

Study finds pregnant women with prior cesarean choose the delivery method preferred by their doctor

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In a study to be presented today at the Society for Maternal-Fetal Medicine's annual meeting, The Pregnancy Meeting, in Dallas, Texas, researchers will report findings that women who have undergone one prior delivery via cesarean section appear to know little about the risks and benefits associated with undergoing either a second cesarean or trial of labor to attempt a vaginal delivery, and that the preference of their medical provider strongly affects their selection between the two options.

Although trial of labor after a prior cesarean is considered a reasonable option with an overall success rate of 60 to 80 percent, the majority of [women](#) who would be eligible for it undergo an elective repeat cesarean. The study, Trial of Labor After a Previous [Cesarean Section](#) Versus Repeat Cesarean Section: Are [Patients](#) Making an Informed Decision?, sought to determine if this is due, in large part, to poor education of patients on the risks and benefits of both options.

"Even though most women can achieve a vaginal delivery with trial of labor, less than 10 percent of them attempt to do so," said Sarah Bernstein, MD, with St. Luke's-Roosevelt Hospital Center, [Obstetrics and Gynecology](#), in New York, and one of the study's authors. "In fact, when patients perceived that their doctor preferred a repeat cesarean, very few chose to undergo trial of labor, whereas the majority chose trial of labor if that was their doctor's [preference](#)."

Bernstein and her colleagues, Shira Matalon-Grazi and Barak Rosenn, also with St. Luke's-Roosevelt Hospital Center, Obstetrics and Gynecology, observed 155 women who presented at the hospital for delivery between November 2010 and July 2011, and had a history of one prior cesarean and no contraindications for trial of labor. Consenting women were asked to fill out a [questionnaire](#) upon presentation for labor and delivery, either prior to their scheduled repeat cesarean or upon admission for trial of labor.

The study found that 87 of the 155 chose to undergo trial of labor, with the remaining 68 opting for a repeat cesarean. There were no differences in age, level of education, ethnicity and provider type between the groups. Women in both groups demonstrated lack of knowledge on the risks and benefits of the options, particularly women in the elective repeat cesarean group. Specifically, patients were not familiar with the chances of a successful [vaginal delivery](#) with trial of labor (13 percent of trial of labor patients knew, as did four percent of cesarean patients), the effect of indication for previous cesarean on success, the risk of uterine rupture, and the increase in risk with each successive cesarean. Fifty-two percent of patients did not know which delivery method has a faster recovery time. When patients perceived their providers as having a preference for cesarean, only four percent chose trial of labor. Conversely, 43 percent chose trial of [labor](#) when they thought that was their provider's preference.

More information: A copy of the abstract is available at [www.smfmnewsroom.org/annual-me ... 1-meeting-abstracts/](http://www.smfmnewsroom.org/annual-me...1-meeting-abstracts/)

Provided by Society for Maternal-Fetal Medicine

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