

Planned repeat C-section not linked to worse child health than vaginal birth after C-s

March 15 2016

Study finds planned repeat cesarean section not linked to worse child health than vaginal birth after cesarean section.

Long-term health outcomes in children of mothers with planned cesarean sections (CS) are not substantially worse than those children of mothers with vaginal births after [cesarean section](#) (VBAC), according to a study published by Mairead Black and colleagues from the University of Aberdeen, United Kingdom, in this week's *PLOS Medicine*.

The researchers studied all second births (N=40,145) between 1993 and 2007 of children to [mothers](#) in Scotland who had previously had a first child born by CS. Using available health records, they categorized these births into scheduled repeat CS (assumed to be planned) (44.6%), unscheduled repeat CS (22.1%), and VBAC (33.3%) and looked for correlations between type of birth and several health outcomes in children, including obesity at age five years, hospitalization with asthma, prescription of a salbutamol inhaler (an asthma medication) at age five, hospitalization with irritable bowel disease, type 1 diabetes, learning disability, cerebral palsy, cancer, and death. The only consistent difference the researchers found between repeat CS (both scheduled or unscheduled) and VBAC was a slightly elevated risk for hospitalization with asthma in [children](#) born by CS. They felt that this was not clinically significant, especially as there was no difference in the rate of salbutamol inhaler prescription. They also observed that learning disability and death were more common following unscheduled CS but not scheduled CS compared with VBAC.

While findings here suggest that there are no substantially worse outcomes associated with planned repeat CS births, it is not known whether the births analyzed in this study were initially planned to be vaginal or CS. The researchers assumed an intended CS was one that was scheduled ahead of time and performed on the scheduled date, and all other CS were categorized as unplanned and likely represent a mix of emergency CS ahead of a planned CS, and emergency CS after complications during a planned [vaginal birth](#).

The authors say: "The lack of data on intended (rather than actual) mode of birth limits the direct application of these study findings to clinical practice, but women may be somewhat reassured by the apparent lack of risk to long-term offspring health following planned repeat CS specifically. This study may therefore support the process of planning birth after CS in a way that reflects women's values and preferences."

More information: Mairead Black et al. Planned Repeat Cesarean Section at Term and Adverse Childhood Health Outcomes: A Record-Linkage Study, *PLOS Medicine* (2016). [DOI: 10.1371/journal.pmed.1001973](#)

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