

PATIENT EDUCATION



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Labor, Delivery, and Postpartum Care • EP006

Cesarean Birth

Most babies enter the world through the birth canal (vagina). However, in about one third of cases, a baby is born by cesarean delivery. This means the baby is delivered through an incision in the mother's abdomen and **uterus**.

This pamphlet explains

- *why cesarean birth may be needed*
- *what it involves*
- *what happens after your baby is born*

Reasons for a Cesarean Birth

There are many reasons why a cesarean birth may be used to deliver your baby. It may be the best approach for both you and your baby. A cesarean delivery may be planned in advance when certain conditions are known. Problems also can arise before or during labor that require cesarean birth. Many reasons are discussed below, and others are listed in the box.

Sometimes a woman requests a cesarean delivery. This is a complex decision that should be carefully considered and discussed with an **obstetrician-gynecologist (ob-gyn)** or other health care professional.

Failure of Labor to Progress

About one third of cesarean births are done because labor slows down or stops. In these cases, contractions may not open the cervix enough for the baby to move into the vagina. The ob-gyn or other health care professional may start or speed up labor with medication if labor is moving slowly. It may be several hours before the ob-gyn or other health care professional decides that a cesarean birth is needed.

Concern for the Baby

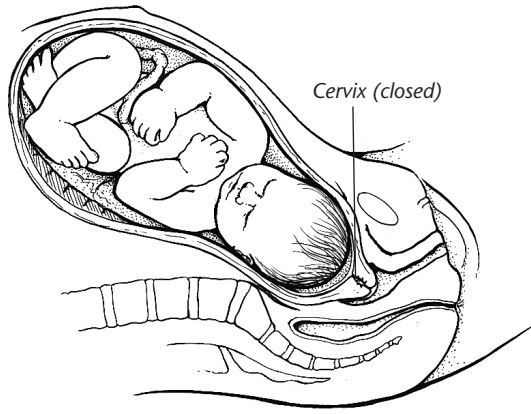
During labor, problems may be found and the baby may need to be delivered by cesarean birth. For instance, the **umbilical cord** may become pinched or compressed. **Fetal monitoring** may detect an abnormal heart rate. If this problem continues, a cesarean birth may become necessary.

Multiple Pregnancy

Many women having twins are able to have a vaginal delivery. However, if the babies are being born too early, are not in good positions in the uterus, or if other problems are present, a cesarean birth may be needed. When there are three or more babies, deliveries are almost always cesarean.

Problems With the Placenta

Placenta previa is a condition in which the **placenta** is below the baby and covers all or part of the cervix. This will block the baby's exit from the uterus. Another problem that may arise is placental abruption. This is when the placenta separates from the



Labor may not progress because the cervix does not open enough for the baby to pass through.

uterus before the baby is born and slows the flow of oxygen to the baby. Both of these conditions can cause heavy bleeding and require a cesarean birth.

Previous Cesarean Birth

Having had a cesarean birth before plays a part in whether you will need to have one again. Women who have had a previous cesarean birth may be able to give birth vaginally. The decision depends on the type of incision used in the previous cesarean delivery, the number of previous cesarean deliveries, whether you have any conditions that make a vaginal delivery risky, and the type of hospital in which you have your baby, as well as other factors. Talk to your ob-gyn or other health care professional about your options.

At the Mother's Request

Some women may request a cesarean delivery even if a vaginal delivery is an option. Reasons for this request may include fear of labor pain or concern about future **incontinence** or other pelvic problems. This decision should be weighed carefully and discussed with your doctor. As with any surgery, there are risks and complications to consider (see "Complications"). Your hospital stay may be longer than with a vaginal birth. Also, the more cesarean births a woman has, the greater her risk for some medical problems and problems with future pregnancies. This may not be a good option for women who want to have more children.

Other Possible Reasons for Cesarean Birth

- A very large baby
- **Breech presentation**
- Maternal infections (such as human immunodeficiency virus or herpes)
- Maternal medical conditions (such as **diabetes mellitus** or high blood pressure)

The Procedure

In most hospitals, your birth partner may stay with you in the operating room for the cesarean birth. However, this may depend on whether you are awake for the surgery and the urgency of the surgery. In some cases, cesarean birth may be done as an emergency and there is not time to prepare in advance.

Preparation

Before you have a cesarean delivery, a nurse will prepare you for the operation. You may be given a medication that will help reduce acid in your stomach. This will help prevent stomach acids from entering your lungs and causing problems. Your abdomen will be washed, and your pubic hair may be clipped or trimmed.

A catheter (tube) is then placed in your urethra to drain your bladder. Keeping the bladder empty lowers the chance of injuring it during surgery. An intravenous (IV) line will be put in a vein in your arm or hand. This allows you to get fluids and medications during the surgery.

Anesthesia

Anesthesia will be given so that you do not feel pain during surgery. You will be given either general anesthesia, an **epidural block**, or a spinal block. If general anesthesia is used, you will not be awake during the delivery.

An epidural block numbs the lower half of the body. An injection is made into a space in your spine in your lower back. A small tube may be inserted into this space so that more of the drug can be given through the tube later, if needed. That way, you will not need to be given another injection. A spinal block is similar to the epidural block. It also numbs the lower half of your body. You receive it the same way, but the drug is injected directly into the spinal fluid.

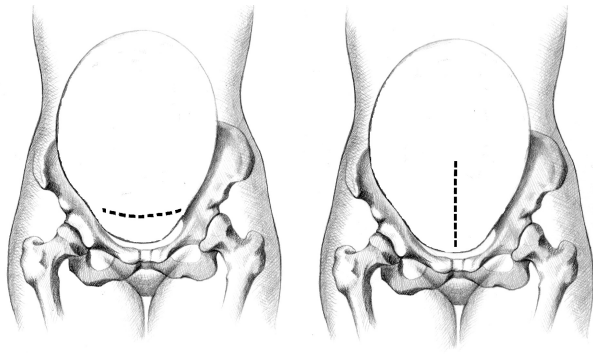
The type of anesthesia used depends on many factors, including your well-being and that of your baby. The doctor will talk with you about the types of anesthesia.

Delivery

The ob-gyn or other health care professional will make a cut (incision) through your skin and the wall of the abdomen. The skin incision may be transverse (horizontal or "bikini") or vertical. The muscles in your abdomen are separated and may not need to be cut. Another incision will be made in the wall of the uterus. The incision in the wall of the uterus also will be either transverse or vertical.

When possible, a transverse incision in the uterus is preferred because it is done in the lower, thinner part of the uterus and results in less bleeding. It also heals better. Sometimes, a vertical incision is needed—for instance, if you have a very preterm baby and the baby's head is not in the vertex (head down) position.

The baby will be delivered through the incisions, the umbilical cord will be cut, and then the placenta will be removed. The uterus will be closed with stitches that will dissolve in the body. Stitches or staples are used to close your abdominal skin.



The cut made in the uterine wall for cesarean birth may be transverse (left) or vertical (right). The type of cut made in the skin may not be the same type of cut made in the uterus.

Complications

Like any major surgery, cesarean birth involves risks. These problems occur in a small number of women and usually are easily treated:

- The uterus, nearby pelvic organs, or skin incision can get infected.
- You can lose blood, sometimes enough to require a blood transfusion.
- You can develop blood clots in the legs, pelvic organs, or lungs.
- Your bowel or bladder can be injured.
- You can have a reaction to the medications or types of anesthesia that are used.

After Delivery

If you are awake for the surgery, you can probably hold your baby right away. You will be taken to a recovery room or directly to your room. Your blood pressure, pulse rate, breathing rate, amount of bleeding, and abdomen will be checked regularly.

If you are planning on breastfeeding, be sure to let your doctor know. Having a cesarean delivery does not mean you will not be able to breastfeed your baby. You should be able to begin breastfeeding right away.

You may need to stay in bed for a while. The first few times you get out of bed, a nurse or other adult should help you.

Soon after surgery, the catheter is removed from the bladder. You will receive IV fluids after your delivery until you are able to eat and drink. The abdominal incision will be sore for the first few days. Your doctor can prescribe pain medication for you to take after the anesthesia wears off. A heating pad may be helpful. There are many different ways to control pain. Talk with your ob-gyn or other health care professional about your options.

A hospital stay after a cesarean birth usually is 2–4 days. The length of your stay depends on the reason for the

cesarean birth and on how long it takes for your body to recover. When you go home, you may need to take special care of yourself and limit your activities. Your ob-gyn, other health care professional, or nurse will give you instructions.

After You Go Home

It will take a few weeks for your abdomen to heal. While you recover, you may have:

- Mild cramping, especially if you are breastfeeding
- Bleeding or discharge for about 4–6 weeks
- Bleeding with clots and cramps
- Pain in the incision

To prevent infection, for a few weeks after the cesarean birth you should not place anything in your vagina or have sex. Allow time to heal before doing any strenuous activity. Call your ob-gyn or other health care professional if you have a fever, heavy bleeding, or the pain gets worse.

Finally...

There are many reasons why a cesarean birth may be needed to deliver your baby. If you have questions or concerns about cesarean birth, talk with your ob-gyn or other health care professional.

Glossary

Anesthesia: Relief of pain by loss of sensation.

Breech Presentation: A position in which the feet or buttocks of the fetus would be born first.

Diabetes Mellitus: A condition in which the levels of sugar in the blood are too high.

Epidural Block: A type of regional anesthesia or analgesia in which pain medications are given through a tube placed in the space at the base of the spine.

Fetal Monitoring: Procedures used to evaluate the well-being of the fetus.

Incontinence: Involuntary leakage of urine, feces, or gas.

Obstetrician–Gynecologist (Ob-Gyn): A physician with special skills, training, and education in women’s health.

Placenta: Tissue that provides nourishment to and takes away waste from the fetus.

Umbilical Cord: A cord-like structure containing blood vessels that connects the fetus to the placenta.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

This Patient Education Pamphlet was developed by the American College of Obstetricians and Gynecologists. Designed as an aid to patients, it sets forth current information and opinions on subjects related to women's health. The average readability level of the series, based on the Fry formula, is grade 6–8. The Suitability Assessment of Materials (SAM) instrument rates the pamphlets as “superior.” To ensure the information is current and accurate, the pamphlets are reviewed every 18 months. The information in this pamphlet does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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ISSN 1074-8601

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