

Position Statement on Elective Cesarean Section

The Canadian Association of Midwives (CAM) allies with the Society of Obstetricians and Gynecologists of Canada (SOGC) by stating that vaginal birth is clearly the safest birth for most women and babies, and that caesarean surgery on demand will have disastrous social and financial consequences for health internationally. CAM advocates safe, sensitive care within a health system that maximizes women's ability to have a normal physiologic labour and birth. We agree with the position taken by Canadian and international midwifery and citizen organizations, that resources are needed to support continuity of care, one to one care in labour and increased access to midwifery services.

The debate around c-section on demand raises deep concerns for midwives about the persistent increase in obstetrical interventions and surveillance technologies used for pregnancy and birth. In many cases the increase is occurring without regard for substantiating data and despite efforts by professional organizations and consumer groups to curb rates of intervention which are not supported by evidence. This trend both reflects and serves to construct a mechanical and fragmented vision of the body and birth and also of the pregnant woman and her unborn baby. It is a product of our society's "culture of fear" around childbirth and demonstrates the extent to which the "epidemic of risk" is reflected in maternity care.

Presenting interventions such as c-section as "options" puts maternity care providers and women in a consumerist relationship, and treats childbirth as a problem to be solved rather than a process to be respected. The importance of the social and cultural aspects of birth is supported by a broad humanistic discourse in the scholarly and public literature. Moreover, strong scientific evidence supports a low intervention approach. Vaginal birth is not "an option". It is a complex, highly developed physiologic process that deserves our fundamental respect. It is the role of midwifery and medicine to understand, promote, and facilitate physiologic processes, and to intervene only when necessary.

The benefits of caesarean section and certain obstetrical interventions for specific problem situations are irrefutable. However, widespread use of intervention and technology creates fear and doubt about the adequacy of the female body, and reinforces distrust about the reproductive powers of women. When women request interventions that are not medically indicated, and when professionals offer unnecessary technology rather than support and reassurance, it may simply be an expression of those doubts. These requests can also be seen as a reflection of a system greatly in need of improving its ability to provide sensitive, supportive care in childbirth. The research on caesarean section by request clearly shows that anxiety and fear play a major role and that these factors can be addressed by more effective means than by surgery. Offering all women the choice of caesarean section is not safe and not ethical.

Midwives work in a model of care that supports the development of relationship. The potential for empowerment through "informed choice" is much more than a neutral offer of choice. Midwifery care involves mutual trust, dialogue and acknowledgement of the fundamental uncertainty and complexity of pregnancy and birth. In that sense, empowerment comes through a process of shared decision making, not through a "menu" of choices.

For women, families, midwives and for many other maternity care providers, childbirth is a deeply meaningful event. As a multidimensional life experience, its significance and symbolism touch the core of every society and every culture. Embedded in a historical and socio-cultural context, childbirth is far more than a medical event. As professionals, midwives consider the individual woman within her life context, and take into account factors that affect her overall health. Health policy must also take into account the societal implications affecting health as a common good. To build maternity care that is truly women centered will require beginning with the fundamentals: trusting women and supporting their ability to trust themselves, their bodies and the birth process.

Approved by the Canadian Association of Midwives Board of Directors June 2004