The Problem with "Maternal Request" Cesarean

"'Offering' cesarean delivery or consenting to perform it electively at term is irresponsible, dangerous, and ultimately unfair to many women. . . .[T]he advice of physicians is seriously heeded by many under our care. . . . The less informed woman is merely agreeing to our recommendation without true knowledge of the [potentially life-threatening] consequences. This is inherently unfair and a blatant misuse of power."
Robert K DeMott, obstetrician

The concept of "maternal request" cesarean presents a number of serious problems:

- Elective cesarean surgeries, that is, surgeries without medical indication, should not be equated with "patient" or "maternal choice" cesareans because they could equally well represent "physician choice" cesareans (Kalish 2004).

- We do not know to what extent women freely make an informed choice when they choose to have a cesarean. Studies of maternal preference for cesarean fail to assess whether women were told of the potential harms of cesarean surgery, whether alternatives were discussed, the accuracy of the information women were given, and what opinion the care provider held (Gamble 2000). What women hear from obstetricians powerfully influences what they think. Some obstetricians think so little of the risks, pain, and recovery of cesarean surgery that they feel that "convenience," "certainty of delivering practitioner," and "[labor] pain" justify performing this major operation on healthy women (Wax 2005).

- Requesting a cesarean because of fear of labor is not "maternal choice" in the strict sense of the term. Anxiety severe enough to prefer major surgery over a normal, physiologic process is a psychological condition deserving of investigation and treatment. For example, if the concern is labor pain, a planned epidural may be a solution. Prenatal counseling, doula care (continuous labor support by a skilled or experienced woman), or both may reduce abnormal levels of anxiety, and so forth. Only after alternatives have been explored and rejected should elective surgery be considered.

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- Obstetricians champion a woman's right to choose elective surgery on grounds of "patient autonomy" but deny her right to refuse one. Access to vaginal birth after cesarean (VBAC) has declined precipitously in recent years and iscurrently unobtainable in whole regions of the United States. This has occurred despite numerous studies concluding that VBAC is a reasonable option for most women. Until such time as obstetricians support a woman's right to refuse as well as choose surgery, the promotion of "maternal request" cesarean must be viewed with extreme suspicion.

Why the intense interest in making elective cesarean surgery an issue of the patient's right to choose? Raymond DeVries, bioethicist and President of Lamaze International, writes, "Physicians have . . . sought refuge in bioethics in an attempt to justify self-interested practice, regardless of what may be best for the patient medically (DeVries 2004)." In 2003, he notes, the American College of Obstetricians and Gynecologists' (ACOG's) ethics committee concluded that an obstetrician only needs to "believe" that a cesarean is beneficial to justify performing it. "Coincidentally," DeVries continues, "ACOG's pronouncement gives physicians the freedom to use a procedure that is in their best interest," and, it should be noted, the hospital's best interest as well (Hodges 2004).

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