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**Contact: Carolyn Keefe**  
**Phone: 518-482-2504**  
**Email: [kpbitbox@nycap.rr.com](mailto:kpbitbox@nycap.rr.com)**

## **BirthNet Responds to "Too posh to push?" in current issue of *US News & World Report***

BirthNet applauds the balanced approach that Susan Brink of *US News and World Report* has brought to her article "Too posh to push?" (8/5/02)\* about the dramatic increase in surgical (or cesarean) births in the United States and the assumption that American women are too impatient to "endure the pain and inconvenience" of vaginal birth. However, we feel that Ms. Brink has left some aspects of this situation unclear to readers.

Surgical birth is neither pain-free, nor convenient. Few women are prepared for the weeks, sometimes months, of pain and incapacitation that accompanies recovery from major abdominal surgery, made more difficult by the demands of caring for a new baby. Also, given the current climate surrounding vaginal birth after cesarean (VBAC), women often are not informed that the choice to have the first surgical birth may require that they will have all future babies surgically as well. Finally, women are rarely told that they may be more likely to suffer from postpartum depression as a result of this decision.

Too many women are advised only about the risks of vaginal birth and the benefits of surgical birth, and are not given a complete understanding of both with which to make an informed decision. Research has shown that surgical birth is more dangerous than vaginal birth. As Ms. Brink points out, many of the complications attributed to vaginal birth are not inherent to vaginal birth, but are a direct result of the management of birth by obstetricians -- particularly the overuse of episiotomy and forceps, as well as the tendency to keep women lying down throughout labor and birth. Conversely, in addition to those Ms. Brink outlines, risks from surgical birth include maternal death (four times greater), injury to nearby organs, infection, rehospitalization, complications in subsequent pregnancies, and injury to the baby.

Some of the factors that have contributed to the rise in the surgical birth rate include:

(more)

- the American College of Obstetricians and Gynecologists (ACOG) questioning the need to lower the surgical birth rate at its conference in 1999;
- the sharp reduction in vaginal births after cesarean (VBACs) stemming from the ACOG guidelines adopted that same year and implemented nationally over the past three years;
- the assumption that surgical birth protects the provider from malpractice suits.

The supposed trend toward elective cesareans did not begin with a sudden onslaught of women demanding them, but rather with the decision by ACOG to explore supporting and promoting this as an option at its 2000 conference and again at the most recent conference this past July. Indeed, no one really knows how widespread this phenomenon really is. While several articles on patient choice cesarean have appeared in a variety of publications over the last few months, all have been rather vague with regard to the scope of this trend.

Unfortunately, Ms. Brink did not speak with any midwives on this subject. Midwives are the specialists in normal birth (which 85-90% of women can have). Midwifery care, with its emphasis on support and education both prenatally and during birth has been shown to reduce not only the surgical birth rate, but also the confusion and anxiety about birth that can make women vulnerable to the notion that surgical birth is a safe and convenient option.

American women are not inherently "too posh to push" or too impatient to wait for labor to start, but are advised that labor is too difficult and inconvenient, without being told who is truly inconvenienced.

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\* The article is in the Health & Medicine section of the current issue (August 5, 2002) and can be accessed on the internet at <http://www.usnews.com/usnews/issue/020805/health/5csec.htm>.

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BirthNet educates the public about maternity care in order to improve it. We believe that birth is a normal, natural and profound event in a woman's life; and we encourage women to learn about their rights and options. Our primary programs include education in the classroom (high school or college classes), community forums or workshops, and media outreach. For more information about BirthNet, please contact Carolyn Keefe 518-482-2504 or [kpbitbox@nycap.rr.com](mailto:kpbitbox@nycap.rr.com)