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For Immediate Release

Research Shows Rising Cesarean Rate Bad for Mothers and Babies

ICAN Names Top 15 Studies That Should Keep Mothers Out of the OR

San Diego, CA, November 21, 2006 – As the number of cesarean sections in the U.S. continues to mount, so does the research showing that mothers and babies may be paying a high price for this surgery. Research published just in the last year has highlighted the short-term and long-term risks of undergoing a cesarean, for both mother and baby. Other research has called into question the assumed safety advantage of cesarean section over vaginal birth in various situations including vaginal birth after multiple cesareans and breech deliveries.

“Everything we know and continue to learn about cesareans supports more judicious use of the surgery,” says Tonya Jamois “but it is clear that the procedure is being overused.”

Major pieces of research released in 2006 showed that women who undergo cesareans versus women experiencing a vaginal birth have a higher risk of dying in childbirth, have a higher chance of suffering from potentially fatal placental problems in subsequent pregnancies, and their babies have a higher chance of being injured during surgery. The list of 15 studies that ICAN collected (see attached fact sheet) also shows that vaginal birth after cesarean, including multiple cesareans, continues to be a reasonably safe birthing choice for mothers.

“These studies continue to reinforce the findings of our 2004 systematic review of best research comparing outcomes of cesarean and vaginal birth.” says Maureen Corry of Childbirth Connection, a non-profit organization aimed at improving maternity care in the U.S. “Cesarean section always carries the risks of major abdominal surgery, and casual use the surgery may place both the woman and her baby in the way of considerable – and avoidable – harm.”

The CDC reports that the cesarean rate in the U.S. for 2005 is 30.2%, up from 29.1% in 2004. [The last reported rate in Canada is 22.6% in 2002.]

Feeding into the overall rates is the unknown number of women who are being forced into cesarean. Over 300 hospitals and thousands of physicians across the U.S. [and many in Canada] have banned vaginal birth after cesarean (VBAC) based on cost concerns and fears over liability. In California, 49 hospitals have joined this trend. These bans mean that women are pushed into cesareans they do not want and likely do not need.

Dr. Mark Landon professor and vice chairman of obstetrics and gynecology at the Ohio State University College of Medicine questions this trend. He is the primary author of the first large-scale American prospective study on VBAC, funded by the National Institutes of Health. “Our study findings have confirmed the relative safety of VBAC for most women and also demonstrated the risk uterine rupture is not significantly increased in women with multiple prior cesarean deliveries compared to a single prior operation” says Landon. “It’s critical for women to receive unbiased, evidence-based counsel from their physicians when they consider their birthing options.”

For women being threatened with a coerced cesarean, ICAN has developed a guide to help them understand their rights as patients. The resource discusses the principles of informed consent and the right of every patient to refuse an unwanted medical procedure. The guide can be found at http://www.ican-online.org/resources/white_papers/wp_vbacbanqa.pdf.

Women who are seeking information about how to avoid a cesarean, have a VBAC, or are recovering from a cesarean can visit www.ican-online.org for more information. In addition to over 70 local chapters nationwide, the group hosts an active on-line discussion group that can serve as a resource for mothers.

About Cesareans: *ICAN recognizes that when a cesarean is medically necessary, it can be a lifesaving technique for both mother and baby, and worth the risks involved. Potential risks to babies include: low birth weight; prematurity; respiratory problems; and lacerations. Potential risks to women include: hemorrhage; infection; hysterectomy; surgical mistakes; re-hospitalization; dangerous placental abnormalities in future pregnancies; unexplained stillbirth in future pregnancies and increased percentage of maternal death.* http://www.ican-online.org/resources/white_papers/index.html

Mission statement: *ICAN is a nonprofit organization whose mission is to improve maternal-child health by preventing unnecessary cesareans through education, providing support for cesarean recovery and promoting vaginal birth after cesarean. There are 71 ICAN Chapters across North America, which hold education and support meetings for people interested in cesarean prevention and recovery.*

For women who have experienced a cesarean, who are working towards a VBAC, or simply want to know how to prevent a first cesarean, ICAN of San Diego is available to provide resources and support. For more information on how to get involved, contact:

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For more information about Childbirth Connection, please visit www.childbirthconnection.org.

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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. Cesarean 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 careproviders 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 nonmedical 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.
Results: 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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