

# Pressure from providers leads some women to have C-sections, inductions

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Pregnant women who felt pressured to have a labor induction or cesarean section by their obstetrical care providers were significantly more likely to have these procedures, even if there was no medical need for them, suggests a new study in Health Services Research.

Both [cesarean deliveries](#) and labor inductions continue to rise, accounting for about a third of births in the U.S. While both procedures can be life saving for mothers and babies, previous studies have found that they can also increase the risk of poor health outcomes, such as respiratory problems for newborns and infections and death for mothers, as well as significantly increasing [health care](#) costs.

For the study, the researchers examined patient-perceived pressure to have a cesarean or induction from their care providers and the likelihood of receiving either procedure. The researchers used data from the Listening to Mothers III survey, a national survey of 2,400 women between the ages of 18 to 45 who gave birth to a singleton infant in a U.S. hospital between July 2011 and June 2012. Among the questions that participants answered were whether they'd felt pressured by their provider to have an induction or cesarean, whether they ended up having one of these procedures, and the reason.

They found that about 14.8 percent of the respondents reported feeling pressure to have an induction, and about 13.3 percent felt pressure to have a cesarean. Those who'd felt pressured to have an induction were about 3.5 times more likely to have the procedure than women who hadn't felt pressured. Similarly, those who felt pressured to have a cesarean were more than 5 times as likely to have one as those who hadn't felt pressured. When the researchers limited their analysis to patients whose reasons for having a cesarean didn't fall under what the researchers considered to be a strong medical need, the number rose to 6 times as likely.

"This may be an issue of miscommunication or misperception between patients and their providers," says study author Katy B. Kozhimannil, of the Division of Health Policy and Management at the University of Minnesota School of Public Health. "But the fact is, [perceived pressure] is a strong predictor of the use of these procedures during labor and delivery."

Finding ways to improve communication might help decrease the use of both procedures, says Erin Myers, M.D., an obstetrician-gynecologist at Greater Baltimore Medical Center. However, the limited appointments that are given in today's health care system can stymie effective patient-provider communication, she says.

"In the majority of cases, if you spend enough time explaining to patients what's going on, why it's going on, and what type of delivery is the best option, then it really makes the news more easy to take," Myers says. "The problem with the health care system is that we don't have hours to talk with patients, so we are forced to explain complicated medical decisions in a limited time period."

**More information:** Judy Jou, Katy B. Kozhimannil, Pamela Jo Johnson, Carol Sakala. "Patient-perceived pressure from clinicians for labor induction and cesarean delivery: A population-based survey of U.S. women." *Health Services Research*. 2014.

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