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## Funding flaws stymie push for natural delivery

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A POLICY aimed at dissuading women from electing to have a caesarean birth without a medical reason is doomed to fail unless state and federal governments overhaul the funding and design of maternity services, experts warn.

Introduced last year, the policy was meant to avoid elective caesarean section before 39 weeks gestation unless there were clinical reasons in order to reduce the incidence of babies being admitted to neonatal intensive care units for respiratory support.

It was also designed to ensure women understood the implication of an elective caesarean section on future pregnancies.

"Maternal request on its own is not an indication for elective caesarean section," the circular says. "Specific reasons for the request must be explored, discussed and recorded."

Yet obstetricians admit that nine months on, many of their colleagues may not be warning women of the future complications of an elective caesarean section done without medical reasons, even though a bad outcome may mean not being able to have any more children.

"If NSW Health is serious about decreasing what might be borderline decisions that result in unnecessary caesareans, they need to resource more than just a chat," said Andrew Pesce, the chairman of the National Association of Specialist Obstetricians and Gynaecologists.

"What you actually need is a special clinic for these women ... we need to establish a team that is interested in achieving those outcomes."

Even if an obstetrician is able to have a long and detailed talk with a woman about having a natural delivery, that may prove unattainable once labour starts, Dr Pesce said.

"I might see her at that first visit, but whoever the doctor who is on when she arrives in labour might not be quite so comfortable doing a vaginal birth.

"These women have made an informed decision that they want a normal delivery. Let's match them up with doctors and midwives who are comfortable with that, rather than those who are worried and want to do a caesarean section," he said.

Another strategy hospitals should consider was a regular clinical review of each elective caesarean delivery, conducted in a peer group, to examine why the surgical birth occurred, whether there were any medical reasons for it, and how the mother and baby fared, he said.

NSW Health has defended its actions, saying a new framework for maternity services is being developed, as well as an action plan to promote normal birth.

But Maternity Coalition yesterday called for federal-state cooperation to reduce the rate of elective caesareans.

"State and federal governments now understand that a caesarean rate of 30 per cent and climbing is harmful to both the public health system and the families that system is meant to serve," said a spokeswoman, Caroline McCullough. "It is stressing our already overstretched hospitals by pushing out waiting lists, staff shortages and budgets."

She blamed government funding for the caesarean rate and the crisis in maternity services, which pushed women into fragmented and inappropriate models of care.

"State hospitals are pushing pregnant women away to avoid providing antenatal or postnatal care, women with private insurance are pushed into receiving their care from specialist obstetricians, and rural and remote women frequently have no antenatal or postnatal care at all."

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