AMERICAN COLLEGE of NURSE-MIDWIVES

POSITION STATEMENT

Primary Cesarean Birth by Request

Cesarean birth by request is defined as a primary cesarean birth in the absence of medical indications.[1]

It is the position of the American College of Nurse-Midwives (ACNM) that:

- In the absence of medical indications, certified nurse-midwives (CNMs)/certified midwives (CMs) should advocate nonintervention and support intended vaginal birth.[2,3]
- Cesarean birth is an invaluable surgical procedure when performed in the presence of medical indications.
- There is insufficient evidence to recommend cesarean birth by request over intended vaginal birth based on maternal and newborn outcomes.[1]
- Perinatal outcomes associated with cesarean birth include short-term surgical complications, long-term effects in subsequent pregnancies and births,[1,2] and increased rates of mortality[4,5] and serious morbidity.[4-6]
- The risk of newborn respiratory morbidity is significantly higher in cesarean birth by request when compared to vaginal birth.[7]
- Cesarean birth by request should not be performed prior to the 39th week of gestation due to risk of newborn respiratory morbidity. [1,7]
- CNMs/CMs should provide anticipatory guidance about potential barriers to lactation for individuals considering or choosing cesarean birth by request who have a desire to breastfeed/chestfeed.[8,9]
- Efforts that support lactation success should be offered and provided during the postpartum period to those undergoing cesarean birth by request.[8,9]

Background

In 2020, over 1.1 million cesarean sections were performed in the United States, accounting for 31.8% of all births.[10] Of those, 21.9% were primary cesarean sections.[10] The incidence of elective cesarean birth is estimated at 2.5% of all births in the United States.[1,11] While cesarean birth remains a valuable surgical procedure that can save the lives of pregnant people and newborns in the presence of medical, fetal, or obstetric indications, the reduction of unnecessary cesarean birth has been identified as a priority in the United States.[2] Unnecessary cesarean birth

is a preventable cause of morbidity and mortality, and the reduction of cesarean births is one strategy to improve the health of women and pregnant people.[2] In the absence of medical indications, CNMs/CMs should advocate nonintervention and support intended vaginal birth. [2,3]

In 2006, the National Institutes of Health convened a State-of-the-Science Conference on Cesarean Delivery on Maternal Request. The consensus panel found there was insufficient evidence to fully evaluate the benefits and risks of cesarean birth by request and that decisions for cesarean birth by request should be individualized.[11,12] Since that time, there remains no randomized clinical trials that have evaluated cesarean birth with trial of labor for singleton gestations with cephalic presentation.[1]

Perinatal outcomes associated with cesarean birth include short-term surgical complications such as blood loss, infection, and venous thrombus, while the long-term effects in subsequent pregnancies and births include abnormal placentation, increased risk of hemorrhage, and increased risk of hysterectomy.[1,2] A 2021 systematic review and meta-analysis found that the greatest risk of urinary and fecal incontinence postpartum was related to incontinence during pregnancy, not to vaginal birth. Prevention of incontinence should not be the primary motive for cesarean birth by request.[13]

Studies for neonatal outcomes related to cesarean birth by request are limited.[1] The risk of respiratory morbidity is the highest risk factor for infants born by cesarean birth by request with transient tachypnea of the newborn and respiratory distress syndrome occurring most frequently.[7] Past recommendations favoring cesarean birth by request to decrease risks of fetal mortality, intracranial hemorrhage, neonatal asphyxia, and encephalopathy were based on weak-quality evidence.[12]

In line with recommendations from the World Health Organization and other national and international organizations, ACNM promotes breastfeeding as the optimal method of infant feeding and asserts that midwives are essential care providers who support the achievement of lactation goals.[9] Cesarean section is associated with decreased rates and early cessation of breastfeeding. [8,14,15] Early skin-to-skin contact following birth is a practice that is internationally recognized with well-documented benefits for both the birthing person and newborn.[14] Early skin-to-skin contact is not always possible following cesarean and can delay the initiation of breastfeeding.[14,15] Efforts that support lactation success, such as gentle cesarean birth and early skin-to-skin contact, should be offered and provided during the postpartum period to those undergoing cesarean birth by request .[8,11]

ACNM and its members respect the rights of all people, including women and gender-diverse individuals, to have autonomy over their own health, body, and care.[16] A person's unique life experiences impact reproductive desires and influence their views, attitudes, and beliefs surrounding birth. Midwives should engage in open dialogue regarding birth preferences and address potential fears and concerns surrounding the birth process. As part of informed consent and shared decision-making, individuals should receive accurate, evidence-based, unbiased, and complete information regarding the risks, benefits, and potential harms of both vaginal and

cesarean birth within the respectful, compassionate relationship which encompasses midwifery care.[16,17] Ultimately, birthing people have the right to self-determination regarding decisions about mode of birth.[12] Factors such as liability, convenience, provider preference, or economics should not unduly influence shared decision-making.

There is insufficient evidence to recommend cesarean birth by request over intended vaginal birth based on perinatal outcomes.[1] ACNM therefore identifies vaginal birth as the optimal mode of birth for people without indications for cesarean birth. Although cesarean birth by request has not been proven as a safer birth alternative, it should remain an option for some birthing people.[11] Further research is needed to evaluate the short- and long-term medical, psychosocial, economic, and cultural sequelae, including effects on future pregnancies, associated with cesarean birth by request.

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Note: Midwifery and midwives as used throughout this document refer to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American Midwifery Certification Board (AMCB).

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