

“The Untold Story of Cesarean Birth: Risks from Complications Understated and Misunderstood”

- In order to make an informed decision about a surgical procedure, the patient must have a clear understanding of the risks and the benefits of that procedure. In the case of cesarean section, we believe that the benefits are overstated and that the risks are underreported.
- Furthermore, claims that vaginal birth will lead to incontinence ignore a number of other variables that have been shown to either contribute to, or prevent, incontinence. For example: position during labor; how much a woman is encouraged to push during the delivery; whether or not she takes hormone replacement therapy; whether she smokes or is overweight and whether or not she does kegel exercises.
- As specialists in women’s health care, we are very concerned that decisions to perform surgery are being made based on circumstantial evidence, misinterpretation of evidence and/or on lack of respect for the short and long term risks of this major abdominal surgery.
- We believe that the vast majority of physicians and hospitals are doing the right thing when it comes to maternal request for cesarean section. Many physicians share our concern that what should be an extremely rare event may become a cultural norm, because it fits into a health system that puts cost savings and convenience above good medical judgment. It fits into a health care system that does not value prevention and education, but routinely applies technologies that are life-saving for some, but not without complications for others.
- Several external forces have been identified that reward hospitals and physicians for performing surgery and may be misleading women into accepting cesarean section delivery as the preferred option. These rewards may be:
 - Financial—hospitals can maximize revenue per procedure and perform more procedures each day
 - Physical—hospitals can exert more control over staffing schedules and workforce needs
 - Peer pressure—hospitals and physicians are responding to marketplace pressures that force them into performing the procedure on demand, rather than lose patients to their local competitors
 - And fear of litigation—physicians often refer to fear of litigation as a motivation for performing a cesarean, even when they do not believe it is necessary.
- This country has a major problem that must be resolved before women can be told the truth about the risks of cesarean section. There is no national databank that links subsequent complications such as those you will hear described today to the original surgical procedure. Thus, any conclusions about the risks of cesarean section are mere speculation, and some of those conclusions are potentially life-threatening.
- Women need to be told the truth about the long and short term risks of surgical birth. They only get to make the decision once as scars and adhesions last forever.
- This campaign’s purpose is to give voice to the women who have suffered long-term problems resulting from a cesarean birth. We know there are women who are disabled, who have lost their ability to bear a child, who are permanently scarred because of their cesarean birth.
- When you hear their stories, you too will want to go back to the days when we did not take the decision to do a cesarean section lightly. As clinicians, we believe that if a woman is harmed or dies from complications related to a cesarean birth, we want her to know that the surgery was necessary.
- Finally, how do we explain the fact that women, who have never had children and women who have only had cesarean birth, also experience urinary incontinence?

Learn more about the REDUCE Campaign online at www.midwife.org.