Urbanization: Yet Another Dilemma, A Surging Caesarean Section Rate

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Urbanization makes us think about biodiversity loss, air, water, soil pollution, light and noise pollution and global warming. What's next on the charts? Interestingly, the trend of Caesarean Sections (C-sections) in our nation's urban scene is not just growing but soaring. The severity of the problem has led to the near synonymy between obstetricians and C-sections in Pakistan. Even though a C-section can save a patient's life when medically necessary, it is now the most popular elective obstetric surgery, sometimes done more for convenience than needed.

The World Health Organization (WHO) recommends that the caesarean section rate not exceed 10 to 15 %, barring serious obstetrical or medical complications.[1] Ironically, C-section rates have continued to rise in all regions of the world across high-income, middle-income, and low-middle-income countries alike. Nations such as the Dominican Republic, Brazil, Cyprus, Egypt and Turkey report C-section rates between 50% and 58%. Similar trends are observed across regions, including the Americas, Europe, Asia and Africa. If this increase cont-inues unchecked, projections suggest a global C-section rate of 28.5% by 2030.[2]

Pakistan mirrors this global crisis with the Pakistan Demographic Health Survey (PDHS) 2017-18 revealed a steep rise in C-section rates, 32% in urban areas compared to 18% in rural areas. Private hospitals perform far more C-sections (38%) than public facilities (18%). Alarmingly, C-sections are four times more frequent among highly educated women (49%) than uneducated women (11%).[3] However, this increase in C-sections has not corresponded to improvements in perinatal mortality or morbidity, raising the critical question: *Is caesarean section a necessity, or has it become a luxury?*

Undoubtedly, evident obstetrical and medical indications like cephalopelvic disproportion (CPD), prolonged fetal distress, malpresentation, previous C-section, antepartum haemorrhage (placenta previa) or controlled medical disorders like hypertension or diabetes warrant a C-section.[4] However, a growing number of C-sections are performed on maternal requests for non-medical reasons is considered non-medical reasons, such as psychological or personal preferences, including concerns about pain or cosmetic effects of vaginal delivery.[5] Urban, educated women frequently request C-sections to avoid perceived discomfort or potential perineal trauma, contributing to the procedure's growing cultural acceptability in urban communities.[6]

This normalization of C-sections in high socio-economic urban areas often overlooks the risks associated and ignores its life-threatening implications.[7] Caesarean deliveries expose women to immediate post-operative complications such as excessive bleeding, wound infections and prolonged hospital stays. Additionally, the distressing side effects include endometritis, urinary issues, and post-operative discomfort. Deep vein throm-bosis (DVT) and pulmonary embolism are instances of long-term dangers that might negatively impact the mother's quality of life. Moreover, uterine rupture, placenta previa, and placental abruption are among the placental problems that are more likely to occur after a C-section. Furthermore, babies born by C-section have an increased chance of developing respiratory problems, including transient tachypnoea of neonates (TTN), which frequently calls for ventilator support.[8]

According to recent research conducted in Pakistan, wealthy, well-educated urban women are more likely to undergo a C-section, and many of them are ignorant of the procedures' recommended obstetrical and medical indications. This suggests a severe disconnect between patients and their carers.[9] The doctor-patient relationship, frequently marked by an authority disparity, is essential to medical decision-making. Many people follow their obstetrician's advice without considering the alternatives and consequences.[10]

How society and the media present childbirth significantly impacts how women think and act. C-sections are frequently promoted as a more practical or even glamorous birth option than vaginal delivery, particularly in urban areas with a high degree of celebrity culture and social media impact. The increasing acceptance of C-sections, particularly among educated and well-off women, can be attributed to the normalizing of elective C-sections in popular media, which has strengthened cultural attitudes.

The "Doctor in Distress" phenomenon increases the number of C-sections performed. At times, obstetricians may perform C-sections instead of waiting for natural labour to continue either due to limited time, desire for financial gain or institutional incentives to promote

increased surgery rates.[11] This situation demands that healthcare authorities investigate and act against such practices.

This disturbing trend must be dealt with, and a comprehensive strategy is necessary. The primary rule that all obstetricians and health professionals dealing with maternity patients should observe is adherence to the latest evidence-based clinical practice guidelines and recommendations issued nationally and internationally. Obstetricians and midwives should acquire skills in the appropriate management of labour to assist in preventing unnecessary interventions. Health policymakers should adopt and promote programmatic strategies for evidence-based pregnancy management approaches. This should include prenatal care and health education on the merits and demerits of vaginal and caesarean births. If warranted, encouraging vaginal delivery of a subsequent child after a caesarean section (VBAC), along with providing adequate support and care, should become a practice.

The indications and outcomes of C-sections must be monitored. An evaluation and feedback mechanism must be in place to guarantee that clinical decisions reflect best practice standards. Antenatal clinics must put up a concerted effort to inform and counsel pregnant mothers regarding labour, delivery alternatives, and how to manage the pain, anxiety, and fear that come with giving birth.[12] To alter the public attitude and encourage people to adopt health-beneficial actions, its campaigns, as well as the media, should shift towards combating the misconception of glorifying C-sections with facts about the benefits of spontaneous vaginal delivery.

Can we slow down this trend? This is a question that responsible health practitioners ought to address themselves. *Can we foster a more profound sense of responsibility to reduce C-section rates, especially among educated, urban women?* One patient recently shared, "*My C-section was not easy. It was traumatic, and I am forever changed.*" We must listen to these voices and act before the rising C-section trends become an irreversible norm.

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