Cesarean Birth

Every pregnant woman should know about cesarean births. It can happen to anyone, and the number of cesarean births is rising. About one out of every six or seven births is cesarean. Most of the mothers having their first cesarean births have them because of a problem that comes up in labor and are told by their doctor (within 2 hours of the procedure) that a cesarean delivery is needed. Understanding what procedures will take place and the reason for each can make it less frightening. Asking questions during your prenatal visits can help you be prepared if this happens to you.

What Is Cesarean Birth?

A cesarean delivery is the birth of a baby through an incision (cut) in the abdomen and the uterus (womb), after an anesthetic (being put to sleep or given a spinal to keep from feeling pain) has been given to the mother. Antibiotics and modern sterile techniques have made a cesarean delivery one of the safest operations. A cesarean birth protects the health of the baby and the mother in situations that might otherwise be dangerous.

A cesarean birth can be a couple-centered experience – if you are prepared for it. It is not a sign of failure if you cannot have a vaginal delivery. You can still use much of the information you learned in prepared childbirth classes. Finding out ahead of time how both of you can be involved in the cesarean delivery can help you to be ready.

Why Is A Cesarean Birth Needed?

The most common reason for a cesarean birth is a previous cesarean delivery. You may have heard the phrase, “once a cesarean, always a cesarean.” After a woman has had a cesarean delivery, the scar tissue of the uterus is considerably weaker than the rest of that muscular organ. During labor, the uterine muscles are under a lot of stress since the uterus has to contract and relax constantly for many hours. A rupture or tear of the uterus during labor could be fatal to the baby and very dangerous for the mother. If this condition is present, many medical care providers will not risk a vaginal delivery. Some women are able to have a vaginal delivery after having a cesarean birth in a previous pregnancy if the doctor is sure that the woman’s pelvis is large enough and her scar is in good condition.

The usual reasons for a first-time cesarean are:

- The baby (usually the head) is too big to pass through the mother’s bony pelvis.
- The baby’s heart beat shows it is not getting enough oxygen or indicates it is experiencing other signs of distress.
- The baby is in an awkward position – breach (buttocks coming first), transverse (arms coming first), or multiple births.
- The placenta is blocking the opening of the cervix.
- The placenta separates from the uterus before the baby is born.
- Labor is not progressing.
- According to tests, the baby is over two weeks past due and seems to be having some problems.
- The “bag of waters” breaks and labor will not start.
- The mother has herpes simplex virus.
- The mother has diabetes.
- The mother has toxemia (excessive buildup of body wastes in the blood) and high blood pressure.
- The mother has severe vaginal bleeding late in pregnancy.

**Topics to Discuss During Prenatal Visits**

You should talk to your doctor ahead of time about what options are available if you have to have a cesarean delivery. Topics to consider ahead of time can include: the cesarean birth procedures your doctor and your hospital use, the presence of the father in the operating and/or recovery rooms, breast feeding on the delivery (operating) table or in the recovery room and the rooming-in arrangements for your baby.

Cesarean mothers can be successful nursing mothers, even if “getting started” is slower than usual. The sooner a baby begins to suck, the better the chances of successful breast feeding.

**What Happens During a Cesarean Birth?**

Procedures for a cesarean birth may vary somewhat, but the following are considered routine practice:

- A nurse will wash and shave the area from your breast to the upper part of your pubic hair.
- Blood tests will be done to determine your health and condition, and type and cross match your blood before surgery.
• A catheter (tube) will be inserted into your bladder, to drain your urine into a plastic collecting bag. This keeps your bladder out of the doctor’s way when the incision is made. This is not a painful procedure. The catheter will be removed in about 6 to 48 hours.

• An intravenous (I.V.) needle will be inserted into your arm to allow nourishing fluids and medications to be given. This will assure that necessary nourishing fluids are provided for your body and is generally continued for up to 24 to 48 hours or until you can begin to eat and drink comfortably.

• You may be given an antacid to drink to neutralize acids in your stomach in case you vomit.

• Your abdomen will be scrubbed with warm and then cold solutions for 10 minutes and then painted with iodine to get rid of all bacteria (germs) where the incision will be made. Either epidural anesthetic (mother awake but feels no pain) or general anesthetic (mother asleep and feels no pain) will be given, depending on what you, your anesthesiologist and your doctor decide ahead of time.

• A cesarean takes from 45 to 90 minutes to complete. The baby is delivered within 5 to 10 minutes. Then the doctor lifts the placenta out by hand. You are given a drug to constrict your uterus and to prevent you from bleeding.

• Then your uterine and abdominal walls are sutured (stitched), which takes most of the time.

There are two kinds of cesarean incisions (cuts). The classical, a vertical (up and down) cut made on the front side of the uterus is the quickest procedure. The transverse (also called bikini cut) is a horizontal (across) cut at the bottom of the uterus and is easiest to repair. If you receive a transverse cesarean, you may be able to have a vaginal delivery with future pregnancies.

**After Cesarean Birth**

If the Baby is breathing alright (cesarean babies sometimes need extra time and stimulation to begin breathing on their own), and you are awake, you should ask if you can hold your baby for a little while and breast feed. If the father is in the operating room, he should be allowed to hold and cuddle the baby, too. This is an important opportunity for parents and baby to get acquainted.

Your baby may then be taken to the nursery for an observation period. In many hospitals, this is standard procedure for all cesarean babies.

You will be transferred to your recovery room following the delivery and will remain there until the anesthetic wears off. This may take from 2 to 5 hours. Our hospital allows fathers and/or babies to stay with you in the recovery room.
Pain medication is available following the surgery. The anesthesiologist will put long acting pain medication in the epidural that lasts twelve hours. The first 24 hours you will probably need pain medication given through an injection every few hours. You should ask for it when you need it. After the first day you may only need some pain medication that you can take by mouth.

The average hospital stay for a cesarean delivery is 3 days. The sutures or staples are usually removed about the 3rd day (some doctors use sutures that dissolve). Mothers usually feel “back to normal” anywhere from one week to six months following the surgery. Obviously, your physical condition at the time of surgery and the reason for the cesarean section will be the major factor in how quickly you recover.

Recovery after Cesarean Birth

Rest is vital for your recovery. For 2 to 3 weeks after you go home with your baby, you should have live-in help such as a relative, a friend, or your spouse to take over household tasks. You will probably be in bed much of the time for most of the first week except to go to the bathroom and to care for the baby. From the end of the first week to the third week, you should be up daily with frequent rest periods, but avoid taking over regular household tasks or lifting anything heavier than your baby. Remember that over-doing it when you begin to feel better will only delay in your getting back to normal.

The scar from the incision will fade, but will not disappear completely. If a cesarean birth is done with the next baby, the same incision site is usually used, and the old scar tissues are removed.

Remember, a cesarean is simply one of two ways to have a baby. The recovery time is longer, but most important, the mother and the baby are healthy. Don’t be afraid to hold, touch and enjoy your baby as soon and as much as possible. This helps the mother, father and baby start enjoying a new, healthy life together.