

Cesarean Delivery

Introduction

A cesarean delivery (Cesarean section or C-section) is the delivery of a baby through an incision in the abdomen and uterus. With modern surgical techniques, modern anesthesia techniques, and antibiotics, the risk of a Cesarean section has been reduced markedly.

Reasons for Cesarean Delivery

There are no hard and fast rules with regard to cesarean deliveries because each pregnancy has its own unique characteristics. The following are reasons why a C-section may be performed. Often it is a combination of factors.

- **Maternal Reasons:** The woman may have a medical condition that worsens as pregnancy progresses or a condition which will not allow her to tolerate a vaginal delivery.
- **Fetal Reasons:** The baby may have a medical condition which results in its inability to tolerate the stresses of labor. The baby may also be coming down through the birth canal in an unusual position so that a vaginal birth is not possible. The most common malpresentation is breech or buttocks first.
- **Conditions of the mother/baby:** It is not uncommon that the baby cannot be delivered vaginally because it will not "fit" through the birth canal. This may be due to the baby's size, the mother's pelvis, or the contractions of the uterus not being adequate.
- **Placental Reasons:** In some cases, the placenta may interfere with a vaginal delivery (placenta previa) or may separate prematurely (placental abruption) which would require cesarean delivery.

Because there is a higher risk associated with cesarean delivery over vaginal delivery, the physician tries to avoid a C-section if at all possible. However, a C-section may be scheduled prior to labor for certain conditions (i.e. breech presentation). Overall, most C-sections are not planned and are performed due to conditions that arise during labor.

Once a Cesarean, Always a Cesarean?

In years past, once a woman had a cesarean delivery, it was expected that all subsequent deliveries would also be by cesarean delivery. This was due to a fear that the uterus had been weakened by the previous Cesarean section. It is now felt that patients, who have had a cesarean delivery in which the incision on the uterus (womb) is across rather than up and down, are considered candidates to have attempts at vaginal delivery in subsequent pregnancies. The physician and the patient should weigh the pros and cons of a repeat C-section and decide which route of delivery would be best.





The Operation and the Operating Room

A typical C-section takes 30-60 minutes. Usually a patient requires an epidural or spinal. This form of anesthesia causes numbness from the belly down to the feet. The patient is still awake and aware of what is going on in the room.

Depending on the policies of the particular hospital, the patient is allowed to have a support person in the operating room with her as the procedure is done. That person is seated at the head of the table next to the patient's head. The operation is done by a surgical team under sterile conditions. The baby is cared for by nursery personnel who will tend to its needs.

Before the operation, the patient will have an intravenous (IV) line to provide pain medication and fluids. A catheter will be placed in the bladder prior to surgery, which will continue to drain urine into a bag. When the anesthesia wears off after the operation, there will be some pain in the abdomen. The patient's blood pressure, temperature, and pulse will be monitored closely every few hours and the incision will be examined on a regular basis. The patient will be encouraged to cough, deep breathe, and move about in bed, getting out of bed as soon after surgery as is practical. This promotes deep breathing which will prevent lung problems such as pneumonia.

On the first post-operative day, short walks in the hospital room or in the hallways of the hospital will be encouraged. Initially, hospital personnel will help the patient in and out of bed. The incision will be sore and tender. Medication is always available for pain and nausea. These medications do not interfere with breastfeeding.

Diet

Immediately after surgery, clear liquids are given. The diet is slowly advanced from there as long as the patient can tolerate regular food.

Going Home

Upon discharge, a patient is eating a regular diet, using the bathroom on her own and able to walk around. A mother can continue to breastfeed after a C-section even when using pain medication.

Activity after Cesarean Delivery

Activity restrictions when you go home are limited. A woman can walk as much as she can tolerate and is able to climb stairs. Lifting restrictions are up to 20-25 pounds for 6 weeks. We also discourage intercourse and the use of tampons for 6 weeks.

