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[Intervention Review]

Caesarean section for non-medical reasons at term

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ABSTRACT

Background

Caesarean section rates are progressively rising in many parts of the world. One suggested reason is increasing requests by women for caesarean section in the absence of clear medical indications, such as placenta praevia, HIV infection, contracted pelvis and, arguably, breech presentation or previous caesarean section. The reported benefits of planned caesarean section include greater safety for the baby, less pelvic floor trauma for the mother, avoidance of labour pain and convenience. The potential disadvantages, from observational studies, include increased risk of major morbidity or mortality for the mother, adverse psychological sequelae, and problems in subsequent pregnancies, including uterine scar rupture and a greater risk of stillbirth and neonatal morbidity. The differences in neonatal physiology following vaginal and caesarean births are thought to have implications for the infant, with caesarean section potentially increasing the risk of compromised health in both the short and the long term. An unbiased assessment of advantages and disadvantages would assist discussion of what has become a contentious issue in modern obstetrics.

Objectives

To assess, from randomised trials, the effects on perinatal and maternal morbidity and mortality, and on maternal psychological morbidity, of planned caesarean delivery versus planned vaginal birth in women with no clear clinical indication for caesarean section.

Search methods

We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (31 January 2012) and reference lists of relevant studies.

Selection criteria

All comparisons of intention to perform caesarean section and intention for women to give birth vaginally; random allocation to treatment and control groups; adequate allocation concealment; women at term with single fetuses with cephalic presentations and no clear medical indication for caesarean section.

Data collection and analysis

We identified no studies that met the inclusion criteria.

Main results

There were no included trials.

Authors' conclusions

There is no evidence from randomised controlled trials, upon which to base any practice recommendations regarding planned caesarean section for non-medical reasons at term. In the absence of trial data, there is an urgent need for a systematic review of observational studies and a synthesis of qualitative data to better assess the short- and long-term effects of caesarean section and vaginal birth.

PLAIN LANGUAGE SUMMARY**Caesarean section for non-medical reasons at term**

Childbirth is a profound and powerful human experience. Women often describe feelings of empowerment, elation and achievement, although other women's experiences include trauma, fear, pain, and loss of control. The way women give birth, either vaginally or by caesarean section, is likely to impact on their feelings. In recent years, caesareans have become safer due to improved anaesthesia and improved surgical techniques, along with the routine use of drugs at surgery to combat the increased risk of infection and blood clots in the mother. However, caesarean section remains a surgical procedure accompanied by abdominal and uterine incisions, scarring and adhesions. There is also evidence of an increased chance of problems in subsequent pregnancies for both women and babies.

This review found no trials to help assess the risks and benefits of caesarean section when undertaken without a conventional medical indication. The authors strongly recommend the use of alternative research methods to gather data on the outcomes associated with different ways of giving birth.