

## **Cesarean Sections**

### **What Is a Cesarean Section?**

A cesarean section, or C-section, is major surgery that is done to deliver a baby through the abdomen. A doctor makes a 6- to 7-inch-long cut through the skin and separates the muscles of the abdomen. Then the doctor makes a 5- to 6-inch cut in the uterus. The doctor puts his or her hand into the uterus through the cut and pulls the baby out. Most often a relatively small horizontal incision (i.e., "bikini cut") is made both on the skin (just above the pubic hair) and on the uterus itself (low transverse incision). This is a preferable cut for both comfort and recovery. If a woman has had only one low transverse C-section, she can opt to try a vaginal birth in the future. Occasionally an "up and down"/vertical incision is made on the skin and/or uterus. This type of incision may be used in an emergency because this type of cut gets the baby out faster. The size and position of the baby may also determine the need for this kind of incision. If the vertical incision is made on the uterus, a future vaginal birth is not recommended. This is called a classical C-section.

### **Why Are C-sections Done?**

Most women do not need a C-section. Most of the time, C-sections are done when labor is not proceeding normally. Sometimes it appears that the baby is not fitting through the pelvis, the baby's head is in a difficult position to be born vaginally, the baby is not tolerating labor well, or a woman develops an infection during labor which makes a C-section more likely. If you or your baby has severe trouble during labor, your health care provider will talk with you and your support team about the possibility of a C-section. Then, together, you will decide on the best plan. Sometimes, problems develop so quickly that a C-section needs to be done as an emergency operation. In that case, there will not be time to allow labor to continue, and a C-section will be done immediately. Occasionally, a C-section is planned ahead and done before you go into labor.

### **Will I Need a C-section?**

If you have had a C-section before, you should talk with your health care provider during your pregnancy about the safest way to give birth this time. Your health care provider may offer you the choice of a C-section or a trial of labor after cesarean (TOLAC) to achieve a vaginal birth after cesarean (VBAC). Other reasons for planning a C-section before labor starts are shown on the chart on the flip side of this sheet.

### **Can I Choose to Have a C-section?**

Unless you have one of the problems listed on the flip side of this page, vaginal birth is safer than a C-section for both you and your baby.

### **What are the risks of a C-section?**

C-sections are often considered a "safe surgery" because women having babies are usually healthy and able to recover easily. However, any surgery has some risk. Women who have C-sections have a higher risk of damage to their organs (such as the bladder or bowel) during the operation as well as heavy bleeding and infection after the birth of the baby. There is also some added risk from having anesthesia. The major risk to you from having a C-section occurs the next time you are pregnant. In the next pregnancy, there is a higher chance of placenta previa (a placenta that partly or completely covers the cervix, which is the mouth of the uterus) or placenta accreta (a placenta that grows into the wall of the uterus). Either of these placenta problems can cause severe bleeding that is very dangerous for you and your baby. New studies also show a higher chance of stillbirth in

women who are pregnant again after having a C-section. If you need a C-section, your health care provider will talk to you about the risks in more detail.

### **What anesthesia is used for a C-section birth?**

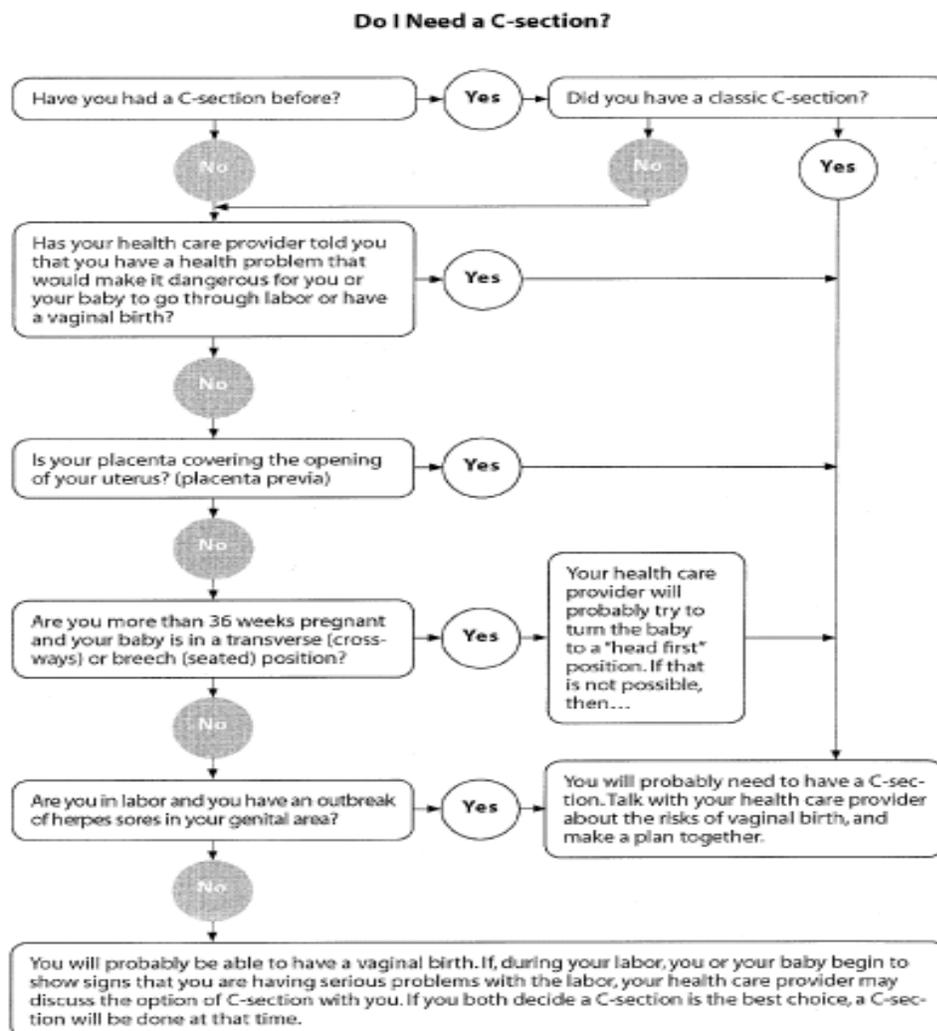
For a planned or non-emergency C-section an epidural or spinal anesthesia is the anesthesia of choice. The woman would be awake and be able to see her baby as soon as it is born. In an emergency situation, where a woman does not already have an epidural, the woman would be put to sleep using general anesthesia because this is the fastest anesthesia to administer.

### **Can my partner/support person be with me during the C-section?**

If the woman is awake, a support person can be with her for the birth. If general anesthesia is used and the woman is asleep, support people need to wait in the labor recovery room or waiting room until the surgery is complete.

### **What about the recovery after a C-section?**

Recovery from surgery takes longer than recovery from a vaginal birth. Usually it requires an extra night or two in the hospital (a total of 3-4 nights) and more help at home in the first few weeks.



### **For More Information**

- **Childbirth.org**: frequently asked questions about cesarean sections  
<http://www.childbirth.org/section/CSFAQ.html>
- **Childbirth Connection**: VBAC or Repeat C-Section  
<http://www.childbirthconnection.org/article.asp?ClickedLink=293&ck=10212&area=27>
- **A Woman's Guide to VBAC: Navigating the NIH Consensus Recommendations**  
<http://givingbirthwithconfidence.org/birth/a-womans-guide-to-vbac/>