

## ACOG NEWS RELEASE

For Release: August 31, 2006

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### **Cesarean Delivery Associated with Increased Risk of Maternal Death from Blood Clots, Infection, Anesthesia**

**Washington, DC** -- Cesarean delivery is associated with a three-fold increased risk of postpartum maternal death when compared with vaginal delivery, according to a new study in the September issue of *Obstetrics & Gynecology*. Researchers emphasized that cesarean delivery is major abdominal surgery and that expectant women and physicians should carefully consider cesarean-related surgical complications and the increased risk of death when choosing the method of delivery.

French researchers studied a sample of 65 maternal deaths recorded in the French National Perinatal Survey from 1996 to 2000. All deaths followed singleton births and were not due to conditions existing prior to delivery. The women had not been hospitalized during pregnancy (hospitalization can be an indicator for postpartum morbidity and mortality). They found that women who had cesareans were at a dramatically increased risk for fatal blood clots, infection, and complications of anesthesia—three classic complications of major surgery. The risk of postpartum mortality was increased whether or not the cesarean was performed before the onset of labor or during labor.

Many developed countries, including the US and France, have seen a considerable rise in the number of cesareans performed each year (28% and 20% in 2003, respectively). Women today may view cesarean delivery as a relatively low-risk procedure and to request it for themselves, even though it may not be medically necessary. Though rates of maternal death in most developed countries are relatively low—US women have a 1 in 3,500 chance of pregnancy-related death—incidences of maternal mortality have not significantly decreased in the last two decades. These study results suggest that mode of delivery may be a modifiable risk factor, and in some cases, choosing vaginal delivery over non-medically indicated cesarean delivery could help lower maternal mortality rates.

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