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C-section increase alarms doctors

Procedures strain system, put moms at risk

Michelle Lang, Calgary Herald

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A growing number of expectant mothers across the country are delivering their babies by caesarean section -- a trend that is putting women at increased risk while draining precious hospital resources, Canadian gynecologists said Wednesday.

And in Calgary, where the rate is above the national average, some physicians say the city's crowded maternity wards are having trouble coping with the number of C-sections.

At its annual meeting in the city this week, the Society of Obstetricians and Gynaecologists of Canada said about a quarter of all babies are born by C-section, a significant increase from one in six a decade ago.

Local doctors say Calgary's rate has increased from 20 to 30 per cent of births in the past decade.

"We would like to minimize any further rise in C-section rates," said Dr. Scott Farrell, the society's president-elect.

"The issue is, although a C-section is a very safe procedure in North America, there's a higher risk of complications . . . compared to vaginal delivery."

The society says Canada's rate is increasing because of demographic factors such as higher obesity rates and women delaying childbirth until later in life.

Physicians like Calgary obstetrician Dr. Jaelene Mannerfeldt said some expectant moms want to be able to schedule their child's birth, while others might have fears about labour.

"They perceive it as a controlled experience, where they set the date and the time and plan their mother's visit," she said.

"They need to be informed of the risks of the procedure."

The society says it carries a higher risk of complications.

In a statement Wednesday, the society said caesarean sections should be performed only when medically necessary.

C-sections can cause infection, bleeding, chronic pelvic pain and are linked with a risk of hysterectomy, said the statement.

In addition, they require more health care resources than a vaginal birth, including longer hospital stays and more nursing care.

A 2006 Canadian Institute for Health Information study, for example, found caesarean sections cost hospitals 60 per cent more than vaginal births.

In Calgary, which is experiencing a baby boom, hospitals are struggling to cope with the volume of births.

All three adult hospitals are operating at or above capacity for deliveries, and the growing number of C-sections is further stretching resources.

"It's a challenge and we have to deal with it," said Dr. Ian Lange, head of obstetrics and gynecology for Calgary Health Region. "There is pressure on all three (hospital) sites."

Lange said Calgary has taken several steps to address the situation, such as boosting its home care program and proposing additional recovery rooms for post-operative care at all three hospitals.

The Society of Obstetricians and Gynaecologists of Canada, meanwhile, says it is advocating for better care co-ordination among health care professionals.

Farrell said integrated teams of doctors and nurses with expertise in the area can help reduce the rates of C-sections by providing improved care and educating patients.

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