What’s New in Obstetrics: Critical Care Management of the Parturient

The Cesarean Epidemic: Etiologies, Outcomes and Potential Solutions

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Objective: Upon completion of this presentation, participants will be able to assess the current state of the cesarean rate in the U.S. and related morbidity and mortality; discuss etiologies for the rise in cesareans, and be able to incorporate approaches to reduce the cesarean rates in their own health systems.

Summary: The rate of cesarean delivery has risen more than 50% over the past fifteen years up to 33% in 2009. Cesarean deliveries are associated with maternal morbidity and mortality, in particular: wound infections, postpartum hemorrhage, surgical injuries to bowel, bladder, and other organs, endomyometritis, VTEs. In subsequent pregnancies, more than 90% of women with a prior cesarean will have a recurrent cesarean. These pregnancies are also at increased risk for stillbirth, uterine rupture (particularly during labor), being more challenging surgically, and abnormal placentation. On this last front, placenta previa and accreta are both increased with increasing number of prior cesareans.

The increased rate likely has multifactorial causes including changing maternal demographics, changing maternal and clinician preferences, and the medical-legal and practice climates that clinicians are practicing within. Maternal characteristics such as obesity and increased maternal age are occurring at increased rates. However, we see that cesareans are increasing in each strata of these risk groups. While maternal preferences towards cesarean delivery has received a lot of attention in the press, estimates of its occurrence are difficult to obtain and it seems unlikely that it is having a systematic effect across the country. Physician preferences, however, may be influenced by the climate in which they practice. The hostile medical-legal climate is likely leading to increased rates of cesareans. The pressure on busy providers from a time perspective may lead to impatience with labor that is outside of the norms established 50 years ago which do not likely apply any longer.

The cesarean delivery rate was quite high in the late 1980s, but we actually decreased the rates nationally through 1995, thus we should be able to do it again. Simple techniques for lowering the rates of cesarean deliveries include:

- Trial of labor after cesarean
- External cephalic version of breech fetuses
- Manual rotation of OP/OT fetuses
- The use of operative vaginal delivery: forceps and vacuums
- Patience in the first stage of labor
- Patience in the second stage of labor
- Changing the climate/culture of labor and delivery units

Key Points:
1. Cesarean deliveries are associated with morbidity and mortality
2. The rise in cesarean deliveries is due to both biologic reasons such as the changes in rates of obesity, but also cultural reasons such as physician work schedule and rates of malpractice cases.
3. We can lower the rate of cesarean delivery.

Key References: