

The Top 10 Reasons Elective Cesarean Section Should Be on the Decline

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Like many of you, I am shocked by the “culture of cutting” described by my colleagues and experienced by my women friends. What most health care professionals once considered a very healthy respect for the risks of surgery (“don’t go there unless you absolutely have to”) seemed to vanish overnight. Cosmetic surgery, once a gift for those disfigured by disaster and a perk for the rich and famous, is now prime-time television for the masses and may become a birthright for the next generation. Cesarean section on demand, almost unthinkable in the past, is now being sold in the enticing package labeled convenience, choice and control.

It’s time for doctors, nurses and midwives to start separating truth from fiction, treatment preferences from monetary motivators, and the desire for immediate satisfaction from the reality of long-term consequences. Consider the following facts:

- For most mothers and babies, the overall risks of cesarean section outweigh the benefits
- Professional organizations representing American and Canadian obstetricians and gynecologists as well as the International



Federation of Gynecology and Obstetrics have stated that scientific evidence does not support performing cesarean section for nonmedical reasons

- “Once a cesarean, always a cesarean” has once again become the norm
- There is very good evidence that the risk of maternal complications from a cesarean section goes up with each subsequent surgical delivery
- The risks of repeat cesarean section are life altering, like severe hemorrhage and loss of childbearing capacity, and will lead many to regret and some to seek revenge for the first unnecessary surgery
- Claims that cesarean delivery will protect women from leaking urine (incontinence) as they age are not supported by the evidence. In fact, we cannot explain why some older women who have never been pregnant also leak urine
- Spontaneous labor and delivery are seen as “problems” by hospital administrators who can save money by cutting back on the number of nurses who work on nights and weekends
- Doctors, nurses and midwives who choose elective cesarean section for themselves also get to choose their doctor, anesthesiologist, operating room staff, medications and the day and time of surgery. These choices, which can decrease the risk of complications from surgery, are not available to the average patient
- The temptation to exaggerate the abnormal is very powerful when health care profession-

als are tired and want to go home. Nurse’s call it “after office hour’s fetal distress or dystocia”

- There is only one systematic review of the literature on vaginal birth and cesarean section (Maternity Center Association, 2004), and unless the provider and patient have read and discussed this document, neither individual has made an informed choice

Just how serious is this cesarean-section-on-demand problem? Nobody knows for sure right now. Yet we do know that the first decision to go under the knife is the most far-reaching birth decision a woman can make. We know women want to trust that we will give them the information they need to make wise decisions. We know we cannot break that trust. 🌱

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