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Review article

EBCOG position statement on caesarean section in Europe[☆]

European Board and College of Obstetrics and Gynaecology (EBCOG)



Caesarean section in Europe

Caesarean section is an irreplaceable life saving operation, but it is also seen by some as an alternative to vaginal birth. However the procedure is not without complications, and has implications for future pregnancies and births, some negative [1]. There is evidence that caesarean section may also affect the immediate and future health of the baby [2–4]. The costs of caesarean section are much higher than vaginal birth and this will have implications for national budgets [5].

As long ago as 1985, WHO observed that an increase in CS rates was not associated with an improvement in maternal and neonatal mortality and felt there was no justification for any region to have a rate higher than 15% [6]. A more recent WHO statement has suggested that at population level CS rates higher than 10% are not associated with reductions in maternal and newborn mortality rates [7]. In Europe there is wide variation in CS rates with relatively few countries having less than 20% [8].

There is thus a need to develop effective strategies to optimise CS rate throughout Europe. A universal system of collecting and comparing national data should enable different units using different principles of care to learn from each other. Such a system could also help to evaluate the short- and long-term impacts of caesarean sections [7,9]. At present the Robson classification provides the best tool for evaluating overall rates as well as the groups of women accounting for the major share of caesarean sections. These data need to be collected alongside the relevant maternal and perinatal outcomes. Thus it will be possible for each country to analyse their practice, consider the health and economic implications, and develop strategies for improving care [10].

Thus EBCOG recommends that national data are collected in such a way that the Robson classification will allow meaningful comparison among European countries. There is a need to learn from one another, and particularly from those countries that have low maternal and neonatal mortality rates as well as low caesarean section rates.

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[☆] The first draft of this Paper was written by Justina Kacerauskiene and Associate Professor Egle Bartuseviciene Department of Obstetrics and Gynaecology, Lithuanian University of Health Sciences and peer reviewed by the following: Professor Emeritus Reynir Geirsson, Landspítali University Hospital, Reykjavik; Prof. Moshe Hod, Tel-Aviv University; Professor Vlad Tica, Constanta County Emergency Hospital, Romania; Professor Juriy Wladimiroff, EBCOG Hospital Visiting Committee. The final draft was approved by the President, Executive and Council of EBCOG. Professor Mike Robson National maternity Hospital, Dublin and Dr Tahir Mahmood Victoria Hospital Kirkcaldy, Scotland.