Medicine is changing, especially in obstetrics. We now have to involve patients in decision making. In this partnership we have to try to educate women about risks and benefits for both her and her child for both vaginal and cesarean sections.

Women today want avoid risks and decrease uncertainty. There is no guarantee that a woman will deliver without complications before the onset of labor, and many feel that they decrease the risks and uncertainty by opting for a cesarean section. But cesarean sections have their own risk profile. Many studies have shown that a planned antepartum cesarean section has less risk than intrapartum cesarean sections. Some would say that a planned cesarean section is as risky as a vaginal delivery, but the risk profiles are different.

Different countries have different approaches towards allowing cesarean sections on maternal request. In Italy a woman has the right to choose, while in Norway the woman has only the right to decide together with the physician. This is also reflected in the numbers of cesarean sections in the different populations. Some countries deliver babies with help of mid wives and other places obstetricians have to deliver the baby. In the world we live in time is of the essence and there is no exception when it comes to obstetricians. If the obstetrician need to deliver the baby it would be more convenient to offer a planned cesarean section so both mother and doctor knows when the baby will arrive.

In these days it is not unusual to read about doctors getting sued for malpractice. This is a constant worry for most doctors, many feel that doing too much is better than doing too little. And offering a cesarean section is absolutely doing something, even though it is not always needed. In a private setting a cesarean section creates more income than a normal delivery. But in a public situation where the government picks up the bill a cesarean section offered to too many is a costly affair where a cesarean costs the double of a vaginal delivery.