

Lives

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with heart failure and obesity as “lifestyle diseases.” If something isn’t done to find the balance between modernization and a healthy lifestyle, it looks as though India will have to deal with a lifestyle crisis.

Natasha Sahgal lives in Mumbai but spends most of her time traveling between forests of India. When not chasing tigers, she writes environment and health features for various publications.

Prior to the birth of her daughter, Ana Carolina, Karina holds her son, Kauã.

Karina Dionizio

Opting for a Caesarean section in Brazil

BY ANTONIO REGALADO

Karina Dionizio was counting the hours until the birth of her second child. At her tidy apartment in a rough Rio de Janeiro neighborhood, the 24-year-old had already packed a bag with diapers and baby clothes. “What will the baby be like?” Dionizio wondered aloud. She was nervous.

One thing Dionizio wasn’t worried about was a last-minute dash to the hospital, or when labor would start. That’s because, like most Brazilian women with private health insurance, she had planned long in advance to have to a Caesarean section. The birth was scheduled for Monday at 8:00 a.m. sharp.

“I never wanted a natural birth,” says Dionizio, who is a maternity nurse at Rio’s Quinta D’Or Hospital, where she also planned on having the baby. “You don’t know how long the labor is going to last. And you worry the baby could be hurt.” Karina isn’t the only Brazilian woman who thinks surgical birth is

er access to private healthcare, but it is also a growing public health concern. According to the World Health Organization (WHO), there is no medical reason for rates of Caesarean deliveries to exceed 15% of total births.

Brazil’s high Caesarean rate springs from the economics of the country’s private healthcare system. Health plans pay Brazilian doctors \$60 to \$240 per birth. Doctors often juggle several jobs, and simply don’t have time to spend hours attending a woman in labor. Caesarean sections offer a handy solution. Nowadays, doctors simply schedule all their deliveries for one day of the week.

When C-sections aren’t being ordered by doctors seeking to streamline their schedules, Brazilian women are choosing the operations. Caesareans have become a status symbol for Brazil’s emerging middle class. It’s only the poor who have to suffer through the pain of natural childbirth in poorly-equipped public hospitals. “It does have to do with social class,” Dionizio says. “If you have a health plan, then you have the right to a Caesarean.”

Research suggests that pre-planned Caesareans can be riskier than natural childbirth. A study by the U.S. Cen-

“IT DOES HAVE TO DO WITH SOCIAL CLASS,” DIONIZIO SAYS. “IF YOU HAVE A HEALTH PLAN, THEN YOU HAVE THE RIGHT TO A CAESAREAN.”

ter for Disease Control and Prevention found that the death-rate among newborns delivered via elective Caesareans is 2.4 times higher than for other infants. In 2006, Argentine researchers wrote in *The Lancet* that in Latin America alone, there are 1.5 million unnecessary C-sections annually, contributing to respiratory problems in 40,000 infants. Other studies have linked Caesarean births to health problems later in life, including food allergies and obesity.

The causal links between C-sections and such problems aren’t always

better. It is so common, she says, that at Quinta D’Or if a baby is born naturally it’s “probably an accident.”

Brazil is experiencing an epidemic of unnecessary Caesareans. Overall, more than 40 percent of children are born via Caesarean section in Brazil, one of the world’s highest rates. Among Brazilian women with private insurance (about a quarter of the population) the rate is 87 percent. That is likely the highest on the planet.

For Brazil, a rapidly developing country of 190 million people, the high Caesarean rate is a result of wid-

clear. Problems may be the result of removing babies from the womb days, even weeks, before labor would normally begin. “We interrupt pregnancy like nobody in the world,” says Martha Oliveira, a senior medical official with Brazilian health plan regulator Agência Nacional de Saúde Suplementar. “And we don’t know what the consequences are.”

Having a vaginal birth in Brazil can be virtually impossible. Take Dionizio’s sister Kelly Reis Alves, who wanted to give birth naturally, but her doctor advised against it, saying it would be painful for her and for the baby. Such advice is routine in Brazil. “But what are you going to do, argue with the doctor?” says Elisabeth Silva Reis, Karina’s and Kelly’s mother.

Brazil’s Caesarean trend is self-reinforcing. Medical students are graduating with so little training in natural birth they aren’t comfortable with it. Hospitals don’t have birth rooms with tubs or other amenities. Even finding a hospital bed on short notice for a woman who goes into labor is all but impossible. They’re all reserved for prescheduled Caesareans.

Dionizio’s C-section went smoothly. She arrived at the hospital at 6:30 a.m. and an hour later was prepped and on the operating table. Her doctors removed the baby through an incision in her uterus at precisely 8:19 a.m.

The baby was taken to the nursery while doctors sutured Dionizio’s abdomen.

The next day, Dionizio lay in her hospital bed in a private room. She was in pain from the Caesarean—it would be a few days before she could walk normally. But her attention was on her baby girl, Ana Carolina. “I thought she’d have curly hair like me, but she has my husband’s hair. And look at her eyes, they are almost green.”

Antonio Regalado is a contributing correspondent for *Science* in Latin America. He lives in Sao Paulo, Brazil. >