

# Coming to terms with the increase in caesarian sections

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(PhysOrg.com) -- Caesarian sections are becoming more and more common in the United States. Does this increase matter to the mother? Her baby? Neonatologist Dr. Lucky Jain, says it does indeed matter.

Caesarian sections are becoming more and more common in the United States. In the 1970s, the [C-section](#) rate was only 5 percent. Now that rate is 31 percent. Does this increase matter to the mother? Her baby? The physician?

Neonatologist Lucky Jain, MD, says it does indeed matter. Here's why. Estimating [gestational age](#) is accurate only within a week or two of the genuine due date. So, a scheduled C-section may lop off as much as two weeks of [fetal development](#), which may lead to short- and long-term adverse consequences.

For example, it's only within the last five or six weeks of pregnancy that the lungs become ready to breathe," says Jain. The lungs are full of fluid at birth, but babies can clear the fluid right after birth. "That's because of the transient burst of chemicals and hormones during labor, which prepares the baby for newborn transition," says Jain. [Oxytocin](#) is one of those hormones released by the mother during labor. Oxytocin regulates cervical dilation and uterine contractions and paves the way for breastfeeding and pair bonding. Meanwhile, the fetus releases corticosteroids, which aid development.

So, the question is why have C-sections become so common? Jain says

there are numerous reasons. False alarms as a result of closely monitoring mothers and babies during labor; women starting families later in life, which increases the risks of [vaginal delivery](#); a previous C-section; artificial reproductive technology, which can lead to twins and triplets; increasing maternal obesity and diabetes; patient preference; medical liability issues; and a payment system that rewards C-sections over hours-long vaginal delivery.

Whatever the reasons for driving up the rate of C-sections, researchers are now getting a glimpse of the long-term consequences of the surgery's rising rate. For example, there's growing evidence that asthma and even celiac disease, an immune reaction from eating gluten, may be linked to foregoing labor and vaginal delivery. However, Jain cautions that women and their physicians must carefully weigh the risks of C-sections with the long-term consequences of bypassing labor, consequences yet to be fully understood.

Jain is Richard W. Blumberg Professor and Executive Vice Chairman for Department of Pediatrics at Emory University School of Medicine. He is also the Medical Director of the Emory Children's Center and its Chief Quality Officer.

Provided by Emory University

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