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Modern obstetrics – a balancing act

INVITERT KOMMENTAR

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Women's participation in decision-making during childbirth is important. But sometimes it leads to more medical interventions.

The study from the University Hospital of North Norway published in this edition of the Journal of the Norwegian Medical Association highlights important issues in modern obstetrics (1). Bjørnerem et al. have investigated whether women with overweight or obesity face a higher risk of caesarean section when labour is induced. The topic is relevant because both the prevalence of overweight and obesity among pregnant women and the induced labour rate have risen considerably in recent years (2).

Currently, about 40 % of pregnant women in Norway are overweight or obese (2). Studies from other countries have shown that overweight and obesity in women are associated with an increased risk of caesarean section. For example, a recently published population-based study from Australia found that 14.8 % of caesarean sections could be attributed to overweight and obesity (3). The absence of an observed increased risk in the study by Bjørnerem et al. may be due to a type II error, meaning the study lacked sufficient statistical power to identify differences in risk. Another possible explanation is that findings from studies in other countries are not always generalisable to the Norwegian context. This is partly because antenatal care, obstetric care and neonatal intensive care in Norway differ from that in many other countries. For instance, in Norway, this healthcare provision is free and universally accessible. The

prevalence of caesarean sections is also consistently low, and perinatal morbidity and mortality rates are lower than in most other countries. It is very rare for women in Norway to die in connection with pregnancy and childbirth.

> ***«There are few places safer to give birth or to be born than in a Norwegian hospital»***

Figures from the Medical Birth Registry show that despite changes in the birthing population (older maternal age, more comorbidities and higher body weight) and in clinical practice, including a higher induced labour rate, the prevalence of caesarean sections has remained stable and lower than in many other countries (2, 4). Perinatal mortality and morbidity continue to fall. In 2024, the perinatal mortality rate was 0.36 % (2). Our antenatal and maternity care thus maintains an exceptionally high standard. There are few places safer to give birth or to be born than in a Norwegian hospital. The recent public discourse on giving birth without healthcare personnel being present has therefore caused concern within the medical community. Nevertheless, the fact that pregnancy and childbirth are being discussed both in the media and on social platforms is a welcome development as it can help disseminate important knowledge and lead to better resource allocation.

> ***«Around 30 % of births are induced. Would spontaneous labour not be better for most women?»***

In 2018, three out of four women giving birth had one or more complicating factors that required increased monitoring and interventions during labour (2). Around 30 % of births are induced. Would spontaneous labour not be better for most women? Labour is generally induced for medical reasons and to help ensure a safe delivery. However, a Norwegian study from 2016 showed that 10 % of inductions had no medical indication. The most frequently cited reason was the woman's personal preference (5). Women's right to participate in decision-making during childbirth is important and appropriate, but it also places new demands on antenatal and maternity care, as this example illustrates. Closer monitoring of high-risk pregnancies and induced labour for nearly 16,000 births (in 2024) creates a substantial workload for maternity wards with a limited number of midwives and obstetricians. Informed decision-making requires thorough insight to guide the choice between expectant management, monitoring or medical intervention.

The consequences of overweight and obesity during pregnancy are multifaceted. They not only impact on perinatal health but can also leave a mark on the next generation (6). Interventions during pregnancy, including those targeting overweight and obesity, often fail to reach the most vulnerable women, or they are carried out too late or have a limited effect (7). The problem cannot therefore be solved through antenatal care alone. However, if society can effectively alleviate the burden of overweight and obesity this would be a long-term investment with the potential for significant benefits.

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