

Committee Examines Issue of Cesarean Delivery on Maternal Request

ACOG's committee on Obstetric Practice outlines the benefits and risks of cesarean delivery on maternal request vs. planned vaginal delivery in the November issue of *Obstetrics & Gynecology*.

Cesarean delivery on maternal request, or CDMR, is a primary cesarean delivery at the patient's request in the absence of any medical or obstetric indication. It is estimated to be 2.5% of all births in the US. There are few studies that compare planned vaginal delivery with CDMR, so most of the current knowledge is based on indirect analysis, according to the Committee Opinion *Cesarean Delivery on Maternal Request*.

Vaginal Delivery Benefits

Potential short-term maternal benefits of planned vaginal delivery include a shorter maternal hospital stay, lower infection rates, fewer anesthetic complications, and higher breastfeeding initiation rates.

Planned Cesarean Delivery Benefits

Potential short-term maternal benefits of planned cesarean delivery include a decreased risk of postpartum hemorrhage and transfusion, fewer surgical complications, and a decrease in urinary incontinence during the first year after delivery. Analysis of stress urinary incontinence at two years and five years showed no difference by mode of delivery, according to the Committee Opinion.

After a woman's second cesarean delivery, there is a significant increased risk of placenta previa, placenta accreta, placenta previa with accreta, and the need for gravid hysterectomy. Therefore, CDMR is not recommended for women desiring several children, so clinicians and patients should discuss the mother's reproductive plans when considering CDMR, while recognizing that many pregnancies are unplanned.

The Committee Opinion emphasized that CDMR should not be performed prior to 39m weeks of gestation unless there is documentation of lung maturity. This point will be clarified in a reissue of the Committee Opinion in the December Green Journal.

ACOG Today November/December 2007