

# Cesarean Delivery (C-section)

A **cesarean** [sis-AIR-ee-uhn] **delivery** — often called a **C-section** — is the surgical delivery of a baby through the abdomen (belly). C-sections are usually done to protect the health of the baby or mother in situations where a vaginal birth might be risky.

## When is a C-section recommended?

Your doctor or midwife may suggest a C-section to protect your health or your baby’s health (or both).

**If the reason for the C-section is known before you go into labor**, the surgery can be scheduled in advance. When possible, your doctors will schedule your C-section after 39 weeks. Common reasons for a **scheduled C-section** include:

- **Your baby is in breech** (feet-first or bottom-first) or transverse (sideways) position in the uterus — not the head-down position that’s best for vaginal delivery.
- **Your baby has a birth defect**, such as hydrocephalus [high-druh-SEF-uh-lus] or spina bifida [spy-nuh BIF-i-duh], that could complicate a vaginal birth.
- **You have placenta previa** [plah-SEN-ta PREH-vee-uh], which is when the tissue connecting you and your baby in the uterus (the placenta) is covering all or part of the opening to the birth canal.
- **You have a condition that makes vaginal delivery more risky** for you or your baby (for example, HIV or active genital herpes).
- **You’re pregnant with more than one baby.**
- **You had a C-section for a past pregnancy**, or you’ve had some other surgery on your uterus.

Sometimes unexpected concerns or problems arise during a pregnancy or labor, and an **unplanned (emergency) C-section** is recommended. Common reasons for **unplanned C-sections** include:

- **Your baby’s head or body is too big to fit through the birth canal.**
- **Your labor stops or isn’t progressing** as it should, even with medicines.
- **The placenta pulls away from the wall of the uterus too soon** (placental abruption), cutting off oxygen to your baby.
- **The umbilical cord becomes pinched** or drops into the birth canal ahead of your baby (umbilical cord prolapse), which can lower the baby’s oxygen supply.
- **There are changes in your baby’s heart rate** that suggest that your baby may not be getting enough oxygen.

If a C-section delivery is recommended for you, your doctor or midwife will explain the specific reason. Listen and ask questions. Unless it’s an emergency, you can get a second opinion from another provider.

## Talking with your healthcare providers about a scheduled C-section

The table below lists the most common possible benefits, risks, and alternatives for a scheduled C-section. Other benefits and risks may apply in your unique medical situation. Talk with your healthcare provider to learn more.

Possible benefits	Possible risks and complications	Alternatives
<p><b>If you have a planned (scheduled) C-section, potential benefits include:</b></p> <p>No labor pain Convenience (can schedule the delivery)</p>	<p><b>For the mother, C-section is a major surgery.</b> Compared to a vaginal delivery, the recovery time is longer. Possible complications include:</p> <ul style="list-style-type: none"> <li>• Infection</li> <li>• Need for a blood transfusion</li> <li>• Injury to the bladder or other internal organs</li> <li>• Blood clots in the legs or lungs</li> <li>• Brain damage or death (very rare)</li> <li>• Increased likelihood of needing C-sections for future deliveries.</li> </ul> <p><b>For the baby, risks and potential complications include:</b></p> <ul style="list-style-type: none"> <li>• Increased chance of breathing problems</li> <li>• Extreme sleepiness after delivery (if mother receives general anesthesia)</li> </ul>	<p>Vaginal delivery (may not be a safe in some cases)</p>

## How is a C-section done?

Here is what you can generally expect before, during, and after a scheduled C-section. (Details of your procedure may differ depending on your specific situation. Your medical team will do their best to keep you informed and answer your questions.)

### BEFORE

- **Monitors.** The medical team sets up monitors to keep track of your breathing, heart rate, and blood pressure during the surgery.
- **Catheter.** A catheter (thin, flexible tube) is placed through your urethra into your bladder to drain your urine.
- **IV.** A catheter placed through a needle into a vein in your hand or arm. The IV allows the team to give you medicine or fluids when you need them.
- **Anesthesia.** You get an epidural or spinal anesthesia. This medicine numbs the body from the chest to the feet so the procedure is painless. Most women are able to be (and choose to be) awake during the surgery.
- **Wash and trim.** Your abdomen is washed, and any hair around your incision area may be trimmed short with hair trimmers. Before surgery, **do not shave or wax** near the surgery area. Shaving or waxing can irritate the skin, which can lead to infection.
- **Screen.** The team will set up a screen between you and the surgical site. Ask your nurse about the possibility of viewing the birth through a window in the drape.

### DURING

- **Support person.** A support person that you choose — your partner or another adult — is able to be in the operating room (unless you need general anesthesia). This person can stay with you during the entire procedure.
- **Incision and delivery.** A doctor makes an incision (cut) across the lower part of your abdomen, just above the pubic area. The doctor parts the abdominal muscles to reach the uterus, cuts open the uterus and the amniotic sac (the fluid-filled sac surrounding your baby in your uterus), and lifts your baby out.

- **First moments of life.** As soon as the baby is delivered, the medical team will clear fluid from the baby's nose and mouth and cuts the umbilical cord. The team will check the baby's breathing and make sure the baby is stable. If everything's okay, you'll see and hold your baby.
- **Speak to your nurse if you would like to hold your baby skin-to-skin soon after birth.**
- **Finishing the surgery.** The doctor will remove the placenta and then stitch together the uterus and other layers of tissue with dissolvable stitches. The doctor then closes your abdominal incision with stitches or staples.

### AFTER

- **Rooming in.** You and your baby will share a room in the hospital. This helps you get to know each other and supports breastfeeding. You'll stay in the hospital with your baby for about 3 days.
- **Breastfeeding.** Your nurses will help you breastfeed if you need it. (Sometimes pain from a C-section can make early feedings more difficult.)
- **Pain medicine.** As the anesthesia from the surgery wears off, you may need medicine to help control the pain.
- **Walking.** Your providers will encourage you to get out of bed and move around. Short walks helps ease constipation and may prevent a blood clot.
- **Frequent checks.** Your providers will monitor you for any signs of an infection, a blood clot, or other possible complications.

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