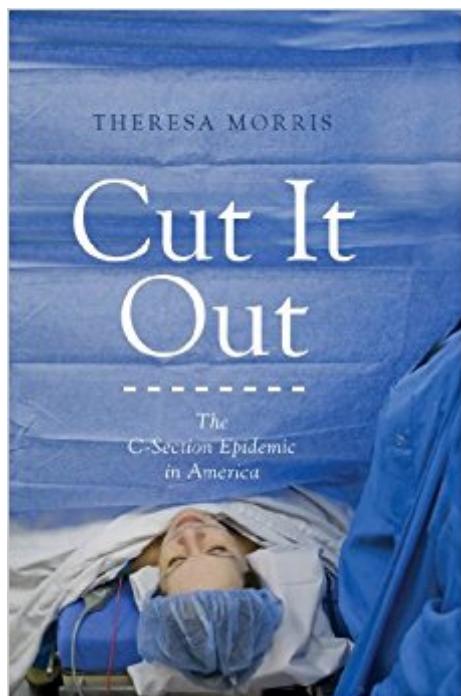


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Cut It Out: The C-Section Epidemic In America



Synopsis

Cut It OutÂ examines the exponential increase in the United States of the most technological form of birth that exists: the cesarean section. While c-section births pose a higher risk of maternal death and medical complications, can have negative future reproductive consequences for the mother, increase the recovery time for mothers after birth, and cost almost twice as much as vaginal deliveries, the 2011 cesarean section rate of 33 percent is one of the highest recorded rates in U.S. history, and an increase of 50 percent over the past decade. Further, once a woman gives birth by c-section, her chances of having a vaginal delivery for future births drops dramatically. This decrease in vaginal births after cesarean sections (VBAC) is even more alarming: one third of hospitals and one half of physicians do not even allow a woman a trial of labor after a c-section, and 90 percent of women will go on to have the c-section surgery again for subsequent pregnancies. Of comparative developed countries, only Brazil and Italy have higher c-section rates; c-sections occur in only 19% of births in France, 17% of births in Japan, and 16% of births in Finland.Â How did this happen? Theresa Morris challenges most existing explanations of the unprecedented rise in c-section rates, which locate the cause of this trend in physicians practicing defensive medicine, women choosing c-sections for scheduling reasons, or womenâ™s poor health and older ages. Morrisâ™s explanation of the c-section epidemic is more complicated, taking into account the power and structure of legal, political, medical, and professional organizations; gendered ideas that devalue women; hospital organizational structures and protocols; and professional standards in the medical and insurance communities. She argues that there is a new culture within medicine that avoids risk or unpredictable outcomes and instead embraces planning and conservative choices, all in an effort to have perfect births. Based on 130 in-depth interviews with women who had just given birth, obstetricians, midwives, and labor and delivery nurses, as well as a careful examination of local and national level c-section rates,Â Cut It OutÂ provides a comprehensive, riveting look at a little-known epidemic that greatly affects the lives, health, and families of each and every woman in America.Â

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Customer Reviews

Starred Review. Trinity College sociologist Morris combines a broad understanding of systemic, organizational problems and how they impact behavior with statistics and 130 interviews with maternity patients and birth professionals to examine the country's rising C-section rate and low rate of vaginal births after cesarian (VBAC) attempts. As Morris notes, C-sections increase the risk of maternal complications while not appearing to impact birth outcomes significantly. Challenging conventional wisdom, Morris's interviews reveal that some doctors feel their hands are tied by the legal system, for which a prompt C-section indicates that the hospital has fulfilled its responsibilities to the patient in the event of a lawsuit; hospital policies like constant fetal monitoring, which limits the movement a laboring mother needs to facilitate a vaginal birth, and the requirement that mothers who have already had cesarians cannot have vaginal births for subsequent children; and medical training that no longer teaches methods of delivering breech or multiple births vaginally. The author's suggestions include changing insurance rules to compensate women and children with poor birth outcomes independent of fault; encouraging the use of doulas, midwives, and out-of-hospital care; counting C-section rate as a hospital quality measure; and loosening policies that reduce physician choice. Morris's powerful book deserves the attention of policymakers. (Oct.)

"Birth by Caesarean section is expensive and carries a higher risk of medical complications than vaginal birth. Yet in 2011, 33% of US births were by Caesarean. To investigate why, sociologist Theresa Morris crunched the numbers and interviewed more than 100 medical staff and mothers. The culprit, she concludes in this excellent and detailed study, is a risk-averse US medical culture that favours heavily managed birthsâ "such as the overzealous use of fetal heart monitors, which restrict the mother's movementâ "and that frowns on women having vaginal births after Caesareans."-Natureâ œMorris provides a thorough analysis of how this epidemic developed and suggests ways that this problem might be amelioratedâ |Her book is the clearest and fullest

sociological analysis of the C-section epidemic that I have seen to date.â •American Journal of Sociology"Cut It Outâ is a compelling examination of the risks associated with cesarean surgery, the reasons for the rise in the cesarean surgery rate, and solutions to address the problem." -The Family Way Publicationsâ œPerhaps the most important of all is that Theresa Morris provides lists of things we can actually DO to lower the cesarean section rate.â Did I cheer when the first thing she mentioned was recommend that women take an independent birth class?â Maybe a little.â Morrisâ ™ solutions were more than just for women but for their providers, for insurance companies and policy makers.â Cut It Out: The C-Section Epidemic in America, is an important book and one I would strongly encourage anyone who seeks change in childbirth to carefully read.â •Mama Birthâ "In Cut It Out, she refreshingly steers clear of the home-birthing-good, hospitals-bad dogma that tends to dominate this conversation, instead encouraging empathy with all involved...Morrisâ ™s impressive research, as well as the solutions she offers to women, providers and policy planners, makes the book an important contribution to the C-section debate." -New York Times Book Review"By looking at the power structures of the medical, legal, and professional organizations involved, the politics that devalue women, the organizational arrangements and protocols of hospitals, and the professional standards used in medicine and the insurance industry, she discovers a culture that avoids risk and encourages planning to avoid adverse outcomes...A useful addition to health sciences and academic library collections." -Library Journal"The authorâ ™s suggestions include changing insurance rules to compensate women and children with poor birth outcomes independent of fault; encouraging the use of doulas, midwives, and out-of-hospital care; counting C-section rate as a hospital quality measure; and loosening policies that reduce physician choice. Morrisâ ™s powerful book deserves the attention of policymakers." -STARRED Publishers Weekly"Engagingly written, rigorously researched, and compellingly argued, this book [is] a must-read not only for womenâ ™s health advocates and scholars of reproduction, but also for those engaged in health care policy." -Susan Markens, author of Surrogate Motherhood and The Politics of Reproduction"A Trinity College professor, inspired by her own experiences, takes a critical look at Caesarean sections in her new book, Cut It Out: The C-Section Epidemic in America." -William Weir, The Hartford Courantâ œA major strength in this book is that Morris examines an assortment of data sources and thus achieves a multifaceted research approach for analyzing the increasing number of C-sections being performed.â •Sociology of Health & Illness"Must Read! Anyone riveted by Rick Lake's documentary The Business of Being Born should snag a copy of Cut It Out." -Fit Pregnancy"It is thoroughly researched, cogently argued, and elegantly expressed given the level of detail it provides medical professionals, decision makers in

the health sector, and of course actual and potential mothers and fathers who could all benefit from the information it provides."-New York Journal of Booksâ œTheresa Morris calls the C-section epidemic a paradox: doctors don't like it, women don't like it, and we know it's a danger to our health. Yet like a bad habit, we can't seem to stop doing more and more cesareans. Why? Morris demystifies the paradox in clear, accessible terms: rather than â "patient choiceâ "™ or doctors' convenience, it is our systems and institutions driving this addictive behavior. Morris takes you inside those systems and institutions with a critical eye as well as a compassionate ear for the human beings caught in them, and offers concrete solutions to address this major threat to women's and babies' health.â •Jennifer Block, author of *Pushed: The Painful Truth About Childbirth and Modern Maternity Care*"In this thoughtful and engaging study, Morris demonstrates how hospitals, insurers, and professional societies have defined cesarean surgery as best practice, even when it is not in the interest of either the mother or her baby. In doing so, she illustrates the importance of organizational context in understanding contemporary medical procedures underscoring how these processes are not necessarily good for patients."-Beth Mintz, author of *The Power Structure of American Business*

Granted the author is somewhat biased in her presentation of the basic problem. That is a shame, because I think it can be shown that there is a problem, even with an entirely unbiased presentation. But her analysis of why this problem has occurred is insightful and important. This book is an engaging discussion of a very important topic. I hope that it will become widely read and will serve as an impetus for change. it has certainly gotten me thinking.

Theresa Morris writes her book on the cesarean section epidemic from a sociological perspective. I found *Cut It Out* more research-driven and much more unbiased than Jennifer Blockâ¢â "™s *Pushed: The Painful Truth About Childbirth and Modern Maternity Care*. Morris not only points out reasons for Americaâ¢â "™s enormous c-section rate but also offers solutions to the problem at the end of the book. Morris blames the c-section epidemic on organizations, with malpractice insurance companies and the resulting litigation bearing the brunt of the blame. However, she points out how hospitals, medical provider practice groups, and professional organizations, like the American Congress of Obstetricians and Gynecologists, also have a heavy hand in raising the rate of cesarean sections. She takes a lot of the blame away from physicians; many times pointing out how they are the victims of organizational constraints and malpractice litigation. Many times throughout reading the book, I found myself nodding in agreement with the points raised by Morris.

She brought up so many points about the c-section epidemic that I had never thought of before including how the patient safety movement in America may actually be hurting women and the process of childbirth. I thought Cut It Out was very well organized; being broken down into related sections that affect the c-section rates. Morris' solutions to the c-section epidemic were well thought out and if implemented would have a positive impact on the health and wellness of women and newborns. I would definitely recommend Cut It Out to all maternity care providers. I think it should be required reading for all medical students and midwife students. I do not think I would go as far as recommending it to women as a resource book to read about pregnancy and childbirth. The book seems geared more toward providers and health managers and administrators. Overall, it was a very enlightening read.

A very informative read! Definitely recommend to anyone who is interested in csection avoidance. Recommend for all doulas, childbirth educators, etc

Inspired me to write my own book to join the cause of decreasing the rabid c-section rates in this country!

Wow. So timely and powerful. A must-read for anyone trying to understand the birth industry in America. I couldn't put it down.

This was a very timely and relevant look at the reasoning behind our soaring cesarean rate. I recommend this book for moms and birth professionals alike!

A must read for pregnant women, nurses and physicians. The collaboration of all is needed to reduce the c/s epidemic.

I am the product of an unassisted homebirth from 1949 - that is my perspective. I had my own children at home, and I have wistfully watched the attitudes toward childbirth over these many years. People asked me if my parents were too poor to afford the hospital - this was in a time when new moms spent a week in the hospital and continued to rest at home. Now, when I have mine at home, people simply think I have the money to afford a midwife and homebirth. Neither assumption is correct. These are simply my priorities. Women, especially intelligent, well-educated women, approach their first pregnancy trusting the expert usually the obstetrician; I do have a graduate

degree. Few women will do much research on their obstetrician or hospital and assume that everyone has their best interests at heart. These women do more research when they buy a car or kitchen appliance than they do when they choose an attendant for their pregnancy and delivery. The fact is that however a woman delivers her child will determine many other health decisions that are made later for this woman, as hysterectomy, adhesions, infections, bowel obstructions, a fallen bladder, that new gauze material that has law firms advertising for class action suits, and any other new toy that is being sold to hospitals. How many women talk to their mothers about childbirth? Many assume that many advances have been made in the ensuing 20-30 years, so this conversation is seen as superfluous and not worth much weight. This conversation should happen because the shared attitudes and expectations will help the new mom. The c/sec rate has increased steadily since 1970s since doctors have not been taught how to turn or deliver mentum or sacral presentations which were formerly done with forceps in medical school, but they have been taught to use their surgical skills instead for any problem during labor. Posterior deliveries are often mismanaged and the mother is exhausted and cannot push her baby out when the time comes. The book *Silent Knife* by Estner and Cohen was published in 1983 by women who felt their c/sec was probably unnecessary and with instructions on how to achieve a VBAC the next time; that was over 30 years ago. Why are we still addressing this problem? The fact is little has truly changed in the last 100 years. Oh, yes, there are new machines, drugs and new methods and techniques of delivery, but the woman who has had ONE c/sec will be a sitting duck for a repeat surgery because that has been the dictum of American obstetrics since 1916. Yes there are plenty of dangers to having a VBAC, but there are just as many dangers to having a repeat c/sec for both the mother and baby. Doctors, hospitals, insurance companies see every mother as a prospective plaintiff in a future malpractice suit. Women have to know that their obstetrician is a primarily trained surgeon - that is the skill that an obstetrician is trained to do. If women want to avoid a surgical delivery, why do they go primarily to a surgeon for their delivery?

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