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CAESAREAN SECTION ON MATERNAL REQUEST (CDMR)

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Abstract

A maternal request for caesarean delivery in the absence of medical indication raises several ethical issues. Those who favour women's autonomy in childbirth may advocate CDMR however at present there is no strong evidence to favour caesarean section over vaginal delivery in terms of both maternal and neonatal morbidity and mortality. Every effort must be made to reduce the incidence of caesarean on demand by focussing on providing correct information on the relative risk and benefit associated with vaginal delivery VS caesarean section.

Keywords: Caesarean section, Maternal, Neonatal, Morbidity

As early as 1960, Munro Kerr wrote: "I fear that today more than ever before, there is a danger of abdominal delivery being regarded as the legitimate method of dealing with each and every obstetrical abnormality".

During the last 10 years the caesarean section (CS) rates have gone up tremendously and this global phenomenon has got the professionals, the public and those who care for women's health worried. The WHO recommendations states that a CS rate greater than 15% is not justified (1).The increase in rates could be attributed to several reasons like medical, legal or personal. Currently in addition to every obstetrical indication, caesarean section is frequently performed for no obstetric indication. The nomenclatures used to define this condition are Caesarean delivery on maternal request, Patient choice caesarean section or Caesarean on demand. It is defined as elective caesarean section for singleton term pregnancy carried out on maternal request in the absence of maternal or fetal indication.

The notion can be traced back to 1985, when a provocative paper published In the New England Journal of Medicine suggested "prophylactic caesarean" at term to avoid the risks linked to "passive anticipation of vaginal delivery" [2]. Over a decade later, a surge of interest in the topic was prompted by the results of a survey showing that 31% of female obstetricians in London would choose a caesarean section for themselves in case of uncomplicated pregnancy [3]. Since then, CDMR has been the subject of innumerable research papers, editorials, letters, opinion surveys and debates.

The request for CS without medical indication is one of the dilemmas faced by the obstetrician. It is a serious ethical issue that warrants a debate. The accurate figures of CDMR are lacking since CDMR is neither a well-defined entity nor is coded in official figures. However the reported incidence worldwide is 4-18%.

There are several reasons for request for a caesarean section. It could be fear of labour pains or previous traumatic experience or a psychological inaptitude to handle vaginal delivery. Many women think there is more risk of intrauterine death, brain injury and pelvic floor damage associated with vaginal delivery. It could also be for the convenience of the patient, her family or the obstetrician. The family may demand that the baby be born in a particular auspicious time and day. Defensive obstetrics is another reason for high rate of CS and also financial benefits associated with CS may be another contributing factor.

There are too many unknown about the true risks and benefits of the procedure.

Those physicians who support caesarean section a mothers request believe that a mother's autonomy and right to choose must be respected and that CS is an extremely safe operation with negligible mortality and morbidity however this could be open to question since a fourfold increase in maternal mortality rate is associated with CS even after controlling for age, medical and obstetric complications. For the fetus it may be safe but not without risks There is an increased risk of respiratory problems, increased length of hospital stay and also the breast feeding may be adversely affected in some women. For the physician there is the dilemma about the uncertainty of the labour outcome and also the fear of litigation if CDMR is denied and any complications arise.

FIGO committee opinion 2006 states that caesarean section is a surgical intervention with potential hazards for both mother and the child. It uses more resources than a normal vaginal delivery.

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Physicians are not obligated to perform an intervention for which there is no medical advantage. Evidence suggests that normal vaginal delivery is safer in short and long term benefits for both the mother and the child

Conclusion

At present there is insufficient evidence to evaluate fully the benefit of CDMR to planned vaginal delivery. Any discussion of risks and benefits must include both short and long term potential risks including repeat CS. Maternal Request for CDMR should not be motivated due to nonavailability of effective pain management. The specific reason for the request should be explored, discussed and documented. Women should be given information about prenatal child birth education and labor anaesthesia. Emotional support should be given during labor.Every case must be individualised and should be consistent with ethical principle. Until better evidence is available, any decision to do caesarean section upon maternal request should be carefully considered.

References

1. World Health Organization. Appropriate technology for birth. Lancet. 1985; 2:436–437. [PubMed] overall risks, benefits of CS as compared to vaginal birth need to be discussed. 18. Confidential Enquiries into Maternal Deaths in UK. London
2. Feldman, GB; Freiman, JA. Prophylactic cesarean at term? N Engl J Med. 1985;312:1264–1267.]
3. Al-Mufti, R; McCarthy, A; Fisk, NM. Survey of obstetricians' personal preference and discretionary practice. Eur J Obstet Gynecol Reprod.Biol.1997;73:1–4.