

Editorial

Epidemic/pandemic of Cesarean delivery: the scope of the problem

The rate of Cesarean delivery has increased dramatically and it has become a major driver in the total deliveries. ⁽¹⁾ This is not only in the developed countries but also in the countries with limited resources e.g. recent reports showed that one third and two-fifth of the deliveries in Yemen and Sudan respectively, were Cesareans. ^(2,3)

Perhaps the previous classical indications for Cesarean delivery "obstructed labor, previous Cesarean section and antepartum hemorrhage" were top up by an increase in somewhat subjective indications, such as non-reassuring fetal tracing, Cesarean on request and non-clinical indications. ⁽⁴⁾ Therefore, addressing these factors as well as focusing on the use of induction and management of labor in the particular subgroup of nulliparous women - may have a significant impact on the total Cesarean delivery rate.

It is highly recommended that with the dramatic increase in the rate of Cesarean delivery, a greater emphasis have to placed on potential consequences of Cesarean delivery on the health of both maternal and the offspring. Interestingly, maternal and perinatal complications of Cesarean delivery are not static, but a growing based -evidence documenting recent complications that were not included in the previous classical teaching e.g. Cesarean section is associated with offspring obesity, allergy, metabolic disturbance and even cerebral palsy for which Cesarean was previously advocated was not reduced but even increased by Cesareans. ⁽⁵⁻⁷⁾

It is worth to be mentioned that the World Health Organization considers Cesarean section rates of 5–15% is an optimal range which is necessary for saving lives and necessary interventions for both maternal and perinatal. Thus lower rate of Cesarean delivery might indicate an unmet need.

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