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## **Record high caesarean rate raising concerns among Canada's obstetricians**

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TORONTO — The rate of caesarean births is at an all-time high in Canada, putting more women at risk for complications and increasing the strain on an already overburdened health-care system, says the Society of Obstetricians and Gynecologists.

More than one in four newborns in Canada are now delivered by C-section, says the SOGC, which is looking for ways to halt and reverse that upward trend.

"The SOGC's position is that we should really strive for normal childbirth," president Dr. Guylaine Lefebvre said from Calgary, where the organization is holding its annual meeting this week.

Lefebvre said 26.3 per cent of women giving birth do so by C-section, a dramatic rise from 1993, when 17 per cent of births were performed with the surgical intervention.

While generally considered a safe procedure, a caesarean birth means longer hospital stays for women, more pain and a far longer recovery compared with vaginal delivery, she said, noting that an abdominal incision takes about six weeks to heal.

The surgical procedure also carries risks of complications, from those related to anesthesia to infection to injury of the bladder or other nearby organs.

With rising C-section rates, "we're afraid we're now down a path where we are going to see these complications more and more, and that brings up definite concerns," she said.

A combination of factors is likely driving the swelling caesarean rate, including an increasing proportion of obese women across the country.

"So, similarly, if you look at the number of women who were obese in '93 compared with today it's pretty much the same figures - 17 per cent to now 26 or 27 per cent," said Lefebvre.

"We know that obese women tend to have bigger babies, they have more risk of complications of pregnancy, such as diabetes and so forth, and longer labours. So they're at higher risk for caesarean and if they need a surgical intervention, they're at higher risk for complications secondary to their obesity."

As well, more women are giving birth later in life and many of them are conceiving through in-vitro fertilization, upping the odds of multiple births. Being older and carrying more than one fetus also increase the likelihood of C-section deliveries.

"And parallel to that I think there's also the reality that we are less and less willing to take risks," she said of obstetricians, who fear being sued if a delivery goes wrong. "The medical-legal situation makes it such that if there's any doubt or any risk we may be a bit quicker going to caesarean section as an alternative."

While there are no hard data in Canada, it's estimated that less than two per cent of mothers-to-be demand a C-section.

"But it is a reality where some women are asking to have a caesarean section, either because they're afraid of labour or for convenience," Lefebvre said.

"They would prefer to book a birth day than wait for labour to begin, and that's true also with the diminishing human resources in obstetrics that we're seeing. There may be an issue in Canada where if you can't access a provider in an emergency or on an urgent basis, then maybe it may be more convenient for either the woman, the family, the practitioner or the hospital to actually book an elective caesarean."

The shortage of obstetricians "ties intimately" to the rising C-section rate, she stressed, as does a change in the practice of obstetrics.

Unlike their counterparts of a generation or two ago, specialists coming into the field today are no longer willing to work the brutally long hours in order to provide "24-7 coverage, 365 days a year," she said.

And fewer family physicians are now delivering babies because of increasing demands in primary care for other patients, Lefebvre explained. "So that means it puts increased onus on the obstetricians to look after a population of low-risk, well women in pregnancy."

The SOGC is looking at a number of options to try to reduce the rate of caesareans, including an education campaign for women and physicians, setting up supports for family doctors so they can incorporate birthing into their practices and working collaboratively with midwives.

"There are some things that are beyond our control," said Lefebvre. "We're not going to overnight change obesity or medical complications."

"But there are some things we hope we can affect, such as reassuring women that in the proper setting and barring any reason why you shouldn't try, normal childbirth in Canada can be a very safe and rewarding experience."

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