First of its kind – new WHO guideline aims to help reduce worldwide increase in caesarean section rates

A caesarean section is a surgical procedure that, when undertaken for medical reasons, can save the life of a woman and her baby. Many caesarean sections are undertaken unnecessarily however, which can put the lives and well-being of women and their babies at risk – both in the short and the long-term.

Worldwide, caesarean section rates have been steadily increasing, without significant benefit to the health of women or their babies. In recognition of the urgent need to address the sustained and unprecedented rise in these rates, WHO has today published new guidance on non-clinical interventions specifically designed to reduce unnecessary caesarean sections.

First of its kind

The new guideline, WHO recommendations on non-clinical interventions to reduce unnecessary caesarean sections, incorporates the views, fears and beliefs of both women and health professionals about caesarean sections. It also considers the complex dynamics and limitations of health systems and organizations and relationships between women, health professionals and organization of health care services. The key recommendations include:

- Educational interventions for women and families to support meaningful dialogue with providers and informed decision-making on mode of delivery (i.e. providing childbirth training workshops for mothers and couples, relaxation training programmes led by nurses, psychosocial couple-based prevention programmes, psychoeducation for women with fear of pain or anxiety).
- Use of clinical guidelines, audits of caesarean sections, and timely feedback to health professionals about caesarean section practices.
- Requirement for second opinion for caesarean section indication at point of care in settings with adequate resources.
- Some interventions aimed at health organizations are recommended only under rigorous research such as collaborative midwifery-obstetrician model of care (i.e. a model of staffing based on care provided primarily by midwives, with 24-hour back-up from an obstetrician who provides in-house labour and delivery coverage without other competing clinical duties) or financial strategies (i.e. insurance reforms equalizing physician fees for vaginal births and caesarean sections).

Inequality and risks

While many women in need of caesarean sections still do not have access to caesarean section particularly in low resource settings, many others undergo the procedure unnecessarily, for reasons which cannot be medically justified.

Caesarean birth is associated with short- and long-term risks that can extend many years beyond the current delivery and affect the health of the woman, the child and future pregnancies. These risks are higher in women with limited access to comprehensive obstetric care. Caesarean sections are also costly, and high rates of unnecessary caesarean sections can therefore pull resources away from other essential health services, particularly in overloaded and weak health systems.

Dr Betran comments, “It is crucial that women who need caesarean sections are able to access this potentially life-saving procedure, but equally unnecessary procedures should be avoided, so that the lives and well-being of women and their babies are not put at risk.”

Understanding context

There are many complex reasons for the increase of caesarean section rates, and these vary widely between and within countries. Before implementing any intervention to reduce rates, research should be done which identifies and defines why rates are increasing in the particular setting, as well as what the locally relevant determinants of caesarean births are, as well as women and providers’ views and cultural norms.

In addition, interventions to reduce rates that do not address the complex, multi-faceted reasons for the increase of rates, will be likely to have limited impact. Interventions that have multiple components are likely to be more successful and are therefore more desirable.

http://www.who.int/reproductivehealth/guidance-to-reduce-unnecessary-caesarean-sections/en/