BIRTH

Making informed decisions about vaginal versus caesarean delivery

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More New Brunswick women are giving birth by caesarean section than ever. In fact, New Brunswick has one of the highest caesarean section rates in Canada: 27% in 2001-2, compared to a national average of 23% of in-hospital births.[1] According to the World Health Organisation, when more than 15% of births are done by caesarean, there is inappropriate use of resources.

In the past 20 years, rates of medical interventions - particularly Caesarean sections - have increased dramatically in Canada. Medical factors, such as the increase in the average age of women giving birth and in obesity, cannot alone account for the increase in medical interventions. Despite the dramatic increase in birth interventions, there has not been a dramatic increase (or decline) in the safety of giving birth in Canada.[2]

Why is there such an increase in births by caesarean? Why are there significant differences in the caesarean rates between various regions of New Brunswick? In New Brunswick, the caesarean rate is especially high in the Bathurst and Miramichi regions [3]. Our rates are high even among New Brunswick women under 35 years of age and women who have not previously had a caesarean.[4] New Brunswick's caesarean rate is high even though our rate of multiple births and of "large for gestational age" babies is lower than several other provinces. [5].

A caesarean section (also called C-section or abdominal birth) is an operation for delivering a child by cutting through the wall of the abdomen. It's a major operation that is necessary when specific medical indications are present.

Benefits of Caesareans

Medical reasons for planned caesareans include: the baby is too large for the pelvis; multiple pregnancies (more than twins); the placenta lies over the cervix; a medical condition prevents maternal effort or vaginal birth; and certain fetal abnormalities.[6]

Medical reasons for emergency caesareans include: maternal condition that risks lives of mother and fetus; haemorrhaging; fetal distress combined with failure to progress in labour; cord prolapse; threatened uterine rupture.[7]

A caesarean can be life or health saving. It should be performed when it is safer for the mother or the baby than a vaginal delivery. Caesareans are sometimes performed for elective rather than medical reasons. Electing to have a caesarean is cause for concern if women do not have complete information about the risks of both vaginal and caesarean delivery [8].

Obstetrician Jan Christilaw from the University of British Columbia has questioned whether caesareans are requested with truly informed consent. She says studies show that 75% of women receiving a caesarean felt that the options had not been fully explained and that 70% of women who were referred to counselling about their options after they requested a caeserean eventually decided to attempt vaginal birth. [9]

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Caesareans have potential hazards, according to the International Federation of Gynecology and Obstetrics. The Society of Obstetricians and Gynaecologists of Canada promotes natural childbirth and says that caesareans should be done only when medically indicated, since there is no indication that a Caesarean section carries less risk than a vaginal delivery for mother and baby.[10]

"If your caesarean section rate is twice or three times the rate in another part of the country, then surely the [authorities] responsible for that region should be trying to get at the root of.... those differences."
- Richard Alvarez, president, Canadian Institute of Health Information, quoted on Canadian Medical Association Journal newsdesk, Regional differences in care raises questions - CIHI Report, May 9, 2001.

Studies have shown no links between high caesarean birth rates and fewer deaths at time of birth, according to the National Guidelines for Family-Centred and Newborn Care by Health Canada, 2000. High rates of caesareans do not contribute to lower death rates among babies or to lower rates of Cerebral Palsy [11]. Countries with low caesarean rates such as the Netherlands do not have high mortality rates related to childbirth.

Vaginal births are less expensive than caesarean sections, according to the New Brunswick Department of Health and Wellness [12]. In Nova Scotia, the relative cost has been estimated at $3,500 for a caesarean and $2,000 for a hospital vaginal birth, 2002.

The impending crisis in maternity care in Canada and New Brunswick may bring into question the trend towards more caesarean births. Fewer than 19% of family doctors across Canada billed for obstetrical services in 1999, compared with more than 30% ten years earlier [13]. In the next 5 years, one-third of obstetricians could retire [14].

Most women still prefer to plan for a vaginal birth, but some women ask for an elective caesarean. Some of the reasons cited in studies include:

- Women may fear harm to themselves or the baby or fear child birth and pain[15] and may believe caesareans are now safe;
- Women who have previously had a caesarean may not be offered the choice of vaginal birth;
- Women may have previous negative birth experience [16];
- Women may have a history of sexual abuse [17];
- Some women fear that pelvic floor damage will cause incontinence or affect their sexual health[18]. Some studies suggest that pregnancy, aging, fitness, body size and genetics may be as important in contributing to incontinence as childbirth is [19];
- Some women like the convenience of scheduling the delivery [20].

"Every woman deserves to be treated with respect and dignity when bringing new life into this world. I have lived in fear of becoming pregnant again because of my negative caesarean birth experience. I plan on having another baby, but will not have another caesarean, unless absolutely necessary to save the life of my baby."
- Joni Leger, Riverview, N.B., Nov. 2004.

Risks for the Baby Related to Caesareans:

- Neonatal respiratory distress is more common after a caesarean; possibility of child developing asthma;
- Accidental surgical laceration of baby [21];
- Premature birth: If the due date was not accurately calculated, the baby could be delivered too early.

Risks for the Mother:

- Although rare, the risk of death of the mother is higher with elective caesareans compared to vaginal birth[22]. 5.9 maternal mortality rate out of 100,000 women with elective caesareans, compared to 2.1 maternal mortality with normal vaginal birth [23]. Elective repeat caesareans have maternal mortality of 17.9/100,000, compared to 4.9/100,000 for vaginal birth [24].
- Longer and more painful recovery time, six weeks or more [25].
- Increase in readmissions to hospital – New Brunswick has the second highest rate for readmission within three months of discharge from hospital following a caesarean in Canada[26]: Of the readmissions within three months of discharge, 22% were due to unspecified complications of the puerperium following a caesarean and 3% for vaginal birth. Only 9.5% of a sample of 619 women delivered by caesarean had no reported morbidity in the postnatal period[27].
- The risk of a wound infection after caesarean is 2 to 15% [28], or up to 34%, especially with obesity [29]. The risk of bladder infection is 10%, especially with obesity [30].
- Blood clots are several times more frequent with caesareans [32].
- Increased risk of placental problems and uterine rupture in subsequent pregnancies [33]; and of ectopic pregnancy [34].

Caesareans also contribute to a delay in initiation of breastfeeding, to skin-to-skin contact of baby with mother and first family time together, since the baby is transferred for observation.

"It's quite clear the safest birth is a spontaneous vaginal birth, but we need a system to support women to get through it."
- Vicki Van Wagner, midwife and professor in the midwifery education program at Ryerson University.

"Like everything else, the pendulum swings back and forth. We had the reactionary movement of the 70s and 80s about natural childbirth. People went to the middle ground in the 80s and 90s about getting pain relief but trying for vaginal birth. Now we're going back to this even more extreme interventional approach. …It's in our desire for perfection and complete control over life."
- Dr. Andrei Rebarber, obstetrician specializing in high-risk pregnancies at New York University Medical Center, quoted by the Canadian Press, Nov 19, 2004.

WHAT CAN A WOMAN DO?

Make choices that are truly informed. Discuss various scenarios with health professionals early in your pregnancy. Make sure your particular health record and your plans, if any, for more pregnancies are taken into account. If you are considering elective caesarean or if your physician is giving you the choice, obtain answers to questions such as:

- What is the problem and what are the non-technical ways of addressing it?
- Will a planned caesarean be more beneficial than harmful to you and the baby compared with a planned vaginal birth? How could it be beneficial? How could it be harmful?
- For women with your health status, what are the known risks, for you and the baby, associated with each method?

Support the development of midwifery services in the province. Midwifery care for women with normal pregnancies is cost-effective and results in lower rates of interventions (assisted deliveries such as caesareans but also rupture of membranes, induction, epidurals, episiotomies), according to the first evaluation of midwifery services in Ontario [38]. In many developed countries, the midwife is the professional caring for most childbearing women capable of normal birth. The Society of Obstetricians and Gynecologists of Canada recently recommended that all women in Canada have access to legislated, publicly funded midwifery services. "Midwives are the most appropriate and cost-effective type of health care provider to be assigned to the care of normal pregnancy and normal birth, including risk assessment and recognition of complications" states the WHO, yet midwives care for only 3% of birthing women in Canada at the moment.

Elective Caesarean Section - Canadian Association of Midwives

The Society of Obstetricians and Gynecologists of Canada and the Canadian Association of Midwives state that vaginal birth is clearly the safest birth for most women and babies, and that caesarean surgery on demand will have disastrous social and financial consequences for health internationally. Caesarean on demand raises deep concerns for midwives about the persistent increase in obstetrical interventions and surveillance technologies used for pregnancy and birth. In many cases the increase is occurring without regard for substantiating data and despite efforts by professional organizations and consumer groups to curb rates of intervention that are not supported by evidence. This trend is a product of our society's "culture of fear" around childbirth.

… Strong scientific evidence supports a low intervention approach. Vaginal birth … is a complex, highly developed physiologic process that deserves our fundamental respect. It is the role of midwifery and medicine to understand, promote, and facilitate physiologic processes, and to intervene only when necessary. The benefits of caesarean section and certain obstetrical interventions for specific problem situations are irrefutable. However, widespread use of intervention and technology creates fear and doubt about the adequacy of the female body, and reinforces distrust about the reproductive powers of women. When women request interventions that are not medically indicated, and when professionals offer unnecessary technology rather than support and reassurance, it may simply be an expression of those doubts. These requests can also be seen as a reflection of a system greatly in need of improving its ability to provide sensitive, supportive care in childbirth. The research on caesarean section by request clearly shows that anxiety and fear play a major role and that these factors can be addressed by more effective means than by surgery. Offering all women the choice of caesarean section is not safe and not ethical.

Midwives work in a model of care that supports the development of relationship. The potential for empowerment through "informed choice" is much more than a neutral offer of choice. Midwifery care involves mutual trust, dialogue and acknowledgement of the fundamental uncertainty and complexity of pregnancy and birth. In that sense, empowerment comes through a process of shared decision making, not through a "menu" of choices.
- Approved by the Canadian Association of Midwives Board of Directors, June 2004. Contributing authors: Vicki Van Wagner RM, Céline Lemay SF & Jennifer Stonier SF.

NOTES

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