
Elective Cesareans: Patient Choice or Doctor Coerced

by Pamela Udy, ICAN Educational Director

It is being debated in the medical community whether women have the right to choose an elective cesarean to birth their babies. Choosing an elective patient choice cesarean equals choosing medically unnecessary major abdominal surgery. Obstetricians want to give this option to all birthing moms, including, moms with a prior cesarean, moms with a prior vaginal birth and even first time moms. Doctors blame women for demanding this choice in maternity care, saying women like to schedule the birth of their babies around vacations, their mother coming into town, and simply for the convenience. I propose that it is the doctors who lead this trend, using subtle techniques, encouraging the birthing mom to choose an elective cesarean.

Obstetricians will say that scheduling a cesarean is simple and easy. Most moms will say recovering from surgery and caring for a newborn at the same time is barely manageable. It takes time to recover physically from a cesarean, getting out of bed without help is difficult, adding in the care of a baby makes the post partum period overwhelmingly demanding. In portraying a cesarean as easily managed, doctors fail to advise women about the length and difficulty of recovery, overlooking the limitations surgical delivery places on new moms.

Obstetricians offer the cesarean to women as a waiter offering a dessert platter: just as none of the tasty treats is better than the other, neither is the vaginal birth better than the cesarean. Doctors say it doesn't matter how the baby gets here. Moms everywhere say the difference is powerful, awesome, and life changing. There is a distinct polarization of birth when you either feel the power of your own body, endeavoring to bring forth a new life or the scheduling your baby's birth, going in at the appointed hour, having someone else labor, delivering your baby for you. In stating that cesareans and vaginal delivery are equal, doctors devalue the birth experience, as it should be, empowering and strengthening for the mom. Doctors want to give this opportunity to women, freeing themselves from having to contrive a diagnosis to explain and excuse a cesarean. Obstetricians are not trained in normal, natural birth practices, obstetrics being a surgical field. The cesarean section has become the solution to any and all "problems" that may arise in pregnancy and labor. It makes the justification a lot easier if they can simply say "Patient Choice Elective Cesarean" as a reason for the surgery. Obstetricians blame the mom for unnecessary surgery they themselves perform, as the abuser blames the abused for the act of violence.

Pregnancy is a normal, natural physiological process and is not listed as disease in any textbook. An obstetrician who performs a cesarean section without medical reason violates the Hippocratic Oath. They are cutting into a healthy mom removing a healthy baby, severing the integrity of her body. I doubt many women could get a physician to take out her appendix without a medical reason for doing so. Let's suppose I see my sister go through a painful flare-up, resulting in the surgical removal of her appendix. I go to my doctor and say, "I saw this happen and I want to take out my appendix to avoid that." Most doctors would counter that there is no medical indication for the surgery, refusing the request. Doctors who perform elective repeat cesareans do so against ethical protocols.



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Does the use of informed consent protect women from manipulation and coercion from the doctor? OBs are well aware that they can "consent you into making whatever decision they are more comfortable with" according to a local physician. Just a few choice words spoken with emphasis, as in cases where the doctor says "Your baby will die if you go into labor", or detachment, as in cases where the doctor says "It doesn't matter" leaving the decision up to the patient, can persuade a mom to choose whatever the doctor wants her to. Doctors hold an authoritative position, giving weight and power to their opinions, easily overriding the mother's opinion, desires, and rights.

Physicians would have you believe that the risks of a cesarean birth are lower than the risk of a vaginal birth. They themselves believe this, since most risks of cesareans are seen as being under their control. Surgeons are arrogant enough to believe this medical fallacy. The risks of surgery are not under their control -- they can't stop all hemorrhages, prevent all infections, or avert damage other internal organs.¹ Take a moment to read the cesarean release form available at all hospitals long before labor starts, certainly before choosing an elective patient choice cesarean. These forms list the many risks to a cesarean birth -- whether your obstetrician opts to disclose them or not.

Elective Cesarean Section carries a greatly increased risk of maternal death -- mortality is approximately 4.5 times as high after elective Cesarean than vaginal delivery.² Approximately 140 women die every year in the United States following Cesarean sections which were not medically indicated. The scheduling of elective cesareans has cost these women their very lives, literally painting the obstetrician's hands red with their blood.

Scheduled cesareans save time and money for both the physician and the hospital. An administrator at the local hospital is quoted as saying, "The most cost effective way to deliver babies would be to schedule every one of their births. Line them up, Monday through Friday, from nine to five." He added he was not advocating that happen. Interesting though, isn't it? Here we have a doctor saying how economical it would be for all women to just schedule the birth of their baby. This would optimize the use of the operating room, the staff ready and prepped for their next patient. This time and labor saving technique can hardly be touted as a reason of convenience for the mother.

It is the physician who sees the real benefits of elective patient choice cesareans, not the birthing family. Obstetricians will continue encouraging the birthing mom to sacrifice her body on the operating room table until women begin to take the responsibility of her birth upon herself. Doctors will get off their pedestals only when women get off their knees.³

¹ Hall 1990; Lydon-Rochelle et al. 2000; Schuitemaker et al. 1997; Shearer 1993; van Ham, Van Dongen, and Mulder 1997

² The Public Health Citizen's Research Group

³ This thought comes from Karen Walker, midwife, in Ripon, CA

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