

The Risks of Cesarean Delivery to Mother and Baby

A CIMS Fact Sheet

The Coalition for Improving Maternity Services (CIMS) is concerned about the dramatic increase and ongoing overuse of cesarean section. Since 1983, one in five women or more has given birth by this major abdominal surgery. Today, one in four or 25% of women have a cesarean for the birth of their baby. The rate for first-time mothers may approach one in three. Studies show that the cesarean rate could safely be halved. The World Health Organization recommends no more than a 15% cesarean rate. With a million women having cesarean sections every year, this means that 400,000 to 500,000 of them were unnecessary.

No evidence supports the idea that cesareans are as safe as vaginal birth for mother or baby. In fact, the increase in cesarean births risks the health and well being of childbearing women and their babies.

For elective repeat cesarean, the consensus of dozens of studies totaling tens of thousands of women is that elective repeat cesarean section is riskier for the mother and not any safer for the baby. Recent studies used to conclude otherwise are both seriously flawed and have been misrepresented in the media.

In addition to the hazards of cesarean section per se, the risks of certain complications increase with accumulating surgeries. Studies also show that seven out of ten women or more who are allowed to labor without undue restrictions will give birth vaginally, thus ending their exposure to the dangers of cesarean section.

Hazards of Cesarean Section to the Mother

- ◆ Women run 5 to 7 times the risk of death with cesarean section.
- ◆ Complications during and after the surgery include surgical injury to the bladder, uterus and blood vessels (2 per 100), hemorrhage (1 to 6 women per 100 require a blood transfusion), anesthesia accidents, blood clots in the legs (6 to 20 per 1000), pulmonary embolism (1 to 2 per 1000), paralyzed bowel (10 to 20 per 100 mild cases, 1 in 100 severe), and infection (up to 50 times more common).
- ◆ One in ten women report difficulties with normal activities two months after the birth, and one in four report pain at the incision site as a major problem. One in fourteen still report incisional pain six months or more after delivery.
- ◆ Twice as many women require rehospitalization as women having normal vaginal birth.
- ◆ Especially with unplanned cesarean section, women are more likely to experience negative emotions, including lower self-esteem, a sense of failure, loss of control, and disappointment. They may develop postpartum depression or post-traumatic stress syndrome. Some mothers express dominant feelings of fear and anxiety about their cesarean as long as five years later.
- ◆ Women having cesarean sections are less likely to decide to become pregnant again.
- ◆ Long-term risks of cesarean section include pelvic pain, pain during sexual intercourse, and bowel problems.
- ◆ Reproductive consequences compared with vaginal birth include increased infertility, miscarriage, placenta previa (placenta overlays the cervix), placental abruption (the placenta detaches partially or completely before the birth), and premature birth. Even in women planning repeat cesarean, uterine rupture occurs at a rate of 1 in 500 versus 1 in 10,000 in women with no uterine scar.

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Continued from reverse

Hazards of Cesarean Section to the Baby

- ◆ Studies comparing elective cesarean section with vaginal birth or cesarean section for reasons unrelated to the baby find that babies are 50% more likely to have low Apgar scores, 5 times more likely to require assistance with breathing, and 4 times more likely to be admitted to intensive care for breathing difficulties.
- ◆ One to two babies per 100 will be cut during the surgery.
- ◆ Some babies will inadvertently be delivered prematurely. Babies born even slightly before they are ready may experience breathing and breastfeeding problems.
- ◆ Babies born after elective cesarean section are more than four times as likely to develop persistent pulmonary hypertension compared with babies born vaginally. Persistent pulmonary hypertension is life threatening.
- ◆ Mothers who have cesareans are more likely to have difficulties forming an attachment with the infant. This may be because women are less likely to hold and breastfeed their infants after birth and have rooming-in, and because of the difficulties of caring for an infant while recovering from major surgery.
- ◆ Cesarean born babies are less likely to be breastfed. The adverse health consequences of formula feeding are numerous and can be severe. (See CIMS fact sheet, **Breastfeeding: It's Priceless**)

Hazards of Elective Repeat Cesarean Section

- ◆ Elective cesarean section carries twice the risk of maternal death compared with vaginal birth.
- ◆ Old scar tissue increases the likelihood of surgical injury.
- ◆ One more woman in every 100 with a history of more than one cesarean will have an ectopic pregnancy (embryo implants outside the womb); hemorrhage associated with ectopic pregnancy is one of the leading causes of maternal death in the US.
- ◆ Compared with women with no uterine scar, women have more than 4 times the risk of placenta previa with one prior cesarean, 7 times the risk with two to three prior cesareans, and 45 times the risk with four or more prior cesareans.
- ◆ Compared with women with prior births and no previous cesareans, women with one prior cesarean or more have greater than 4 times the risk of placental abruption. About half of maternal deaths due to hemorrhage involve placenta previa or placental abruption.
- ◆ The odds of placenta accreta (placenta grows into or even through the uterus) jump from 1 in 1,000 with one prior cesarean to 1 in 100 with more than one prior cesarean. Nearly all women with this complication will require a hysterectomy, nearly half will have a massive hemorrhage, and 1 in 11 babies and 1 in 14 mothers will die. The incidence of placenta accreta has increased 10-fold in the last 50 years and now occurs in 1 in 2,500 births.
- ◆ Women having elective repeat cesareans are more likely to experience hemorrhage requiring transfusion, blood clots, and infection compared with women planning vaginal birth.
- ◆ Postpartum recovery after repeat cesarean section is even more difficult when there is another child or children to care for.

For additional copies of this fact sheet, references, or other CIMS publications, please contact:



Coalition for Improving Maternity Services
P.O. Box 2346
Ponte Vedra Beach, FL 32004
info@motherfriendly.org
Phone toll-free: 888-282-CIMS (2467)
Fax: 904-285-2120

www.motherfriendly.org