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Caesareans heading to danger level

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THE number of caesarean births in Australia is reaching unmanageable levels, placing lives at risk and tying up thousands of hospital beds, operating theatres and health workers with a costly elective procedure.

With caesarean rates now about 30 per cent, anxious governments and health groups in Australia and overseas are trying to turn back the tide, as evidence of the harm caused by repeat surgical births mounts and doubts emerge about the protection a caesarean birth is thought to provide.

Modelling by the NSW Department of Health, which has been obtained by the *Herald*, shows that a rise of just 1 per cent in elective caesareans would come at the cost of a huge rise in "occasions of service", diverting scarce clinical resources from other areas.

About 90,000 babies are born in NSW each year, so that 1 per cent increase would mean hundreds more caesarean sections, as well as more bed days, in already overstretched public hospitals.

If the caesarean rate rises to 39 per cent - which many experts fear will happen soon - it will mean thousands more surgical births every year.

In a public system that is hundreds of beds and thousands of staff short, and in the midst of a mini-baby boom, that extra strain would be unbearable, obstetricians and midwives warn.

Doctors are quick to point out that, when the health of the mother or baby is at risk, or in an emergency, a caesarean is often the safest way to give birth.

There is further evidence that private obstetricians' fees are eating away at the Medicare safety net, meaning taxpayers are bearing the brunt of the increases in elective caesareans at state and federal levels.

Such is the concern that NSW Health organised a meeting of the state's leading midwives and obstetricians to develop strategies to reduce the number of women choosing elective caesareans.

Six months later many who attended that meeting despair at the absence of a coherent, statewide plan to reduce the number of women who elect to give birth surgically without a medical reason.

The director of women's and children's health at St George Hospital, Michael Chapman, believes the rate of elective caesarean sections could be reduced by at least 5 per cent if women were presented with "accurate information in a believable manner".

Professor Chapman said there were strong health and economic arguments for reducing the number of elective caesareans. A caesarean was at least twice as expensive as a vaginal delivery, he said. "The State Government has to face this issue - we have gone up from 2260

births three years ago to 2700 this year [at St George Hospital] and, with a 30 per cent caesarean rate, that is an extra 100 caesars ... it is pushing our operating lists to the limit."

A professor of women's health, nursing and midwifery at the Royal Hospital for Women at Randwick, Sally Tracy, said that not only was it far riskier for women to have caesareans when there was no medical reason, but there was now overwhelming evidence that it carried great risk for babies, too. "Up until now ... caesarean section was first and foremost done to protect the baby," she said.

Yet a study by Professor Tracy, published in the journal *Birth* last month, found babies born in an elective caesarean at full term were almost twice as likely to be admitted to a neo-natal intensive care unit as those born vaginally.

Professor Tracy's research is one of a dozen studies in the past year cataloguing the harm from elective caesareans.

Last month, in its "committee opinion" on elective caesareans, the American College of Obstetricians and Gynaecologists said surgical birth resulted in a longer hospital stay for the mother, increased respiratory problems for the baby and greater complications in later pregnancies.

A spokesman for the Minister for Health, Reba Meagher, said a policy was released last year to prevent elective caesareans before 39 weeks of gestation unless there were medical reasons.

Maternity services were being reviewed, and the Government expected a new policy to be finalised this year, he said. this year, he said.

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