

Correspondence

The mounting rate of cesarean sections: Is it accompanied by a drop in instrumental births?

To the editor

I have read with great interest the article by Gharaibeh et al¹ entitled "The mounting rate of cesarean sections. Is it accompanied by a drop in instrumental births?" They reported that the rising rate of cesarean sections at their hospital was accompanied by a drop in the rate of both the forceps and the ventous extractor. I agree with the author about rising incidence of cesarean sections and a drop in the rate of instrumental delivery. Similarly, we conducted a retrospective survey to investigate the effect of delivery type on postnatal outcome in infants followed up at neonatal intensive care unit of a tertiary hospital in Turkey. We observed that the number of live births in the department of obstetrics is approximately 2236/year. The overall cesarean section rate in our hospital during study period (October 2006 to May 2007) was 45.3 % (n=524). Of the 632 women, who had vaginal delivery, only 12 (1.8 %) underwent instrumental vaginal delivery with vacuum.

Furthermore, as Gharaibeh et al mentioned, while abdominal deliveries can save lives of the patients and their newborns, and prevent the possible problems of a delayed vaginal birth, there are many complications associated with this procedure.^{2,3} Noninfectious acute respiratory disease develops in approximately 1% of all newborn infants and results in admission to a critical care unit. Accurate data about the occurrence of respiratory failure and long-term outcomes in term and near-term infants are hard to obtain due to lack of large databases such as those available for preterm infants; however, it is estimated that a significant number of term infants delivered by elective cesarean sections are admitted to neonatal intensive care units each year in the United States with the diagnosis of transient tachypnea of the newborn.⁴ In a recent research, Hansen et al⁵ investigated the association between elective cesarean sections and neonatal respiratory morbidity and the importance of timing of elective caesarean sections. They reported that compared with newborns delivered vaginally or by emergency cesarean sections, those delivered by elective caesarean section around term have an increased risk of overall and serious respiratory morbidity and the relative risk increased with decreasing gestational age.

In our study, we retrospectively evaluated the medical data of 225 infants who were born at term to mothers with singleton pregnancies and admitted to the neonatal intensive care unit during a 6-month period. The infants were divided into 3 groups; vaginal delivery (group 1, n=81), cesarean section (group 2, n=72), and repeat cesarean section (group 3, n=72). Although there were no differences according to the type of respiratory support, duration of hospitalization, and mortality rate, the rate of transient tachypnea of the newborn was higher in group 3 than in group 1 and 2. Multivariate analysis showed the encountered risk factors for transient tachypnea of the newborn were lower Apgar scores ($p=0.01$ OR: 2.3 CI 95%: 1.1-4.6) and having invasive resuscitation ($p=0.006$ OR: 130.8, CI 95%: 0.1-0.6). Finally, it was concluded that cesarean section remains a risk factor for transient tachypnea of the newborn despite current obstetric practices. We think that iatrogenic transient tachypnea is a potentially preventable disease and all possible efforts have to be undertaken to avoid it. These results may provide further information for clinicians and would be an important consideration when advising pregnant women on the preferred route of delivery.

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Reply from the Author

No reply was received from the author.

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