



Editorial

Can midwifery contribute to an optimal rate of caesarean sections?

Caesarean section (CS) can save the lives of both mothers and children; therefore, it is crucial that there is the possibility of performing a CS when it is necessary. However, in recent years, the rate of CS has increased significantly in many countries and varies between 17 – 50 % of all births. This trend poses a significant challenge to health care providers. Caesarean section without a medical reason has been in focus in the debate for some years. A study on the incidence of CS in six European countries (Belgium, Iceland, Denmark, Estonia, Norway and Sweden), published in 2016, found that there was no medical reason for CS in 9% of the cases.¹ However, there is consensus that caesarean sections are overused in some countries and underused in others². In a global perspective there are unacceptable disparities with caesarean section rates of 50, 1 % in Turkey compared with 4,1% in western and central Africa³.

The World Health Organization has stated that the rate of CS should be around 15–16% and that rate can actually improve maternal and child outcomes, while a CS rate higher than 15% is undesirable.⁴ A systematic review and meta-analysis comparing the outcomes of both mothers and their children following vaginal births and CS was published in 2018. Studies from 79 high-income countries were analysed in this review, including data from 29,928,274 women and their children, and indicated that women having their children through CS had an increased risk of miscarriage, stillbirth, placenta previa, placenta accrete and placental abruption in their future pregnancies. The children born through CS experienced a higher risk of having asthma (up to the age of 12 years) and obesity (up to the age of 5 years).⁵

Why does the rate of CS increase, despite our knowledge that a rate higher than 15% does not benefit either the mother or the child in most cases?⁷ The reasons behind this have been described as multifactorial, including decreasing fertility rates and an increasing fear of childbirth among young women.⁶

In 2018, *The Lancet* published a series regarding interventions to reduce unnecessary CS and pointed out that healthcare providers' employment in university-affiliated hospitals, fear of litigation, and being male were factors that could be associated with their increased likelihood of performing CS. Furthermore, this study revealed that the rate of CS increased if pregnant woman did not trust their healthcare professionals or had a good relationship with their providers.⁷

Are there also negative attitudes towards, and disbelief in, women's ability to give birth naturally? Why are women asking for a CS rather than wanting to give birth vaginally? One of the possible causes that may influence negative attitudes towards vaginal birth is the horror stories that some pregnant women are told during their pregnancy. At times, these horror stories seem to take up more space

in the discussion of childbirth than the encouraging stories in which everything goes smoothly and women describe their birth experiences as a difficult, yet positive and rewarding life event.

One may also wonder if the images of women in labour represented by the media and in movies have a negative impact on young people's attitudes towards natural childbirth. Screaming women and midwives running around, blood all over everything and an endless sequence of emergencies in which the lives of the women and their children are in danger are some of the commonly represented scenarios. These scenes might affect young people negatively and women's view of childbirth as a dangerous and undesirable experience. This unfavourable view of childbirth may also tend to decrease young women's faith in their own body's ability to give birth to a child.

As a result, midwives face a significant challenge in encouraging women to develop positive attitudes towards natural childbirth, so that natural birth becomes a more favourable option over CS in situations with no medical reasons for CS. Midwives must be aware of and study how they can use their opportunities to influence pregnant women's and their communities' attitudes towards vaginal birth.

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