

## Childbirth NSW health policy 'anti-Hippocratic'

# Push for natural delivery risks later-life problems

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Health Editor

Women are suffering substantial pelvic floor damage in the quest for natural birth and policies directing doctors to avoid caesareans are not helping, a gynaecologist says.

Urogynaecologist Peter Dietz says women are also left with tremendous guilt after caesareans and epidurals because of the pressure to reduce them.

He told the Royal Australian and New Zealand College of Obstetricians and Gynaecologists conference on Tuesday that increases in caesarean births in Australia and globally are linked to older and more overweight women giving birth, and directives to cut rates are putting those women at risk.

Health department policies, such as "Towards Normal Birth" in NSW, aim to reduce epidural pain relief, which is "reprehensible and anti-Hippocratic", he said.

"Do we really have a major problem [with caesareans] ... sufficiently serious for a huge population experiment on hundreds of thousands of women and their babies that has been done without getting

their consent?" he said. "The rising C-section rate is nobody's fault, it's been about as inevitable as the weather ... it's had no negative impact and might well have had a positive impact on the really important outcomes, which are maternal mortality and perinatal mortality."

He said a study in his area indicated up to 60 per cent of women who had vaginal births with the use

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of forceps experienced sphincter tearing, yet Australian women were not routinely told this. Vaginal birth carries a risk of 30 per cent to 50 per cent of substantial pelvic floor damage, he said.

"Human childbirth is a fundamental biomechanical mismatch, the opening is way too small and the passenger is way too big," he said, adding that the vast majority of damage was not picked up and only became apparent with later-life problems such as uterus prolapse.

Professor Dietz, from the Uni-

versity of Sydney, said another NSW policy, which says elective caesarean must not be routinely performed before 39 weeks, if followed, could have resulted in a substantial number of stillbirths.

An overseas study of delayed caesareans, which involved 24,000 births, found it had increased stillbirths from 2.5 to 9.1 per 10,000 pregnancies carried to term.

A spokesman for NSW Health said women were given access to a large amount of information on birth choices through its *Having a baby* guide. He said *Towards Normal Birth* recognises that birth was a normal event, but that some women will have risk factors that require intervention.

"When considering a caesarean-section operation, there must be discussion and documentation on the benefits and risks of caesarean section compared with vaginal birth specific to the woman and her pregnancy," he said.

He said international research supported delaying caesareans until after 39 weeks, with one study finding the delay decreased intensive care admissions by up to 16 per cent with no increase in stillbirth.