The tug of war between vaginal and cesarean births

It is hard to believe that we are still debating the best way to deliver a baby. In fact, this debate has recently escalated due largely to a rapid rise in cesarean sections worldwide.

Having a vaginal birth after a previous cesarean (VBAC) section illustrates the dilemma. After years of trying to increase the number of vaginal births after a previous cesarean, many hospitals have all but given up. Meanwhile, as primary (first time) and repeat cesarean section rates continue to rise, scientists are trying to figure out where the trend is headed.

Cesarean section rates in the United States have now reached their highest levels ever, accounting for one third of all births. This relentless push upward has been driven by a steady increase in primary cesareans and a sharp decrease in vaginal birth after a cesarean. The result? As long as these two trends continue, the total number of cesarean deliveries will continue to increase. Let's examine some of these trends.

In 2008, approximately 1.4 million women in the United States had a cesarean delivery, representing 32.3 percent of all births, meaning the total cesarean section delivery rate had increased by 56 percent from 20.7 percent
in 1996. Cesarean delivery continues to be the most common major surgical procedure for women.

Cesarean rates are higher for multiple births than for single births: 75 percent for twins, and 95 percent for triplet or higher order births. In contrast, vaginal births after previous cesarean rates are lower for women with multiples: nine percent for singletons, three percent for twins, and less than two percent for triplet or higher order pregnancies.

Among 26 industrialized countries, cesarean rates range from a low of 14 percent for the Netherlands to a high of 40 percent for Italy. The total cesarean rate for the United States (32 percent) is higher than the cesarean rate for 22 of the 26 countries. Thus, only three countries have cesarean rates higher than the U.S.

Attempts to follow a cesarean section delivery with a vaginal birth for the next pregnancy were on the upswing until 1996 when a pivotal article appeared in the New England Journal of Medicine by McMahon and colleagues. The authors found higher rates of hysterectomy and rupture of the uterus in the "trial of labor group" (attempting a vaginal delivery after a previous cesarean) compared with the elective repeat cesarean group. Five years later, an editorial concluded that repeat elective cesareans were "unequivocally" safer for infants than attempting a trial of labor first. These two publications received widespread publicity and definitely had a negative effect on attempts to deliver vaginally after a previous cesarean.
The tug of war between vaginal and cesarean births

Given the increasing rate of primary cesareans and the decreasing rate of attempts to deliver vaginally after a previous cesarean, a woman who has a cesarean delivery in the United States will most likely have a subsequent cesarean delivery, bringing to mind the old adage that was seemingly discarded years ago: "Once a cesarean, always a cesarean."

A further thought: Maternal obesity and diabetes both adversely affect attempts to deliver vaginally after a previous cesarean section. Several studies have shown this to be true.

Prediction: If the prevailing attitudes and behaviors toward giving birth by cesarean section persist, just doing the math strongly suggests that the overall cesarean section rate in this country will some day reach 40 and then 50 percent. Imagine that.

© 2012 Gary Benfield