Should patients be entitled to cesarean section on demand?

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YES

Cesarean section on demand can be defined as a primary cesarean section performed at the mother's request in order to avoid a vaginal birth, without any recognized medical or obstetric indication for the procedure.

The medical field now acknowledges a patient's right to actively participate in her choice of medical treatments, including method of delivery.[1] We have accepted that a patient is entitled to cosmetic surgery, assuming that she is providing informed consent. We should follow the same principle for cesarean section on demand.

There are many reasons for a cesarean section on demand: fear of delivery, fear of pain, family pressure, a previous bad experience, more control over events, improved care, and maintaining the integrity of the pelvic floor.

No serious study has demonstrated an increase in maternal mortality with recourse to cesarean section on demand.[2] With the implementation of prophylactic antibiotic therapy, prophylactic heparin therapy, and the sequential use of support hose, the risk of maternal morbidity with a planned cesarean is the same as with a planned vaginal delivery.[3]

The risk of maternal hemorrhage associated with uterine atony increases with vaginal delivery whether or not labour is induced, with placenta retention, and with emergency cesarean. These risks can be avoided with a planned cesarean.[2]

The integrity of the pelvic floor is of great importance for active women. They want to be able to continue to exercise without any restrictions. They want to preserve sexual function. Planned cesareans offer this assurance.[4]

A mother is also protecting her child through a cesarean section on demand. How better to prevent the transmission of perinatal infections such as herpes, hepatitis, HIV, human papillomavirus, or group B streptococcus than by performing a cesarean before the rupture of membranes?

By planning a cesarean between the 39th week and the 40th week, it should be possible to reduce the risk of in utero death substantially because we know that this risk increases over the term of a pregnancy. The risk of death in utero during labour would be reduced to zero.[2] Because 23% of cases affected by meconium fluid occur after 41 weeks, the rate of meconium aspiration would decrease. The absence of labour would result in a decrease in the complications associated with vaginal delivery, such as the risk of intracerebral hemorrhage, shoulder dystocia, brachial plexus injury, fracture of the arm or clavicle, central nervous system depression, and asphyxia.[2-7]

Cesarean section on demand offers more control over the environment. It allows for better planning at work and at home. It means that the physician and anesthesiologist will be present during the delivery.

Fear of pain is often an important factor in a patient's choosing to have a cesarean section. The patient might be afraid of labour and of not receiving pain relief when she wants it. She could be afraid of having an emergency cesarean, of being put under, and of missing the first few moments of her child's life, skin-to-skin. With a planned cesarean, she will have those precious moments, which will take place during the day, in a calm setting, with staff that are rested and attentive to her needs. An emergency cesarean is a traumatizing experience for the mother, with the risk of postpartum depression and posttraumatic stress disorder.[5] A study has yet to demonstrate that a cesarean is more painful than a vaginal delivery with regard to postpartum pain. Our patients leave the hospital on the third day post partum with acetaminophen and anti-inflammatory medications; women who deliver vaginally leave with ointments for the perineum and hemorrhoids.

The costs incurred for a cesarean section on demand are the same as those incurred for a vaginal delivery with oxytocin.[6] Cesarean sections on demand will enable hospitals to improve their management of operating time and staff. In the longer term, the costs associated with surgeries for urinary incontinence, prolapse, and reconstruction of the perineum and vagina will be lower. Decreasing the number of emergency cesareans means decreasing the risk of accidents and unfortunate incidents. It means decreasing the cost of care for children with sequelae related to childbirth and the cost of lawsuits.

From an ethical standpoint, we can hardly deny a patient's right to a cesarean section on demand. A patient is entitled to make decisions independently. We owe her informed consent regarding the benefits and disadvantages of unnecessary surgery for herself and her child.[1] The physician-patient rapport will ensure that

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the pregnancy, delivery, and postpartum period unfold safely for the family and care staff.

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Competing interests
None declared

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CLOSING ARGUMENTS

- The principle of a patient's right to actively participate in his or her choice of medical treatments should be extended to cesarean section on demand.
- Maternal morbidity with planned cesarean is the same as with planned vaginal delivery.
- The costs of a cesarean section on demand are the same as those incurred for a vaginal delivery with oxytocin.

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do not affect newborns is wishful thinking. Simply put, there must be an effect. How strongly and for how long, we don't know. It is high time that someone determined these effects before our rate exceeds 50%.

Conclusion

Cesarean section on demand is a new obstacle to the demedicalization of childbirth and will certainly result in an even greater increase in the rate of cesareans in the future. It carries risks for both mother and baby, not to mention increased health care costs and longer hospital stays.[6] Clinicians should instead learn what is behind patients' requests and offer solutions, instead of simply acquiescing.

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CLOSING ARGUMENTS

- Liu et al have demonstrated an increased risk of maternal morbidity with elective cesareans. Several studies show that cesarean delivery increases neonatal morbidity.
- Cesarean section on demand is an obstacle to the demedicalization of childbirth.
- We need to ask questions and offer solutions instead of simply acquiescing to patient requests for cesarean section.

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