These facts are presented by the International Cesarean Awareness Network with the hope that parents, childbirth educators, doulas, nurses, midwives and doctors together can effectively reduce the rate of unnecessary cesarean sections and their effects.

A cesarean section is **major abdominal surgery** used for the delivery of an infant through an incision in the mother's abdomen and uterus. The incision may be made across the bottom of the abdomen above the pubic area (transverse) or in rare instances, in a line from the belly button to the pubic area (vertical).

**Many reasons given for a cesarean, especially prior to labor, can and should be questioned.** These include macrosomia (large baby), maternal age and parity, assisted reproductive technology, CPD, dystocia, failure to progress, breech, fetal distress and even prolonged second stage. **There are very few true indications for a cesarean section** in which the risks of surgery will outweigh the risks of vaginal birth.
Avoid a Cesarean: Know the Facts

Written by Pathways Magazine
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These facts are presented by the International Cesarean Awareness Network with the hope that parents, childbirth educators, doula, nurses, midwives and doctors together can effectively reduce the rate of unnecessary cesarean sections and their effects.

A cesarean section is major abdominal surgery and the delivery of a baby through an incision in the mother's abdomen and pelvis. This incision may be made across the bottom of the abdomen above the pubic area (transverse) or in the midline, in a line from the belly button in the pubic area (vertical).

Many reasons give for a cesarean, especially prior to labor, can and should be questioned. These include: maternal morbidities such as gestational diabetes, heart, preeclampsia and preeclampsia-eclampsia; complications of labor; significant complications of the baby; and factors that increase the likelihood of cesareans when the baby is too large for the pelvis or for labor and delivery reasons.

When a cesarean is necessary, it can be a lifesaving procedure for both mother and baby. Cesareans are the only option when the baby is in a dangerous position, such as breech, transverse or malpresentation. Cesareans also may be necessary when the baby is too large for the pelvis, when there is evidence of placenta previa or when the placenta is low-lying, when there is a history of placenta previa, or if the placenta is abnormal or has a tendency to cause placenta accreta and placental abruption in subsequent pregnancies. Cesareans also may be necessary when there is evidence of prolapsed cord, placenta previa, placenta abruption or placenta accreta. Cesareans also may be necessary when the baby is more than the 90th percentile for size and weight, when there is evidence of fetal distress, confirmed with a fetal scalp sampling or biophysical profile, that cannot be alleviated by labor induction or augmentation.

The odds of secondary infertility, miscarriage and ectopic pregnancy in subsequent pregnancies increase significantly with cesarean delivery. Cesareans also increase the risk of developing placenta previa, increased rate of emotional trauma. Potential chronic complications from cesarean deliveries include: perineum lacerations (most of these can be avoided by performing perineal repair and not excessive episiotomy), bladder and bowel injury, transfusions, blood clots in the legs, sexual dysfunction, and hernias. These complications pose life-threatening risks to mother and baby. Cesareans also increase the risk of developing placenta previa, placenta accreta and placental abruption in subsequent pregnancies. Each successive cesarean greatly increases the risk of developing placenta previa, placenta accreta and placental abruption in subsequent pregnancies.

Fetal trauma, respiratory distress syndrome (RDS), iatrogenic prematurity (when surgery is performed on the baby for reasons other than the mother's safety), surgery-related fetal injuries such as lacerations. Preliminary studies also have found that cesarean delivery significantly alters the capability of cord blood mononuclear cells (CBMC) to produce cytokines that support the development of immunological cells in the body. A cesarean poses documented medical risks to the baby's health. These risks include: infection, blood loss and hemorrhage, respiratory distress syndrome, bladder and bowel injury, incisional endometriosis, heart and lung complications, blood clots in the legs, endometrial complications and infertility due to surgical complications.

The cesarean-section rate remains alarming in many industrialized countries. The U.S. cesarean rate is above 32%. The World Health Organization (WHO) has called for a reduction in cesarean rates to 15% by 2010. Within the United States, Healthy People 2010, a health promotion program managed by the U.S. Department of Health and Human Services, recommends a reduction in cesarean births in the US to 15 percent by 2010. In the United States, obstetricians and physicians perform unnecessary surgery in the belief it avoids future legal action and the potential loss of patients. This belief is indefensible. That many obstetricians seem oblivious to this profound violation of ethical principles is shocking.

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