

The Rise in Caesarean Section Rate

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Opinion

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The caesarean section rate is a number that worries different level of health opinion, since healthcare personnel to social media, generating a broad debate within public opinion nowadays. There is not discussion that caesarean delivery has changed the panorama of childbirth, decreasing indeed the rate of mortality in mothers and babies, but also it's known that currently some people think that caesarean delivery is an option that many women want to choose for their pregnancies [1-3]. The reasons of this preference are numerous. Pregnant woman could be afraid about the delivery, because she may be feeling not strong enough to support hours of labour and the vaginal delivery, or worry about which day it's would begin the labour. Nowadays, everybody wants to know the schedule, own schedule and any schedule that can affect the own life. Waiting for the labour that in term pregnancies can start at any moment between 37 to 42 weeks, more than a month can cause instability in the busy life of a lot of mothers and their families. This is the reason that a lot of women want to program the day of the delivery, induced labour or caesarean section without previous labour. In the case of private health, the fear of not finding her own obstetrician when labour begins, doctor that she knows from the beginning of pregnancy, and could be a motive to program the date. Other important fear of the most of women is to suffer a long labour and, at the end, to finish in a caesarean section. However, it should not be forgotten that logistical facilities in the hospital, especially in obstetric ward, could change the perception of the physician during de labour, that is to say, that if there is not good conditions to guarantee a safe emergency childbirth with a labour ward close to surgery ward, for example, or there aren't enough health staff, the doctors could prefer make a caesarean section without emergency and not to wait the normal

course of vaginal delivery when there is some doubt of not success.

The WHO considers that the best caesarean section rate is between 10-15% and remember health personnel the importance of maintain this number, fundamentally currently, when in the most of countries the rate is higher [1]. Recently, the European Board and College of Gynecology and Obstetrics (EBCOG) has demonstrate its worry about the fact of only few countries of European Union having less than 20% [2]. Even there is an article in Forbes magazine about this topic, showing that the caesarean section rate is as a topical issue that worries the society [4].

In 2016 a group of authors of different parts of the world published an epidemiological study that shows data of 150 countries and it increasing trend of the caesarean delivery in the last 24 years. This study demonstrates that the caesarean rate is not only rising in developed countries, also in developing countries the percentage of abdominal delivery is very high [5].

But how can we change this trend and decreasing the caesarean section rate? WHO is looking for strategies to become aware about the pros and cons of caesarean delivery, distinguishing caesarean sections required because medically indications from caesarean sections without maternal or fetal medical reasons. Also the American College of Gynecology and Obstetrics (ACOG) published in 2013 his opinion about caesarean delivery on maternal request. The most important risk of caesarean childbirth is that can complicate the obstetric results, in the mother and in the newborn, and, also they could complicate future pregnancies. The recommendation of

ACOG is vaginal delivery in absence of indication of abdominal delivery [3].

WHO as much as EBCOG recognize the difficulty of knowing inside the total institutional, regional or national rate of cesarean section, the proportion of indicated cesarean and not indicated cesarean deliveries. To resolve this problem and to take in account the specific characteristics of the population, they propose a classification system for cesarean section that permit the comparison of cesarean section rates across different places and populations [1,2]. The most accepted method is The Robson's System, which has 10 categories based on five basic obstetric characteristics. The specific rate according to conditions of pregnant women and her baby could clarify the monitoring and comparing cesarean section data, and WHO and EBCOG advise its use [6].

Also public awareness campaign and health education would be useful because, sometimes, there is a distortion in the social opinion with the perception that a C-Section is safer than normal birth.

What seems certain is that everyone, healthcare personnel, medical colleges, social media have to make an effort to stop the trend of the increasing cesarean rate, because, if it's not made, in a close future, it may be that maternal and fetal mortality will rise because of complications of previous cesarean section.

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