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 in which the risks of surgery will outweigh the risks of vaginal birth.
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Special Childbirth Issue

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Avoid a Cesarean: Know the Facts

Written by Pathways Magazine

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A cesarean section is major abdominal surgery used to deliver the baby of an infant through an incision in the mother's abdomen and uterus. The incision is made across the bottom of the abdomen above the pubic area (transverse) or as near the science, in a line from the belly button to the pubic area (vertical).

Many women give birth for a cesarean, especially prior to labor, can and should be questioned. These high cesarean rates include: large uterine tumors that block the cervix at complete dilation (most fibroids will move upwards as the cervix opens, making it out of baby's path), true fetal distress, confirmed with a fetal scalp sampling or biophysical profile, eclampsia or HELLP with failed induction of labor, transverse lie at complete dilation, complete placenta previa at term, transverse lie at complete dilation, low transverse uterine scar, large uterine tumor that blocks the cervix at complete dilation (most fibroids will move upwards as the cervix opens, making it out of baby's path), true fetal distress, confirmed with a fetal scalp sampling or biophysical profile, and scar tissue from a previous cesarean.

When a cesarean is necessary, it can be a lifesaving procedure for both mother and baby. Cesarean sections are major abdominal surgery, usually performed by an obstetrician and performed under general anesthesia. Cesareans can delay the opportunity for early mother-newborn interaction, breastfeeding and the establishment of family bonds.

One half of all women who have undergone a cesarean section suffer complications, and these complications and rehospitalization due to surgical complications. Rate of establishment and ongoing breastfeeding is reduced, psychological well-being is compromised and there is an increased rate of emotional breakdowns. Mental health complications from true cesarean sections are common and may include depression, anxiety disorders and postnatal psychiatric disturbances. Cesareans also increase the odds of secondary infertility, miscarriage and ectopic pregnancy in subsequent pregnancies.

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A cesarean poses documented medical risks to the mother's health. These risks include: infections, blood loss and hemorrhage, hypotension, transfusions, bladder and bowel injury, intravascular emboli, heart and lung complications, blood clots in the lungs, wound complications and sepsis due to surgical complications. Rate of establishment and ongoing breastfeeding is reduced, psychological well-being is compromised and there is an increased rate of emotional breakdowns. Mental health complications from true cesarean sections are common and may include depression, anxiety disorders and postnatal psychiatric disturbances. These complications pose life-threatening risks to mother and baby. Cesareans also increase the odds of secondary infertility, miscarriage and ectopic pregnancy in subsequent pregnancies.

Uterine rupture is a potentially life-threatening complication of cesarean delivery. The risk of uterine rupture is less than one in 1,000 with a cesarean delivery performed for an indication other than the frank breech. However, the risk of uterine rupture is greater with an emergency cesarean performed for true fetal distress or other indications. The risk of uterine rupture in a mother with a prior cesarean is much less than the risk to your infant from respiratory distress as a result of a scheduled cesarean.

The risk to your 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 risk to your 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.

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. Ongoing breastfeeding is reduced, psychological well-being is compromised and there is an increased rate of emotional breakdowns. Mental health complications from true cesarean sections are common and may include depression, anxiety disorders and postnatal psychiatric disturbances. Cesarean rates are influenced by many factors, including individual philosophy and training, convenience of doctor or patient, the patient's socioeconomic status, peer pressure, and the patient's individual needs. These factors include: individual philosophy and training, convenience of doctor or patient, the patient's socioeconomic status, peer pressure, and the patient's individual needs.

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