



Maternity Center Association

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Cesarean Section Compared to Vaginal Birth Is Associated with Significant Risks for a Woman and Her Baby's Short- and Long-Term Physical and Emotional Health

Review of More than 300 Research Studies Shows Cesarean Section Increases Chances of Infection, Pain, Re-hospitalization, and Breastfeeding Problems in the Mother, and Increases the Likelihood of Serious Problems for Mothers and Babies in Future Pregnancies, Including Infertility, Placenta Problems and Fetal Death

NEW YORK, NEW YORK, April 14, 2004 – According to the Maternity Center Association (MCA), women who undergo a cesarean section are at significantly higher risk than women who have a vaginal birth for infection, re-hospitalization, and poor birth experience. The MCA, the oldest national organization advocating on behalf of mothers and babies, based these findings on a review of more than 300 of the best research studies on the different ways of giving birth. The review also found that babies delivered by cesarean section are less likely to be breastfed, and are at significantly higher risk than babies delivered vaginally for breathing problems and asthma in childhood and in adulthood. In addition, there is an increased likelihood of serious problems for mothers and babies in future pregnancies, including infertility, ectopic pregnancy, placenta problems and fetal death.

“Individual studies and media reports tend to focus on a small number of possible effects of cesarean versus vaginal birth, and provide an incomplete and misleading picture about the full range of risks and benefits that may concern women,” said Maureen Corry, executive director of the MCA. “We undertook a more comprehensive review of the research to determine the true risks associated with cesarean section, and to ensure that women have the best information for making informed decisions.”

The research findings were presented today at a forum, *Cesarean Section: Exposing the Myths and Reducing the Risks*. A new booklet, *What Every Pregnant Woman Needs to Know About Cesarean Section*, was released to provide women with a summary of the research and tips for avoiding unnecessary cesareans, “assisted” vaginal births (helping the baby out with vacuum extraction or forceps) and pelvic floor problems (e.g., urinary incontinence). The booklet was developed by the MCA in cooperation with many leading national non-profit organizations dedicated to maternal and child health.

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Research Findings: Risks to the Mother

A special feature of the new booklet is a detailed Appendix that helps women understand what is at stake in the decision to have a cesarean section or vaginal birth. Information about dozens of outcomes is available in the Appendix. For example, studies on the effects of cesarean in comparison with vaginal birth revealed that women who undergo a cesarean section are at a higher risk for:

- **Infertility:** A woman who has a cesarean section has a *very high* likelihood of becoming infertile (1 to 10 of every 10 mothers) as compared to a woman who has a vaginal delivery. In future pregnancies, the embryo, fetus and placenta that grow in a scarred uterus may not function as well as those that develop in an unscarred uterus. The chance of infertility grows as the number of previous cesareans increases.
- **Infection:** A woman with a cesarean is at *high risk* (1 to 9 of every 100 mothers) for wound infection, and she may be much more likely to have an infected uterus.
- **Pain:** Women who have cesarean sections are at *high risk* of experiencing pain after birth (1 to 10 of every 10 mothers) and requiring medication to alleviate it.
- **Poor birth experience:** The added likelihood for a poor birth experience in a mother who has a cesarean is *high* (1 to 10 of every 100 mothers) to *very high* (1 to 10 of every 10 mothers) as compared to a mother who has had a vaginal birth. She is also less likely to have her partner or other support people present at the birth, and to feel that she had control during the process.
- **Psychological trauma:** A woman who has had an unplanned cesarean is at *high risk* (1 to 10 of every 100 mothers) for having traumatic symptoms (such as fear and anxiety) and for meeting criteria of post-traumatic stress disorder.

Research Findings: Risk to the Newborn and Future Babies

- **Surgical cuts:** The added likelihood for a baby born by cesarean section to be accidentally cut (usually minor) during the surgery is *high* (1 to 9 of every 100 babies).
- **Respiratory problems:** The increased likelihood for a baby born by cesarean section to have respiratory problems is *high* (1 to 9 of every 100 babies) to *moderate* (1 to 9 of every 1,000 babies).
- **Breastfeeding Challenges:** The added likelihood for a cesarean baby to have breastfeeding challenges or not be breastfed at all is *high* (1 to 9 of every 100 babies) to *very high* (1 to 10 of every 10 babies).
- **Asthma:** Both in childhood and in adulthood, a person who was born by cesarean section appears to be at *high risk* (1 to 10 of every 10 babies) for asthma.
- **Effects of cesareans on future babies:** A placenta that grows in a uterus with one or more scars from a previous cesarean section may do a poorer job of providing oxygen and nutrients to the developing baby than a placenta growing in an unscarred uterus. The baby may develop life-threatening problems. The possibility of having these problems may grow as the number of previous cesareans increase.

Cesarean Section in the U.S.

Cesarean section is on the rise in the U.S., with approximately 3 women in 10 now giving birth by major abdominal surgery. This accounts for about 1.4 million births each year in this country. In 1970, the cesarean rate was 5.5% as compared to 26.1% in 2002. The increase is due to many medical, legal, social

and financial factors, including “defensive medicine” and changing attitudes and values of caregivers and women. In addition, there is a growing perception that cesarean section is safe, that vaginal birth is harmful, and that having a cesarean will protect women from long-lasting or later-life pelvic floor disorders, such as leaking urine (urinary incontinence), gas or stool (anal incontinence).

“Cesarean section is an essential element of care in a small proportion of emergency situations. In many other situations, risks to mothers and babies may far outweigh benefits. It is misleading to call cesarean section a ‘safe’ procedure. It always carries risks of major abdominal surgery, and casual use of cesarean section may place both the woman and her baby in the way of considerable – and avoidable – harm,” said Corry.

Is Vaginal Birth Harmful?

An assisted vaginal birth can be an important option for mothers and babies when a baby needs to be born quickly or when a cesarean can be avoided. However, a review of the research found that assisted vaginal birth (helping the baby out with vacuum extraction or forceps) increases a woman’s risk for a number of problems in comparison to spontaneous vaginal birth (without vacuum extraction or forceps). A woman who has an assisted vaginal birth is more likely to have a tear in the perineum that goes into the anal muscle, excess bleeding, infection, and a painful vaginal area. She is at increased risk for pelvic floor problems, including urinary and anal incontinence, and is more likely to have hemorrhoids and sexual problems. A baby born by assisted vaginal birth may be at increased risk for injuries to the arm, hand, face and brain. Many of the problems with assisted vaginal birth can be eliminated if an episiotomy is not performed.

More and more research finds that in addition to vacuum extraction or forceps, some other interventions used with vaginal birth at the time of pushing increase the likelihood of pelvic floor injury. These interventions include: cutting an episiotomy, having women give birth while lying on their backs, using caregiver-directed pushing, which is often more forceful than having the woman and her reflexes guide pushing, pressing on the woman’s abdomen to help move the baby out, and pressing against the opening of the vagina as the baby’s head is born. Many women experience several of these interventions during vaginal birth.

What Women Can Do to Protect Themselves & Their Babies From Avoidable Harm

The booklet provides tips that women can use during pregnancy and labor to lower their chance of having a cesarean or an “assisted” vaginal birth, and increase their chance of having a safe, “spontaneous” vaginal birth without harmful interventions. Spontaneous vaginal birth has a much better safety profile than cesarean section or assisted vaginal birth.

A review of the research revealed that the most important tips for limiting risks from avoidable harm include:

- *Carefully choosing a caregiver with a conservative practice style and good success with spontaneous vaginal birth and a birth setting with low rates of medical interventions.*
- *Arranging for a trained or experienced woman who will be available to provide continuous supportive care during labor.*
- *Preserving pelvic floor function by avoiding harmful maternity practices (e.g., episiotomy and lying on their back for pushing), whenever possible.*
- *Understanding what is at stake with different birth options and making informed childbirth decisions.*

The way a woman gives birth can impact her and her family in ways she might not expect. It’s imperative that women learn all they can to limit avoidable risks. “Spontaneous vaginal birth involves fewer risks overall than either cesarean section or assisted vaginal birth. Without a clear and compelling need for a cesarean or for the help of vacuum extraction or forceps, a spontaneous vaginal birth without an episiotomy is likely to be the safest way to give birth,” Corry concluded.

About the Maternity Center Association (MCA)

The Maternity Center Association in New York City is a not-for-profit organization that promotes safe, effective and satisfying maternity care for all women and their families through research, education and advocacy. Since 1918, MCA has identified and demonstrated a series of innovations to improve the quality of maternity care.

What Every Pregnant Woman Needs to Know About Cesarean Section is available at <http://www.maternitywise.org/cesareanbooklet/>.

Endorsing Organizations include:

*American College of Nurse Midwives * Association of Labor Assistants and Childbirth Educators * Association of Nurse Advocates for Childbirth Solutions * Birth Works* Childbirth and Postpartum Professional Association
Citizens for Midwifery * Coalition for Improving Maternity Services * Doulas of North America *International
Cesarean Awareness Network * International Childbirth Education Association *Lamaze International * Maternity
Center Association * National Women’s Health Network * Our Bodies Ourselves * Society of Teachers of Family
Medicine * The Lawton and Rhea Chiles Center For Healthy Mothers and Babies*