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Long term outcomes of caesarean deliveries

The caesarean section (CS) delivery is now the most commonly performed major operation around the world with more than one million procedures performed each year in the USA alone. In most of the world, the rise in the frequency of caesarean is a relatively recent occurrence. Prior to the 1980's, caesarean delivery rates were generally less than 10%. These rates, however, have risen such that they have reached over 30% in the last decade in many developed countries. This rise has been even greater in countries with rapidly industrializing economies, such as Brazil and China, where CS rates are now around or over 50%. The high caesarean birth rates have become a matter of concern to international public health agencies. There is no doubt that if substantial reductions in maternal and perinatal mortality are to be achieved, universal availability of life-saving interventions need to be matched with comprehensive emergency care and overall improvements in the quality of maternal and neonatal health care. A planned (elective) CS carries an overall risk of complication that is only slightly higher than that of a vaginal delivery when performed at full term by an experienced team with adequate resources. Nevertheless, CS, and in particular emergency CS, are associated with increased risks of haemorrhage, infection, hysterectomy, thromboembolic disease and bladder injury. Furthermore, in subsequent pregnancies, a CS can lead to placenta accreta, pelvic adhesions and uterine scar rupture in cases of a trial of labor. Moreover, the marked rise in the rate of CS over the last decade in developed countries has taken place without an accompanying marked improvement in neonatal outcome. There is some evidence that CS has had some adverse effects on the newborn. In the short-term, CS in the absence of labor is associated with greater respiratory morbidity. In the long-term, alterations of the neonatal microbiome due to the non-vaginal birth has been associated with an increased risk of asthma and type I diabetes mellitus.

Biography

Eric Jauniaux has worked for over 30 years on placental and fetal development and the diagnosis management of placental related-complications of pregnancy—covering the full spectrum from the anatomy, pathology and physiology to the diagnosis and treatment in utero of placental and fetal diseases. He was awarded a personal Chair at UCL in 2002. He is the Laurate of three international prizes for his work on the human placenta. He is the author/co-author of over 340 peer-reviewed research clinical and basic science papers and reviews and of 90 chapters in textbooks. He has edited 12 books including "Embryonic Medicine & Therapy" with Bob Edwards and the first textbooks on caesarean section with William Grobman and "Pregnancy after ART" with Botros Rizk. He was the Co-Chair of the Education, Training and Capacity Building committee since Oct 2009 to Oct 2015 (FIGO) and has been the Co-founder of Medical Aid Films, a UK-registered charity which provides multi-media programs for education and training in developing countries since 2006 and which received the BAFTA's Gift of the Academy in September 2017.

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