



## Calendrical Caesarean Section; Iranian Model

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### Dear Editor-in-Chief

Caesarean section (CS) is one of the most common surgical operations in the world (1). The ideal rate of CS compared to all delivery is 10-15% according to the WHO, which is increasing worldwide (2,3). In Iran, however, the rate of CS is reported to be around 50% and even more in the private hospitals especially in Tehran, the capital of Iran (4,5). This may be considered as an epidemic of CS in the country (6).

CS, as avoidance of vaginal delivery (VD) on maternal demand, is due to various causes such as; personal and social issues (1,5,7). Unfortunately, nowadays another nonmedical model of CS is added to Caesarean section on maternal demand (CSMD) in Iran based on performing CS on special dates in Calendar. It is grounded on the termination of pregnancy on a calendrical round date named "luxury date" via CS that may be called Calendrical Caesarian Section (CCS)! However, CCS could lead to various unpleasant consequences for neonatal health and her/his future. As an example for clarification, in Iranian calendar, we had the third day of the third month of the year 1403, written as 1403.03.03 or 03.03.03. Some Iranian pregnant women are eager to perform CS on such a calendrical date as the birth date of their babies. It is as if pregnant women in countries with Gregorian calendar be eager to CS on 04.04.2024 and deliver their babies on such a

luxury date. Such dates are repeated every year on different times.

According to the chief of Iran Scientific Association of Midwifery (ISAM) the exact rate of CCS is not available in Iran, but in practice it is evident that the rate of CS during the round dates in the Calendar is very high (8). Based on some journal reports the CCS is even 4 times more compared to the rate of delivery on ordinary dates (9). Of course, the expenses of delivery on luxury dates are extensively higher than ordinary dates.

To tackle with CCS or Luxury dates CS, policy makers should focus their activities on three different groups:

#### **A. Pregnant women and their families**

Various policies should be designed to encourage women to VD. Perinatal classes for pregnant mothers, counseling programs for parents, considering maternal fear and stress relief about VD by consulting and accommodating painless VD, education and awareness about the painless VD, increasing the quality of care in VD and providing proper facilities in delivery rooms, health insurance coverage and appropriate VD tariff, effort to improve the quality of care and health system facilities in perinatal-neonatal care, alertness about special consequences of CCS on neonates, elimination of wrong beliefs and attitude towards VD by appropriate education and media activities.



## B. Society and Public

Upgrading health literacy, trying to change and eliminate the wrong attitude and opinions about VD through public education and publicity. The Iranian national health organizations should provide enough facilities to avoid the crowdedness of CCS in hospitals, prevent iatrogenic prematurity and avoid the “*Threats and Warnings*” policy.

## C. Medical Society especially Obstetricians

Supervising the rate of CS and implementing proper national guidelines based on scientific evidences, involving the experts, scientific societies and medical boards of the Obstetrics and Gynecology (OB and Gyn) in decision making and consulting with them about such programs. Meanwhile setting appropriate tariff for VD compared to CS, appropriate quality of care of VD, implantation of well-organized painless VD, and performing of suitable legal and juridical support is also essential. The Ministry of Health (MOH) and Medical Universities in Iran have tried to set and implement a few policies, however with low success.

Based on the interview by the chief of National Association of Iranian Gynecologists and Obstetricians (NAIGO), unfortunately, no exact statistics on CS is available in the country. She believes that providing such statistics by MOH could enable different scientific organizations to assist MOH in its activities towards decreasing the rate of CCS, replacing the “*Threats and Warnings*” policy (10).

Unnecessary CCS, such as luxury calendarial dates CS, is a multidimensional issue including cultural, social, and psychological dimensions in Iran. Overcoming this complicated issue and maintaining safe route of delivery may be regarded as the cornerstone of maternal and neonatal health.

## Conflict of Interests

The author declares no competing interests.

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