

## The Case Against Cesareans on Demand: What Doctors Do Not Tell You

Thomas R. Verny MD, DHL (Hon), DPsych, FRCPC, FAPA

The rising rates of cesarean section (C-section) births worldwide are concerning, especially in countries where they have become the cultural norm. This article explores the factors contributing to the increasing rates of C-sections, such as maternal age, insurance status, and societal beliefs. It also discusses the negative impacts of C-sections on maternal and child health, including disruptions to the newborn's microbiome and maternal-infant bonding. Despite the perceived safety and convenience of C-sections, evidence suggests that they should be avoided unless medically necessary. This article calls for a better understanding of the needs of women in labor and highlights the importance of informed decision-making regarding childbirth options.

*Keywords:* cesarean section, C-section, childbirth, health care

In many countries worldwide, C-section birth rates are rising. In some countries, such as Brazil or Taiwan, cesarean birth rates are skyrocketing because C-sections are the cultural norm (Rocha et al., 2023; Rudley et al., 2020). In the United States, more than one million women, 1 in 3, give birth by cesarean every year (Sung & Mahdy 2023). The World Health Organization

---

**Dr. Verny** is a psychiatrist, academic, award-winning author, poet, global speaker, blogger on Psychology Today and columnist for The Globe and Mail. He is the author of eight books, including *The Secret Life of the Unborn Child*, published in 33 countries. His most recent book, *The Embodied Mind, Understanding the Mysteries of Cellular Memory, Consciousness, and Our Bodies*, is available in several languages. Dr. Verny lives with his wife in Stratford, ON, Canada. Please address all correspondence to [trvernymd@gmail.com](mailto:trvernymd@gmail.com).

---

(WHO) has stated that about 10 to 15% of all births should be C-sections (Betran et al., 2016). This raises the question of what factors contribute to the rising rates of C-sections and the differences between them.

### **Reasons for Increasing C-section Rates**

Factors that seem to influence the rising C-section rates include:

- The growing average age at which women become pregnant
- Better-insured women have more access to C-sections
- Higher socioeconomic status of women correlates to a higher C-section rate
- Beliefs that influence medical protocols like “once a C-section, always a C-section” or “breech is equal to C-section”
- High rates of electronic fetal monitoring
- Induction of labor using medication
- Chronic health conditions, e.g., diabetes and obesity,
- Prenatal stress increases birth complications,
- Role models who choose a C-section
- Women and their partners who want to keep the so-called “honeymoon vagina” intact (Barber et al., 2011)
- Cesareans are seen as the easier and more comfortable way by many women and doctors

### **Negative Impact of C-sections**

Many women choose to be delivered in hospitals by C-section in the belief that this method is safer and less painful than vaginal unassisted delivery in hospital or at home. Like their doctors, these women are unaware of how such a decision may negatively impact their child’s health. One of the reasons for that is that women in labor routinely receive antibiotics to ward off infection after a C-section. Antibiotics are also used to prevent a serious infection in newborns caused by Group B strep, a bacterium many pregnant women carry in the United States. Antibiotics are broad in their effects, not targeted. While they kill Group B strep, they also kill friendly bacteria, thus selecting resistant ones.

Another reason is that the first microbes colonizing the newborn begin a dynamic process. They instruct the developing immune system about what is dangerous and what is not. In this way, humans develop adaptive immunity that distinguishes self from non-self. C-sections and antibiotics disrupt this process with potentially detrimental long-term effects (Shane, 2014).

We must remember that the founding populations of microbes found in C-section infants are not those selected by hundreds of thousands of years of human evolution. Babies born by C-section harbor bacterial communities found on the skin, dominated by *Staphylococcus*, *Corynebacterium*, and *Propionibacterium*. Their gastrointestinal tracts do not get colonized by their mother's lactobacilli. As a result, these babies will have difficulty digesting their mothers' milk, leading to further problems.

Women who deliver by cesarean section have more negative perceptions of their birth experience, their selves (Loto et al., 2009), and their infants exhibit poorer parenting behaviors (Cornwall, 2020), and may be at higher risk for postpartum depression compared to women delivering infants vaginally (Xu et al., 2018). By restricting the control that they can exercise under normal circumstances over birth, C-sections often violate women's expectations about childbirth.

Following most C-section births, the first body contact between mother and baby is delayed for several hours. This flies in the face of attachment studies that have been well-established for a long time. Undergoing a cesarean does not trigger the release of oxytocin, which plays a key role in shaping maternal attachment behavior (Klaus, 1996). Therefore, cesarean birth not only increases psychological risk factors in women as described above, but also interferes with their bonding with their babies, thereby increasing the likelihood of child neglect and child abuse.

### **Summary**

The main reason for the increasing rates of cesarean deliveries is a universal lack of understanding of the basic needs of women in labor and the long-term psychological consequences for them and their children. Based on the evidence, C-sections, unless indicated for medical reasons such as breech presentation, prolonged labor, or fetal distress, should be avoided when possible.

## References

- Barber, E. L., Lundsberg, L. S., Belanger, K., Pettker, C. M., Funai, E. F., & Illuzzi, J. L. (2011). Contributing indications to the rising cesarean delivery rate. *Obstetrics and Gynecology*, *18*(1): 29–38. <https://doi.org/10.1097/AOG.0b013e31821e5f65>
- Betran, A., Torloni, M., Zhang, J., Gülmezoglu, A., Section, C., Aleem, H., Althabe, F., Bergholt, T., Carroli, G., Devlieger, R., Debonnet, S., Duan, T., Hanson, C., Hofmeyr, J., Pérez, R. G., Khan, K., Lansky, S., Lazdane, G., Lumbiganon, P., Bergholt, T., Zongo, A. (2016). WHO statement on caesarean section rates. *Bjog*, *123*(5), 667-670. <https://doi.org/10.1111/1471-0528.13526>
- Cornwall, Gail (2020). The Emotional Scars of C-Sections. *Parents*.
- Kjerulff, K. H., & Brubaker, L. H. (2018). New mothers' feelings of disappointment and failure after cesarean delivery. *Birth*, *45*(1), 19-27. <https://doi.org/10.1111/birt.12315>
- Klaus, M. H., Kennell, J. H. & Klaus, P. H. (1996). *Bonding: Building the Foundations of Secure Attachment and Independence*. HarperCollins
- Loto, O. M., Adewuya, A. O., Ajenifuja, O. K., Orji, E. O., Owolabi, A. T., & Ogunniyi, S. O. (2009). The effect of caesarean section on self-esteem amongst primiparous women in South-Western Nigeria: A case-control study. *The Journal of Maternal-Fetal & Neonatal Medicine*, *22*(9), 765-769. <https://doi.org/10.3109/14767050902801660>
- Rocha, A.S., Paixao, E.S., Alves, F.J.O., Falcão, I.R., Silva, N.J., Teixeira, C.S., Ortelan, N., Fiaccone, R.L., Rodrigues, L.C., Ichihara, M.Y. and Barreto, M.L (2023). Cesarean sections and early-term births according to Robson classification: a population-based study with more than 17 million births in Brazil. *BMC Pregnancy Childbirth* *23*, 562 <https://doi.org/10.1186/s12884-023-05807-y>
- Rudey, E. L., Leal, M. D. C., & Rego, G. (2020). Cesarean section rates in Brazil: Trend analysis using the Robson classification system. *Medicine*, *99*(17), e19880. <https://doi.org/10.1097/MD.00000000000019880>
- Shane, A. L. (2014). Missing Microbes: How the overuse of antibiotics is fueling our modern plagues. *Emerging Infectious Diseases*, *20*(11), 1961. <https://doi.org/10.3201/eid2011.141052>.
- Sung S & Mahdy H. 2023. Cesarean Section. [Updated 2023 Jul 9]. In: *StatPearls* [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK546707/>
- Xu, H., Ding, Y., Ma, Y., Xin, X., & Zhang, D. (2017). Cesarean section and risk of postpartum depression: a meta-analysis. *Journal of psychosomatic research*, *97*, 118-126. <https://doi.org/10.1016/j.jpsychores.2017.04.016>