

Short Communication

Women's Health Challenges in an Era of Rising Caesarean Sections

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A B S T R A C T

The global increase in caesarean section (CS) rates has raised significant concerns regarding its impact on women's health. It synthesizes current literature to explore the multifaceted health challenges faced by women in the context of rising CS rates. Key areas of focus include maternal outcomes, long-term health implications, socio-economic factors, and healthcare system considerations. Understanding these challenges is crucial for informing policies and practices aimed at optimizing maternal health outcomes.

Methods: A literature search was conducted using electronic databases such as PubMed, Google Scholar, and relevant institutional repositories. The search focused on studies published within the last decade that investigated the health outcomes and challenges associated with increasing CS rates.

Keywords: Caesarean Section, Maternal Health, Health Challenges, Long-Term Outcomes, and Socio-Economic Factors.

Introduction

The past few decades have witnessed a steady rise in caesarean section rates worldwide, surpassing the recommended threshold set by the World Health Organization (WHO). While CS can be a life-saving intervention when medically indicated, its escalating use has prompted extensive debate due to associated health risks and implications. This review examines the various health challenges confronting women amidst this trend, encompassing both immediate and long-term consequences. By elucidating these complexities, this paper aims to underscore the need for a balanced approach to CS utilization that prioritizes maternal health and well-being.¹

Globally, the proportion of births delivered by caesarean section (CS) was projected to reach 21.1% in 2015, a significant increase from approximately 16 million to around 30 million live births between 2000 and 2015. CS rates vary widely between countries, with reported rates ranging from 4% to 62% in China and 7% to 49% in India.

The recent rise in CS rates cannot solely be attributed to medical necessity. These trends raise concerns about the potential health impacts on both mothers and newborns. High rates of unnecessary CS expose them to unforeseen risks that are not fully understood.

Numerous studies indicate that, particularly in low-income countries, giving birth at private facilities is a major factor contributing to the increase in CS deliveries. Despite the increasing prevalence of CS, medical professionals and parents often prioritize immediate concerns over evaluating potential long-term risks.^{2,3}

Recovery from a CS typically extends beyond a few days or weeks, impacting mothers well beyond the initial physical recuperation phase. Emotional challenges stemming from an unplanned CS can persist for years or even a lifetime. Sandall's review published in The Lancet suggests that CS may have both short- and long-term effects on the health of women and children. Physical consequences such as pelvic floor issues, internal scarring, uterine complications,

and abdominal muscle weakness may manifest years after the surgery, underscoring the need for comprehensive consideration of CS implications.

Large adhesences, intestinal and bladder lesions, abnormal placental implantation, hysterectomy, blood transfusions, and intensive care unit admissions are among the risks associated with multiple caesarean sections in women. These findings highlight the need for precise and well-defined medical indications for this procedure, as it is not risk-free.

According to a 2002 study by Rowe-Murray and Fisher, babies delivered via CS were more likely to not attempt breastfeeding during the first 24 hours after delivery and were less likely to have immediate skin-to-skin contact.⁴

Health Challenges Associated with Rising Caesarean Sections

Maternal Outcomes: Studies consistently highlight both immediate and short-term maternal complications associated with CS, including surgical risks such as infection, hemorrhage, and complications from anesthesia. While CS can mitigate risks in certain high-risk pregnancies, such as placenta previa or fetal distress, elective CS without medical indication is associated with increased maternal morbidity compared to vaginal delivery. These complications can impact maternal recovery, breastfeeding initiation, and bonding with the newborn.⁵

Immediate Maternal Complications: Caesarean sections are major abdominal surgeries associated with inherent risks and complications. Immediate post-operative complications include surgical site infections, hemorrhage, injury to nearby organs, and adverse reactions to anesthesia. These risks are heightened in emergency CS and in women with pre-existing health conditions such as obesity or hypertension. The recovery period following CS can be prolonged compared to vaginal delivery, impacting maternal mobility, breastfeeding initiation, and early bonding with the newborn.

Increased Risk of Surgical Complications: Research indicates that compared to vaginal delivery, CS is associated with a higher incidence of surgical complications. These may include wound infections, thromboembolic events such as deep vein thrombosis and pulmonary embolism, and complications related to anesthesia administration. The invasiveness of the procedure and the need for longer hospital stays can further exacerbate the risk of nosocomial infections and delay postpartum recovery.^{6,7}

Impact on Future Pregnancies and Fertility: Women who undergo CS may face challenges in subsequent pregnancies. The risk of placental abnormalities such as placenta previa and placenta accreta increases with each CS, potentially leading to complications such as postpartum hemorrhage and the need for hysterectomy. Additionally, CS is associated

with a higher likelihood of uterine rupture in subsequent pregnancies, particularly if the incision was made in the upper segment of the uterus. These factors can impact fertility and influence decisions regarding future childbirth options.⁸

Psychological and Emotional Impact: The experience of childbirth, including the mode of delivery, can have profound psychological implications for women. Women who undergo CS may experience feelings of disappointment, loss of control, or failure to achieve a desired birth experience. Postpartum psychological distress, including symptoms of anxiety and depression, may be more prevalent among women who undergo CS compared to those who have vaginal deliveries. Addressing these emotional challenges is crucial for promoting maternal well-being and mental health during the postpartum period.

Long-Term Health Considerations: Beyond the immediate postpartum period, CS may have long-term health implications for women. Studies suggest an increased risk of chronic pelvic pain and adhesions following CS, which can impact quality of life and daily activities. Additionally, concerns about the potential association between CS and long-term cardiovascular health, such as an increased risk of hypertension and cardiovascular disease, warrant further investigation.⁵

The rising prevalence of caesarean sections presents significant health challenges for women, particularly concerning maternal outcomes. Immediate complications, increased surgical risks, impacts on future pregnancies and fertility, psychological distress, and long-term health considerations underscore the importance of judicious CS utilization. Healthcare providers and policymakers must prioritize evidence-based practices, shared decision-making, and comprehensive maternal health care to optimize maternal outcomes and promote women's health across the reproductive lifespan.

Socio-Economic Factors: Socio-economic disparities play a significant role in the likelihood of undergoing CS. Factors such as access to healthcare services, insurance coverage, and maternal education levels influence CS rates. Women from disadvantaged backgrounds may face barriers to accessing prenatal care or may be more likely to undergo CS due to medical recommendations influenced by healthcare providers or facilities' practices.⁶

Access to Healthcare Services

Access to healthcare services plays a pivotal role in the likelihood of undergoing a caesarean section. Women with limited access to prenatal care or obstetric services may face challenges in early identification and management of pregnancy complications. This can lead to higher rates of emergency CS due to late referrals or inadequate

monitoring, contributing to increased maternal morbidity and healthcare costs.

Insurance Coverage and Affordability

Socio-economic disparities in insurance coverage and healthcare affordability influence CS rates. Women without adequate insurance coverage may encounter barriers to accessing elective CS for medical indications. Conversely, financial incentives in healthcare systems may inadvertently promote CS over vaginal delivery, particularly in private healthcare settings where CS can be more lucrative for providers.

Educational and Socio-Economic Status

Educational attainment and socio-economic status are correlated with CS rates. Women with higher educational levels and socio-economic status may have greater access to information, resources, and decision-making autonomy regarding childbirth options. Conversely, socio-economically disadvantaged women may face challenges in navigating healthcare systems, advocating for their preferences, or receiving timely and appropriate prenatal care.[8,9]

Provider Practices and Hospital Policies:

Healthcare provider practices and hospital policies significantly influence CS rates. Variation in CS rates between healthcare facilities suggests that institutional practices, provider preferences, and organizational culture play a role in CS utilization. Factors such as defensive medicine, perceived liability risks, and cultural norms within healthcare settings may contribute to higher CS rates, particularly in non-medically indicated cases.

Impact on Healthcare Costs and Resources:

The economic burden of rising CS rates extends beyond individual health outcomes to healthcare systems as a whole. CS procedures are associated with higher healthcare costs due to longer hospital stays, surgical interventions, and post-operative care requirements. Healthcare systems must balance the clinical benefits of CS with considerations of cost-effectiveness and resource allocation, particularly in settings with limited healthcare resources.

Socio-economic factors significantly influence the rising prevalence of caesarean sections and pose complex challenges for maternal health and healthcare systems. Disparities in access to healthcare services, insurance coverage, educational attainment, provider practices, and healthcare costs contribute to variations in CS utilization. Addressing these socio-economic factors requires a multi-faceted approach that promotes equitable access to maternal healthcare, evidence-based practices, and patient-centered decision-making.^{10,11}

Conclusion: The increasing prevalence of caesarean

sections presents multifaceted challenges for women's health, encompassing immediate surgical risks, long-term health implications, socio-economic disparities, and healthcare system dynamics. Addressing these challenges requires a comprehensive approach that prioritizes maternal health outcomes, promotes evidence-based practices, and fosters informed decision-making among pregnant women and healthcare providers. Future research should continue to explore the impacts of rising CS rates on maternal health and identify strategies to optimize childbirth practices while ensuring maternal safety and well-being.

Recommendations

- Implement evidence-based guidelines and policies to reduce unnecessary CS.
- Enhance prenatal education and support for women considering childbirth options.
- Foster interdisciplinary collaboration among healthcare providers to promote optimal maternal outcomes.
- Address socio-economic disparities through improved access to prenatal care and maternal health services.
- Advocate for comprehensive maternal health policies that prioritize informed decision-making and patient-centered care.

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