Sir

The analysis of recent Irish caesarean section trends by Brick and Layte on behalf of the ESRI \(^1\) reached three main conclusions: (i) that caesareans are being performed with increasing frequency in Ireland, (ii) that changing demographics and maternal characteristics exert important pressures in this upward trend and (iii) that other influences, such as altered obstetricians decision-making and indeed changing women's preferences, may represent further influences.

That caesarean section is now the most commonly performed major surgical procedure in this country cannot be disputed. Rates in Ireland were relatively very low by international standards until the 1980's but multiple shifts here in reproductive demographics then intervened—especially later childbearing and consequently smaller family size as a result of legislation on pay discrimination and disappearance of the "marriage bar" \(^2\). It is now well-established that older women tend to experience more difficult first labours, some of whom inevitably require caesarean delivery \(^3\). The fact that perinatal loss increases with maternal age also helps to explain why fetal mortality has stubbornly resisted improvement despite the burgeoning caesarean rate \(^4\). A further and more recent escalator of the caesarean incidence is the increasing obesity of many pregnant women, another predisposition to inefficient uterine contractility in labour \(^5\).

Individual physicians attitudes can have little influence on the cluster of factors (age, obesity, nulliparity) inimical to normal labour and vaginal delivery. On the other hand, obstetricians intervention in the form of induction of labour, especially first labour, represents an important medical variable. Systematic international analysis of the reasons for performing caesarean sections clearly indicates that over 95% of inter-institutional variations in overall rates can be attributed to differences in the management of women with singleton cephalic presentations at term in their first pregnancies \(^6\). Only through analysis of our national caesarean birth cohort using a totally inclusive, mutually exclusive categorisation, within which all the variables for caesarean section are studied, can the current so-called "epidemic" of abdominal delivery be readily understood. When the factual background to these caesareans has been explained by such a classification we can progress towards desirable corrective intervention \(^7\).

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References