

ICEA Position Paper

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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 Gynecologist, 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/pr 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.

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).

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

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 cesareans.

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:

- › Labir 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 cesareans, it is important to consider health conditions that may have led up to the need for cesareans. 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 infections.

- › Emergency hysterectomy (due to uncontrollable bleeding).
- › Complications from anesthesia.
- › Deep venous clots that can travel to the lungs and brain.
- › Admission to the intensive care unit.
- › Readmission to the hospital for complications related to the surgery.
- › 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

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
 - Abruptio
 - 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, 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.

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