World Health Organization Appeal: Discourage Unnecessary Caesarean Section Worldwide

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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,

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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**