THE TRUTH ABOUT CAESAREAN BIRTHS

Too many babies are delivered by this method unnecessarily, says this obstetrical authority

By Col. H. L. RIVA, M. C.
Chief of Obstetrics and Gynecology, Walter Reed General Hospital, Washington, D. C.

as told to Theodore Irwin

One night last November, Mrs. John F. Kennedy was rushed by ambulance to Georgetown University Hospital. Less than two hours later, word flashed around the world that the wife of the President-elect had given birth to a son via Caesarean section. Millions of American wives facing childbirth have wondered: how safe is Caesarean delivery and when is it really necessary? For authoritative answers, FAMILY WEEKLY invited Dr. Humbert L. Riva, an obstetrician, to present his views.

OF THE MORE THAN 4,000,000 children born each year in the U. S. under the management of physicians, 3 to 5 percent (perhaps 200,000) are delivered by Caesarean section. In some private hospitals, as many as one out of five to 10 births are Caesareans.

Is childbirth by Caesarean becoming a fad? From our experience at Walter Reed General Hospital, where an average of 40 babies are born each week to Army wives, we believe that virtually half of the repeat Caesarean sections performed in the past have been unnecessary!

Many women who express interest in this technique fear labor and expect that surgery will solve their problem quickly and conveniently. Other women—timorous young wives especially—want to be sure they will receive enough attention; at a Caesarean, they reason, a doctor will be present throughout the procedure.

Another factor responsible for the trend is the busy physician. For him a Caesarean section—"childbirth by appointment"—is often a time-saving procedure when compared with standing by for a regular delivery.

Most doctors have been trained to believe that if a woman previously had a baby through surgery, her next child should also be delivered this way. The dictum is no longer true, as studies at Walter Reed have shown.

Just what is a Caesarean section? Briefly, it involves cutting through the walls of the abdomen and uterus to remove the child from the womb. A Caesarean section may be done before labor has started or at some time during its course.

Most women eager to take this "short cut" to avoid travail are blithely unaware of the drawbacks. First, a Caesarean mother loses three or four times as much blood as in a normal delivery. The chances of complications growing out of a transfusion are about the same as they are in acute appendicitis. Moreover, since a Caesarean requires more anesthesia, the mother is exposed to further potential jeopardy.

Besides, recovery is more difficult. In addition to the usual convalescence at home, the Caesarean mother has to go through the healing process of an abdominal incision. She has to have help longer and pay more visits to her doctor.

Any such operation means greater possibilities of intestinal obstructions as well as blood clots. A scar on the womb automatically makes the woman a potentially complicated case from that time on. The "repeat" Caesarean patient becomes vulnerable to rupture or hernia later, which would call for another operation. And despite antibiotics, the danger of infection is always present.

THE BABY, TOO, does not get all the benefit it should. There is no sure way to estimate the exact age of the unborn; to be on the "safe" side for the mother, a doctor may operate too soon, bringing forth a premature baby. Such a child has less chance of survival, and the death rate is higher than for others. Those who survive the first few hours are vulnerable to certain diseases.

So a Caesarean section, which to a woman may appear to be an easy and convenient way of having her baby, can lead to unforeseen tragedy. Undeniably, under certain circumstances, a Caesarean may become imperative. The greatest number of these cases occur when the mother is too small in proportion to the size of the baby to permit safe delivery by the normal process.

Nevertheless, we maintain that in many cases where Caesarean delivery seems to be indicated before labor, it may not necessarily be mandatory. We have tried natural birth even for a woman who has had as many as three previous Caesareans if she shows no present signs of abnormality. With modern surgical techniques in a well-staffed hospital, an operation can be performed quickly after this trial of labor, if required.

IN A STUDY we undertook, women with previous Caesareans were asked to enter the hospital approximately a week before their expected delivery date. When we examined them in labor prior to surgery, we were amazed to find that in many instances the woman's body was preparing itself for a normal delivery. As a result, of 214 women who had had Caesareans before, three out of four were delivered normally under our supervision—and without a single maternal or fetal death.

By permitting trial labor whenever possible, Walter Reed General Hospital has cut the Caesarean-section rate in half—from 2.9 percent to 1.5 percent of births—and we are keeping it at this low rate today, compared with about 5 percent in many big-city hospitals.

To women concerned about their forthcoming confinement: if your doctor suggests that you undergo a Caesarean section for the first time, remember that the standards of the Joint Commission for Accreditation of Hospitals require consultation with at least one other specialist in obstetrics before this operation may be performed. This is the rule in all first-class hospitals. After all, no one has yet been able to improve on the physiological mechanisms of the human body!

COVER

Photographer David Corson captures these pint-sized football players huddling as the quarterback calls the play. There's more on "midget league" football on page 16.

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