Letter to Editor

Reducing Unnecessary Medical Interventions in Childbirth: The Need for Community-Based Solutions in Iran

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Dear Editor

Childbirth is often defined as a natural and physiological process; however, this definition has been challenged and complicated by increasing medical interventions. Among the medical interventions in childbirth, the excessive use of oxytocin is noteworthy. This medication accelerates labor by stimulating uterine contractions, but administering oxytocin during labor for low-risk women may result in worse childbirth outcomes, including increased risks of instrumental delivery and cesarean section, episiotomy, and the use of epidural anesthesia for pain relief. Additionally, many women are pushed toward cesarean delivery due to the painful experience of labor with oxytocin.[1]

The practice of elective cesarean sections as the pinnacle of surgical interventions during childbirth, has risen dramatically over the past decade. In 2021, the average cesarean section rate in Iran was reported to be 47/9%, which is significantly higher than the ideal rate of 10-15% set by the World Health Organization.[2] Cesarean sections performed without medical indications pose greater physical and psychological risks for both the mother and newborn. Various factors, including incorrect cultural beliefs, mothers' fears of pain and trauma from natural childbirth, the perception that cesarean delivery is easier, and the possibility of choosing the baby's birth date, influence mothers' decisions to opt for cesarean sections. On the other hand, fears of mothers' complaints and legal actions, defensive medicine, the convenience and scheduling capabilities of cesarean sections, and income generation are also among the reasons for cesarean deliveries by obstetricians.[3]

Unnecessary medical interventions in childbirth often stem from the diminishing role of midwives and the dominance of physicians over the childbirth process. Studies indicate that in low-risk pregnancies, care by midwives with a physiological approach leads to a reduction in cesarean sections and medical interventions, while physician-centered care is associated with an increase in these instances. This difference arises from midwives' focus on the natural process

of childbirth versus physicians' emphasis on medical interventions. Scientific evidence suggests that midwife-centered care yields favorable outcomes for both mother and newborn.[4]

In Iran, the system for classifying mothers based on birth risk is not properly implemented, and the co-hospitalization of low-risk and high-risk mothers in maternity hospitals poses a systemic problem. This scenario not only wastes resource utilization but also creates enormous tension to low-risk mothers, particularly those who want to undergo natural childbirth. The exposed high-risk mothers' privacy and public conditions, limited movement during labor, cramped surroundings, and exposure to public view worsen overall despair and despondency in this group.[5]

On the other hand, many women seek more pleasant environments than hospitals for childbirth; birth centers provide a globally successful experience. Birth centers offer a calmer, more personalized environment where women can experience a more natural childbirth with the support of midwives alongside their chosen companions in a home-like setting. These environments allow women to have more decision-making power regarding their childbirth and protect them from unnecessary medical interventions. Studies have shown that childbirth in a birth center can lead to better outcomes for low-risk mothers, including reduced cesarean rates, fewer low-birth-weight infants, and decreased admissions to intensive care units. However, it is essential that birth centers be fully supported by hospital facilities and maintain close connections with them to ensure access to more advanced medical services when needed.[6]

To reduce unnecessary interventions in natural childbirth in Iran, extensive educational and awareness programs must be implemented in society for mothers, families, midwives, and physicians to better understand the benefits of natural childbirth and the harms of elective cesarean sections. Revising clinical guidelines to reduce the excessive use of oxytocin and monitoring its proper implementation are essential. Separating high-risk delivery sections from low-risk ones in maternity wards creates a less stressful environment for natural childbirth. Additionally, establishing birth centers that allow low-risk mothers to experience physiological and pleasant births in a calm and welcoming atmosphere is highly effective. Given the concerns about rapid and emergency access to hospitals, birth centers could be designed as separate sections within hospitals, managed by midwives. This globally proven model demonstrates that it is possible to simultaneously ensure a physiological birthing experience and medical safety.

Supporting midwife-led care and creating an appropriate environment for independent decision-making by midwives in low-risk cases will be an effective step in reducing unnecessary cesarean sections and the excessive medicalization of childbirth. The active role of the community and public participation in monitoring and ensuring the implementation of these policies will guarantee the success of these programs.

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Authors' Contribution

MNM and MNe conceived the idea. MNM, MNe, and LA wrote the initial draft of the letter. AM and AMR critically revised the letter. All authors have reviewed and approved the final draft and are responsible for the letter's content.

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Declaration on the Use of AI

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