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For Immediate Release

Rising Cesarean Rate Bad for Mothers
Top 15 Studies from 2006

1. Infant and Neonatal Mortality for Primary Cesarean and Vaginal Births to Women with "No Indicated Risk," United States, 1998–2001 Birth Cohorts (MacDorman, et al., Birth: Issues in Perinatal Care; Volume 33; Page 175; September 2006)

Study design: Researchers compared outcomes by cesarean delivery vs. vaginal delivery for women who had no preexisting risk for medical complications.
Bottom line: Risk of death for babies born by cesarean was nearly three times greater than babies who were born vaginally.

2. Maternal Complications Associated With Multiple Cesarean Deliveries (Nisenblat, et al., Obstetrics and Gynecology; Volume 108; Page 21; 2006)

Study design: Authors examined the health consequences of having multiple cesarean deliveries.
Bottom line: Multiple cesarean deliveries are associated with more difficult surgery and increased blood loss compared with a second planned cesarean delivery. The risk of major complications increases with cesarean delivery number.

3. Previous Cesarean Delivery and Risks of Placenta Previa and Placental Abruption (Getahun, et al., Obstetrics and Gynecology; Volume 107, No. 4, April 2006)

Study design: Authors examined the risk of placenta previa and placental abruption in women with a history of cesarean. Both previa and abruption are major causes of injury and death in childbirth.
Bottom line: Having a history of cesarean increases a woman's chance of having a placenta previa and placental abruption, and each additional cesarean further increases the risk. Women with only vaginal deliveries or only one cesarean do not experience nearly the same risk.

4. Caesarean delivery rates and pregnancy outcomes: the 2005 WHO global survey on maternal and perinatal health in Latin America. (Villar, et al., The Lancet, June 3 2006; 367(9525):1819-29)

Study design: Study authors examined 97,095 births in 8 countries in Latin America looking for an association between cesarean delivery and pregnancy outcome.
Bottom line: Rate of cesarean delivery was positively associated with severe injury and death for mothers, even after adjustment for risk factors, and death for babies.

5. Risk of uterine rupture with a trial of labor in women with multiple and single prior cesarean delivery. (Landon, et al., Obstetrics and Gynecology July 2006; 108:2-3,12-20)

Study design: Study authors examined whether the risk of uterine rupture is greater in women with a history of multiple cesareans.
Bottom line: A history of multiple cesarean does not increase risk of uterine rupture and authors note that VBAC should remain an option for these women.

6. Vaginal birth after caesarean section versus elective repeat caesarean section: assessment of maternal downstream health outcomes (Pare, et al., British Journal of Obstetrics and Gynecology; Volume 113; Page 75; Jan 2006)

Study design: Researchers compared hysterectomy rates on women having a birth after one previous cesarean, and planning future births.
Bottom line: A policy of elective repeat caesarean section led to higher cumulative hysterectomy rate, nearly twice the rate.

7. Trial of Labor or Repeat Cesarean Delivery in Women With Morbid Obesity and Previous Cesarean Delivery (Hibbard, et al., Obstetrics and Gynecology; Volume 108, Page 125, July 2006.)

Study design: Researchers compared births for women with a prior cesarean delivery, according to the woman's body mass index.
Bottom line: Morbidly obese women and their babies experienced a higher rate of injury when the baby was delivered by repeat cesarean.

8. Vaginal Birth After Cesarean in California: Before and After a Change in Guidelines (Zweifler, et al., Annals of Family Medicine, May/June 2006;4(3):228-234)

Study design: Researchers examined whether restrictive VBAC guidelines issued by ACOG and implemented by care providers and hospitals have improved health outcomes for mothers and babies.
The bottom line: Researchers found that, in spite of restrictive guidelines imposed on women with a history of cesarean and those seeking VBAC, mothers and babies fared no better.

9. Uterine rupture and labor after a previous low transverse caesarean section (Turner, et al., British Journal of Obstetrics and Gynecology June 2006; 113:729–732)

Study design: Study authors reviewed the births of 4,021 women who had a single prior caesarean section and the 9 cases of complete uterine rupture that occurred during labor.
Bottom line: A trial of labor in women with a previous low transverse caesarean is associated with a high rate of vaginal delivery (78%) and a low rate of uterine rupture (0.22%).

10. Geographic Variation in the Appropriate Use of Cesarean Delivery (Baicker, et al., Health Affairs 25 (2006): w355–w367; August 2006)

Study design: Authors explore whether higher usage rates reflect medically inappropriate use of this procedure.
Bottom line: Authors found that cesarean rates varied greatly and that high cesarean rates were only partially due to medical need, and are greatly influenced by non-medical factors like fear of lawsuits. Higher cesarean correlate to decreasing medical value for patients and do not mean improvements in the health of mothers and babies.

11. Maternal Risk Profiles and the Primary Cesarean Rate in the United States, 1991-2002 (Declerq, et al., American Journal of Public Health; May 2006)

Study design: Researchers examined the medical risk factors of mothers and compared that to the cesarean rate.
Bottom line: The rising cesarean rate is not being driven by an increase in the risk profile of mothers.

12. Physiology of Fetal Lung Fluid: Clearance and the Effect of Labor (Jain, et al., Seminars in Perinatology 2006)

Study design: This paper examines how labor or lack of labor can affect a baby's ability to breathe after birth.
Bottom line: The process of labor and vaginal birth prepare the lungs of a baby for breathing air. Even for mature babies, being born by cesarean deprives the baby of important hormonal changes that occur before and during labor, and increases the risk of having difficulty breathing and death for the baby.

13. Factors Influencing the Composition of the Intestinal Microbiota in Early Infancy (Penders, et al., Pediatrics, Volume 118, Number 2, August 2006)

Study design: Researchers examined the amount of healthy and unhealthy bacteria in the intestines of newborns and compared that to mode of birth.
Bottom line: Bacteria in the intestine affects the overall health and immune system of babies. Babies born by cesarean section had higher counts of unhealthy bacteria and the lowest counts of beneficial bacteria, and babies born vaginally at home had the highest counts of healthy bacteria and lowest counts of unhealthy bacteria.

14. Five years to the term breech trial: The rise and fall of a randomized controlled trial (Glezerman, Obstetrics and Gynecology; Volume 194; Page 20; January 2006).

Study design: Author examines the methodology of the well-known Hannah Term Breech trial and cites inconsistencies.
Bottom line: Most cases of neonatal death and morbidity in the term breech trial cannot be attributed to the mode of delivery. Moreover, analysis of outcome after 2 years has shown no difference between vaginal and abdominal deliveries of breech babies. Author concludes that "conventional wisdom" of cesarean for breech should be withdrawn.

15. Is planned vaginal delivery for breech presentation at term still an option? Results of an observational prospective survey in France and Belgium (Goffinet, et al.,Obstetrics and Gynecology Volume 194, Issue 4 , April 2006, Pages 1002-1011)

Study design: Researchers compared outcomes for planned cesarean and planned vaginal birth for breech babies among 8,105 women in France and Belgium.
Bottom line: Of those who planned a vaginal birth, 71% were successful and there was no significant difference in outcomes between the vaginal birth and cesarean delivery groups.

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