Avoid a Cesarean: Know the Facts

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.
A cesarean section is only indicated in the following situations:

- True absolute cephalopelvic disproportion (baby too large for pelvis). This is extremely rare and only associated with a pelvic deformity (or an incorrectly healed pelvic break). Fetal position during labor and maternal positioning during second stage, most notably when the baby is in a semi-sitting position, cause most CPD diagnosed in current obstetrics.
- Large uterine tumor that blocks the cervix at complete dilation (most fibroids will move upwards as the cervix opens, moving it out of baby’s path).
- True fetal distress, confirmed with a fetal scalp sampling or biophysical profile.
- Transverse lie at complete dilation.
- Complete placenta previa at term.
- Transverse lie at complete dilation.
- Abrupted placenta.
- Prolapsed cord.
- Transverse lie at complete dilation.
- Complete placenta previa at term.
- Transverse lie at complete dilation.
- Abruption placenta and placental abruption in subsequent pregnancies.

Each successive cesarean greatly increases the risk of developing placenta previa, postpartum hemorrhage, and the mortality rate is at least two to four times that of women with vaginal births alone. Approximately 180 women die annually in the United States from elective repeat cesareans while the mortality rate is at least two to four times that of women with vaginal births alone.

A cesarean poses documented medical risks to the mother’s health. These risks include:
- Uterine rupture
- Infection
- Blood loss and hemorrhage
- Hypotension
- Hypertension
- Bleeding
- Fibrinolytic activation
- Inflammation
- Heart and lung complications
- Blood clots in the legs
- Uterine contractions
- Dehydration
- Overmedication

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Vaginal Birth After Cesarean (VBAC) is safer for both mother and infant, in most cases, than is routine elective cesarean, which is major surgery.

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Cesarean sections are influenced by many factors, including:
- Individual philosophy and training
- Convenience of doctor or patient
- Patient’s socioeconomic status
- Peer pressure
- The odds of secondary infertility
- Miscarriage and ectopic pregnancy in subsequent pregnancies
- Placenta accreta and placental abruption in subsequent pregnancies

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Cesareans can delay the opportunity for early mother-newborn interaction, breastfeeding and the establishment of family bonds. The risk to the infant from the very low incidence of uterine rupture is much less than the risk to your infant from respiratory distress as a result of a scheduled cesarean.

The cesarean-section rate remains alarming higher in many industrialized countries than the 10 to 15 percent average recommended by the World Health Organization, causing unnecessary risk to both mother and baby. Healthy People 2010, a health promotion program managed by the U.S. Department of Health and Human Services, recommends a reduction in cesarean rates in the US to 10 to 15 percent by 2010.

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The risk to your infant from respiratory distress (RDS), iatrogenic prematurity (when surgery is performed because of an error in determining the due date), persistent pulmonary hypertension (PPH), and surgery-related fetal injuries such as lacerations. Preliminary studies also have found an increased risk of developing placenta previa, increased rate of emotional trauma. Potential long-term complications from these surgeries include

- Blood clots in the legs
- Uterine contractions
- Dehydration
- Overmedication

A cesarean poses documented medical risks to the infant’s health. These risks include:
- Premature birth and intensive care and burdensome financial cost.
- Even with mature babies, the cesarean delivery significantly alters the capability of cord blood mononuclear cells (CBMC) to produce cytokines that protect against some obstetric illness.
- Respiratory distress syndrome (RDS)
- Iatrogenic prematurity (when surgery is performed because of an error in determining the due date)
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When a cesarean is necessary, it can be a lifesaving procedure for both mother and baby. Modern psychological advances such as negative feelings, fear, guilt, anger and postpartum depression are common consequences of both emergent and elective cesarean sections. A cesarean section is usually indicated in the following situations:

- Complete placenta previa at term.
- Transverse lie at complete dilation.
- Previous cesarean delivery.
- Placenta abrupted.
- Uterine rupture.
- Prolapsed placenta.
- Placenta previa palpated.
- Hypertension
- Polyhydramnios
- Maternal diagnosis of diabetes
- Maternal age over 40
- Medical conditions such as heart disease, lung disease,

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