

Rising rates of cesarean section

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Cesarean section is the most commonly performed operation in Obstetrics It had saved uncountable lives of women and their babies. In last few years the rates of this operation are increasing Hence the question is arising whether it is a boon or a bane?

Although the ideal rate is debatable, WHO stated that it should be between 10% to 15% [1-2].

Country	C.S. Rates
Brazil	47%
China	46%
Latin America	42%
Vietnam	36%
USA	32%
Canada	26%
UK	21%
India	18% to ?

Cesarean section is not without the risk Besides increasing morbidity/mortality in mother and baby, it imposes financial burden on the family. The complications like hemorrhage, infection, thromboembolism, placenta previa, placenta accrete, uterine rupture, future need of cesarean section, RDS in neonate are far higher than in vaginal delivery [3-4].

All the stakeholders (Obstetricians, administrators, patients and her relatives) are wondering why the cesarean rates are touching the sky?

There are diverse and multiple intermingled causes responsible for this problem Medical,

Legal, Technological, socioeconomic conditions influence the process of making decision of cesarean delivery.

Complication	Vaginal delivery	Cesarean section
Severe morbidity	8.6%	9.2%
Maternal mortality	3.6 / 100000	13.3 / 100000
Amniotic fluid embolism	3.3 to 7.7 / 100000	15.8 / 100000
III / IV degree lacerations	1% to 3%	NA

Let us consider the following factors which accounted for the increasing cesarean rates:

- 1) *Once a cesarean always a cesarean (Cragin 1916)* [5]: Cragin famous statement, although misinterpreted had great impact on Obstetricians.
- 2) *Term Breech trial*: It concluded that cesarean section reduces neonatal morbidity/mortality for primi with breech presentation [6].
- 3) *Electronic fetal heart monitoring*: It is one of the best methods to monitor fetal well being But it is not perfect Abnormal tracings suggest fetal hypoxia compelling Obstetrician to do cesarean section which may not be correct every time
- 4) *Demand cesarean section*: Obstetrician is in dilemma when there is no Obstetrical indication but the woman requests for cesarean section It is becoming a very common indication in recent years
- 5) *Fear of litigation*: Patients relatives often sue a doctor if there is adverse outcome

during labor A common allegation is, cesarean section was not done or was not done on time

- 6) Medical / Obstetrical disorders like hypertensive disorders of pregnancy, gestational diabetes mellitus are on increase which push up the rates of cesarean section
- 7) Unindicated and unnecessary induction of labor

Some of the other factors like less fear or regret for cesarean, less emotional value for vaginal delivery, concerns for urinary and fecal incontinence due to vaginal delivery, refusal by the Obstetrician to offer trial for vaginal delivery for previous cesarean, twins, breech presentation, financial gains for doctor if cesarean is done are also very important in this context

Once we know the contributing factors, next step is to find out the measures to lower the cesarean rates.

The issues to be addressed are:

- Justification for lowering cesarean rates
- Acceptable cesarean rates

- Acceptability to women
- Is this policy safe for mother and baby?

The below mentioned measures will be very helpful in this regard:

- 1) Reduce the rates of first cesarean section
- 2) Try to increase vaginal births after previous cesarean section
- 3) Avoid unnecessary induction of labor
- 4) Manage labor pains effectively
- 5) Educate the women regarding risks of cesarean section and benefits of vaginal delivery
- 6) Training of resident doctors for breech vaginal delivery, Forceps/ Ventouse application
- 7) Audit of every cesarean section

It should be honestly admitted that it is not easy to reduce cesarean rates. It is a big challenge a major change in attitudes of physician, patients and administrators is the need of the hour. The carefully crafted plan adopting above mentioned practices will definitely succeed.

References

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