

# Surgical Birth around the World

The World Health Organization (WHO) recommends cesarean birth rates to be between 5% and 15%. WHO feels rates below 5% may indicate inadequate access to potentially life saving procedures, while rates above 15% may indicate unnecessary use of surgery.

## Global Rates of Cesarean Delivery:

**Highest:** (using the latest data available)

Chile	40%
Brazil	36%
Taiwan	34%
Dominican Republic	32%
Italy	32%
United States	30%
Portugal	30%
Canada	26%
Colombia	25%
Malta	25%
Andorra	24%
Hungary	23%

**Lowest:** (using the latest data available)

Tajikistan	2%
Togo	2%
Zambia	2%
Burkina Faso	1%
Cambodia	1%
Chad	1%
Ethiopia	1%
Madagascar	1%
Mali	1%
Nepal	1%
Niger	1%
Yemen	1%

**37 countries report rates lower than 5%.**

## Access to Surgical Birth:

Urban women in developing countries have three times the cesarean rate as rural women – the largest disparities occur in the countries with the lowest cesarean rates. Because women in developing countries have both high rates of maternal mortality and low cesarean rates, researchers are concerned women who are at the greatest risk for obstetric complications are least likely to have access to the procedure.

## Risks of Inadequate Access to Cesarean:

- Babies and/or mothers die from preventable birth complications.
- Babies and/or mothers suffer damage from preventable birth complications.

## Risks of Unnecessary Cesarean:

- Babies born by cesarean are three times more likely to die than babies not born by cesarean.
- Rate of cesarean delivery is positively associated with severe injury and death for mothers, even after adjustment for risk factors.
- Even for mature babies, birth by cesarean increases the risk of having difficulty breathing and death of the baby.
- Babies born by cesarean have higher counts of unhealthy bacteria and lower counts of beneficial bacteria in the intestine than vaginally born babies (intestinal bacteria is important for overall health and immune system function).
- History of cesarean increases a woman's chances of having placenta previa and placental abruption, the risk increases with each cesarean. Also, the risk of major complications increases with each cesarean a woman has.

### Sources:

WHO Statistical Information System (WHOSIS)

Herng-Ching Lin, PhD and Sudha Xirasagar, MBBS, PhD. [Institutional Factors in Cesarean Delivery Rates: Policy and Research Implications](#). *Obstetrics & Gynecology* 2004;103:128-136.

Thomas, J. [Rates of Cesarean Delivery in Developing Countries Suggest Unequal Access](#). *International Family Planning Perspectives*, June 2006.

MacDorman, et al. [Infant and Neonatal Mortality for Primary Cesarean and Vaginal Births to Women with "No Indicated Risk," United States, 1998-2001 Birth Cohorts](#). *Birth: Issues in Perinatal Care*; September 2006, 33:175.

Nisenblat, et al. [Maternal Complications Associated with Multiple Cesarean Deliveries](#). *Obstetrics and Gynecology* 2006; 108:21.

Getahun, et al. [Previous Cesarean Delivery and Risks of Placenta Previa and Placental Abruption](#). *Obstetrics and Gynecology* 2006; 107:4.

Villar, et al. [Caesarean delivery rates and pregnancy outcomes: the 2005 WHO global survey on maternal and perinatal health in Latin America](#). *The Lancet* 2006; 367(9525):1819-29.

Jain, et al. [Physiology of Fetal Lung Fluid: Clearance and the Effect of Labor](#). *Seminars in Perinatology* 2006.

Penders, et al. [Factors Influencing the Composition of the Intestinal Microbiota in Early Infancy](#). *Pediatrics* 2006; 118:2.

For more information about Global Day of Prayer for Childbirth visit [christian.birthingnaturally.net](http://christian.birthingnaturally.net)