

Cesarean Delivery (C-section)

A **cesarean delivery** — often referred to as a **C-section** — is the surgical delivery of a baby through the abdomen. At Intermountain, C-sections are usually only done to protect the health of the baby or mother, in situations where a vaginal birth might be more risky than a surgery.

This handout explains why C-sections are sometimes recommended and how they're done. It also presents the potential risks, benefits, and alternatives to a C-section. If you're considering a C-section delivery for your baby (or babies), talk with your midwife or doctor about the information presented here.

Why is a C-section recommended?

There are many different reasons why your doctor or midwife may suggest a C-section to protect your health or your baby's health (or both).

Sometimes the reason is known before you go into labor, which allows you to schedule the surgery in advance. If possible, your doctors will schedule your C-section after 39 weeks gestation. Common reasons for a scheduled C-section include these:

- Your baby is in breech (feet-first or bottom-first) or transverse (sideways) position in the uterus — not the head-down position that's best for vaginal delivery
- Your baby has a birth defect, such as hydrocephalus or spina bifida, that could complicate a vaginal birth
- You have placenta previa when the tissue connecting you and your baby in the uterus (the placenta) is covering all or part of the opening to the birth canal
- You have a condition that makes vaginal delivery more risky for you or your baby (for example, HIV or an active case of genital herpes)
- You're pregnant with more than one baby (multiple gestation)
- You've had a previous C-section and have decided with your provider not to try for vaginal birth after a cesarean ("VBAC"), or you've had some other surgery on your uterus

Sometimes unexpected concerns or problems arise during a pregnancy or labor, and an unplanned (emergency) C-section is recommended.



Sometimes a C-section (surgical delivery) is safer for mother and baby than a vaginal delivery might be.

Common reasons for **unplanned C-sections** include the following:

- Your labor stops or isn't progressing as it should, despite medications
- The placenta pulls away from the wall of the uterus too soon (placental abruption), cutting off oxygen to your baby
- The umbilical cord gets pinched or drops into the birth canal ahead of your baby (umbilical cord prolapse), which can lower the baby's oxygen supply
- Changes in your baby's heart rate suggest that your baby may not be getting enough oxygen
- Your baby's head or body is too big to fit through the birth canal

Every pregnancy and labor is different. If a C-section delivery is recommended for you, your doctor or midwife will explain the specific reason. Listen and ask questions. Unless it's an emergency, you can get a second opinion from another provider.

How is it done?

The next page gives basic information about what you can generally expect in the hospital before, during, and after a scheduled C-section. (Details of your procedure may differ, depending on your situation.) Your medical team will do their best to keep you informed and is glad to answer questions.

BEFORE

- Monitors. The medical team will set up various monitors to keep track of your breathing, heart rate, and blood pressure during the surgery.
- Catheter. A catheter (thin, flexible tube) will be placed through your urethra into your bladder to drain your urine.
- IV. You'll have a catheter placed through a needle into a vein in your hand or arm. The IV allows the team to give you medication or fluids.
- Visit with anesthesiologist. This doctor will discuss options for anesthesia. Most women are able to be (and choose to be) awake during the surgery. An epidural or spinal anesthesia numbs the body from the chest to the feet, so the procedure is painless.
- Wash and shave. Your abdomen will be washed, and the incision area may be shaved.
- **Screen.** The team will set up a screen of drapery to shield you from a direct view of the surgical site.

DURING

- **Support person.** A support person that you choose the baby's father or another adult is able to be in the operating room (unless you need general anesthesia). This person can stay with you during the entire procedure.
- Incision and delivery. A doctor makes an incision (cut) across the lower part of your abdomen, just above the pubic area. The doctor parts the abdominal muscles to reach the uterus, cuts open the uterus and the amniotic sac (bag of waters), and lifts your baby out of your uterus.

- First moments of life. As soon as the baby is delivered, the medical team will clear fluid from the baby's nose and mouth, and will cut the umbilical cord. The team will check the baby's breathing and make sure the baby is stable. If everything's okay, you'll see and hold your baby.
- **Finishing the surgery.** The doctor will remove the placenta, then close the uterus and stitch together other layers of tissue with dissolvable stitches. The doctor will close up your abdominal incision with stitches or staples.

AFTER

After a C-section, you'll stay in the hospital with your baby for three days or so. Here are a few things you can expect:

- Rooming in. You and your baby will share a room in the hospital. This helps you get to know each other and supports breastfeeding.
- **Breastfeeding.** Your nurses will help you breastfeed if you need it. (Sometimes pain from a C-section can make early feedings more difficult.)
- Pain medication. As the anesthesia from the surgery wears off, you may need medication to control pain from your incision.
- Moving around. Your providers will encourage you to get out of bed and move around. This helps ease constipation and may prevent a blood clot.
- **Frequent checks.** Your providers will monitor you for any signs of an infection, a blood clot, or other possible complications from surgery or birth.

Talking with your healthcare providers about a scheduled C-section

The table below lists the most common potential benefits, risks, and alternatives for a scheduled C-section. Other benefits and risks may apply in your unique medical situation. Talking with your healthcare providers is the most important part of learning about these risks and benefits. If you have questions, be sure to ask.

Scheduled (planned) C-section			
Potential benefits	Risks and potential complications		Alternatives
If you have a planned (scheduled) C-section, potential benefits include: No labor pain Convenience (can schedule the delivery)	the mother. Possible complications include: • Infection	 Brain damage or death (very rare) Increased likelihood of needing C-sections for future deliveries, each with an increased risk of complications ations include: 	Vaginal delivery (may not be a safe alternative in some cases)