

Cesarean Epidemic, the Forgotten Cost of Birth

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Excerpt

Once a life-saving intervention for obstetric emergencies, the cesarean section has now become one of the most overused surgical procedures worldwide. The World Health Organization recommends a rate of 10–15%, yet global averages exceed 20%, and in Pakistan, the figure approaches 23%, with private hospitals in Sindh reporting even higher proportions. This rising trend reflects a troubling mix of medical, economic, and cultural drivers—ranging from profit incentives and defensive practices to misconceptions equating surgery with safety. The consequences are profound: increased maternal complications, infant health risks, and financial strain on families and healthcare systems. Addressing this imbalance requires evidence-based policies, midwifery-led care, and a renewed commitment to using cesarean birth only when it truly saves lives.

Keywords

Cesarean section, maternal health, birth trends, Pakistan, global health, overmedicalization, obstetric surgery, maternal morbidity, neonatal outcomes, health systems, private healthcare, midwifery-led care, WHO guidelines, reproductive health policy.

Introduction:

Over the past few decades, the rate of cesarean section has risen dramatically across the globe. Once considered a life-saving procedure for clearly defined emergencies, it is now often performed far beyond medical necessity. The World Health Organization recommends that cesarean births should not exceed 10–15% of deliveries, yet in many countries, the rate has doubled or even tripled that figure. While cesarean delivery can prevent maternal and neonatal deaths in high-risk situations, the growing trend raises serious concerns. Multiple studies indicate that Pakistan's rate now averages around 23% nationally, and private facilities in Sindh often far exceed that proportion.

In Sindh, the private sector is largely implicated. According to the Sindh Healthcare Commission, many private hospitals prefer surgical deliveries even when not strictly required, often because they are more predictable and more profitable than natural birth.

Science reminds us that every intervention carries consequences. Compared to vaginal birth, cesarean delivery increases the risk of surgical complications, hemorrhage, infection, and long-term reproductive challenges such as

infertility, adhesions, and abnormal placental implantation in subsequent pregnancies. Infants born by cesarean are more prone to respiratory problems and altered microbiome development, factors increasingly linked with chronic disease later in life. Beyond the clinical sphere, there are hidden psychological, social, and economic costs—ranging from maternal depression and delayed bonding to greater financial burdens on families and health systems.

This issue of *Medical Spectrum* critically explores the “forgotten costs” of the cesarean epidemic, aiming to spark a rational, evidence-based discussion on how modern medicine can restore balance between necessity and overuse.

Cesarean Epidemic: Global Trends, Drivers and the Forgotten Cost of Birth

In just three decades, cesarean section has shifted from an essential, life-saving intervention to one of the most overused procedures in modern medicine. Global rates have soared from 7–8% in 1990 to over 20% today, with some hospitals reporting figures above 50%. While women in many low-resource settings still die due to lack of surgical access, others face the opposite crisis: unnecessary operations that add no survival benefit and carry significant risks. This is the paradox of our time: a world of simultaneous underuse and overuse.

The drivers are complex. Changing demographics, rising maternal age, obesity, and IVF explain part of the increase, but system-level forces are more telling. Private hospitals, financial incentives, defensive medicine, and declining obstetric skills make surgery a default. Cultural norms equating C-sections with modernity or convenience further normalize the practice. Media, too, plays a double role: fueling panic over an “epidemic” of unnecessary surgery while simultaneously championing autonomy and elective choice.

The consequences are stark. Mothers face higher risks of infection, bleeding, and complications in later pregnancies. Infants delivered surgically face respiratory problems and altered microbiome development. Families shoulder higher costs, while health systems bend under financial strain.

Globally, responses vary. Some countries experiment with midwifery-led care, financial reforms, and transparency in reporting. Others impose restrictions, as Turkey recently did sparking protests and debate over autonomy versus safety. The evidence is clear: no single fix works. Sustainable solutions require bundled strategies midwifery support, realigned incentives, informed counselling, and data-driven accountability.

The path forward must embrace balance. In resource-poor regions, expand safe surgical access. In wealthier or privatized systems, curb overuse without stripping away maternal choice. Above all, birth must remain safe, respectful, and grounded in science not profit, fear, or convenience.

The cesarean epidemic is not simply a medical issue but a mirror of our societies how we value women, how we shape health systems, and how we negotiate between safety and autonomy. To protect future generations, we must act with clarity, compassion, and courage.

Global Trends

- 1990: ~7–8% of births by C-section
- 2020: ~20–22% globally
- 2030: 29-30%
- WHO recommendation: 10–15% of births

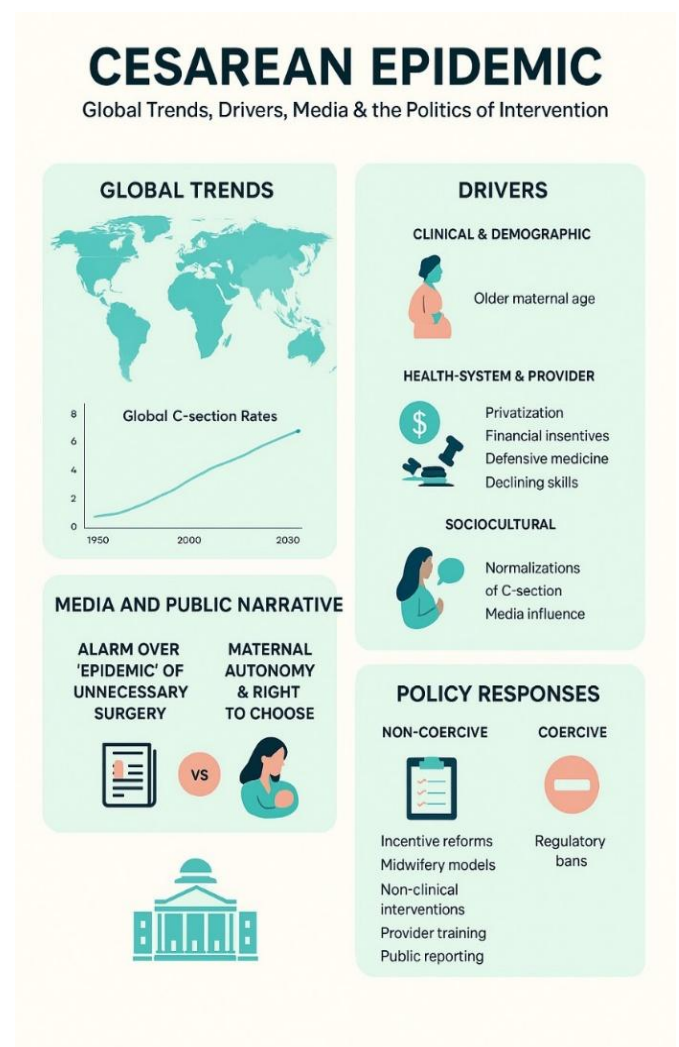
- High rates: Brazil (>55%), Turkey (>50%), China (>45%)
- Low rates (underuse): Sub-Saharan Africa (<5%)

Why Rates are Rising

- Demographic: Older maternal age, more IVF/multiple pregnancies, rising obesity
- Clinical: Repeat C-sections after one surgery
- System: Private hospital incentives, defensive medicine
- Sociocultural: Perception of C-section as modern, fear of labour pain, celebrity influence

The Double Burden

- Underuse: Women die without access to lifesaving surgery
- Overuse: Women face avoidable surgical risk & long-term complications



Impacts and Responses

- The Costs of Unnecessary Surgery
- Maternal Risks: Infection, hemorrhage, thromboembolism, complications in future pregnancies
- Infant Risks: Breathing problems, altered microbiome, potential long-term health effects
- Economic Costs: Higher bills for families; strain on health systems

Media & Public Debate

- Global coverage swings between:
- Alarm: “Epidemic of unnecessary surgery”
- Autonomy: “Right to choose C-section”
- Social media amplifies both fear and normalization

Policy Experiments

- Turkey (2025): Restricted elective C-sections sparked debate & protests
- Brazil: Public campaigns + midwifery strengthening
- UK: Audit & midwife-led continuity of care

Section 7: What Works?

- Payment reforms (align incentives)
- Midwifery-led care & labour support
- Prenatal education & decision aids
- Provider training (assisted vaginal delivery)
- Transparent reporting of C-section rates

Closing Message: “The challenge is not to eliminate cesareans, but to ensure they are used

when they save lives and avoided when they do not. Balance, equity and informed choice must guide the future of childbirth.”

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