Sir,

Much has been written about the rise in Caesarean section rates seen worldwide and in Ireland. The recent ESRI paper 1 suggested that physician behaviour might be an important factor in Ireland. The study concluded that changes in maternal characteristics accounted for only about half of the increase in Caesarean section rates but it did not include maternal obesity in the analysis (the data are not collected). This is an important omission because Ireland has one of the highest rates of obesity in the EU. Internationally, however, there is good evidence that much of the increase observed over the past two decades has been due to changes in maternal characteristics, notably delayed childbearing and obesity, and that the increase is essentially the result of biological phenomena.

In a population-based study of over 127,000 births in Nova Scotia, Canada, adjustment for maternal characteristics reduced the temporal increase in primary Caesarean delivery rates between 1988-1991 and 1998-2000 from 21% to 2% 2. Using national data for over 580,000 deliveries in Scotland, during the period from 1980 to 2005, Smith et al reported that the Caesarean delivery rate among nulliparous women more than doubled and that the proportion of women aged 30 to 34 years increased three-fold, the proportion aged 35 to 39 years increased seven-fold, and the proportion aged 40 years or more increased ten-fold. Modelling indicated that if the age distribution had stayed the same over the period of study, 39% of the additional Caesarean deliveries would have been avoided 3. The authors concluded that the association between increasing maternal age and the risk of intrapartum Caesarean delivery is likely to have a biological basis. This makes considerable sense – it seems very unlikely that the sudden and dramatic changes in reproductive behaviour and corpulence of the past thirty years, for which evolution can have made no provision, would not impact very significantly on childbirth performance.

Our maternity hospitals are facing many great challenges – a record numbers of deliveries, a very high proportion of first births (42% in 2007) and a high prevalence of both maternal obesity and advanced maternal age. The likelihood is that these four factors will result in an increase in adverse outcomes, including more maternal and perinatal deaths, more obstetric injuries and more birth asphyxia. On top of that, there is a serious recruitment problem in the specialty of obstetrics and an infrastructure that includes several large but increasingly unfit for purpose stand-alone maternity hospitals. It is critical that health care policy makers recognise these facts and take appropriate action.

G Burke
University of Limerick Department of Obstetrics and Gynaecology, Mid-Western Regional Maternity Hospital, Limerick
Email: ger_burke@eircom.net

References