

A CONTROVERSIAL CHOICE:

ELECTIVE

C-SECTIONS

By Brette McWhorter Sember

If you thought C-sections were a rare occurrence, happening only in a medical crisis, think again. Rates are at an all-time high: 27.6% of all births in 2003 were surgeries. Of these, many were C-sections in place of a VBAC (vaginal birth after Cesarean), because a growing number of physicians believe C-section is safer than VBAC due to concerns over possible uterine rupture. However, a growing number of C-sections are elective, meaning they're done at the request of the patient for no medical reason. According to Health Grades, an independent healthcare ratings agency, the number of patient-choice C-sections rose by 36.6% between 2001 and 2003.

More and more women are asking for C-sections because of medical concerns. Some women have read that vaginal birth can increase their risk for pelvic floor problems, leading to incontinence. Some also fear pelvic floor damage will change their sex lives forever. Other women are worried about pain or embarrassment during a vaginal birth. Another common concern is that something will go wrong with a vaginal birth and the baby will be harmed, either by a loss of oxygen to the brain or through the use of forceps.

Holly Silvestri of Las Vegas, NV was expecting twins when she decided, without medical reasons, to have a C-section.

"I was afraid that one would come out the natural way and the other would be breech or unable to be delivered naturally and I would have to have an emergency C-section," she says.

Although concerns about complications and pain top many women's list of reasons to have a Cesarean, more and more moms are scheduling their sections because they want to decide exactly when the baby will come. Vaginal birth is unpredictable, but a C-section can be scheduled to fit into a woman's career, to give her a sense of control over her own body, to allow her to have the doctor of her choice (instead of spinning the on-call roulette wheel), to give her the ability to arrange child care for her other children and to coordinate the presence of her spouse or family members for support.

Dr. Randy A. Fink, a diplomate with the American Board of Obstetrics and Gynecology, believes that some of the medical concerns women have are justified: "A vaginal delivery causes trauma to the vaginal tissue. The birth canal stretches out to accommodate the baby's head and will

likely never return to what it was before." While he agrees vaginal birth carries these risks, he points out, "There is certainly not enough evidence to suggest that women should have C-sections in order to avoid these problems."

There is controversy over just how likely vaginal birth is to cause pelvic floor problems. Rita Rubin, author of *What If I Have a C-section?*, believes that some urogynecologists are overselling the benefits of elective C-sections. "Research shows carrying a pregnancy to term, no matter how the baby is delivered, increases a woman's risk of pelvic floor problems, as does simply getting older," she says. So a C-section may not protect you from the things you're worried about. There is also evidence that cerebral palsy, often believed to be caused by a lack of oxygen to the baby during delivery, is present before birth and is not caused by a vaginal delivery gone wrong.

RISK REVIEW

Although many women are choosing C-sections because of the potential risks of vaginal birth, many aren't considering the fact that C-sections themselves can be dangerous. A C-section is major abdominal

method other than vaginal delivery if she wishes."

Dr. Peter Bernstein, Ob/Gyn at Montefiore Medical Center in New York, says, "I believe... the risks of Cesarean outweigh the risks of a trial of labor for most women." However, he points out that a patient-choice C-section for a first-time mom is generally a very safe procedure, "with very little more risk of serious bad outcomes than a vaginal delivery." ❁

About the author: *Brette McWhorter Sember is a mom of two C-section babies and the author of Your Practical Pregnancy Planner and Your Plus-Size Pregnancy.*

OVERHEARD ON ePREGNANCY.COM

"I had a section with my first because she was breech. I had the option to repeat with each birth but do not feel like it was worth the risk to my children or myself."

— *Bobylovex4*

"I feel that as long as mom is well informed, then she should have that option. Personally this will be my 8th and LAST, and I want to have a C-section. All my others were natural. I'm just too pooped to push, so I will have elective C-section. This way I can be better prepared. I think moms should be supported for however they chose to birth their baby."

— *MOMMYto4boys3girls*

RESOURCES

For more information on choosing elective C-section, consult these resources:

www.ePregnancy.com: Our message boards can connect you with other moms who have had or are considering C-sections

www.MaternityWise.org: The Maternity Center Association's downloadable pamphlet on making the choice

http://groups.MSN.com/CSectionSupport: A support group for moms who have had or are about to have a C-section

www.ICAN-online.org: ICAN, The International Cesarean Awareness Network

What if I Have a C-Section? by Rita Rubin

The Essential C-Section Guide, by Maureen Connolly and Dana Sullivan

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THE SAFER WAY TO SLEEP

surgery and carries the risk of infections and bleeding. There is also the possibility of reactions to anesthesia and an increased risk for hernias due to a weakened abdominal wall. And babies born by C-section are at a higher risk of transient respiratory problems, which require several days in intensive care.

Another important consequence of choosing a C-section is that you probably are ruling out vaginal birth for any later babies, since few doctors now allow their patients to have a VBAC. Also, the more sections you have, the more scar tissue you build up, making it harder to conceive each successive child. And you're at higher risk for placenta previa in later pregnancies. These facts are things that many doctors often do not completely review with their patients when they ask for a C-section. Silvestri says she had heard from other people that once you have a C-section, your future births will have to be C-sections, but says her doctor "never volunteered the information."

Another important risk, one that is greatly ignored by both patients and their doctors, is the risk of adhesions, says Dr. Gregory Fossum, associate professor of obstetrics and gynecology at Thomas Jefferson University Hospital in Philadelphia. Adhesions are caused by fibrin, a natural defense to tissue damage, which can adhere to organs, causing twisting and pulling in the abdomen and leading to infertility, pelvic pain and bowel obstruction. There are adhesion barrier products surgeons can use that drastically reduce the risk of adhesions, but, Fossum says, "For some unknown reason, adhesion prevention is not thought of during C-sections." Dr. Fossum urges all women considering C-sections to ask their physicians if they use adhesion barriers.

Despite these risks, many physicians do not believe that C-sections are inherently dangerous. "I believe a C-section is a relatively safe procedure," says Dr. Fink. Rubin straddles the fence and points out, "Elective C-sections generally appear to be safer than C-sections performed after hours of labor," but also says, "I think some women are misinformed. They think elective C-sections are safer for moms and babies, when there's no evidence that that's the case." She points out that the only way

to know for sure would be for a study to be done in which women were randomly assigned vaginal births or C-sections, something for which few women would volunteer.

PHYSICIAN FACTORS

While there is a growing demand for elective C-sections, many physicians are feeling pressure from another area: their wallets. "Doctors prefer C-sections because they think that such deliveries are less likely to trigger malpractice suits than vaginal births," says Rubin. Deanne Williams, executive director of the American College of Nurse-Midwives, agrees. "What I see is that many healthcare professionals are running scared on this one."

Dr. Joel Evans, Ob/Gyn, founding diplomate of the American Board of Holistic Medicine and an assistant professor at the College of Physicians and Surgeons at Columbia University, authored *The Whole Pregnancy Handbook*. He thinks that malpractice is the reason why physicians, in fact, should not perform patient-choice C-sections: "First time elective C-section is something I couldn't ethically perform because I think it puts the woman at too much risk. If a serious complication arose, I wouldn't be able to sleep at night."

The American College of Obstetricians and Gynecologists (ACOG) has issued a formal policy on patient-choice C-sections, saying they are ethical if it is in the best interest of the patient both physically and emotionally. Because of this policy, many physicians are willing to perform patient-choice C-sections. A 2003 Gallup poll showed that one third of female Ob/Gyns interviewed said they would perform a patient-choice C-section if a patient asked. In fact, it is difficult for physicians to argue against patient-choice C-section when another kind of patient-choice surgery — cosmetic plastic surgery — is done without question by the medical community today.

HOW TO DECIDE

If you're considering patient-choice C-section, it can be hard to weigh all the factors. Rubin says the first step is to educate yourself. "I don't think some

women — or some doctors — are fully informed about the possible ramifications of C-sections, such as the possibility of impaired fertility or chronic pelvic pain." It's essential to have a conversation with your healthcare provider about what you are considering, and you should do this early in your pregnancy, if possible. Get his or her opinion and weigh it against things you've read or researched yourself. If you have a physician who will not perform a C-section at your request, there are many more who will, so you may need to shop around. In fact, today it is much harder to find a doctor to agree to VBAC than it is to find one who will do a C-section with no medical reason.

Next, get some real-life perspective on C-sections by talking to moms you know. Denise Schipani of Huntington, NY says bluntly, "Having recovered from two of these major surgeries, I'm baffled as to why anyone would elect to have one." Moms who have had C-sections will tell you about the abdominal pain, difficulty nursing, inability to get out of bed on their own, bother of IVs and catheters, as well as the long recovery period. Williston, VT mom of three, Beth Thompson, who has had one C-section and two vaginal births, says, "I would say it took me twice as long to recover from a C-section than from vaginal birth."

Jill Bertotti of Huntington Beach, CA had a patient-choice C-section and has a different view. She says, "I am really glad I had a C-section. It was so nice to be able to walk in and have the baby in my arms within the hour. I plan to have one more and will not even consider vaginal birth. I think it was a lot less stressful and painful to have the C-section. It is great being able to plan it and not have hours of pain."

Dr. Fink sums it up this way: "Vaginal delivery is a natural process and by choosing a C-section we are turning away from that natural process. I believe the real controversy is simply the question: Should we be fiddling with nature? In an era in which we use science every day in the lives of reproductive-age women, I believe in better living through science. I am very supportive of women who choose an elective C-section as their mode of delivery. I believe a woman has a right to choose a