



CESAREAN SECTION

There are many reasons why a Cesarean section might be chosen as the safest way to deliver a baby.

1. Cephalopelvic Disproportion (CPD) – This is a condition in which the baby is too large to pass safely through the mother's pelvis. This could be because of either a large baby or a small mother. It also could result from the positioning of the baby's head in the mother's pelvis.
2. Fetal Distress – Throughout labor we will monitor the fetal heart tones closely. Monitoring may detect a change in the heartbeat indicating stress in the baby. If this stress is severe enough, a Cesarean section may be indicated.
3. Placental (Afterbirth) Problems – This is quite often suggested by excessive vaginal bleeding. The placenta may separate from the womb and cause bleeding. Also, the location of the placenta may cause bleeding.
4. Presentation - The baby may present feet first or bottom first. In these cases, we say the baby is in a breech presentation. Usually, these babies are better born by Cesarean section.
5. Other Indications - There are other reasons for which Cesarean birth may be preferred over vaginal birth. Medical illnesses such as diabetes or high blood pressure may require delivery at a time when vaginal delivery cannot be safely performed. Some postdate pregnancies are better delivered by Cesarean section.

While the great majority of babies are born vaginally, sometimes it is necessary for a baby to be born by Cesarean section. A Cesarean birth may be planned in advance or it may be necessary because of situations that arise during labor. Because there is a possibility that anyone may have to undergo a Cesarean section, we think it is helpful for all our patients to know something about this procedure.

Patients that have had a Cesarean section in the past may need another C-section when they get pregnant again. Many of these, however, can be delivered vaginally.

Prior to a Cesarean section the nurse will prepare you for the operation. The lower part of your abdomen will be washed and shaved. A catheter will be placed in your bladder to keep the bladder empty. This decreases the chance of injury to the bladder during the operation. An IV will be placed in your hand or arm so that medicine and fluid can be given during the operation.

During the operation you will be given an anesthetic. You may be put to sleep (general anesthesia) with medicine through your IV. Other patients might have an epidural or spinal block for their anesthetic. The choice of anesthesia will most frequently be left to the patient. At times it will be necessary for the doctors to make this decision.

At times it is possible for the patient's husband to accompany her to the operating room. This must be arranged in advance. There is a film that has to be seen and a form to be filled out.

A Cesarean section is begun by the doctor making an incision on the abdomen. This can either be a vertical incision from the navel to the pubic bone or it may be a transverse incision that extends side to side just above the pubic hairline (bikini cut). A second incision is then made in the wall of the uterus. This incision also may be either vertical or transverse. It is preferable for the uterine incision to be transverse; however, sometimes it is necessary for this to be vertical.

As in any surgical procedure, there are risks to a Cesarean section. You may develop infection of the uterus or nearby pelvic organs. You may experience excessive blood loss and indeed may need to have a blood transfusion. Blood clots of the legs, pelvic organs, and sometimes the lungs, are possible; however, this is unlikely. Anesthetic complications are also possible. Usually a postoperative stay of about 2-3 days is necessary after a Cesarean section.