The Public Citizen Health Research Group in Washington, D.C. has estimated that half of the nearly 1 million Cesareans performed every year are medically unnecessary. With more appropriate care during pregnancy, labor, and delivery, these Cesareans could have been avoided. Clearly, there are times when a Cesarean is necessary; however, Cesareans increase the risk to both mothers and babies. Here are suggestions of things you can do to avoid an unnecessary Cesarean and to help ensure that your birth experience is as healthy and positive as possible.
Before labor

Educate yourself. Read and attend classes and workshops, both inside and outside the hospital.

Research and prepare a birth plan. Discuss your birth plan with your midwife or doctor and submit copies to your hospital or birth center.

Interview more than one care provider. Ask key questions and see how your probing influences their attitude. Are they defensive or are they pleased by your interest?

Ask your care provider if there is a set time limit for labor and second stage pushing. See what s/he feels can interfere with the normal process of labor.

Tour more than one birth facility. Note their differences and ask about their cesarean rate, VBAC protocol, etc.

Become aware of your rights as a pregnant woman.

Find a labor support person. Interview more than one. A recent medical journal article showed that labor support can significantly reduce the risk of Cesarean.

Help ensure that you and your baby are both healthy by eating a well-balanced diet.

If your baby is breech, ask your care provider about the chiropractic adjustment called the Webster technique, exercises to turn the baby, external version (turning the baby with hands), and vaginal breech delivery. You may want to seek a second opinion.
If you had a Cesarean previously, seriously consider VBAC. According to the American College of Obstetricians and Gynecologists, VBAC is safer in most cases than a scheduled repeat Cesarean and up to 80% of women with prior Cesareans can go on to birth their subsequent babies vaginally.

**During Labor**

Stay at home as long as possible.

Walk and change positions frequently.

Labor in the position most comfortable for you.

Continue to eat and drink lightly, especially during early labor, to provide energy.

Avoid pitocin augmentation for a slow labor. As an alternative, you may want to try nipple stimulation.

If your bag of water breaks, only have vaginal examinations when medically indicated. The risk of infection increases with each examination. Discuss with your care provider how to monitor for signs of infection.

Request intermittent electronic fetal monitoring or the use of a fetoscope. Medical research has shown that continuous electronic fetal monitoring can increase the risk of Cesarean without related improvement in outcome for the baby.
Avoid an epidural, if possible. Medical research has shown that epidurals can slow down labor and cause complications for the mother and the baby. If you do have an epidural and have trouble pushing, ask to take a break from pushing until the epidural has worn off some and then resume pushing.

Do not arrive at the hospital too early. If you are still in the early stages of labor when you get to the hospital, instead of being admitted, walk around the hospital or go home and rest.

Find out the risks and benefits of routine and emergency procedures before you are faced with them. When faced with any procedure, find out why it is being used in your case, what are the short- and long-term effects on you and your baby, and what are your other options.

Remember, nothing is absolute. If you have any doubts, trust your instincts. Do not be afraid to assert yourself. Accept responsibility for your requests and decisions.

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Think About It: Choosing Cesarean Birth

Does a woman have an inalienable “right” to choose a Cesarean section [CS]? It has been clearly established in law that an individual has the right to refuse medical treatment, but it does not follow that the converse is also true that an individual has the right to demand treatment that is not medically indicated. If a woman asks for a CS, but is refused because there are no medical indications, is it correct to say she will have a “forced” vaginal delivery? Pregnancy is not an illness. Most women need no medical or surgical treatment during pregnancy, delivery and the puerperium. Vaginal birth is the consequence of being pregnant, a state for which the woman and her sexual partner must take responsibility, not the medical profession.
Another Reason for Vaginal Births

It is not necessary for research to “prove” that vaginal birth is healthier for both the mother and baby. It is, however, interesting to read the many reasons why a mother should do everything possible to avoid Cesarean sections, commonly called C-sections. The following study offers valuable information about the relationship between C-sections and infants burdened with gastric upset and allergies. This study examined 865 full-term, healthy infants, born to parents with a history of allergies. At birth, all mothers were given uniform nutritional recommendations, and infant formula was given only when breast-feeding was not feasible during the first four months of life. The infants were tested at 12 months and checked for antibodies to common allergens including cow’s milk, eggs, and soybeans.

The 147 babies in this study who were delivered by C-section were twice as likely to exhibit food allergies and had 46% more diarrhea than babies who were vaginally birthed. The researchers concluded that C-section delivery might be a risk factor for diarrhea and allergic sensitization in infants with a family history of allergy.

Why were the babies born by C-section more at risk for allergies? Researchers believe that C-section babies are lacking in the natural, protective, “friendly” bacteria that vaginally-delivered infants acquire during birth. This natural exposure helps to protect them, and is believed to be key in the development of healthy immune system function later in life.

Birth by C-section used to be a relatively rare occurrence. A C-section was performed only when a known medical problem would make labor dangerous for mother or baby, or if there were complications in labor such as dystocia. In the last 10 years, the C-section rate has increased because of perceived maternal convenience, incorrect diagnosis of dystocia, and fear of malpractice. In 2003, about 27% of births in the United States were by C-section.

There is no doubt that C-sections are sometimes necessary; however, all precautions to prevent it as a routine practice are vital to the child’s future health potential.
Please read the adjacent article: “Things You Can Do to Avoid an Unnecessary Cesarean” put out by the International Cesarean Awareness Network to optimize your chances of having a natural, vaginal delivery.

This article appeared in Pathways to Family Wellness magazine, Issue #09.

To purchase this issue, Order Here.