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THE FUTURE OF INSURANCE

Maternity:
The ‘C’ change

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Homo sapiens have followed the natural birthing process since roughly 200,000 years ago. Moreover, what sets us apart from our primates is the fact that our birthing process becomes challenging at times due to large fetal brains and relatively smaller birthing canals. Over a period of time, terms such as the 'Obstetrical dilemma' have also emerged – a hypothesis that tries to explain the challenges of birthing – indicating the precarious nature of a procedure that is in its most natural form.

However, is natural birthing really a challenge? Moreover, is assisted or interventional birthing (C-section) truly required in the majority of the cases? If so, then why is there a regional disparity in this procedure?

These and other such dichotomies shall be explored in our whitepaper with facts, data sets, and information from different quarters of experience.

Why has C-section become an emerging trend?

Before we delve further, let's establish the fact that C-sections have been a blessing of modern science in saving the lives of several women and newborns. However, what was supposed to be a medically necessitated procedure is now unfortunately witnessing an increasing trend and has also become a 'preferable choice' for many.

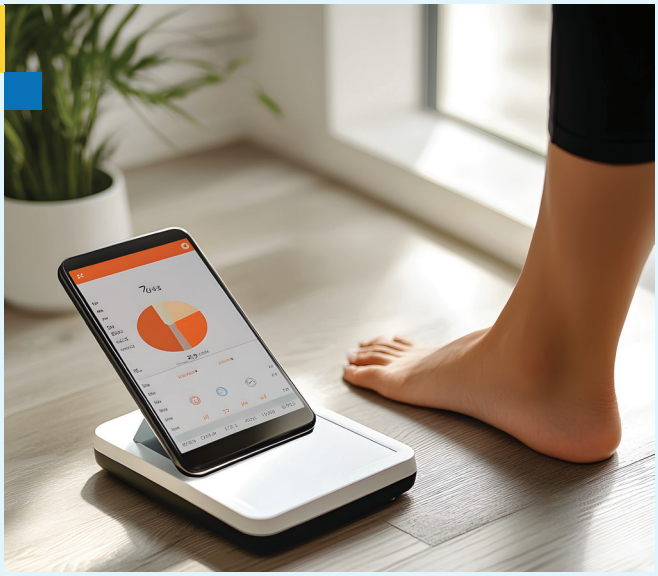
While the WHO clearly recommends that the rate of C-sections should not go beyond 10-15%, the data that has emerged from our studies and internal data sources clearly suggests otherwise:

The data has been corroborated from a total of **4,922 women** over two time periods – 2019-20 and 2024-25—to emerge with distinctive findings. The trend that has emerged was albeit a known one with normal delivery at the declining end of the graph. However, what took us by surprise was the rate at which the normal delivery has declined – almost by half. From 2019-20 to 2024-25, normal delivery plummeted from 51.6% to 27.5%. At the same time, C-section deliveries have witnessed a substantial rise from 48.3% in 2019-20 to 72.5% in 2024-25.

As we discovered this bent, our team went further ahead to get specific data to understand what the possible contributory factors may be:

Data based on weight

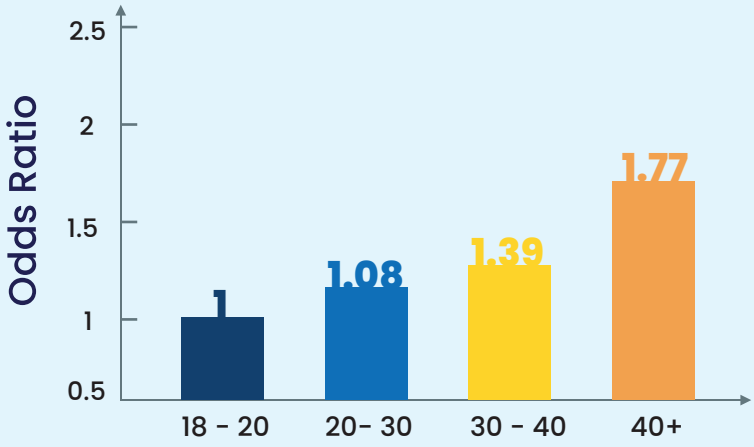
According to the NFHS (National Family Health Survey) data, the probability of a C-section in overweight women is two times higher than that of standard-weight women. Additionally, the percentage of overweight women giving birth has risen from 3 to 18.7 % (2016-21).

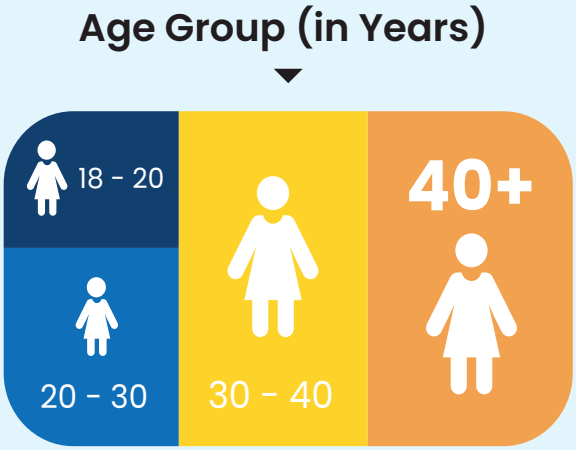


Data based on age

While there is a general consensus that as women's age progresses, it is more likely to bring with it certain challenges. And our data* is in tune with this – women aged between 35-49 years are more likely to have a C-section in comparison to women aged between 18-24 years. Further investigations have been concluded upon a correlation basis.

C-section (Outcome Variable)

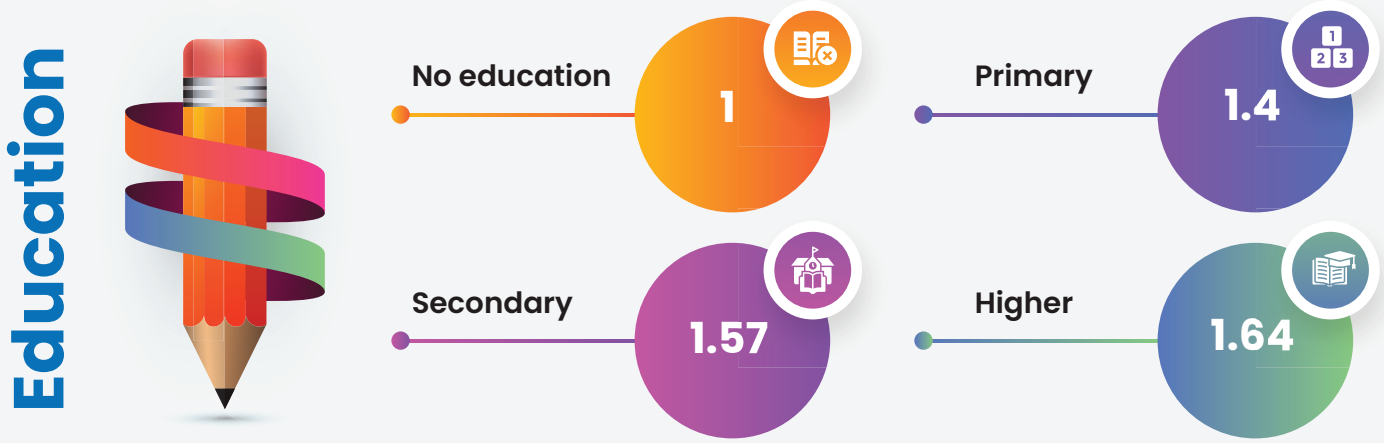




- Odds ratio = 1 suggests no correlation
- Odds ratio greater than 1 suggests a positive correlation

Data based on educational attainment

While education has unchained women from several social and cultural shackles, higher education does not come to the rescue when it comes to one of the most crucial events in their lives – birthing.*

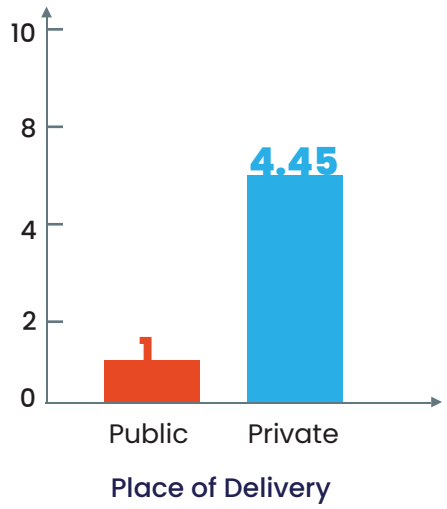


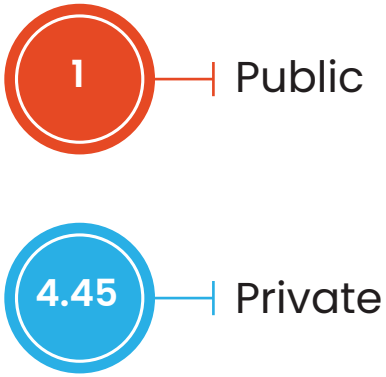
*Prudent's internal data (2019-20 & 2024-25)

What could be the reason for this? Does the data point towards a correlation between education and wealth? Perhaps. Does this mean that women with less education inadvertently have a poor economic status? After all, healthcare accessibility is a challenge for women who come from economically weaker sections.

What would have been ideal was that greater education should have led to empowering birth decisions, which unfortunately is not the case. This is despite C-section being recommended as a route only in cases where it is medically necessitated for high-risk pregnancies. Our next set of data on private vs public hospitals may hold the clue.

Data based on the place of delivery





As one can observe, the chances of having a C-section in a private hospital are almost five times higher than in government hospitals. The data clearly spells out that the number of interventional deliveries is limited in public hospitals.*

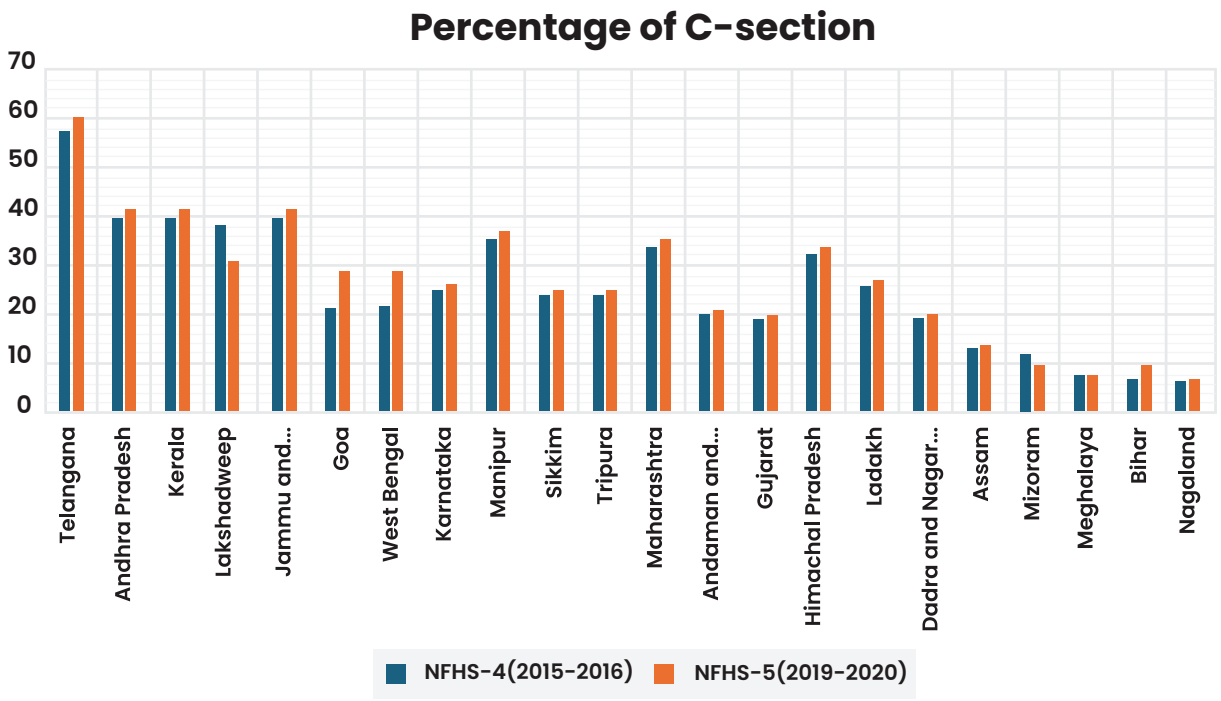
Data based on region-wise analysis

Now, is this trend specific to certain regions? The data from the **NFHS (National Family Health Survey)** reveals a disturbing inclination. It emerges that a region's affluence is directly proportional to the likelihood of a C-section course. Particularly, the southern region, along with the northernmost states, has witnessed a consistent increase in the number of C-sections.

The **CAG (Comptroller and Auditor General)** in 2020-21 noted that Telangana had achieved 100% in institutional delivery; however, in stark contrast, the highest number of C-sections has taken place in Telangana with a whopping **60.7%.** While the eastern states such as Nagaland, Meghalaya, Mizoram, and Assam's share in C-sections falls within the range of WHO's recommendation (10-15%).

Globally too, according to WHO, C-section rates have surged from 7% in 1990 to 21% in 2021, accounting for 1 in 5 births. There is a sharp contrast between continental ranges too, with **Africa's C-section deliveries standing strongly at 7.3% while Latin America and the Caribbean have 40.5%.**

*Prudent's internal data (2019-20 & 2024-25)



C-section – a boon or a bane?

There is no counterargument to the fact that the boon of modern science especially came to the rescue of women when antibiotics and hygienic practices evolved. This, in turn, led to the C-section improving maternal and neonatal rates by reducing the morbidity and mortality factors. However, the difference between then and now lies in the fact that C-section, as pointed out earlier, was used only in medically necessitated cases.

Let's take a look at the debate that always clouds over c-section vs normal delivery:

Normal delivery

Pros

- Recovery time is shorter
- Decreased risk of surgical complications
- Less costly
- Lower chances of infection and injury
- Greater success in breastfeeding
- Avoids C-section risks
- Facilitates microbiome transfer from the mother to the baby
- Shorter hospital stay

Cons

- Less control of the situation
- Episiotomy risks

The World Health Organisation (WHO) alerts that there is no benefit to undergoing an unnecessary C-section and only increases maternal risk of morbidity and mortality over a natural delivery.

C-section

Pros

- Less pain during birth
- Offers a more controlled environment for the mother
- A safer option for women with heart disease or previous C-section deliveries

Cons

- Possible chances of infection
- Continued medication (such as antibiotics) during and after birth
- Expensive procedure
- Reduced chances of breastfeeding
- Increased likelihood of problems in future pregnancies – low-lying placenta, reduced number of births, damage to the wall of the womb, etc.
- Breathing problems in babies – asthma and respiratory distress syndrome

For a normal physiological process – normal delivery – that homo sapiens have been following, much like its primates for centuries. How and why did normal delivery become a less preferred choice...the context has its roots in cultural, economic and other factors in play:

01 Several women and families 'opt' for a C-section

This may be due to the perceived labour pain, which many don't realise is counterproductive as **C-section delivery pain and associated risks last much longer after the procedure.** In fact, some media houses have reported bizarre incidents of having a planned 'muhurat' for the baby. Such instances have given rise to another medical term – elective caesarean. This is where C-sections are increasingly becoming the norm and a routine procedure, even in low-risk pregnancies.

Since when did the professions hand over surgical procedures as a 'choice' to the medically unqualified patients? Is this 'choice' applicable to other surgical procedures, such as that of a heart or liver? What could possibly be the way out? We shall explore the answers in the next section.

02 The narrative shift

According to a WHO study, "Some women undergo an operation wrongly, believing that it is less risky." How did this perceived transition come about? There are several contributory factors that come under the umbrella of financial gains (a cautious issue to address) and lack of awareness. Another contributory factor may be in terms of change in medical practices. The medical curriculum is designed to adopt an interventional strategy which does not favour normal deliveries. Plus, an overburdened healthcare system poses a time challenge for doctors as waiting for normal delivery to take place is time-consuming.

03 Changing lifestyle trend

Along with C-section, there has been an increase in the number of obesity cases and diabetes. This is also parallel with an increase in the maternal age. Sedentary lifestyles fuel further complications in pregnancy, increasing the chances of going under the knife for delivery.

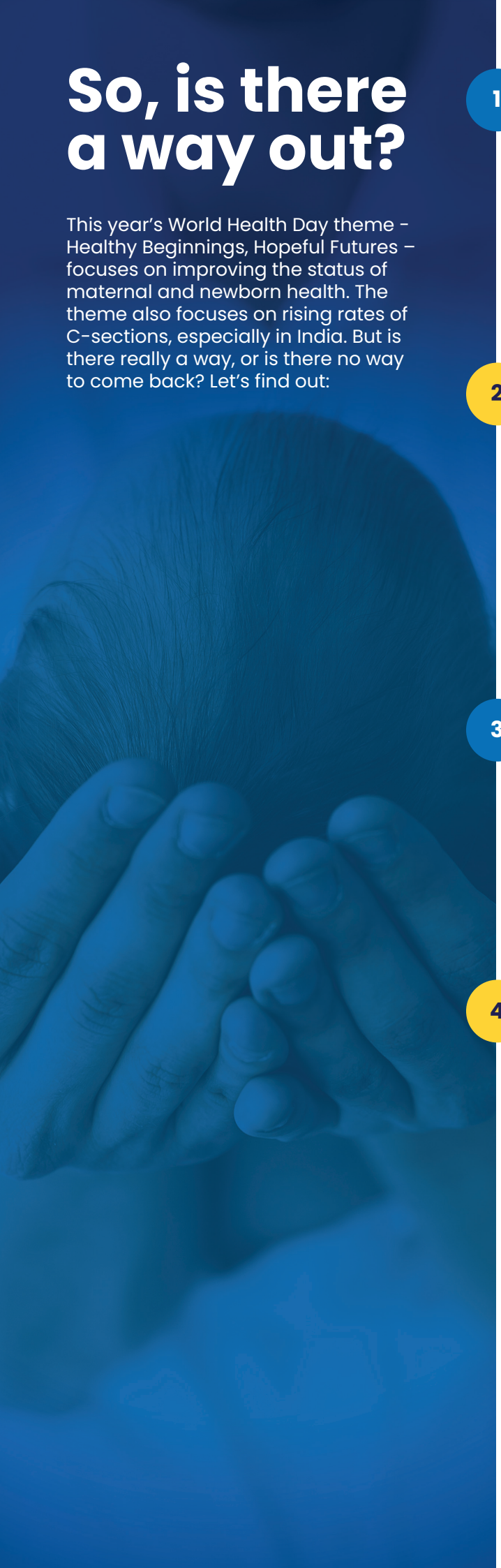
IVF, too, adds to this list as they are termed as precious pregnancies.

The insurance prism

Several potential strategies to reduce the C-section rate include establishing clear guidelines, ensuring consistent payment for both C-section and vaginal deliveries, actively managing labour, conducting audits, and requiring second opinions. Employers can influence hospital and doctor practices through the design of maternity coverage. Additionally, more disruptive approaches could involve setting a minimum threshold for C-sections or implementing cost-control measures for C-section deliveries.

So, is there a way out?

This year's World Health Day theme - Healthy Beginnings, Hopeful Futures – focuses on improving the status of maternal and newborn health. The theme also focuses on rising rates of C-sections, especially in India. But is there really a way, or is there no way to come back? Let's find out:



1 The role of midwives

While the birthing decision is deeply personal and a unique experience for every woman, the decisions need to be well informed. We need to bring back the focus on the role of midwives, a role that has dissipated with time. Institutional midwifery not only improves the outcome but also facilitates a natural birthing process.

2 Creating awareness

The narrative shift from natural to C-section has led to several misconceptions. Initiatives such as counselling sessions for couples help people make rational decisions. An employee noted, "I had enrolled myself on Lamaze classes, a childbirth educational program. This was truly one of the best decisions I have made, as I was confident in my pregnancy journey. It empowered me to have a normal delivery."

3 Medical practice

C-sections need to be disincentivised culturally and educationally. It has been noted that medical institutions often reap dividends, as C-sections are charged significantly higher than normal deliveries. It is time that this trend is discouraged by maintaining transparency in the number of C-sections vs normal deliveries performed by a hospital.

4 The crucial role of government

Government-led awareness programs through campaigns are the way forward. Much like the polio campaign – **'do boondh zindagi ki'** – which also roped in popular celebrities to make the message count.

Also, families and mothers who 'opt' for C-sections can be incentivised through counselling if they decide for natural delivery. This program should be extended to private hospitals, where government funding can turn the tables around.

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Tel : +91 22 3306 6000 I CIN No.: U70100MH1982PTC027681

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