Stemming the global caesarean section epidemic

The major rise in caesarean sections around the world is called unprecedented and unjustified in a new Lancet Series on optimising caesarean section use published today.

When medically indicated, such as in placenta previa, fetal distress, or abnormal positioning, caesarean sections save the lives of women and babies. Underuse due to lack of access clearly exists in some areas, and is associated with maternal and perinatal harms. But overuse and its implications are now of growing concern. Population rates above 10–15% are considered excessive. Women who do not need a caesarean section and their infants can be harmed or die from the procedure, especially when done in the absence of adequate facilities, skills, and comprehensive health care.

The Series shows that the global rate of caesarean birth has doubled in the past 15 years to 21%, and is increasing annually by 4%. While in southern Africa use of caesarean section is less than 5%, the rate is almost 60% in some parts of Latin America, including in Brazil where we will launch the Lancet Series at the World Congress of Gynecology and Obstetrics (FIGO) on Oct 18. Of the 6.2 million unnecessary caesareans done each year, half are in Brazil and China. The wide variations reported between regions, within countries, and between groups of women confirm that caesarean section use is not evidence-based. Any increases in obesity, age, and nulliparity among populations of women are not enough to explain increases. Addressing the non-medical reasons that drive caesarean sections, therefore, is key to reducing inappropriate use.

New WHO guidance to reduce unnecessary caesarean sections, published on Oct 11 and the first ever to focus on non-clinical interventions, is strongly welcomed. Among its evidence-based recommendations are those addressing women’s fears, concerns, and misperceptions. In some countries, it has become fashionable and considered “modern” or safer to deliver without labour. Some women will have had a traumatic previous birth or complications, or believe incorrectly that a vaginal birth is not possible after a previous caesarean section. As the WHO guidance states, comprehensive health education, including tailored information and support about childbirth fear, pain relief, and the advantages and disadvantages of caesarean sections, should be provided to all women.

Provider-side interventions will be crucial. The WHO guidance recommends mandatory second opinions for caesarean section indication, as well as audits and feedback loops within facilities. Financial strategies that remunerate equally for vaginal births and caesarean sections are also recommended. The guidance acknowledges barriers to evidence-based practice: cultures of medicine shifting toward surgical intervention, risk of litigation, the financial incentives of performing caesarean sections, and the convenience of scheduled deliveries. As the Series notes, young doctors are regrettably now more equipped and confident with the skills for surgical delivery than they are with managing vaginal births. Clearly, providers must also become better equipped and confident to have meaningful, evidence-based, and supportive discussions with women about their birth options and concerns.

To facilitate this better communication and women-centred care, the best recommendation in the new WHO guidance is the collaborative midwifery-obstetrician model whereby care is provided primarily by midwives. The Series shows midwifery care to be associated with more vaginal births, safer outcomes, positive maternal experiences, and lower costs, and an accompanying Comment clearly supports the role of midwives in reducing caesarean section use.

If implemented, the new WHO guidance should help level the playing field between women and providers with its emphasis on better, respectful communication, emotional support, and transparency of risks and benefits so that best choices about birth can be made.

What is left unresolved are the tensions generated when women’s agency in choosing a caesarean section go against medical directives to intervene against them. Although the Lancet Series says that women’s demand is not a substantial driver of the current problem of overuse, efforts to reduce caesareans must, nevertheless, strongly respect women’s rights to choose the circumstances of birth. NICE guidance in the UK, for example, states that a woman should be offered a planned caesarean section if she so wishes. But it also says that practitioners can decline to provide one, and the new WHO guidance urges avoidance when a caesarean is not indicated. What then? With this new Series we hope to spark more debate and research about implementing recommendations to reduce caesarean section use. ■ The Lancet