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Letter to the Editor

Caesarean delivery on maternal request: need to redefine in view of intrapartum cases

Sir,

I read with interest Atnurkar KB, Mahale AR. Caesarean delivery on maternal request: need to redefine in view of intrapartum cases. *Int J Reprod Contracept Obstet Gynecol.* 2022;11:501-4.¹ The reasons are two-1) Recently I finished analysing indications for caesarean delivery at my institution for the period 01/04/2018 to 30/03/2019 (pre-COVID-19) as a part of my dissertation. 2) I also read articles from these and other authors related to Robson ten group classification system.^{2,3}

I am both surprised and shocked. Surprised because at the tertiary level obstetric unit where I work there were just 3 cases where caesarean section was done for maternal request or maternal demand. The overall caesarean section rate at this tertiary centre was 63.18% (total births-5701, total vaginal births-2099, total caesarean births-3602). At the incidence of 2.31% (out of 9331 CS cases documented over 20 years, 216 CS were done on maternal request, the incidence of CDMR was 2.31%) quoted by Atnurkar and Mahale, we should have performed 83 caesarean sections on request in one single year. Shocked because- Are our labouring women, to whom we serve, not aware about their right to demand caesarean section even when it is medically not indicated? Or do we not educate pregnant women about their rights, one such, that if they feel they can discuss with obstetrician about caesarean section on demand. Duperron list reasons for a caesarean section on demand: fear of delivery, fear of pain, family pressure, a previous bad experience, more control over events, improved care, and maintaining the integrity of the pelvic floor.⁴ Duperron also quotes "from an ethical standpoint, we can hardly deny a patient's right to a caesarean section on demand. A patient is entitled to make decisions independently. We owe her informed consent regarding the benefits and disadvantages of unnecessary surgery for herself and her child. The physician-patient rapport will ensure that the pregnancy, delivery, and postpartum period unfold safely for the family and care staff." (American college of obstetricians and gynecologists ACOG committee opinion no. 394, December 2007. Caesarean delivery on maternal request). Do women accessing maternity services at public teaching institutions have no such fears? May be economic affordability to pay for the expenditure of caesarean section gives a pregnant woman courage to request/ demand child birth by caesarean section. All cases from Atnurkar and Mahale belong to

small private maternity hospitals, indicating women had resources to pay for the caesarean section expenditure.¹

It is estimated that 2.5% of all births in United States are caesarean delivery by maternal request, at this rate 142 births at our institution should have occurred for caesarean section on maternal request, definitely a sizeable number. ACOG committee opinion 761, the corrected sentence would be: ACOG committee opinion 761, guides obstetricians as regards counselling a woman who requests for caesarean section in the absence of maternal or fetal indication for it.⁵ All maternity healthcare workers should be aware of it- "In the absence of other indications for early delivery, caesarean delivery on maternal request should not be performed before a gestational age of 39 weeks; and, given the high repeat caesarean delivery rate, patients should be informed that the risks of placenta previa, placenta accrete spectrum, and gravid hysterectomy increase with each subsequent caesarean delivery".

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