

Special Issue

Cesarean Section Versus Vaginal Delivery

Message from the Guest Editors

With respect to vaginal birth, new labor induction methods have been developed to reduce the rate of cesarean sections.

Ultrasound has become an increasingly valuable tool, both in assessing cervical readiness through elastography and in evaluating labor progression. Dynamic parameters such as the angle of progression, head–perineum distance, and fetal position can help estimate the likelihood of successful vaginal delivery or the need for cesarean section. Indications for cesarean delivery have evolved as well. Some are now applied excessively, often due to medicolegal concerns. Thus, malpractice related to labor and delivery management is also a relevant theme for this Special Issue. Neonatal outcomes following vaginal births—either spontaneous or assisted—versus cesarean delivery merit further investigation, as do the criteria for labor induction and cesarean indication in specific clinical scenarios such as previous uterine surgery, fetal growth restriction, abnormal presentations, placenta accreta spectrum, and vasa previa. Psychological changes induced by childbirth and their subsequent effects over time represent another important topic worthy of further exploration.

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