

**Headline** Caesarean Section carries a greater risk to the mother, ...  
**Date** 26. Apr 2009  
**Media Title** Daily Express  
**Section** Nation  
**Circulation** 29826  
**Readership** 97836  
**Language** ENGLISH  
**Page No** 8  
**Article Size** 427 cm2  
**Frequency** Daily (EM)  
**Color** Black/White  
**AdValue** 881.57



## Caesarean Section carries a greater risk to the mother, says Prof

PROFESSOR of Feto-Maternal Medicine cum Director of Medical Education, Professor David James from Queen's Medical Centre, Nottingham, United Kingdom took time off to take questions from Special Writer Mary Chin on "Planned Caesarean Section as Opposed to Emergency Caesarean Section, and Neonatal Outcomes" at the recent 16th Annual Congress of the Perinatal Society of Malaysia held in Sabah for the first time. Caesarean Section is increasing, especially in the developing world, according to him.

Below is the interview:

**DE: Prof, you mentioned in your talk that about one-third of Caesarean Sections are planned (that is, undertaken electively). Is this a global or World Health Organisation (WHO) figure?**

**Prof David:** No, in developed countries, they have Caesarean Section rates in the order of 20 to 25 per cent and about one-third of them are of this planned variety. The other two-thirds are emergency Caesarean Sections. That figure is much lower in least developed countries such as in Africa, for example, sub-Saharan Africa where the rate of Caesarean Section is about three per cent.

**DE: What is meant by planned Caesarean Section?**

**Prof David:** At some point during the pregnancy, the plan was made to deliver by Caesarean Section for different reasons.

**DE: So, can you elaborate on the role of elective Caesarean Section in improving neonatal outcome with Breech presentation (term and preterm), twin pregnancy, large for dates fetus, small for dates fetus, preterm fetus, abnormal fetus and Mother to child transmission of maternal infections?**

**Prof David:** I look at all the circumstances where people might plan to do a Caesarean Section for the baby's benefit, you know. Say, we must get this baby out by Caesarean Section because it is better than having a normal vaginal delivery of this baby. Basically, I only found convincing, strong evidence of benefit in two circumstances. One way is if you have a full-term pregnancy with a Breech presentation, that is, the baby presenting bottom first and the other is where the mother has HIV infection. And the Caesarean Section reduces the transmission of that virus to the baby.

**DE: What about the other circumstances?**

**Prof David:** Other circumstances where people have claimed benefit such as a small baby, with twins, with abnormal babies, there is no great proof that for any of those circumstances, the Caesarean Section is of benefit.

**DE: Why?**

**Prof David:** It may be that in some cases, there are too few cases reported and that with more cases, there may be evidence of benefit. But at the moment,

the evidence is lacking in those areas.

**DE: Even in the case of large for dates babies?**

**Prof David:** Correct, correct, correct. The final thing though is that one must remember that there is a risk. As you see, there may be some benefits to certain babies but it has only been proven in the case of the Breech and in terms of HIV.

**DE: What is the impact of planned Caesarean Section on the mother and the baby?**

**Prof David:** It must be remembered that the Caesarean Section is a major operation and it is well-documented that the Caesarean Section carries a greater risk to the mother in terms of complications and also in very rare cases, the mother can die as a result of the Caesarean Section.

**DE: What are some of the complications of this procedure?**

**Prof David:** Blood loss and pulmonary embolism which is a blood clot going into the lung.

**DE: Which is the most risky Caesarean Section?**

**Prof David:** The emergency Caesarean Section is the one which is the most risky.

**DE: What is the percentage of risk of death to the mother?**

**Prof David:** It's probably in the order of .... (pause), and here you have to distinguish whether it's selective or an emergency. The planned Caesarean Section is a fairly low risk procedure and the Maternal Mortality Rate (MMR) would probably be no more than about...I am guessing here. I don't know exactly. I'd rather not quote.

**DE: So, the risk is not so much to the baby?**

**Prof David:** That is a major risk to the mother. But it may be important to remember that there is a risk to the baby too and that is, if you do a Caesarean Section even at term between 37th and 38th week (before 39th week), there is a great likelihood of the baby developing respiratory distress. That was what I was talking about in my presentation - the relationship between elective Caesarean Section and neonatal respiratory distress.

**DE: Is neonatal respiratory distress a serious condition?**

**Prof David:** It is short-lived and usually not serious and it usually is probably not more than five per cent of Caesarean Sections between 37th to 39th week. But it is still a worry to parents if their baby has to go to the Special Baby Care Unit and that was the essence of my message.

**DE: How do you treat this neonatal respiratory distress?**

**Prof David:** Well, the first thing is to prevent it. I don't do a Caesarean Section electively before 39th week if you can avoid it. The second is that treatment is usually just to give the baby extra oxygen for two or three days whilst the baby's normal breathing returns.

**DE: Does the baby need ventilating?**

**Prof David:** It is very rare that the baby needs ventilating. Just extra oxygen, that's all we need to give.

**DE: How many Caesarean Sections can a woman undergo in her lifetime?**

**Prof David:** Well, as many as you want.

**DE: Isn't there a limit?**

**Prof David:** There is no law which says we have to stop them having Caesarean Sections. What you mean is when do we start discussing that there may be potential risk from having repeated Caesarean Sections.

**DE: So, when is the right time to discuss?**

**Prof David:** Most people do so after two Caesarean Sections and it is suggested that women might limit their birth number by Caesarean Section to three.

**DE: Is it possible to have more?**

**Prof David:** There are records of women who have had Caesarean Section in the teens of number.

**DE: What is the maximum number to your knowledge?**

**Prof David:** I heard there is 13 but I suspect there is probably more than that worldwide.

**DE: Thirteen Caesarean Sections in one woman?**

**Prof David:** Yes, in one woman.

**DE: Which country is that?**

**Prof David:** Ireland.

**DE: Wasn't her safety jeopardised?**

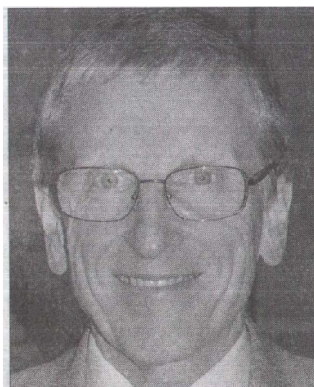
**Prof David:** One has to be a bit careful here.

**DE: After the first Caesarean Section, how long should a mother wait before getting pregnant again?**

**Prof David:** Most people would advise waiting...again there is no strong evidence as to how long they should wait. I think it's part of a person's preference and some people advocate that there is some evidence to suggest that you should wait six months but the evidence is very weak.

**DE: Locally, some people think that we have to wait for three years before having the next Caesarean Section.**

**Prof David:** I would just ask them to advise where is the evidence for recommending that.



Prof David