

Inecesáreas: Understanding the Prevalence of Elective Cesareans in Buenos Aires

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Abstract

It is estimated that 3.5 million medically unnecessary cesarean sections (CS) are conducted globally every year. This phenomenon is especially apparent in Argentina where elective CS up over half of all CS carried out. These elective surgeries have been shown to lead to health problems for both mother and child and has been considered by some an “international pandemic”. Due to the medical relevance of unnecessary CS, it is both critical and timely to understand the underlying factors motivating the inflated rates. Previous work has indicated that the nature of the doctor-patient relationship may influence the decision to undergo unnecessary CS. In light of the growing concern for unnecessary CS, I sought to assess if, how, and why the characteristics of the doctor-patient relationship contribute to the high rates of elective CS. For this project, I spent eight weeks in Buenos Aires, Argentina conducting extensive interviews with medical professionals and mothers. Based on my research, I argue that the intimate nature of the doctor-patient relationship allows patients more authority over their care. As a consequence, patients have more power to request medical procedures, such as elective unnecessary CS. This suggests that the social dynamics of the doctor-patient relationship may in part underlie the inflated rates of elective CS in Buenos Aires.

Aim

While many studies have pointed to social and economic reasons for the prevalence of elective cesareans in Buenos Aires and throughout Latin America, I chose to examine the doctor-patient relationship and ask if, how, and why the nature of this relationship affects the decision to deliver via a medically unnecessary CS.

Objectives

My research focused on understanding if, how, and why the doctor-patient relationship governs the decision to undergo an elective cesarean section.

Through interviews with medical professionals and mothers, I sought to answer questions such as: How does the decision to undergo an elective cesarean take shape throughout pregnancy? How do doctors present cesareans and how does this information allow patients to make an informed decision about delivery options? To what extent do doctors encourage expecting mothers to choose a delivery option that agrees with their own assessment of the appropriate method?

Methodology

Data was collected from both mothers and medical professionals in the form of semi-structured, long form, interviews. Informants were contacted via snowball sampling and advertising to mother’s groups in Buenos Aires. Prior to all interviews, informants gained full disclosure of the study and were asked to sign an informed consent form. Interviews were conducted primarily in English.

Overall, seven interviews were conducted: five with mothers, one with an obstetrician, and one with a midwife. All interviews were recorded and later transcribed. After data collection, interview transcripts, public forum posts, and fieldnotes were analyzed and coded. Data was coded from both a top-down and bottom-up approach.

Cesareans and Identity

In Buenos Aires, the topic of CS is charged and polarizing. Every woman I spoke with readily identified herself as pro-CS or pro-natural.

To form opinions about CS, most women turn to family and friends. For example, when respondents were prompted to explain their attitudes towards CS, many indicated the influence of mothers or close family friends. For example, one respondent described how she was a pro-CS as her mom had been in “very in favor of it”. This illustrates the influence of family and friends in deciding modes of delivery.

After aligning themselves as either pro-CS or against CS, many women seek doctors and hospitals that follow these practices. One respondent, Ana, described how she had specifically sought an Obstetrician (OB) who would not push for a CS, and turned away from her first OB because she felt that he had pressured her to do exactly that:

“I remember the hospital [the first OB] told me to go to– it’s a CS hospital. The suites are supposed to be amazing, it’s like a hotel... But it’s small, so it’s almost like a boutique hospital and in order to reserve your room you are basically signing up for a CS because that’s the only birth that you can schedule”.

As Ana had previously identified herself as pro-natural, she sought a different hospital and doctor who was also pro-natural. Using her Gynecologists’ recommendation, Ana found a group of OB’s who she described as “very pro-natural”.

The Importance of Intimacy

Whereas Ana had described her first OB as “matter of fact and very cold”, she felt that her pro-natural doctors were warm and loving. Ana even went as far as to say that she felt like a sister to her doctors and felt that doctors were “really in tune with their patients” and that she “never felt like a number”.

Ana’s words indicate the importance of personal intimacy in a successful doctor-patient relationship. Many respondents agreed, including the OB, Alberto, I spoke with. Alberto emphasized building long-lasting and personal relationships with his patients noting that he had delivered babies who were now expectant mothers seeking his care. He also described how he practiced medicine by assessing his patient as a holistic person before moving on to a medical exam.

While Alberto indicated that intimacy was personally satisfying, he also highlighted that intimacy had the potential to improve quality of care. For example, Alberto described how he cared for his patients in the delivery room:

“I want to be there from the first moment. Because in some cases I think that it allows me to obtain better results. Because the patient thinks that she is safer with the doctor beside me”.

Thus, both Argentine patients and doctors seek intimate, personal relationships. In addition to being personally satisfying, respondents indicated that an intimate relationship may also improve clinical outcomes and provide another level of care for expectant mothers.

Intimacy and Cooperation

A consequence of doctor-patient intimacy is that medical decisions often became personal. Alberto detailed how he typically discussed the topic of CS with his patients:

“If the patient really give me the idea that she prefer a CS, I preform a CS. Because you need the cooperation of the patient and the whole family.”

Alberto’s words indicate that delivery decisions are at once personal, familial and medical. As a result of the social complexities of CS and the desire to maintain doctor patient relationships, doctors such as Alberto are pressured to sacrifice medical recommendations for patient cooperation.

Conclusion

As a result of the controversy of CS, many women identify themselves as either pro-CS or pro-natural. Accordingly, they find doctors that meet their delivery expectations. Finding a doctor who meets delivery expectations may enhance intimacy, and increases trust between doctor and patient. However seeking doctors who specifically perform certain delivery practices may force doctors pressured to comply with patient’s wishes– either for a natural birth or a CS. As trust is a necessary prerequisite for patient cooperation, many doctors may feel that negotiating patients with strong opinions is a tricky situation. Doctors must balance respecting patient wishes with giving measured recommendations in order to provide the best possible health outcomes.

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