C-Sections: An Easy Way Out

A recent Center for Disease Control and Prevention (CDC) study points out a startling trend in the United States — nearly 1.4 million babies, or 32% of all births in the nation, were delivered by Cesarean section in 2007. That’s a 71% increase in the number of C-sections since 1996, and the highest rate in U.S. history.

Once viewed as a last resort to save a mother and child or prevent injury during labor and delivery, the C-section is now the most common surgery performed in the United States. Though no ideal rate has been established, the CDC Healthy People 2010 goal is to reduce the percentage of C-section births to 15%, according to a report from the Agency for Healthcare Research and Quality (AHRQ).

Reasons for the spike include fear of malpractice lawsuits, the fact that some hospitals and obstetricians are refusing to attempt “vaginal birth after Cesarean” (VBAC), women are giving birth later in life, and using C-sections as an elective surgery performed for the convenience of patients and physicians. Another possible reason is that C-sections are being used as a money making opportunity because C-sections cost twice as much as vaginal deliveries, according to the CDC study.

While there are a number of factors contributing to the increase in C-section births, it is always best that expectant mothers consult a doctor when deciding between vaginal birth and Cesarean birth.

It really gets back to the way our society is moving — that we have quick fixes for things.

C-Sections on the Rise

In the six years since Brolivia Harvey, the maternal-child lead faculty member at South University in Columbia, South Carolina, began practicing as a labor and delivery nurse, she’s observed firsthand the surge in C-sections.

In fact 33.2% of South Carolina’s babies were delivered by Cesarean in 2007 compared with 22.6% in 1996, says the CDC study.

After her years of experience, two trends stand out to Harvey; the increase in elective Cesareans; and a reluctance to attempt vaginal births for women with a history of C-sections (VBAC) and/or complications including breech babies, gestational diabetes, multiple births, and preeclampsia. The VBAC rate fell to 10% in 2007 from 28% in 1996, according to the AHRQ report, which experts believe is contributing to the higher C-section rate.

Convenience Cited as Factor

The elective surgeries worry Harvey, though she understands why some women insist on them. Most women seek them out of convenience, but some have different reasons.

“They have a fear of labor,” Harvey says. “But I’ve also seen one thing that was very surprising to me. They fear trauma to the vaginal area and complications that are associated with vaginal deliveries like sexual dysfunction or the risk of a prolapsed organ or urinary incontinence. These [complications] aren’t common but with vaginal delivery, the risk is there.”

Even so, the risks of complications are greater from a C-section, according to the study from the National Center for Health Statistics.

“Although there are often clear clinical indications for a Cesarean delivery, the short- and long-term benefits and risks for both mother and infant have been the subject of intense debate for over 25 years,” the study says. “Cesarean delivery involves major abdominal surgery, and is associated with higher rates of surgical complications and maternal re-hospitalization, as well as with complications requiring neonatal intensive care unit admission.”
When Constance Bohon became an obstetrician and gynecologist 25 years ago in Washington, D.C., she remembers physicians and hospitals striving to keep the C-section rate in the single digits.

“At the time we would spend as much time as necessary… trying to get a vaginal birth because we thought that was the ideal way of doing a delivery,” says Dr. Bohon, vice chair of the D.C. section of the American College of Obstetrics and Gynecology.

But by 2007, 32.6% of the babies in the District of Columbia were delivered by Cesarean compared with 21.3% in 1996.

**Doctors Fear Litigation**

“One of the things, I think, is a fear of litigation,” Bohon says. “I think that’s huge.”

The District of Columbia hasn’t undergone tort reform, she says, adding that physicians can be sued up to 21 years after a birth.

Technology has also played a role in physicians’ decisions to choose a C-section, Bohon says.

“We try to make a science out of the fetal heart-rate monitor, and it’s not,” she says. “We try to say, ‘Oh, here’s where there was a problem with the baby, and that’s where you should have done a Cesarean.’ But it’s very, very difficult to say that the same kind of fetal heart-rate pattern in such and such a person will give you the same outcome [in another].”

Harvey also has observed too much reliance on the fetal heart-rate monitor because of the fear of litigation. Nurses watch the monitors for any abnormalities and summon doctors when anything happens.

“We sometimes these things can be very subjective and the fetal heart-rate monitoring will lead a physician to call an emergency C-section,” Harvey says. “Even if you’re seeing something that’s suspicious you call the doctor, and they really don’t wait around a long time to see if it’s going to get better.”

Bohon thinks the rise in elective C-sections is symptomatic of our times.

“It really gets back to the way our society is moving — that we have quick fixes for things,” Bohon says. “It’s easier for everybody if you can do a [C-section]. So you schedule it at 10 in the morning and the patient knows that she’s going to go in and have a baby at 10, and the obstetrician knows that they’re going to go in at 10 and they don’t have to be up all night watching a woman labor. So it’s become, I think, from both perspectives, what’s perceived as being an easier way out, and I think that there needs to be an understanding that it isn’t necessarily the ultimate best way out as far as the baby is concerned.”