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Cesarean Section on Request - Avoid Misogyny Reactions

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Summary

According to current data from Sweden, the difference in frequency of urinary incontinence in the ratio of 1 to 4.5 between men and women can be significantly reduced in the long term. The 1 to 1 risk of pelvic floor damage as a result of vaginal birth can no longer be classified as "fateful". The consequences of incontinence are too often accompanied by reduced performance in many areas of life. Our society should no longer accept this. The resulting costs amount to many billions of euros annually. In extreme cases, depression caused by incontinence can shorten life expectancy by many years. Obstetric medicine is called upon to rethink the mode of birth. If a healthy and not very obese pregnant woman wants an elective cesarean section around the due date, then this is in accordance with BGH rulings. If health insurance companies refuse to cover the costs, then the provisions of the Basic Law are being disregarded.

The term "misogyny" is hardly common in our country, but it accurately describes the problem when a pregnant woman around the 40th week of pregnancy comes into the delivery room with regular contractions and wants a cesarean section as the mode of birth. Rejection is almost the rule and the persuasion to give birth vaginally begins. The pregnant woman can hardly "defend herself" in this situation. The right to self-determination, enshrined in the Basic Law, is thus disregarded. Consequently, the Federal Court of Justice decided: the pregnant woman herself decides essentially on the mode of birth if this does not pose a risk to the child. C-section bashing (literally hitting, attacking) is partly responsible for this: prejudiced attacks on this birth mode.

This causes significant annual costs for our healthcare system, which has so far been ignored or kept secret; more on this later. If midwives and doctors say in the delivery room: "We don't do elective cesarean sections" instead of asking women in a woman-oriented way about the reasons, then forensic problems can now be expected. According to the author's experience in two university delivery rooms with regular activity there (2,400 births annually), the pregnant women gave convincing reasons for wanting a cesarean section. This included the fear of injury to the genital area. With a 1 to 1 risk of pelvic floor damage resulting in urinary incontinence, this is justified. No man would ever allow such a risk to his genital area.

Cesarean Section Education Now Based on Swedish Data

According to Swedish data from a registry study from 2022 [1], women after cesarean section have a similarly stable pelvic floor as women without a history of birth. This was estimated using prolapse and prolapse operations (21 times more common after vaginal birth), the "tip of the iceberg" being urinary incontinence (HF). Depending on the severity of HI, there is reduced performance in many areas of life and reduced quality of life, up to and including years of life expectancy being shortened due to social isolation. The first vaginal birth in particular leads to damage to the pelvic floor [1].

Incontinence 1 in 4.5 In Men to Women No Longer Accept

These Swedish data confirm the hypothesis: without vaginal birth, the urinary incontinence frequency ratio of 1 to 4.5 for men to women could be significantly reduced. This is relevant in the long term for women with an average life expectancy of around 82 years. Pelvic floor problems caused by pregnancy usually resolve quickly after birth and are relatively marginal in number [1]. Hypothetically, imagine a cesarean section rate of 60% with a birth rate of 795,000 (2021) and 30% of these are currently cesarean section births, i.e. 240,000 pregnant women. Cesarean section costs around €3,500 compared to those for vaginal birth at €2,500, i.e. a difference of €1,000. At a cesarean section rate of 60%, this would result in approximately €240 million in additional costs per year.

This must be compared with the costs of incontinence. Plus data from France with approx. 4.5. Trillion € annually. Based on the number of inhabitants in Germany, we would assume around €5.5 trillion annually. With an incontinence ratio of 1 to 4.5 men to women, these are distributed to around 22% for men, i.e. around €1.3 trillion in costs for incontinence. This leaves around €4.2 trillion for women. This means there is immense potential for savings every year by "hypothetically" doubling the cesarean section rate. The latter is to be expected if pregnant women were informed about the stressful consequences of incontinence in many areas of life. The monograph "Section Caesarea comparison of benefits and risks" was published in November 2022, Springer requested by Nature [2]. First of all: there are also cesarean section risks, such as rupture during a subsequent vaginal birth of approx. 44 in 1,000 and with an intact uterus approx. 7 in 1,000. This difference may seem "dramatic". Women who want an elective cesarean section plan re-cesarean section as the mode of birth.

Pelvic Floor Damage is No Longer Acceptable with a 1 to 1 Risk

Surgical reconstructions of the pelvic floor after damage caused by childbirth are quite sobering after 20 years. Therefore are Studies on the consequences of HF should be taken seriously. The forms of HI will hardly be discussed in the following, as they too often occur in combination and the symptoms are all quite stressful. Stress incontinence is the most common form of HF in women after childbirth. From the menopause onwards, weakened connective tissue in the pelvic floor area occurs due to a lack of estrogen and HI problems become worse. Loss of collagen in the bone system that begins after menopause and results in osteoporosis is not taboo. Analogous problems in the pelvic floor are rarely discussed.

Hi Frequencies too Little General Knowledge

Pelvic floor damage during vaginal birth resulting in HF is reported to have an incidence of 25% in 30-39 year-old women in the USA, and 50% are affected over the age of 50 [3]. This corresponds to data from Norway and Great Britain, with HF -Frequency around 30 - 50% [4, 5]. In US outpatient clinics, HF is documented in 35% [6]. In women up to 34 years old, this is often associated with depression - without any significant connection to the strength of HI. "Weaker" forms of HI in the months and years after birth can also be classified as problematic. When associated with depression, there are various reductions in performance.

According to a large meta-analysis from 2022 [7], the first depressive episodes already caused reduced cognition, which was psychometrically proven. In the above US study [6], the association with HF depression was independent of the health status of the women. In a large population-based US study [8], the combination of HF and overactive bladder resulted in economic disadvantages for the women affected: over half were unemployed. The US authors rated HI problems as serious as chronic illnesses. Providing preventive information to pregnant women about the risk of HIV is almost a taboo.

Multimorbidity Often Combined with HF

HF can be exacerbated by multimorbidity, but also vice versa. There is also a US study from 2021 [9] (n=23,000). The women recorded were on average 50 years old. Those with chronic illnesses had HF 5 times more often than those without HF. With age, the risk of chronic illnesses increases and if the pelvic floor has been damaged as a result of childbirth, HF is often an additional burden. In extreme cases, HF, regardless of its form, can double the risk of mortality, by a factor of 3 in the case of severe HF [10]. This result of a meta-analysis of 38 studies from Switzerland in 2010 is plausible: prolonged social isolation shortens life by many years.

A pragmatic aspect: 40% of people up to 65 years old with HI feel unsettled by the smell of urine [11]. The latter is often an experience of pregnant women who want a cesarean section: mother and other close female relatives have HI problems. These experiences are rarely shared spontaneously because they are too taboo. The delivery room actors should "internalize" the latter and rethink persuading them to give birth vaginally. This is aggravated by malpractice on the part of the health insurance companies: no reimbursement of costs for a desired caesarean section.

Psychiatrists Get to the Heart of HI Problems

HI should not be prematurely classified as a result of psychiatric illnesses. A longitudinal study from 2018 (n= 7,486) speaks against this [12]. Psychometrically, severe HF was confirmed to double the risk of depression (RR 2.15). This also applies to moderate HF as a depression trigger (RR 1.51). Plus the major form of depression as a result of HI. This psychiatric illness is three times more common in people affected by HIV [13]. In absolute terms, the risk may appear "low". Therefore, a more common problem for a pregnant woman in relation to her partner relationship. According to a US study from 2002 [14], the combination of HF and depression usually causes sexual dysfunction. Of 30-39 year olds, 3 in 10 had HF problems after vaginal birth. The US authors [14] gave the "neutral" comment: Caesarean section is an independent factor for less HF. This doesn't just apply to the USA. Sweden is cited [15] with incidences of HF in women after vaginal birth between 25% and 45%.

Is it Mandatory to Inform People about HIV Risks before Birth?

This demand may seem provocative, but it is obvious given the right to physical integrity according to Article 2 of the Basic Law. Many significantly lower risks resulting from diagnostic and therapeutic measures are now required to provide information. Why should vaginal birth be excluded? We have an alternative birth mode - in contrast to developing countries with low medical standards. Is the basic right to protection of health too often ignored by those involved in the delivery room? In the future, forensic problems threaten to result in significant claims for damages.

Relativize Caesarean Section as Bodily Harm

Of course, cesarean section also involves bodily harm, but in an anatomically "simple" region of the body. The comparison with the complexity of the pelvic floor rarely occurs for pregnant women when

advising on birth mode. Tear injuries with confusing reconstruction options should in no way be portrayed as "horror" scenarios. But objective anatomical representation of both birth routes including lesion aspects is feasible. In the pelvic floor with 3 muscle layers, the pudendal nerve becomes a problem during vaginal birth if it is severely overstretched/compressed. Painful neuralgia occurs and the pelvic floor muscles, including the sphincters, become functionally impaired. Damage to connective tissue and tendons is not discussed; these cannot be "reconstructed" through "training" after birth.

Evaluate Urinary Incontinence in Old Age in a More Gender-Specific Manner

If women under the age of 80 suffer from HF three times more often than men of the same age, then today's obstetric medicine should think critically about this, based on the data from Sweden. Why is the principle of equality under the Basic Law mentioned again for generally healthy women who are pregnant? The HI ratio of men to women of 1 to 4.5 could be significantly reduced if the birth mode were reconsidered.

C-Section Birth can be Further Optimized

Two aspects are mentioned regarding the possibilities for improvement when performing cesarean sections. These can be implemented easily, with little effort and great benefit, especially for the newborn.

a. There are no justified large studies on pre-, peri- and postpartum antibiotic infection prophylaxis in healthy women. This more or less disrupts the maternal microbiome/vaginoma transmission to the newborn. This also applies to breastfeeding: antibiotic substances can also reach breast milk. Maternal vaginoma/microbiome should pass on to the child undisturbed. During vaginal birth this happens without any "external influence": vaginoma transmission of around 10 million germs per milliliter. The largest germ population is lactobacilli. This is what evolution demands: rapid development of the immune system, which begins immediately after birth and mainly occurs in the newborn's intestine. In cesarean section children, this germ transmission is said to be obligatory via vaginal seeding: the mother's finger contaminated with vaginal secretion "inoculates" the child's oral cavity immediately after birth. If this does not happen, more autoimmune diseases can be expected later. According to a Canadian study [16], children who do not undergo vaginal seeding have a higher risk of cancer between the ages of 2 and 4. Intact vaginoma is a "visual diagnosis": abundant lactobacilli can be seen in the vaginal secretion under the microscope (in every delivery room).

b. Elective caesarean section around the 38th week of pregnancy is considered problematic from a forensic point of view. There is a study from Australia from 2016 [17]. 154,000 children between the ages of 4 and 6 were recorded. Half had birth around the 38th week of pregnancy. Developmental disorders were significantly more common in this group. The comparison group was children born around the 40th week of pregnancy. The result can be classified as evident: five categories were recorded at the age around starting school, including: Language, cognition, social skills and emotional maturity. In almost 10% of these children, who were often born iatrogenically earlier via elective cesarean section, developmental deficits occurred. As expected, this was more pronounced with more immaturity at birth: at 37 weeks RR 1.17 and at 34-36 weeks RR1, 26. If pregnant women knew about these Australian data, they would insist on elective cesarean section around the 40th week of pregnancy when labor begins, instead of around the 38th week of pregnancy, as it is "more convenient" for the clinic organization. The later higher costs for the solidarity community due to the iatrogenically non-optimal timing of the elective cesarean section are hardly associated with lower performance of those born in this way. Informed women would be most likely to implement rapid changes because the well-being of their children is a high priority for them.

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