

Decrease the Cesarean Section Rate, an Obsolete Objective?

The phrase promulgated by the World Health Organization (WHO) in 1985 is well known: "there is no justification for any region to have a caesarean section rate higher than 10–15%" [1]. This percentage and its decrease are within the objectives of the gynecology and obstetrics units of any center. Moreover, it constituting a marker of hospital care quality. Morbidity, mortality and costs associated with this major intervention are unquestionable. Our goal should be an eutocic delivery with the highest quality and safety guarantees for our patients.

Despite all the advances in resources, personnel, training and information we have, we see how the referred rate does nothing but increase [2]. While in Spain, this rate is 27.3% in 2014, in the United States it is 32% in 2015 [3] and globally it stands at 21.1% (CI 19.9-22.4) in the year 2015 [2,3]. Without dodging self-criticism, I wonder if we are actually able to lower that rate and more than that, if it should go in that direction.

We live in an era dominated by patient autonomy and care objectives. The population we have is dynamic and is constantly evolving. The increase in age at the first birth, the decrease in parity, the increase in intrinsic morbidity for each pregnant woman, the large number of patients who opt for private care, the "on demand" caesarean section as well as the increase in the rate of women with previous uterine surgery or the pandemic that constitutes obesity, are just some of the factors that make the current population differ greatly both in time and place, from those distant 80s. Nowadays, our pregnant women have more alternatives to their disposition and with a high level of demand. They suppose a daily examination for the obstetrician. We are located at the crossroads between giving respect and attention to childbirth while ensuring its viability and safety.

With all this, should the cesarean section remain a number to meet? This is an issue that often comes up in forums for discussion of experts and congresses. Well, from my modest point, I dare to say no. Our goal is to offer personalized, effective, safe and respectful attention by adapting to the current times and taking into account the social change. The cesarean section rate should be a valid objective only within a determinate context, situation and population and not a universal objective. Let's stop looking at past data because, most likely, we cannot and should not reach the percentages of yesteryear. Let's look forward and establish adaptation strategies for the most widely performed major surgery worldwide.

REFERENCES

- [1] Appropriate technology for birth. *Lancet* 1985; 2(8452): 436-7.
- [2] Boerma T et al. Global epidemiology of use of and disparities in caesarean sections. *Lancet* 2018; 392(10155): 1341-1348.
- [3] <https://apps.who.int/gho/data/node.main.BIRTHSBYCAESAREAN?lang=en>

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