

Caesarean Section on Maternal Request

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Caesarean section is an abdominal operation that carries additional risks compared to a normal birth. Therefore, in many other countries, the CS

noted the slight increase of the rates starting from 35% and maintaining constant at 40%.

Year	Total deliveries	Cesarian Sections	Percentage
2010	6691	2344	35 %
2011	6639	2482	37 %
2012	7004	2643	38 %
2013	7153	2719	38 %
2014	7095	2588	36 %
2015	6423	2458	38 %
2016	6670	2570	39 %
2017	7120	2896	41 %
2018	6620	2583	40 %

is allowed only for medical indications. There is no official "caesarean section on maternal request" option in Albania and many other European countries.

Even all trials to decrease the rates of operative deliveries, currently in Europe almost 1 in 5 deliveries are performed by Caesarean sections (1). Recent data shows big variation within the worldwide numbers with peak rates in South America nearly 55 % and the lowest up to 5% in some African regions (2). Brazil could be a world champion in caesarean delivery - in Rio de Janeiro it reaches 80%. According to a study, the proportion of caesarean sections in Latin America is directly associated with the income of the population - the higher income, the more sections are made (3).

If we look at the statistics of "Queen Geraldine" Hospital for the period 2010-2018, it is to be

According to some patients, the foremost important reason for choosing CS is the fear of pain. Unaware of the methods of analgesia for childbirth (from psychoprophylaxis, through drug analgesia, to methods for epidural analgesia), women believe that pain can't be controlled and this can be the main reason for reluctance to convey birth by a normal mechanism. Another advantage of C-section, aside from emergencies and medical indications, is that it is planned. Women are often affected and stressed by the stories of childbearing that they have heard within social media. Last but not least, an outsized percentage of pregnant women feel mentally better and have more confidence within the team of specialists if they're directly involved in choosing the mechanism of delivery and have their birth plan (4).

Nowadays, it's considered that the proportion of caesarean sections compared to normal births in developed countries is simply too high and it might be good to scale back it. In response to the current statement, the very fact that the optimal rate of this intervention remains unproven (although the WHO recommends a CS rate of 10-15%) and low caesarean section isn't necessarily synonymous with quality in obstetrics. The increased risk of maternal mortality related to surgery is the main reason some colleagues wish to limit C-sections.

One of the most common motives of opponents of C-section on maternal request is that it'll significantly increase the already high enough frequency of surgery (5).

But why the caesarean section shall not be done routinely without medical indication? Although caesarean sections are the most common surgical procedure world widely, which makes the used techniques safe and well improved, there are still risks and complications that cannot be ruled out and prevented. They involve greater hazards in some life-saving eventualities when put next to a vaginal birth. In step with statistics, a caesarean puts the mother's life in danger ten times more than a vaginal birth. Infection is the most prevailing consequence first 10 days following the operation. If the wound opens, it's doubtless to become infected in roughly two-thirds of the cases (6). Urinary tract infections from catheterization and gastrointestinal problems, the most prevalent of which is paralytic ileus, are also significant risks. With pelvic surgery,

thromboembolic events are also a concern, and the risk of deep venous thrombosis is three to five times higher (7).

Aside from the potential complications, recuperation from a caesarean delivery is slower; the hospital stays twice as long, and the financial costs are increased as high as for normal vaginal deliveries. For the baby, a C-section can be a stressful period. They are more likely to have problems in their early days of life and more often would require resuscitation (8, 9).

Nevertheless, the right to settle should play a key role in women's health because it's a fundamental social and constitutional right. Many questions arise: Why should the patient have the right to refuse a therapeutic act and not have the right to decide on one? Why do women have the right to terminate a pregnancy, but not the right to decide on the mechanism of childbirth?

It seems that legitimising the will of patients associated with the tactic of childbirth won't result in a pointy increase within the percentage of caesarean sections, but will result in real statistics on various pathological obstetric conditions (10).

In recent years, another reason has emerged in most of the European countries - the legal risk within the context of accelerating lawsuits against doctors. In Anglo-Saxon countries, this is often a typical motive for performing CS. This practice is named by the term Defensive Medicine, which is predicated on the so-called principle of caution. In line with this principle, within the absence of reliable scientific data, the existence of a risk of

great or irreversible damage requires precautions to be taken to avoid damage as a guarantee against potential risks that don't seem to be yet available to our knowledge. No doctor has been convicted of abusing CS, but there are many complaints of non-compliance (11).

In 2004, an interesting survey was conducted in France among 387 obstetricians. When asked if they take into consideration the patient's will when she wants an operative birth, only 18% of the colleagues' report to refuse. The main reason for accepting the patient's wish was 37% indicating the respect for the decision of the pregnant woman, and 35% was the chance of legal consequences for themselves (12).

CS without medical indications isn't only a matter of choice, but should also make us consider the standard of our medical services within the delivery room. The reduction within the number of caesareans will come from optimising administrative acts, from increasing security and improving the conditions of parturition, from leaving good memories of the traditional birth of each woman. Normal birth is a physiological action, as nature has taken care of the rapid recovery and adaptation of both mother and child, that the recommendation of doctors round the world is to administer birth by caesarean section only on medical grounds.

Acknowledgements: None declared.

Conflict of Interest Statement: The authors declare that they have no conflict of interest.

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