

Few Women Want a Second Elective Cesarean

BY JEFF EVANS
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PRAGUE — Very few women in their first pregnancy appear to request an elective cesarean section but when they do, few would do it again, according to a study of nearly 400 German and U.S. women presented at the 20th European Congress of Perinatal Medicine.

In a prospective study of maternal preferences for birth, questionnaires were

completed by 55 of 64 American and 342 of 366 German women.

All of the women were primigravid with singleton pregnancies and in good health when they completed questionnaires in the third trimester and 8-12 weeks after their pregnancy, Dr. Beate Schücking reported.

In 2005, the 29% rate of cesarean section in Germany closely mirrored that of the United States, said Dr. Schücking of the University of Osnabrück (Germany).

In the third trimester, nearly all U.S. (95%) and German (96%) women said that they preferred vaginal delivery. The women reported that they believed a vaginal birth would offer more security, an easier recovery, and less pain and injury than would a cesarean section.

Three of the 55 women in the United States were indecisive about which method they preferred. The 13 German women who preferred a C-section said they wanted the surgical procedure be-

cause of anxiety, and they wanted to avoid pain and injuries, to have security for their baby, and to deliver a breech-positioned fetus safely.

Unlike the women who decided that they wanted a vaginal delivery early in their pregnancy, the women who preferred a C-section were indecisive about which method they preferred until the end of their pregnancy.

Those who preferred a C-section were younger, had lower scores of well-being, and were more likely to be unmarried.

These results were "quite consistent" with a Swedish study of 3,061 pregnant women that found that 8% would opt for a C-section and that that same 8% had more anxiety and depression than those who desired a vaginal delivery (BJOG 2002;109:618-23).

Although the women in that study were not all first-time mothers, they, too, were more likely to be single, younger, and have already had a negative birth experience.

"The women got quite a different birth experience from what they had wished to have," Dr. Schücking noted.

In reality, spontaneous vaginal births occurred at lower rates among the U.S. (64%) and German (61%) women than they would

have liked. The actual C-section rates were higher among the U.S. (20%) and German (26%) women than their stated preference. Vaginal operative births occurred in 16% of U.S. and 13% of German women

Spontaneous vaginal birth was more satisfying to the women than elective C-section, followed by vaginal operative birth and C-section after the onset of labor.

In the German sample, 89% of the women who had a spontaneous vaginal delivery indicated that they would like to repeat that method if they had a second child.

But only 18% of those who received an elective C-section said that they would like to repeat it with a second baby. Few women who had an unplanned C-section (14%) or vaginal operative delivery (9%) wanted to repeat those methods.

The well-being of both U.S. and German women was significantly lower in the postpartum than antenatal period, although this did not correlate with the method of birth, Dr. Schücking said.

The fact that very few women in the two groups requested a cesarean section may indicate that "rising [C-section] rates are not really due to maternal request" but are most likely to occur among "vulnerable, anxious women," she said.

"For me, the question is if surgery is really the best way to answer a mental problem."

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