



# Lamaze International

## Position Paper

### The Hazards of Cesarean Surgery for the Mother and Baby

#### Introduction

Lamaze International is concerned about the dramatic increase and ongoing overuse of cesarean section. Every year since 1983 no fewer than one in five American women has given birth via major abdominal surgery<sup>7,15,33</sup> Today more than one in four or 25% of women have a cesarean for the birth of their baby.<sup>15</sup> The rate for first-time mothers may approach one in three.<sup>9</sup> Studies show that the cesarean rate could safely be halved.<sup>11</sup> The World Health Organization recommends no more than a 10% to 15% cesarean rate.<sup>35</sup> With a million women having cesarean surgery every year, this means that if the cesarean rate were halved, 500,000 fewer women annually would have this operation.

No evidence supports the idea that cesareans are as safe as vaginal birth for mother or baby. In fact, the increase in cesarean deliveries risks the health and well being of childbearing women and their babies.

For elective repeat cesarean, the consensus of dozens of studies totaling tens of thousands of women is that elective repeat cesarean section is riskier for the mother and not any safer for the baby.<sup>25,28,29</sup> Recent studies used to conclude otherwise are both seriously flawed and have been misrepresented in the media.<sup>12</sup>

In addition to the hazards of cesarean section per se, the risks of certain complications increase with accumulating surgeries. Studies also show that with a history of previous cesarean, seven out of ten women or more who are allowed to labor without undue restrictions will give birth vaginally, thus ending their exposure to the dangers of cesarean section.<sup>13</sup>

#### Hazards of Cesarean Section to the Mother

Women run 4 to 7 times the risk of death from the cesarean surgery itself compared with vaginal birth.<sup>14,16,30</sup> Complications during and after the surgery include surgical injury to the bladder, uterus and blood vessels (2 per 100),<sup>31</sup> hemorrhage (1 to 6 women per 100 require a blood transfusion),<sup>31</sup> anesthesia accidents, blood clots in the legs (6 to 20 per 1000),<sup>31</sup> pulmonary embolism (1 to 2 per 1000),<sup>31</sup> paralyzed bowel (10 to 20 per 100 mild cases, 1 in 100 severe),<sup>31</sup> and infection (up to 50

times more common).<sup>1</sup> One in ten women report difficulties with normal activities two months after the birth,<sup>24</sup> and one in four report pain at the incision site as a major problem.<sup>9</sup> One in fourteen still report incisional pain six months or more after delivery.<sup>9</sup> Twice as many women require rehospitalization as women having normal vaginal birth.<sup>20</sup>

Especially with unplanned cesarean surgery, women are more likely to experience negative emotions, including lower self-esteem, a sense of failure, loss of control, and disappointment. They may develop postpartum depression or post-traumatic stress syndrome.<sup>9,22,26,32</sup> Some mothers express dominant feelings of fear and anxiety about their cesarean as long as five years later.<sup>18</sup> Women having cesarean sections are less likely to decide to become pregnant again.<sup>18</sup>

As is true of all abdominal surgery, internal scar tissue can cause pelvic pain, pain during sexual intercourse, and bowel problems. Reproductive consequences compared with vaginal birth include increased infertility,<sup>18</sup> miscarriage,<sup>17</sup> placenta previa (placenta overlays the cervix),<sup>21</sup> placental abruption (the placenta detaches partially or completely before the birth),<sup>21</sup> and premature birth.<sup>8</sup> Even in women planning repeat cesarean, uterine rupture occurs at a rate of 1 in 500 versus 1 in 10,000 in women with no uterine scar.<sup>28</sup>

#### Hazards of Cesarean Section to the Baby

Especially with planned cesarean, some babies will inadvertently be delivered prematurely.<sup>1</sup> Babies born even slightly before they are ready may experience breathing and breastfeeding problems.<sup>23</sup> One to two babies per 100 will be cut during the surgery.<sup>34</sup> Studies comparing elective cesarean section or cesarean section for reasons unrelated to the baby with vaginal birth find that babies are 50% more likely to have low Apgar scores, 5 times more likely to require assistance with breathing, and 5 times more likely to be admitted to intermediate or intensive care.<sup>4</sup> Babies born after elective cesarean section are more than four times as likely to develop persistent pulmonary hypertension compared with babies born

vaginally.<sup>19</sup> Persistent pulmonary hypertension is life threatening.

Mothers are more likely to have difficulties forming an attachment with the infant.<sup>22,26</sup> This may be because women are less likely to hold and breastfeed their infants after birth and have rooming-in and because of the difficulties of caring for an infant while recovering from major surgery. Babies are less likely to be breastfed.<sup>9</sup> The adverse health consequences of formula feeding are numerous and can be severe.

### Hazards of Elective Repeat Cesarean Section

Elective cesarean section carries twice the risk of maternal death compared with vaginal birth.<sup>10</sup> Old scar tissue increases the likelihood of surgical injury. One more woman in every 100 with a history of more than one cesarean will have an ectopic pregnancy (embryo implants outside the womb).<sup>17</sup> Hemorrhage associated with ectopic pregnancy is one of the leading causes of maternal death in the US.<sup>6</sup>

Compared with women with no uterine scar, women have more than 4 times the risk of placenta previa with one prior cesarean, 7 times the risk with two to three prior cesareans, and 45 times the risk with four or more prior cesareans.<sup>3</sup> Placenta previa more than doubles the chance of the baby dying and increases the rate of preterm birth more than 6-fold.<sup>8</sup>

Compared with women with prior births and no previous cesareans, women with one prior cesarean or more have as much as 3 times the risk of placental abruption.<sup>17</sup> With placental abruption, 6 in every 100 babies will die, and 3 in 10 will be born too early.<sup>21</sup> The odds of placenta accreta (placenta grows into or even through the uterus) jump from 1 in 1,000 with one prior cesarean to 1 in 100 with more than one prior cesarean.<sup>5</sup> Nearly all women with this complication will require a hysterectomy, nearly half will have a massive hemorrhage, and as many as 1 in 11 babies and 1 in 14 mothers will die.<sup>27</sup> The incidence of placenta accreta has increased 10-fold in the last 50 years and now occurs in 1 in 2,500 births.<sup>2</sup>

Women having elective repeat cesareans are more likely to experience hemorrhage requiring transfusion, blood clots, and infection.<sup>25,28,29</sup> Postpartum recovery after repeat cesarean section is even more difficult when there is another child or children to care for.

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*The information provided in this position paper has been adopted from The Coalition for Improving Maternity Services (CIMS). The Coalition for Improving Maternity Services, a United Nations recognized NGO, is a collaborative effort of numerous individuals, leading researchers, and more than 50 organizations representing over 90,000 members. Promoting a wellness model of maternity care that will improve birth outcomes and substantially reduce costs, CIMS developed the Mother-Friendly Childbirth Initiative in 1996. A consensus document that has been recognized as an important model for improving the healthcare and well being of children beginning at birth, the Mother-Friendly Childbirth Initiative has been translated into several languages and is gaining support around the world.*