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Study examines risks for vaginal birth after C-section

By ANITA CHANG
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COLUMBUS, Ohio (AP) — Mothers who've delivered by cesarean section have a less than one percent chance of having their uterus rupture if they choose natural child birth for a subsequent pregnancy, according to a study released Thursday.

The five-year study involved 19 medical centers and approximately 46,000 women who had undergone previous cesarean deliveries, said Dr. Mark Landon, the study's principal investigator.

Of the 17,902 women who later chose to have a vaginal birth, 128, approximately .72 percent, suffered uterine rupture, the study said.

Landon, director of the division of maternal fetal medicine at Ohio State University Medical Center, released results of the study at the national meeting of the Society of Maternal Fetal Medicine in New Orleans.

The study was funded by the National Institute of Child Health and Human Development, and was conducted by Maternal Fetal Medicine Units Network, a collaborative group of academic medical centers.

The chance of a newborn experiencing a brain injury due to a lack of oxygen increased with a post C-section vaginal birth. The study reported 13 cases of hypoxic ischemic encephalopathy, or about one in 2,000 infants, among women who choose that option, as compared to no cases among women who had repeat cesareans.

Eight of the 13 cases of HIE followed uterine rupture. The mother was more likely to die in vaginal child birth than if she had a second cesarean, the study found.

The study's findings will help women make better informed decisions about childbirth, Landon said.

"We have put a number on a risk that clinicians understood existed for some time, but had difficulty counseling women of the level of these risks," he said.

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In the U.S., the overall rate of cesarean delivery has risen dramatically, from 5 percent in 1970 to more than 26 percent in 2002, or about one million cesarean deliveries a year.

For decades, common practice was "once a cesarean, always a cesarean," according to the American College of Obstetricians and Gynecologists. But in 1981, the National Institutes of Health began to encourage "trial of labor" to decrease the number of cesarean deliveries, the organization said.

Since then, the rate of vaginal births after C-sections increased from 3 percent to about 31 percent in 1998, Landon said.

The new data could help women make better informed birthing decisions.

"Is .7 percent enough of a concern to the patient to make her want a repeat cesarean section? You can't answer that. It's up to each individual patient," said Dr. Alan DeCherney, a professor of obstetrics and gynecology at UCLA.

Dr. Bruce Flamm, a professor of obstetrics and gynecology at the University of California-Irvine, said the findings may lead more women to choose repeat cesareans.

But that may not be the best choice, he said.

"If you somewhat improve the outcome for the baby but make the outcome worse for the mom, then it's not so good as you thought, or vice versa," Flamm said. Complications from cesarean deliveries include risk of injuring a woman's bowels or bladder, blood clots, blood loss, or infection.

The choice to have a vaginal birth or a cesarean is ultimately a decision for the mother, experts said.

"Clearly I don't think this data or any data that exists on this subject can speak to one approach being superior to another," Landon said.

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