

World Health Organization Appeal: Discourage Unnecessary Caesarean Section Worldwide

Saurabh Ram Bihari Lal Shrivastava*, Prateek Saurabh Shrivastava and Jegadeesh Ramasamy

Department of Community Medicine, Shri Sathya Sai Medical College and Research Institute, Kancheepuram, India

Abstract

Caesarean section has been ranked as one of the leading surgeries performed worldwide, especially in high and middle income nations. Although, it is an established fact that caesarean section can play a crucial role in saving lives of both mother and the child, it is often performed unnecessarily, thereby subjecting both women and their babies at risk of short / long-term health problems. A wide range of factors have allowed the number of caesarean sections to increase in an unprecedented way across heterogeneous settings. In order to address this public health concern, it is very much necessary to compare caesarean section rates and their outcomes in a rational way in hospital settings. To conclude, the decision to opt for a caesarean section should be reached only on the basis of a systematic mechanism, and it is the responsibility of both health professionals and policy makers to ensure its universal implementation so that all unnecessary caesarean sections can be averted.

Keywords: Caesarean section; Robson classification; World Health Organization

Introduction

Caesarean section has been ranked as one of the leading surgeries performed worldwide, especially in high and middle income nations [1,2]. In-fact, the estimates released by the World Health Organization (WHO) suggest that on a global scale, 15.6% of the children were delivered by caesarean section, with the highest percentage being in America (35.6%), Western-Pacific (24.1%), and European (23%) regions respectively [3]. This is despite the recommendation made by WHO, which advocates that no region should have a caesarean section rate in excess of 10-15% [4]. Furthermore, it has been proposed that as countries increase their caesarean section rates up to 10%, maternal and neonatal mortality decrease. However, no similar additional benefits have been observed in settings with caesarean rates in excess of 10% [5].

Risks Associated With Caesarean Sections

Although, it is an established fact that caesarean section can play a crucial role in saving lives of both mother and the child (in conditions like short stature, prolonged labor, fetal distress, mal-presentation, etc.), it is often performed unnecessarily, thereby subjecting both women and their babies at risk of short / long-term health problems [6,7]. These risks range from birth asphyxia; obstetric fistula; significant impact on women's psychological health or ability to successfully initiate breastfeeding; to even maternal or infant deaths (especially in settings which lack essential facilities required to provide comprehensive obstetric care and perform safe surgeries or manage potential complications) [6,7].

Reasons For Rise in Number of Caesarean Sections

Now the question arises, why a large number of women are giving birth by caesarean section in recent times? The probable explanation for it is quite complex and is generally attributed to both personal and health systems related parameters. The primary reason is that in most of the settings across the world, caesarean section has acquired the status of a being a very safe surgical procedure. In addition, caesarean section allows the family to decide a specific day and time, which is auspicious for the newborn's life.

At the same time, by opting for caesarean section, not only the

woman can avoid the fear of pain and stress associated with the vaginal delivery, but even the newborn is saved from the risk of birth trauma / asphyxia. In-fact, in some of the societies, it is presumed that caesarean section can preserve the pelvic floor and thus reduce the risk of urinary incontinence and quick return to sexual life.

Further, in the modern society where most of the couples opt for only a single baby, the couple generally demand for a perfect outcome from the doctors, and hence the doctors often chose a caesarean section to avoid any legal consequences. It has been even observed that doctors preferably go for caesarean section to earn more money (viz. operation theatre cost, anaesthetist charges, longer in-patient stay, and other miscellaneous expenses). These factors have allowed the number of caesarean sections to increase in an unprecedented way across heterogeneous settings [1,2,6,7].

Existing Challenge

It is of extreme importance to bring about a reduction in the incidence of caesarean sections, without giving undue importance to the achievement of "target rates" [5]. However, in order to address this public health concern, it is very much necessary to compare caesarean section rates and their outcomes in a rational way in hospital settings. This is a very big challenge as most of the hospitals do not adhere to any standardized internationally-accepted classification system to monitor and compare caesarean section [5]. In-fact, the decision to perform a caesarean section is often based on indications / doctors' opinion,

***Corresponding author:** Dr. Saurabh Ram Bihari Lal Shrivastava, Department of Community Medicine, 3rd floor, Shri Sathya Sai Medical College and Research Institute, Ammapettai village, Thiruporur - Guduvancherry Main Road, Sembakkam Post, Kancheepuram-603108, Tamil Nadu, India, Tel: +919884227224; E-mail: drshrishri2008@gmail.com

Received April 16, 2015; **Accepted** May 27, 2015; **Published** June 03, 2015

Citation: Shrivastava SR, Shrivastava PS, Ramasamy J (2015) 2015 World Health Organization Appeal: Discourage Unnecessary Caesarean Section Worldwide. Biol Med S3: 005. doi: 10.4172/0974-8369.S3-005

Copyright: © 2015 Shrivastava PS, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

which is often controversial, has low reproducibility, and never allows for a meaningful comparison [5].

Recommended Solutions

The possible and definitive solution to above problem is to universally adopt the Robson classification which is quite simple, robust, reproducible, and a clinically relevant tool, and also neutralizes the limitations of indications classification [5,8]. The Robson classification categorizes pregnant females into one of the ten categories, based on the five obstetric characteristics, namely the number of previous pregnancies with or without previous caesarean section; type of onset of labour; gestational age; fetal presentation; and number of foetuses [8,9]. In-fact, WHO has advocated for its universal adoption, implementation and interpretation so that the collected information on caesarean sections can be standardized and compared on a National/International scale [5].

Conclusion

To conclude, the decision to opt for a caesarean section should be reached only on the basis of a systematic mechanism, and it is the responsibility of both health professionals and policy makers to ensure its universal implementation so that all unnecessary caesarean sections can be averted.

References

1. Betrán AP, Merialdi M, Lauer JA, Bing-Shun W, Thomas J, et al. (2007) Rates of caesarean section: analysis of global, regional and national estimates. *Paediatr Perinat Epidemiol* 21:98-113.
2. Lumbiganon P, Laopaiboon M, Gülmezoglu AM, Souza JP, Taneepanichskul S, et al. (2010) Method of delivery and pregnancy outcomes in Asia: the WHO global survey on maternal and perinatal health 2007-08. *Lancet* 375:490-499.
3. World Health Organization (2014) Global Health Observatory Data Repository: Women - Data by WHO region, Geneva.
4. World Health Organization (1985) Appropriate technology for birth. *Lancet* 2:436-437.
5. World Health Organization (2015) Caesarean sections should only be performed when medically necessary. WHO, Geneva.
6. Villar J, Carroli G, Zavaleta N, Donner A, Wojdyla D, et al. (2007) Maternal and neonatal individual risks and benefits associated with caesarean delivery: multicentre prospective study. *BMJ* 335:1025.
7. Gibbons L, Belizan JM, Lauer J, Betran AP, Merialdi M, et al. (2010) The global numbers and costs of additionally needed and unnecessary caesarean sections performed per year: overuse as a barrier to universal coverage. WHO press, Geneva.
8. Vogel JP, Betrán AP, Gülmezoglu AM (2015) Use of the Robson classification has improved understanding of caesarean section rates in France. *BJOG* 122:700.
9. Betrán AP, Vindevoghel N, Souza JP, Gülmezoglu AM, Torloni MR (2014) A systematic review of the Robson classification for caesarean section: what works, doesn't work and how to improve it. *PLoS One* 9:e97769.

This article was originally published in a special issue, [Human Biology and Education](#) handled by Editor. Saurabh Ram Bihari Lal Shrivastava, Shri Sathya Sai Medical College and Research Institute, India