

10 Reasons Women Avoid Vaginal Delivery and Choose a Cesarean

By Pauline McDonagh Hull

Dated: Nov 01, 2009

Women who choose a cesarean birth are often criticized, especially if no medical reason for their surgery exists. Yet there are at least 10 good reasons (backed up by more than 120 medical studies here) why their decision is a legitimate one.

Pauline McDonagh Hull, editor of electivecesarean.com, and **Professor Magnus Murphy** M.B., Ch.B., M.Med (O&G)cum laude (Stell), FCOG(SA), FRCSC, Clinical Assistant Professor at the University of Calgary and founder of pelvicfloor.com, have compiled a '**Top 10 List**' of the reasons some women decide to avoid a planned vaginal delivery (PVD) and choose a planned cesarean delivery (PCD) instead.

This press release contains extracts from more than 120 medical studies that highlight the benefits of PCD at full term. For example:

- * It decreases 'the risk of life-threatening neonatal morbidity compared with spontaneous labour with anticipated VD'. (Dahlgren et al, 2009)
- * The 'frequency of significant fetal injury is significantly greater with VD, especially operative VD, than with CD for the nonlaboring woman at 39 weeks EGA'. (Hankins et al, 2006)
- * Intracranial hemorrhage is 'significantly associated with vaginal birth.' (Looney et al, 2007)
- * There are 'fewer maternal deaths with PCD than any other delivery type.' (Treadwell M, BTA, 2008)
- * After PCD 'women reported a better birth experience compared to PVD women.' (Wiklund et al, 2007)
- * 'Pelvic floor trauma as a result of vaginal childbirth can cause significant pelvic floor morbidity.' (Abdool et al, 2009)
- * Sex-related health problems are 'highest among instrument-assisted and lowest among CD. Two-thirds of women having normal VD reported at least one problem related to sex.' (Williams et al, 2007)
- * 'Anal sphincter rupture is a serious complication of a VD [and a] considerable number of women suffer permanent fecal incontinence after this type of injury.' (Lainea et al, 2009)
- * VD is 'associated with an increased risk for lower urinary tract symptoms 9 months after childbirth when compared to elective CD.' (Ekstrom et al, 2008)

MEDICAL STUDIES

A summary of the PCD 'better health outcomes' for babies and mothers appears below. Please visit http://www.electivecesarean.com/index.php?option=com_content&task=view&id=462&Itemid=1 to read the full list of medical studies, which include the author, date published, size/type of study and a brief description of the study's relevant findings. Also listed below is a summary of the likelihood of various birth risks occurring (*based on NHS 2007-08 data*), and a summary of PCD risks.

Pauline McDonagh Hull says: "Some women read about the risks and benefits of PCD and decide to plan a prophylactic PCD in favor of a trial of labor. I was one of these women, and I enjoyed two very positive birth experiences with a wonderful OBGYN. I now want to help the women who contact me via email because their valid PCD request is being refused by the NHS. They are being told 'PVD is safer', but it is not safer. The risks are simply different. In addition, PVD (when emergency CD, vast litigation bills, psychological and physical trauma, and long-term pelvic floor repair are accounted for) does not cost the NHS less than maternal request PCD either."

Professor Magnus Murphy says: "Choosing elective cesarean birth may prevent many serious pelvic injuries associated with vaginal deliveries. These may include being incontinent of urine and/or feces,

decreased sexual satisfaction for women and their partners, as well as problems with pelvic support, leading to sagging pelvic organs (dropped bladder, rectum or uterus). The end result of some of these injuries may be a lifetime of misery.”

Informing Pregnant Women

The risks associated with a planned vaginal delivery (PVD) are often downplayed in antenatal settings, especially for first-time mothers. Conversely, the risks associated with a planned cesarean delivery (PCD) are often over exaggerated and indeed inaccurate, since they include data taken from studies that look at the risks of emergency and/or medically necessary cesareans - rather than planned surgery at full term (39 weeks EGA).

In addition, PCD outcomes are frequently compared to spontaneous VD outcomes, which are irrelevant, since spontaneous VD is never guaranteed. To truly inform women, PCD and all its health outcomes should only be compared with PVD and all *its* health outcomes (which include spontaneous, instrumental delivery and/or emergency cesarean surgery).

Redressing the Balance

The aim of this press release is NOT to suggest that all women should or would want to plan a cesarean delivery, but rather to defend those women who *do* make this decision. It aims to help clarify the comparison of birth plans, and to illustrate the legitimacy of elective cesarean at 39 weeks for women planning a small family.

In short, there are risks associated with every birth type, and a fully informed woman should be free to decide which set of risks she is willing to tolerate. For example, she may tolerate abdominal morbidity more readily than perineal or pelvic floor damage.

Did You Know?

* Medical intervention, particularly at 39 weeks EGA, results in lower stillbirth rates than natural birth. (Joyce et al, UK 2004) (Hankins et al, USA 2006)

* Only 19% of women aged 21 or older are even aware of pelvic organ prolapse (POP), and 81% of mothers say they did not receive education about POP from their doctor (only 15% did). (ICR, Ethicon, 2007). Yet a study of 1.4 million women found a ‘strong and statistically significant association’ that CD ‘is associated with a lower risk of POP than VD.’ (Larsson et al, Sweden 2009)

MEDICAL STUDIES WITH BETTER OUTCOMES FOR BABIES WITH A PCD

- (1) Reduced risk of neonatal and perinatal mortality (6 extracts)
- (2) Reduced risk of infant hemorrhage (3)
- (3) Reduced risk of many severe birth injuries (9)
- (4) Reduced risk of scalp injury (4)

MEDICAL STUDIES WITH BETTER OUTCOMES FOR MOTHERS WITH A PCD

- (5) Reduced risk of death and hemorrhage (5)
- (6) Better outcomes in terms of reduced or avoided pelvic floor damage; e.g. vaginal tearing, episiotomy, risk of future pelvic organ prolapse (POP) or reparative surgery) (44)
- (7) Better outcomes in terms of impact on sexual health (9)
- (8) Better outcomes in terms of reduced or avoided stress urinary incontinence; SUI (19)
- (9) Better outcomes in terms of reduced or avoided fecal incontinence; FI (21)
- (10) Better outcomes in terms of postpartum satisfaction and psychological wellbeing (11)

Likelihood of PVD risks occurring (NHS 2007-08 data)

Fetal distress: 21.5%
Perineal laceration: 36.6%
Episiotomy: 13.6%
Emergency cesarean: 14.9%
Elective cesarean: 9.7%
Instrumental delivery: 12.1%
Induced labor: 20.4%
Long labor: 10.5%
Large baby >4000g (8lb 13oz): 13% of white women; 8.8% of black women; 4.6% of Asian women
Scalp injury to baby: 0.9% (*none related to PCD in 2004-05, the last time infant injury matched with delivery data was available*)

Risks of PCD versus PVD include:*

Breathing difficulties in babies born prior to 39 weeks EGA
Calculating gestational age
Operative injuries incl. human error
Multiple surgeries increase risks
Placenta complications (e.g. previa, accreta and abruption)
Adhesions
Infection
Hemorrhage
Abdominal scar
Recovery process (particularly with a 2nd child)

**Any exposure to medical healthcare carries risks and cesarean delivery is major surgery. Therefore, aside from the procedure itself, a cesarean carries all the risks associated with surgery per se.*

CONTACT DETAILS

Pauline McDonagh Hull

Editor, electivecesarean.com
Co-founder, coalitionforchildbirthautonomy.org
Blog, cesareandebate.blogspot.com
Tel: 020 3287 5717
info@electivecesarean.com

Magnus Murphy M.B., Ch.B., M.Med (O&G)cum laude (Stell), FCOG(SA), FRCSC

Clinical Assistant Professor: University of Calgary
Website, pelvicfloor.com
Author of 2003 book, 'Pelvic Health & Childbirth; What Every Woman Needs to Know'
FULL BIO available online and in PDF

###

About electivecesarean.com:

This website aims to present the specific risks and benefits of planned versus emergency cesarean delivery, and to explain why planned cesarean delivery is a legitimate birth decision.

Category Health, Family
Tags caesarean, cesarean, c section, birth choices, vaginal delivery

Email [Click to email author](#)
Country United Kingdom