

Cesarean Birth

Cesarean birth or c-section is the birth of a baby through surgical incisions made in the abdomen and uterus. There are many reasons why a c-section may be used to deliver your baby. A cesarean delivery may be planned in advance when certain conditions are known. In most cases, if problems arise, the decision is made during labor.

What are some of the reasons for a cesarean delivery?

Fetal Distress: While being monitored, the baby may show signs of distress. It may be because the umbilical cord is compressed, or not enough blood is flowing from the placenta to the baby.

Cephalopelvic Disproportion (CPD): If the baby's head is poorly positioned or too large, the baby is unable to fit into the birth canal.

Failure to Progress: The cervix does not dilate completely. Therefore, the baby is unable to descend into the birth canal.

Multiple Pregnancy: When there are two or more babies, the babies may be born too early or not in good positions in the uterus so a cesarean birth may be needed.

Breech or Transverse Lie: This refers to the position of the baby in the uterus. If the baby is breech, with feet or buttocks descending first, or the baby is lying sideways (transverse) a cesarean is needed.

Bleeding: A problem with the placenta may cause excessive bleeding. Placenta previa is a condition in which the placenta is below the baby and covers all or part of the cervix. This will block the baby's exit from the uterus. Another problem that may arise is placental abruption. This is when the placenta separates before the baby is born and cuts off the flow of oxygen to the baby.

Previous Cesarean Birth: Having had a cesarean birth before plays a part in whether you will need to have one again. A vaginal delivery after a previous c-section is not a good option for women when there is a significant risk of rupture of the uterus.

Maternal Health Problems: The mother may have an ongoing health problem that makes vaginal birth risky. Such health problems include diabetes, kidney disease, high blood pressure, and uterine fibroids (or previous surgery for fibroids).

A Baby with Special Needs: If the baby is significantly premature, has a known health problem or birth defect, labor or vaginal birth could be risky.

Herpes: If the mother has an active herpes outbreak, the infection can be passed during vaginal birth. If you have a history of herpes, please inform your provider so you can start suppressive therapy in your third trimester.

What will happen if I need a C-Section?

All cesarean births, scheduled or not, require certain steps. Below are some of the things you can expect to happen in preparation for your surgery.

- You will be asked to sign a consent
- Your abdomen may be shaved
- Your abdomen will be washed with a disinfectant
- An IV will be started (if not already in place) to supply medications and fluids
- A foley catheter (small tube) will be placed in your bladder to drain urine
- A fetal monitor will be used to check the baby's heart rate
- Anesthesia will be given so that you do not feel pain during surgery. You may be given general anesthesia, an epidural block, or a spinal block. If general anesthesia is used, you will not be awake during delivery.
- In most hospitals, your birth partner may be with you in the operating room for the birth. However, this may depend on the urgency of the surgery.

What happens during the surgery?

In a cesarean birth, incisions are made in both the skin and the uterus. The skin incision may be transverse (side to side) or vertical (up and down), just above the pubic hairline. The muscles in your abdomen are moved and, in most cases, do not need to be cut. Another incision will be made in the wall of the uterus. This incision will also be either transverse or vertical. Your skin and uterine incisions may differ.

Once the incisions are made, the doctor presses on the top of your abdomen. You may feel a lot of pressure or find it hard to breathe when this is happening. This helps guide the baby out of the uterus. In some cases, a vacuum-like device may be needed. After the baby is delivered, the cord will be clamped and cut, and the placenta will be removed. The uterus will be closed with stitches that dissolve in the body. Stitches or staples may be used to close your skin.

What can I expect during recovery?

A cesarean section is major abdominal surgery and recovery takes 6-8 weeks. During this time you should rest as much as possible and do little more than care for your self and your new baby. ***Please call the office before you leave the hospital to schedule your 1 week post-op appointment.***

While you recover, you may have:

- Cramping, especially during breastfeeding
- Bleeding or discharge for up to six weeks
- Bleeding with clots

- Pain in your incision

Here are some hints to make your recovery a little easier:

- You can usually clean the incision with a little soap and water and pat dry. Do not cover your incision unless it is draining.
- Watch your incision for signs of infection, such as increasing redness, pain, and drainage.
- Hold a pillow against your incision when changing positions or when you laugh or cough.
- Avoid heavy lifting—nothing heavier than your baby.
- Nothing in the vagina and no sexual intercourse until after your 6 week postpartum check.

Call your healthcare provider if you experience:

- A fever >100.4
- Redness, pain, or discharge at the incision site that gets worse
- Repeated clots (larger than a quarter) passing from the vagina
- Excessive vaginal bleeding that is saturating a new sanitary pad every hour
- Severe abdominal pain