



## Neonatal Outcomes of Elective Cesarean Section

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### DESCRIPTION

Elective Cesarean section (C-section) has to be performed prior to the onset of spontaneous labor consequently, this procedure will always reduce fetal maturity at the time of delivery. This may not be so important if delivery is brought forward by only a few days, however, the health of the newborn infant can be compromised when a C-section is performed more than a week before the due date.

Both in Brazil and throughout the developed world, there has been a growing trend in the percentage of births occurring before 39 weeks of pregnancy. In Brazil, a substantial proportion of elective C-sections performed for no medical reason are motivated by the convenience of both the patient and the clinician.

An elective C-section on a predetermined date and time saves doctors time by avoiding the inconvenience of a woman going into labour unexpectedly, which can interfere with other, professional activities. Most elective C-sections are performed when the lady reaches 38 weeks of pregnancy to avoid the danger of waiting until 40 or even 39 weeks to deliver safely.

Despite the facts that any probable benefit of these medications is limited to 34 weeks of gestational age, corticosteroids are frequently given prior to delivery in the mistaken belief that they will prevent hyaline-membrane illness. Although it is expected that women who are scheduled for an elective C-section for no medical reason have made an informed decision, one study found that almost a quarter of the mothers surveyed said their attending physician pressured them to choose this method of delivery.

For babies, giving birth at 38 weeks of gestation is a disadvantage. Early term birth at 37 or 38 weeks has been linked

to an increase in neonatal morbidities like respiratory distress syndrome or transient tachypnea, hypoglycemia, sepsis, seizures, necrotizing enterocolitis, and hypoxic-ischemic encephalopathy, as well as the need for cardiopulmonary resuscitation or breathing support within 24 hours of birth, pH levels below 7.0 in umbilical cord arterial blood, and a 5-minute Apgar score of less than at 37 weeks, the probability of any of those negative outcomes increases 4-fold, and at 38 weeks, it climbs 2-fold.

Similarly, compared to an elective C-section conducted after 39 weeks of pregnancy, elective C-section delivery at 38 to 39 weeks of pregnancy was linked with a greater rate of transient infant tachypnea and ICU admission. Cesarean deliveries can have direct negative consequences on the newborn infant's health that are unrelated to gestational age. Going through the birth canal is thought to stimulate the infant's lungs, lowering the risk of newborn respiratory distress and modifying the microbiome in a positive way.

Efforts have been undertaken to reduce the number of elective C-sections performed. At one centre, a policy restricting elective births before 39 weeks of pregnancy reduced deliveries before 39 weeks from 33.1% to 26.4%, but this was accompanied by an increased risk of stillbirth at 37-38 weeks (0.3-0.9 per 1,000) and macrosomia. At 38 weeks of pregnancy, the cumulative risk of antepartum stillbirth was estimated to be 0.08%, rising to 0.34% at 41 weeks.

Evidence from multiple nations demonstrates that elective birth before the 39<sup>th</sup> week of pregnancy is linked to a higher risk of bad newborn outcomes than delivery after 39 weeks. Given the high incidence of elective C-sections performed at 38 weeks of pregnancy, this information should be widely disseminated.

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**Received:** 04-Apr-2022, Manuscript No. CMCH-22-16906; **Editor assigned:** 07-Apr-2022, Pre QC No. CMCH-22-16906 (PQ); **Reviewed:** 25-Apr-2022, QC No. CMCH-22-16906; **Revised:** 02-May-2022, Manuscript No. CMCH-22-16906 (R); **Published:** 09-May-2022, DOI: 10.35248/2090-7214.22.19.411.

**Citation:** Min P, Ghor P (2022) Neonatal Outcomes of Elective Cesarean Section. Clinics Mother Child Health. 19:411.

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