

Declining forceps use in “era of mediocrity”

I appreciated Dr. Robert L. Barbieri’s thoughtful editorial in the September issue (“It’s time to target a new cesarean delivery rate”). A primary C-section rate of 15% to 17% with excellent fetal and maternal outcomes is very achievable, but only by obstetricians skilled in the safe and judicious use of forceps, including rotation procedures. These skills are rapidly disappearing, with their demise accelerated by a lack of skilled instructors in training programs, fear of litigation among operators uncertain of their competency, and misconceptions among patients and their families regarding the use and safety of forceps.

The best we can do with oxytocin, vacuum assistance (in the United States), ordinary delivery skills, and watchful waiting is a 25% to 35% primary C-section rate—but perhaps that is good enough in this era of managed care and mediocrity.

Donald J. Moore, MD
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New research vindicates old practices

Dr. Barbieri observed that “numerous advances in the clinical science of obstetrics have expanded the indications for cesarean section.” I would disagree. Rather, research is finally being done that demonstrates the cesarean section rate



was appropriate in the mid 1980s—when we were urged to reduce such deliveries significantly. In my opinion, the current cesarean delivery rate of 26.1% is a complete vindication of the practice of obstetrics in that era. As for the need to establish a new rate of 30%: I believe American Ob/Gyns have already voted with their scalpels, making such a goal superfluous.

I also believe the quixotic quest in the 1990s to achieve a 15% cesarean rate is—at least in part—directly responsible for the rise in litigation against Ob/Gyns.

David C. Walters, MD
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Evidence catching up with common sense

The historical goal may have been a 15% C-section rate, but those of us who practice common-sense, experience-based medicine never believed it was realistic. I am glad to see that evidence-based medicine is catching up.

Irwin J. Kerber, MD
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Dr. Barbieri responds:

A cardinal feature of obstetric practice is the critical role of both clinical expertise and scientific evidence in deciding when to perform a vaginal or cesarean delivery. Our readers’ range of views reflects the breadth of opinions concerning this important clinical decision. I am interested to see how our field evolves over the next 10 years. Will cesarean rates approach 40%? Or will they stabilize in the 30% range? ■

“Ob/Gyns have already voted with their scalpels, making a 30% cesarean goal superfluous.”