

## **Manufactured Controversy: A Critical Analysis of the Construction of “Cesarean Delivery on Maternal Request”**

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**Background.** In the late 1990s, amid concerns about rising caesarean rates, medical journal editorials and letters to the editor began to discuss the subject of “cesarean delivery on maternal request” (CDMR) – caesarean performed without medical indications at the mother’s request.

**Purpose.** I explore how authors persuaded the obstetric community to view the emerging concept of CDMR as a real phenomenon and as an appropriate/inappropriate mode of delivery.

**Methods.** The study sample (n=42) consisted of medical editorials and letters to the editor published 1998–2012. Data collection and analysis were guided by genre theory and Adele Clarke’s (2005) grounded theory approach. Sample texts were read in their entirety and coded for recurring and interesting concepts and generic elements that constituted rhetorical action. Codes were refined into categories through iterative analytic memoing and “situational mapping” – an exercise illustrating the elements of the situation of inquiry and their interrelationships.

**Findings.** For this presentation I will focus on three themes that emerged from analysis: the medicalization of childbirth, labour is risky, and levels of evidence. Proponents constructed CDMR as a scientific advance in the management of childbirth. Alternately, labour and vaginal childbirth were portrayed as risky for the fetus and the mother’s pelvic floor. Although authors emphasized the expert authority of clinicians who practice evidence-based medicine, their arguments were buttressed more by tacit knowledge than empirical evidence. I situate these findings within the context of changing obstetrical trends in North America over the past 15 years, with attention to policy and position statements on CDMR.