

ARTICLE FOR DECEMBER 5, 2011
TODAY'S HEALTH FOR THE EMPOWERED WOMAN

“Too Posh to Push?”

A couple of weeks ago I came across an MSNBC article while perusing the internet entitled as above “too posh to push” about elective cesarean section (that means, no labor –just a scheduled operation). I thought this a clever phrase but I did not coin it. It seems that many celebrities, as they approach their due date for delivery, persuade their obstetrician to perform an elective cesarean before they go into labor. I am addressing this issue now because in my capacity as ACOG Vice Chair for New York I participate in many committees, some of which go all the way up to the New York State Department of Health, that are examining this very issue. Faced with huge budget deficits, unfunded mandates, and the Patient Protection and Affordable Care Act (“Obama care”) New York is compelled to trim costs to the health care system. Governor Cuomo has convened a Medicaid Redesign Team as he is well aware that at current rates of eligibility and cost, the program is not sustainable. One aspect of cost cutting involves obstetrics. Right now the Department of Health has stated that they will not reimburse doctors or hospitals for “non indicated” inductions of labor before 39 weeks (40 weeks is full term) AND will not pay for non indicated c-sections. Contrary to what the public believes, obstetricians who accept Medicaid do not receive higher reimbursement for an operative delivery. Therefore, they can make a decision to operate or perform a vaginal delivery on the merits of the case alone. A case could be made for higher reimbursement given that a c-section has more risk, requires a higher grade of malpractice insurance, takes more time, involves more charting and more rounds and requires a post operative exam. Hospitals have higher costs in operating room equipment and personnel, anesthesia, assistants and more days spent as an in patient. While it would seem reasonable that the health department uses the term “non-indicated”, they have not comprised a list of what “indicated” is! ACOG has been asked to be at the table and has generated a list of when it is possible and even desirable to be delivered before 39 weeks. In March 2010, I wrote an article on the reasons for c-section and will briefly reiterate here reasons for either induction or c-section: maternal reasons to include infection of lungs or genital tract, viral illnesses that compromise the fetus, heart disease of the mother, preeclampsia or eclampsia (both life threatening conditions of pregnancy secondary to high blood pressure and kidney and blood abnormalities); fetal reasons that would include multiple gestation (twins etc.), breach or other malpresentations, bleeding, abnormal heart rate tracings, intrauterine growth retardation, twin twin transfusion, etc. etc. This list is long but not exclusive of other conditions. There are social reasons to be considered also: living far from the hospital, history of rapid labors, impending Oswego winter “white outs”. It must absolutely be remembered that while c-section is now very common it is a major operation with a five fold risk to the mom over vaginal delivery. These risks would include fatal anesthesia reactions, pulmonary embolism, pneumonia, wound and uterine infections, profound bleeding, organ injury, fetal injury and long term possibility of pain from scarring, hernias, etc. Given these possibilities why would any woman elect to forego labor and have an elective c-section as is common among celebrities and in

countries like Brazil? Are these woman indeed “too posh to push”? A certain amount of elitism enters into the equation with the desire to control the entire birth process “risk be damned”. Many of these women fear labor and its attendant discomfort but are not realistic in understanding postoperative c-section pain that can lead to six weeks of disability. Also, some find the whole process of a vaginal birth to be “yucky” what with panting, grunting, pushing, bleeding, stitches, etc. And believe it or not there are those who wish to control the date of birth because it is catchy (say 11/11/11) or is the same day that Uncle Harry was born. The reality is that delivery before 39 week is absolutely proscribed by my profession unless indications, like those above, are present. There continues to be fetal neurologic development in the last week of pregnancy. Emulating a celebrity to have an elective induction or c-section without labor, especially before 39 weeks can be a terrible mistake. These issues are best discussed with an obstetrical provider and not gleaned from a tabloid newspaper. The anatomy of a female and the physiology of human reproduction and pregnancy make clear that a vaginal delivery is the norm. Only when specific indications are present should an early preterm induction be done or a c-section performed. It is also worth noting that starlets who deliver at home have the financial resources to enable them to convert a room in their house to a fully functional hospital labor room with all contingencies for emergency readily available. Good, early, and professional prenatal care makes for healthy infants and children that go on to be happy productive members of society.