

***It Takes Two: Weighing the Risks of Caesarean Delivery on Maternal Request***

**Victoria, B.C. – June 26, 2018** - The Society of Obstetricians and Gynaecologists of Canada (SOGC) says Canadian women who opt for a planned caesarean section (CS) without medical or obstetrical indication, need to be fully briefed by their physician on the pros and cons of the procedure prior to delivery. The SOGC's Clinical Practice Obstetrics and Guideline Management and Oversight Committees issued [this Committee Opinion](#) in light of the rising incidence of elective caesareans being performed to avoid vaginal birth.

“All maternal health care providers need to understand and hear the reasons why some women consider preplanned caesareans the best option for them. This includes understanding the person’s values, fears and concerns,” says Dr. Jennifer Blake, CEO, SOGC. “But any final decision should not be made until women are equipped with the most up-to-date and evidence-based information to help them make such an important decision about how their baby will be born.”

Risks of Caesarean section include the risks associated with major surgery and anaesthesia as well as potential longer-term risks that could complicate future pregnancies. Elective CS is also associated with a decrease in breastfeeding and an increased risk of asthma in infants.

Elective CS, however, is associated with lower rates of postpartum hemorrhage and fewer surgical complications when compared with unplanned emergency CS and intrapartum CS. CS before the onset of labour may also reduce the lifetime risk of urinary incontinence.

Elective CS is a procedure that does not have overwhelming support among Canada’s medical community. A 2009 study found that 42% of Canadian obstetricians supported a person’s right to choose CS compared to 19% of family physicians, 25% of nurses, 19% of midwives and 29% of doulas.

To address this, the Committee Opinion suggests the process of counselling and decision-making should be made over several sessions and may also include other members of the maternal health care team. The Opinion also clearly states that a mutual decision on the mode of delivery should be made without bias or coercion.

“Some physicians may not agree with the request because of ethical or medical reasons. But if a patient decides they want to go ahead with the procedure, contrary to the wishes of their doctor, that doctor has a responsibility to refer the patient for a second opinion or transfer care,” says Dr. Blake.

**For more information or to arrange a media interview please contact:**

Anne Trueman, Director of Communications

Email: [atrueman@sogc.com](mailto:atrueman@sogc.com)

Telephone: 613-617-7074

**About The Society of Obstetricians and Gynaecologists of Canada**

The SOGC is one of Canada's oldest national specialty organizations. Established in 1944, the Society's mission is to promote excellence in the practice of obstetrics and gynaecology and to advance the health of women through leadership, advocacy, collaboration and education. The SOGC represents obstetricians/gynaecologists, family physicians, nurses, midwives and allied health professionals working in the field of sexual reproductive health. For more information, please visit [www.sogc.org](http://www.sogc.org)