



# POSITION STATEMENT

## ELECTIVE PRIMARY CESAREAN BIRTH

Elective primary cesarean birth, where there are no maternal, fetal or obstetric indications, has been offered as an alternative for vaginal birth. Cesarean birth on maternal request is defined as one where the mother initiates the request for an elective cesarean birth.<sup>1</sup>

It is the position of the American College of Nurse Midwives (ACNM) that:

- Physiologic vaginal birth is the optimal mode of birth for most women and babies.<sup>2</sup> Cesarean birth is valued as a surgical procedure when there are maternal, fetal, or obstetric indications.
- There are maternal risks associated with elective cesarean birth including increased rates of mortality,<sup>3,4</sup> serious morbidity<sup>3,4,5</sup> and complications in subsequent pregnancies.<sup>6</sup>
- While elective cesarean birth may slightly lower risk of rare events such as neonatal encephalopathy,<sup>7</sup> the risk of respiratory problems<sup>8</sup> and issues with breastfeeding are increased.<sup>9</sup>
- Women have the right to accurate, balanced and complete information regarding the risks, benefits and potential harms of both vaginal and cesarean birth.
- Shared decision-making about mode of birth must be evidence-based and not unduly influenced by factors such as liability, convenience, provider preferences, or economics.

### Background

The rate of cesarean births in the United States rose sharply from 20.7% in 1996 to 32.9% in 2009.<sup>10</sup> While the rate has stabilized since then, it remains that one-third of births occur by cesarean.<sup>10</sup> To date, the percentage of cesarean births that are elective, and more specifically how many of these are undertaken on maternal request, is unknown. Using US birth certificate data from 1991 to 2001, the rate of primary cesarean birth with “no indicated risk” increased from 3.3 to 5.5%.<sup>1</sup> What is also unclear is how many primary cesarean births are purely maternal choice versus provider influence or preference. In the third “Listening to Mothers” survey, 4% of women cited no medical reason for their primary cesarean, while only 1% indicated they were the one who made the decision to have a cesarean birth.<sup>11</sup> There is wide variability in rates of cesarean births across hospitals in the US, indicating factors such as provider and policies are a significant contributor to determining route of birth.<sup>12</sup>

The harms and benefits of elective cesarean birth are not well understood, in part because of the challenges and ethics of conducting trials that attempt to randomize mode of birth. While there is weak evidence of a lower risk of neonatal encephalopathy and brachial plexus injury<sup>7</sup> with elective cesarean birth, risk of transient tachypnea of the newborn, iatrogenic prematurity and persistent pulmonary hypertension are higher<sup>8</sup>. Lower initiation and shorter duration of breastfeeding<sup>9</sup> and increased rates of asthma<sup>13</sup> in children are associated with planned cesarean birth. Additionally, there is emerging evidence that vaginal birth may support the developing infant microbiome.<sup>14</sup>

While elective cesarean birth may reduce maternal risk of future incontinence or pelvic organ prolapse, the findings are not consistent across studies and the protective benefits diminish over time<sup>15</sup>. Cesarean birth is not protective against fecal incontinence.<sup>16</sup> Maternal morbidity associated with cesarean birth include longer hospital stay, greater blood loss, increased risk of venous thrombosis and increased rates of infection.<sup>3-5</sup> Serious adverse outcomes including placenta previa, placenta accreta, and uterine rupture are increased with subsequent pregnancies, with the risk increasing with each cesarean birth.<sup>6</sup>

ACNM therefore identifies vaginal birth as the optimal mode of birth for women who do not have a health indication favoring cesarean birth. Further research is needed to evaluate the short- and long-term medical, psychosocial, economic and cultural sequelae, including effects on future pregnancies associated with elective primary cesarean birth.

## REFERENCES

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*Note:* Midwifery as used throughout this document refers to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American College of Nurse-Midwives (ACNM) or the American Midwifery Certification Board, Inc. (AMCB).

Source: Board of Directors

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