Health Promotion 2018 HP2020 goals www.healthypeople/2020 accessed 01/24/2018

World Health Organization (WHO) 2015 Caesarean sections should only be performed when medically necessary says WHO

Yee, LM, Costantine, MM, Rice, MM, Bailit, J, Reddy, M, Wapner, RJ, Varner, MW, Thorp, JM, Caritis, SN, Prasad, M, Tiat, ATN, Sorokin, Y, Rouse, DJ, Blackwell, SC, Tolosa, JE Racial and Ethnic Differences in Utilization of Labor Management Strategies Intende to Reduce Cesarean Delivery Rates 2017 Obstetrics and Gynecology Dec; 130(6) 1285-1294

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