The editors of the *Revista del Hospital Italiano de Buenos Aires* would like to offer our readers the opportunity to reflect on issues currently under debate within the scientific community. To this end, we invited two distinguished experts with opposing views to present their positions on "cesarean section on maternal request" in an academic forum, using a clinical case as a starting point. Below we share the reflections of Dr. Ernesto Beruti and Dr. Mario Sebastiani, based on the following hypothetical scenario:

> *A 30-year-old pregnant person is experiencing their first pregnancy. At 36 weeks of gestation, prenatal care has been appropriate, with no pathological findings. There are no obstetric risk factors or relevant personal history.*
> *During a routine consultation, the patient tells their obstetrician that they wish to have a scheduled cesarean section. They explain that they fear the pain of labor, feel anxious about the unpredictability of vaginal birth, and value the possibility of coordinating the date of delivery in advance. They report having sought information and being aware of the potential risks of surgery.*
> *The healthcare professional explains that, from a medical perspective, there is no indication for a cesarean section, that vaginal birth generally provides benefits, and that an unnecessary cesarean may pose greater risks for both the patient and the newborn. Nevertheless, the patient firmly maintains their decision.*

Cesarean Delivery on Maternal Request: Autonomy vs. Medical Indication

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The editors of *Revista del Hospital Italiano de Buenos Aires* would like to offer our readers an opportunity to reflect on issues currently under debate within the scientific community. To this end, we invited two distinguished experts with opposing views to present their perspectives on "cesarean delivery on maternal request" in an academic forum, using a clinical scenario as a starting point.

Below, we share the reflections of Dr. Ernesto Beruti and Dr. Mario Sebastiani, based on the following hypothetical case: A 30-year-old pregnant individual is experiencing her first pregnancy. She is 36 weeks pregnant. Prenatal care has been adequate, with no pathological findings. There are no obstetric risk factors or relevant personal history. During a routine visit, she expresses to her obstetrician her wish to undergo a scheduled cesarean section. She explains that she fears the pain of labor, feels anxious about the unpredictability of vaginal birth, and values the possibility of coordinating the date of delivery in advance. She has researched the matter and states that she is aware of the potential risks of surgery. The healthcare professional explains that, from a medical standpoint, there is no indication for cesarean delivery, that vaginal birth generally carries benefits, and that an unnecessary cesarean may involve greater risks for both mother and newborn. Nevertheless, she firmly maintains her decision.

In recent decades, there has been a remarkable increase in cesarean section rates worldwide. In Argentina, some private centers report rates exceeding 60-70%, while in public hospitals, they are around 30-40%. This phenomenon has triggered a broad debate about its causes and raised an ethical, medical, and social question: Can a pregnant individual without a medical indication demand an elective cesarean section? What is the role of the healthcare professional when faced with such a request? The situation –a low-risk pregnant patient requesting a cesarean section based on fear and the need for control– is becoming increasingly common.

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Autonomy is invoked as a guiding principle of contemporary Bioethics. Yet autonomy cannot be understood as an absolute right, detached from other principles such as beneficence, nonmaleficence, and justice. Nor can it be interpreted as mere self-determination, without the duty to provide clear information and safeguard the well-being of both patients: mother and child. Cesarean section is, without doubt, an extraordinary tool that saves millions of lives when there is a precise medical indication. Outside of that context, however, it is major surgery, with greater risks for maternal and neonatal health.

From a physiological standpoint, vaginal birth allows for a natural transition of the fetus to extrauterine life. It enhances respiratory adaptation, facilitates early skin-to-skin contact, promotes immediate breastfeeding, and contributes to beneficial bacterial colonization for the newborn's immunological development. This is not about imposing vaginal birth; it is about accompanying, informing, supporting, and empowering women throughout the process. A patient experiencing fear deserves to be heard, informed, and treated with care. The response should not be surgical, but human: referral to an interdisciplinary team, emotional preparation, and efforts to transform fear into trust.

Accepting a cesarean section without medical indication, from my perspective, represents a renunciation of the medical role. Our responsibility is to offer what the evidence indicates as best for our patients' health –even if that means upholding an unpopular position.

Some argue that refusal may harm the physician–patient relationship. However, there is no genuine relationship if it is based on complacency or fear of conflict. A mature relationship is built on respect, clarity, and commitment to the well-being of the other. We must also consider the consequences for the healthcare system. Excessive cesarean sections increase costs, complications, and set precedents that shape medical practice. What happens if that patient suffers an avoidable complication? Who bears the responsibility?

A key reference in this debate is the International Federation of Gynecology and Obstetrics (FIGO), which provides clear guidelines for addressing requests for cesarean delivery without medical indication. Far from a paternalistic stance, it proposes a model of informed dialogue in which the professional plays an active role in evidence-based guidance. FIGO recommends exploring the reasons behind the request with empathy and providing clear information on the benefits of vaginal birth and the risks of an unnecessary cesarean section. If, after this process, the request persists, performing the cesarean may be ethically acceptable.

This institutional stance reinforces the conviction that medical practice is not limited to satisfying a subjective demand, but rather to accompanying women on a path that prioritizes their health, the child's well-being, and the deeper meaning of birth.

In summary, requests for cesarean delivery without medical indication must be received with respect but also with professional responsibility. Our role is to help women give birth, not to undergo surgery unnecessarily. Properly understood, autonomy is built on knowledge, not on fear. Cesarean delivery without medical indication entails significant short- and long-term risks for both mother and baby. Vaginal birth, in low-risk pregnancies, remains the safest and most beneficial way to be born.

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REFERENCES

- Betrán AP, Ye J, Moller AB, Zhang J, et al. The increasing trend in caesarean section rates: global, regional and national estimates: 1990-2014. PLoS One. 2016;11(2):e0148343. https://doi.org/10.1371/journal.pone.0148343.
- Sandall J, Tribe RM, Avery L, et al. Short-term and long-term effects of caesarean section on the health of women and children. Lancet. 2018;392(10155):1349-1357. https://doi.org/10.1016/S0140-6736(18)31930-5.
- International Federation of Gynecology and Obstetrics; International Confederation of Midwives; White Ribbon Alliance; et al. Mother-baby friendly birthing facilities. Int J Gynaecol Obstet. 2015;128(2):95-99. https:// doi.org/10.1016/j.ijgo.2014.10.013.
- World Health Organization. Department of Reproductive Health and Research. Statement on caesarean section rates [Internet]. Geneva: WHO; 2015 [citado 2025 ago 20]. Disponible en: https://iris.who.int/bitstream/handle/10665/161442/WHO_RHR_15.02_eng.pdf.