



CIMS

Coalition for Improving Maternity Services

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FOR IMMEDIATE RELEASE

March 21, 2006

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**Elective Cesareans Defy US Department of Health and
Centers for Disease Control Goals for Improving Maternal and Infant Health**

Ponte Vedra Beach, Florida, (PRWEB) March 20, 2006-- The Coalition for Improving Maternity Services (CIMS) is eagerly anticipating the results of the upcoming National Institutes of Health (NIH) *State-of-the Science Conference: Cesarean Delivery on Maternal Request*, March 27-29, 2006 and trusts that the NIH will provide much needed guidelines and recommendations for decreasing cesarean surgeries performed for no medical indications (elective cesareans). Whether elective cesareans are truly requested by expectant mothers after being educated on the risks of this major abdominal operation or merely acquiesced to or influenced by physician opinions is still unclear. However, existing evidence that both women and babies are at increased health risks with a cesarean surgery is clear.

A key objective of the US Public Health Service Healthy People 2010 initiative is to reduce the number of cesarean sections for low risk women. Additional objectives are to lower overall maternal deaths and reduce the number of babies born preterm and low-birth weight, all factors associated with cesarean surgery.

Increasing the number of mothers who breastfeed their babies is also a target goal of the public health service, shown to have health benefits for both mothers and babies. The American Academy of Pediatrics firmly adheres to the position that breastfeeding ensures the best possible health as well as developmental and psychosocial outcomes for the infant. The Centers for Disease Control (CDC) has identified cesarean section as having a negative effect on breastfeeding. Mothers are less likely to initiate and successfully continue to breastfeed.

The Healthy People 2010 goals are to reduce cesarean sections among low-risk (full term, singleton, vertex presentation) women giving birth for the first time to 15% and to reduce repeat cesareans for low-risk women to 63%. In 2003 24% of first births to low risk women were cesarean surgeries and in 2004, 91% of women with prior cesarean sections had a repeat operation.

In a 2003 Progressive Review of the Healthy People 2010 maternal, infant, and child health goals, Acting Assistant Secretary for Health, Dr. Cristina Beato stressed that focusing on improving the current health status of mothers and infants is important because it is also a predictor of the health of the next generation.

To reduce current maternal deaths by 50% is a major goal of Healthy People 2010. The risks of the operation itself substantially increase the risk of maternal death compared with women having vaginal births *regardless of their health status*. Birth by cesarean even when the surgery is performed without labor puts women at increased risk for infection, hemorrhage, blood clots, complications that require rehospitalization, chronic pelvic pain, and worse physical health. Scheduled cesareans are more likely to result in babies born prematurely, who have respiratory problems severe enough to require admission to intensive care, and who have difficulties breastfeeding.

Regardless of whether the first cesarean was planned, women and their future babies face risks arising from the uterine scar and surgical adhesions. Women are at higher risk for infertility, ectopic pregnancy, including “cesarean scar ectopic pregnancy,” a type unique to cesareans, life-threatening problems with placental attachment, and uterine scar rupture, a potentially catastrophic complication that can occur in pregnancy, not just during labor. Babies who develop and grow in a previously scarred uterus are at excess risk of unexplained fetal demise after 34 weeks of gestation, preterm delivery, and of being underweight for their gestational age. Surgical adhesions make future surgeries more difficult and risky and may cause chronic pain and in some cases, bowel obstruction.

While cesarean surgery is claimed to protect the pelvic floor, it offers only minimal protection in the short term and none at all in the long term. By 6 months or more after birth the excess risk of experiencing significant incontinence with vaginal birth is minimal. By age 50, even that advantage has disappeared. Furthermore, this is without taking into account that pelvic floor weakness and injury can be avoided by improving vaginal birth management, and symptoms can be relieved by such no-risk measures as engaging in pelvic floor exercises or losing weight.

The Coalition for Improving Maternity Services (CIMS), a United Nations recognized NGO, is a collaborative effort of numerous individuals, leading researchers, and more than 50 organizations representing over 90,000 members. Promoting a wellness model of maternity care that will improve birth outcomes and substantially reduce costs; CIMS developed the Mother-Friendly Childbirth Initiative in 1996. A consensus document that has been recognized as an important model for improving the healthcare and well-being of children beginning at birth, the Mother-Friendly Childbirth Initiative has been translated into several languages and is gaining support around the world.
