Incesárea: C-Sections, Family Planning, and Population Policies in Chiapas, Mexico

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Bioethics Issue Background

Family planning is the practice of controlling the number of children in a family and the spacing between their births through various contraception methods. It is considered a human right that is necessary to creating gender equality and women’s empowerment as well as a means of poverty reduction and economic growth for many developing nations.

Interestingly, through an qualitative study conducted about perceptions of C-sections in Chiapas, Mexico, it was found that two thirds of women associated C-sections with family planning. This strong association was supported by subsequent literature review that traces this trend back to the Mexican Ministry of Health’s Post-Obstetric Event Contraception Program (POECP; 1995-2000), which encouraged voluntary contraceptive immediately after birth, particularly coupling the C-section and tubal ligation procedures.1 Considering the negative health outcomes of C-sections shown in the study and constraints to choice in family planning shown in the qualitative study, this poster seeks to explore the question: is it ethical to perform medically unnecessary C-sections for family planning purposes in Chiapas, Mexico?

Context

Chiapas, Mexico
- Underdeveloped state in Mexico with poor health indicators
- Indigenous people make up 27% of population, but bear a disproportionately 50% of maternal deaths2

Cesarean Sections
- 30% of births in Chiapas via C-section3 (WHO recommendation:10-15%)
- C-sections can increase health risks to both mother (e.g. hemorrhaging, infection) and infant (e.g. respiratory distress, allergies, obesity)4

Methodology

Quantitative study: Used data from survey (n = 2171) conducted in Chiapas in 2003 to analyze factors associated with high cesarean rates

Qualitative study: Conducted semi-structured, in-depth interviews with women (n = 9) and medical professionals (n=4) to understand their perceptions of C-sections in Chiapas

Results + Considerations

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<tr>
<th>Health Outcome Variable</th>
<th>Proportion that were Cesarean Delivery (%)</th>
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<tbody>
<tr>
<td>Healthy child status</td>
<td>25.1% 50.9% 0.000</td>
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<tr>
<td>Low birthweight</td>
<td>31.7% 25.5% 0.060</td>
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<tr>
<td>Neonatal mortality</td>
<td>66.7% 25.9% 0.005</td>
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(Pro data retrieved from Ochoa & Garcia)

Health outcomes: The quantitative study showed that there were higher C-section proportions (highlighted in table) among infants who were born not healthy, low birthweight, and suffered a neonatal death. Thus, C-sections increase health risks for infants, making them the less ethical delivery option when there is no medical indication for one.

(Un)informed Consent: Though contraception use is voluntary in Mexico, public hospital physicians in Chiapas have been known to especially target and urge poor and indigenous women (i.e. sterilization) following childbirth due to POECP.1 It is often unclear whether these women fully understand or give consent,1 questioning the ethics of family planning when the decision seems coerced or involuntary. These sentiments were echoed during interviews in the qualitative study:

“[My] doctor said not to have any more children.” – Mother #1

Healthcare System: Despite more women using the formal healthcare sector for childbirth care in Chiapas, the infrastructure and health personnel capacities have not grown congruently to meet demands.2 Consequently, hospitals are overwhelmed with patients, pressuring physicians to opt for more time-efficient but unnecessary cesarean deliveries instead of a vaginal one. This adds incentive to also coerce family planning simultaneously.

“If we don’t have enough personnel to value the patient, then she becomes a commodity from which they take out the product…because they are not going to monitor [her].”

– Medical professional #4

Conclusion

Although POECP is no longer officially mandated, this study found evidence that the structures of the program are still very ingrained in the practices (i.e. C-section + sterilization) at public hospitals in Chiapas. Despite good intentions to empower women through family planning, this practice has become unethical as it has often disempowered women who attend public hospitals in Chiapas.

Given substantial evidence that C-sections pose a negative health impact for newborns, the use of non-medically indicated C-sections should be minimized, including those associated with family planning. Additionally, given the questionable nature of consent for family planning, disproportionately among marginalized groups, and outside factors pressuring physicians in public hospitals to urge C-sections and family planning, it would be unethical to continue this trend of encouraging C-sections with immediate permanent contraception in Chiapas as it exacerbates cycles of oppression and infringes on patient rights.

References

Chiapas, Mexico