

On September 17, 2013 the article below (originally published 3 years ago) was published on Twitter by The Healthy Baby Network (@healthy\_baby) and Lauryn Hale (@unxpctedblessing). I take exception to many of the things stated in this piece and was invited to provide meaningful and respectful comments about my objections. I am happily complying. You will see my comments in green; the original article is in black.

My name is Penny Christensen. I am the Executive Director of Birth Trauma Canada. I have a background in science and a rudimentary understanding of statistics. My basic understanding of statistics gives me some of the skills I need to recognize rubbish when I see it. I get help from statisticians when my skills aren't enough. I'm always surprised when those skilled people can't understand some of the research that gets published and that happens more than you think. I have been advocating for honesty in obstetrics, informed consent and patient autonomy for 15 years. I'm ashamed to say I knew of the need to do this a decade earlier but I was busy raising my kids and, frankly, I was hoping someone else would step up and do this. I've been listening to women's bad childbirth experiences for a very long time.

Obstetrics has a well-deserved reputation as a lightweight in quality, evidence based medicine. It is rife with bias and ideology. Poor quality research is allowed to become conventional wisdom. The pressure to 'publish or perish' is one reason for this. When one's career trajectory depends on the number of published articles you have it is easy to understand why easier rubbish research is done. It is faster than the real thing and it is easy to hide it if you are padding what happens to be conventional wisdom at the time. Why use randomized studies and large sample sizes or control variables when there are journals out there that will publish when you don't bother? There are good reasons for expecting randomized studies, large sample sizes and controlled variables in quality research. If you don't have these things you can rightly be accused of hand picking your data points to fit your foregone conclusion. This happens a lot. If you ignore variables that would disprove your foregone conclusion, or if you refuse to control for variables that affect your outcomes, you are scientifically dishonest. This happens a lot too.

It is also a sad fact that humans will lie, either through ignorance or deceit, if they can make a profit doing so. If you can produce research that supposedly shows your way is the right way, and you can get the gullible to believe it, you can maintain or increase your market share of a very lucrative birthing industry.

Research around cesareans suffers greatly from all these constraints. Emergency cesareans (which are clearly planned vaginal births) are lumped together with planned cesareans in a bid to discredit planned cesareans as a legitimate birth option – and the only one available if a woman wants to avoid the common and substantial risks associated with vaginal births or attempts at them. Planned cesareans for serious medical complications – usually done before term and the safest option available in these circumstances – are used to discredit planned cesareans at term. Studies comparing planned cesareans (PCB) with planned vaginal births (PVB) make sure they never look at the risks that are exclusive to PVB – like the risk of emergency cesareans, vacuum extractors, induction, augmentation, obstetrical lacerations, the need for surgical reconstruction of the genital tract after a vaginal birth, electronic fetal monitoring, maternal exhaustion, uterine atony, inverted uterus, higher morbidity and mortality rates of home births for both mothers and neonates and pelvic floor damage that results in urinary incontinence, anal incontinence, sexual dysfunction and pelvic organ prolapse.

Here is the low down: in all my time in this business, and of the thousands of stories I've heard, I have not met one healthy, term woman who wanted a planned cesarean, who got it in a quality

hospital, that had post-traumatic stress or any of the other psychological morbidities associated with post-traumatic stress like depression, anxiety, PTSD and OCD. It is not planned cesareans that cause these things. It is planned vaginal births that do. So when I see a title like “Is there a link between C-Sections and Postpartum Mood Disorders?” I get my back up. A fairer title would be “Is there a link between Planned Vaginal Births and Postpartum Mood Disorders?” The answer to the first question is NO. The answer to the very different second question is YES.

I also take exception to the word ‘disorders’ when talking about psychological damage stemming from childbirth experiences. I think a better term would be ‘expected consequences’. Consider the inhumanity to women in maternity wards who undergo planned vaginal births and it is no surprise they suffer psychological damage. No human being –man, woman or child – can be expected to suffer like this and come out unscathed.

Please see my other comments in green below.

## Is there a link between C-Sections and Postpartum Mood Disorders?

By admin, on October 18th, 2010

*A Guest Post by Lauren Hale, a mother of three and survivor of Postpartum Mood Disorders*

When Susan\* first saw the double pink lines on her pregnancy test, the last thing she thought about was a cesarean section. In fact, she barely paid attention to the information about Cesarean Sections offered during her childbirth class. Good to hear that this was included in childbirth education classes. It often isn't or is included in a derogatory faction. A friend even assured her a Cesarean Section was easy: 15-20 minutes on the table and then it was over. Planned ones are closer to this description in quality hospitals but no one goes skipping merrily into an operating theatre. But delivery for Susan cumulated with an emergency cesarean due to a fever she developed during labor. Her son also stopped progressing as he kept turning his head instead of moving further down the birth canal.



Suddenly, Susan found herself given a chance at two more pushes. Nurses prepped her for surgery after those last two pushes did not produce her son. Scared, confused, and nearly delirious, she was strapped to the surgical table as her arms trembled and shook so much she no longer controlled them. Her son was born within a few minutes, shown to her, then whisked away to be cleaned and checked over. She remained on the surgical table as her uterus then stomach was repaired and closed with sutures. It would be three agonizing hours before she would really meet her son. Even then, the initial glow was overshadowed by the traumatizing birth she just experienced. **What a truly frightening experience and I am sure she had, and probably still has, nightmares and intrusive memories about this planned vaginal birth. My emergency cesarean wasn't different by too much either. Not many of them are.**

As the cesarean rate skyrockets in the United States ([USAToday](#)), so do Postpartum Mood Disorder rates. **Correlation does not mean – or even imply – causation. One could just as easily say that an increase in planned cesareans birth, with a corresponding decrease in planned vaginal ones would, also decrease the rate of postpartum psychological damage. 1 in 8 new mothers experiences a Postpartum Mood Disorder. Did these mothers have bad planned vaginal births? After asking on Twitter for Moms to share with me if they had experienced a PMD after a cesarean, my direct message box and email inbox flooded with message after message. So many mothers had indeed faced an emergency (in the midst of labor) or last minute planned (prior to any labor attempts) Cesarean. Did you ask if they were planned cesareans because they wanted them that way? Or were they all done for emergency reasons? So many other mothers I have supported over the past few years have also had a Cesarean Section. Me too. But all of them had emergency cesareans - planned vaginal births. All of this would lead one to think there must be a connection between a cesarean birth and a PMD, right? If you actually mean a cesarean after labour (PVB) then I agree. But you aren't saying this. You are inferring that all cesareans are bad.**

Wrong.

As I searched and searched through study after study, they all contradicted each other. **So true. Please refer to my comparison of bad research with good research above. One found a correlation but another dismissed it. Another study which reviewed several studies (<http://www.psychosomaticmedicine.org/cgi/content/abstract/68/2/321>), concluded that “A link between Cesarean Section and Postpartum Depression has not been established.”**

Yet here we are.

Rocketing cesarean rates with rising Postpartum Mood Disorder rates. Is there really a lack of correlation? **YES, there is.** Or perhaps more mothers are bravely raising their voices about their experiences with both Cesarean Sections and Postpartum Mood Disorders, making it appear there is indeed a correlation, even if only anecdotally at the moment. **Anecdotal is not evidence.** Anecdotes can be handpicked to 'prove' any point a person wants to.

There are of course, aspects of a Cesarean birth which would, in my opinion, raise the risk for developing a Postpartum Mood Disorder:

**A surgical birth requires a longer & more difficult recovery period:** According to Childbirth.org (**well-known natural birth bias**), many mothers average 6 weeks or more to recover from a cesarean. A vaginal delivery can take as little as a few days for mom to be up and about. **This simply isn't true.** Very few women are healed from a vaginal birth or an attempt at one in 6 weeks, especially if it was their first child. Many can't even walk without pain at 6 weeks.

1. **Limited bonding opportunities after birth:** Unlike a vaginal birth where baby is placed on mom's chest immediately after birth, most Cesareans do not provide access/bonding between mother and child during the "Golden Hour" (<http://www.medscape.com/viewarticle/710137>) which interferes with bonding and initial breastfeeding. **Again, not true.** Quality hospitals often place newborns on their mothers after a planned cesarean and there is no reason why this can't happen
2. **Increased risk of trauma: Post-Traumatic & Physical:** Mom may have planned her Cesarean. Or Mom may have gone in expecting to give birth vaginally and faced an emergency Cesarean during the course of labor for a number of reasons. Either way, there is an increased risk of both physical and mental trauma with a Cesarean and an emergency Cesarean. **Again, not true.** Please see everything I've said above.
3. **Increased possibility of high risk future pregnancies** including Placenta Previa and Accreta. Cesarean deliveries increase the risk of developing Placenta Previa and Accreta with subsequent pregnancies. **You may have a point here.** The rate of placenta accreta (which is indeed a medical emergency) does seem to be higher after the second or third cesarean. This is a factor to consider if you are planning a large family. But most women don't plan large families. And the evidence for this risk factor seems to vary among surgeons doing the cesarean which rings warning bells for me that the cause of this isn't cesareans but how people are doing them. the number of Cesarean births rise so do the number of these life-threatening complications which may result in premature delivery, hemorrhaging or another Cesarean birth (planned or emergency). **There is no credible evidence for any of this.** Premature delivery happens far more frequently to women who have never had a cesarean. It happens far more frequently to women who have a prior history of prematurity or miscarriage. Hemorrhaging is less with planned cesarean births than it is with planned vaginal births. And many women choose to birth by cesarean instead of planning a second vaginal birth for the express purpose of avoiding the trauma they dealt with the first time. In rare cases Placenta Accreta can be fatal for either mother or baby and/or both. Read here for one mother's story. (<http://abclocal.go.com/ktrk/story?section=news%2Fhealth&id=7727458>)

There are several things mothers can do to help improve their chances of a positive outcome after a planned or emergency Cesarean:

1. **Educate yourself about the risks of a surgical birth.** Cesareans, bottom line, are surgical births. So are vaginal births. The overwhelming majority of first time mothers require surgical reconstruction of their genital tracts after a vaginal birth and that surgery takes as long, and often longer, than a planned cesarean. While they are absolutely necessary in a small percentage of cases, they are used more and more with no justifiable root cause. Lots of good reasons to PCD over PVB. See my talk about the exclusive risks associated with PVB above. Advocate for a vaginal birth if at all possible. Or not. A good place to start educating yourself is at Childbirth.org (<http://www.childbirth.org>) While you may not be planning on a Cesarean, you may find yourself facing one during labor. A knowledgeable, educated woman will know her rights, know the risks, and be prepared to discuss them intelligently with her doctor. Involve your partner in this education as well so he/she is ready and able to go to bat for your rights as well.
2. **Check your doctor or midwife's Cesarean section rate** as well as the Cesarean section rate of the hospital at which you will deliver. If you are dedicated to having a vaginal birth, it's best to choose a hospital or caregiver with a low rate of Cesarean deliveries. A low-rate of Cesarean section can also be indicative of stronger maternal involvement in your care. Not so. Not even close. A low cesarean rate just means the hospital is committed to natural birth as the only option. If you want to PCD look for the hospitals with the highest cesarean rate. It is all a matter of what each individual woman wants.
3. **Develop a support team for after-care if you have a cesarean.** Clearly this team will be on stand-by if you have a vaginal birth planned. Cesareans limit your ability to: care for other children, do housework, drive, and may require several doctor's visits after birth if your incision were to become infected and or separate. Nonsense. Cesarean mothers can do all of these things as well as a vaginal birth mother can – or can't. And infections after a planned vaginal birth are more common than ones after a planned cesarean. If you want a support team after you give birth – vaginally or by planned cesarean – the option is there for both. And if they would just make your situation worse then don't have them – again same option for both. You will need a team to pitch in to help with meal preparation, childcare, housework, and possibly even transportation to the doctor as many doctors do not allow Cesarean patients to drive for up to six weeks after surgery. Never heard of a doctor saying this exclusively to planned cesarean patients. Heard of insurance companies doing this for both ways of birth. But since when do insurance companies work in the best interests of those they insure?
4. **Discuss your feelings about your childbirth choice with your doctor BEFORE birth.** Make sure you are on the same page as your caregiver. You are a team, not a dictatorship. (This goes both ways) Very good advice. And if they aren't on the same page find another one who is.
5. **Discuss any history of mental health after birth or in general with your doctor BEFORE birth.** Again, this ensures you are both aware of the risks and are ready to deal with them should they crop up in the last trimester or after delivery. Many women, after a traumatizing childbirth experience, never trust the medical profession again.
6. **Consider hiring a postpartum doula in addition to a birth doula.** A birth doula will support both you and your husband during labor. She does not replace your husband but

rather acts as a third (very knowledgeable) party during a important part of your life. Additionally, hiring a birth doula may help avoid many emergency Cesareans **There are doulas who will also stand by you if you plan a cesarean. Not all are pro-natural birth.** (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1595013/>). A postpartum doula will help at home with light housework, infant care education and care of the mother. You may even be able to hire a doula for little to no cost if she is still in training for her certification. DONA: Doulas of North America or CAPP: Childbirth and Postpartum Professional Association are two excellent organizations at which you can start your search.

7. **Rest after birth. Follow orders and do not overdo yourself.** Now is not the time to re-organize the entire house from top to bottom. You will heal faster if you take the time to rest and let your body heal itself. **Good advice for all mothers.**

Research does not conclusively show a connection between Cesarean sections and Postpartum Mood Disorders but anecdotal evidence is mounting. **See above.** A mother who has had a negative experience at birth due to a Cesarean Section **cross out 'due to a cesarean' and I'd agree with you** may be more likely to develop Postpartum Post-Traumatic Stress Disorder as a result. Many mothers who have vaginal births may develop this as well given that trauma is in the eye of the beholder, meaning that just because medical professionals or someone else does not view the event as having been traumatic but the mother does, then it was clearly traumatic for her. Perception is everything in life. **Agree – the only one with a valid opinion on what is traumatic, or what could be traumatic, is the woman herself.**

In an article about Cesarean Feelings, a recent survey by Danielle Elwood and Theresa Shebib (see The Post Cesarean Feelings Survey) was examined. In their survey, 288 mother described their Cesarean experience as wonderful or empowering. In contrast, 976 mothers described their Cesarean experience as either frustrating, traumatic, or disappointing with the highest number of mothers, 384, opting to answer that their experience was traumatic. 861 mothers were surveyed but for this question, they were allowed to choose more than one answer. **Did they have a bias? Did they separate planned from emergency cesareans?**

Yet no official conclusive link exists between Cesarean Sections and Postpartum Mood Disorders.

Educate yourself about your childbirth choices, make them wisely, and ensure that your mental health stays intact above all else. Self-care is not indulgent when it comes to motherhood, regardless of your childbirth choice, it is an absolute necessity. Self-care starts in pregnancy, continues through childbirth, and beyond. Be sure you are comfortable with the choices you are making and they are made in with the best information available to you. It is your body, your baby, your choice. You deserve nothing but the absolute best. **Truer words cannot be found.**

***\*name has been changed to protect privacy***

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*Lauren Hale, a mother of three and survivor of Postpartum Mood Disorders(my sincerest condolences that this happened to you), sleeps in until 605 am every day. Lauren survives her days on nothing more than Starbucks and sheer grit. She's sassy, outspoken, and hardly ever takes no for an answer. Unfortunately, her kiddos are just like her and choose to exercise these qualities as she blogs about Postpartum Mood Disorders (<http://www.mypostpartumvoice.com>). She's found a cure though – headphones and Pandora. Lauren also hosts #PPDChat at Twitter every Monday at 1pm EST and 830pm EST.*