SHARE WITH WOMEN

SHOULD I HAVE A CESAREAN SECTION?

What Is a Cesarean Section?
A cesarean section, or C-section, is major surgery that is done to deliver a baby through the abdomen. A doctor makes a 6- to 7-inch-long cut through the skin and muscle of the abdomen. Then the doctor makes a 5- to 6-inch cut in the uterus. The doctor puts his or her hand into the uterus through the cut and pulls the baby out. Usually the cut is made across the lower abdomen between the hip bones. This is called a low-transverse C-section. If the cut goes up and down, it is called a “classic C-section.”

Why Are C-sections Done?
Most of the time, C-sections are done when labor is not proceeding normally. If you or your baby has severe trouble during labor, your health care provider will talk with you and your family about the possibility of a C-section. Then, together, you will decide on the best plan: continue labor or have a C-section. Sometimes, problems develop so quickly a C-section needs to be done as an emergency operation. In that case, there will not be time to allow labor to continue, and a C-section will be done immediately. Occasionally, a C-section is planned ahead and done before you go into labor. Most women do not need a C-section.

Will I Need a C-section?
If you have had a C-section before, you should talk with your health care provider during your pregnancy about the safest way to give birth this time. Your health care provider may offer you the choice of a C-section or vaginal birth (vaginal birth after C-section, or VBAC). Other reasons for planning a C-section before labor starts are shown on the chart on the flip side of this sheet.

Can I Choose to Have a C-section?
Unless you have one of the problems listed on the flip side of this page, vaginal birth is safer than a C-section for both you and your baby.

Isn’t a C-section Safe?
C-sections are often considered a “safe surgery” because women having babies are usually healthy and able to recover easily. However, any surgery has some risk. Women who have C-sections have a higher risk of heavy bleeding and infection after the birth of the baby. There is also some added risk from having anesthesia. The major risk to you from having a C-section occurs the next time you are pregnant. In the next pregnancy, there is a higher chance of placenta previa (a placenta that partly or completely covers the cervix, which is the mouth of the uterus) or placenta accreta (a placenta that grows too deeply into the wall of the uterus). Either of these placenta problems can cause severe bleeding that is very dangerous for you and your baby. New studies also show a higher chance of stillbirth in women who are pregnant again after having a C-section. If you need a C-section, your health care provider will talk to you about the risks in more detail.

I’ve Heard That Some Women Have a C-section to Avoid Problems With Leaking Urine Later in Life. Is This a Good Reason to Have a C-section?
There have been many studies trying to find out which is the safest way to have a baby. At this time, there is no proof that having a C-section is safer or protects against future problems with leaking urine or stool, or uterine prolapse. Because there are more medical risks for women who have a C-section compared to women who have a vaginal birth, vaginal birth is safer.
For More Information

The National Institutes for Clinical Excellence in the United Kingdom has issued these guidelines for women who may need a C-section. This group reviews all the scientific evidence and summarizes the best practices for you and for your providers. This Web site has several documents that cover C-sections. [www.nice.org.uk/Docref.asp?d=94772](http://www.nice.org.uk/Docref.asp?d=94772)

The Coalition to Improve Maternity Services has an excellent fact sheet that summarizes the risks of cesarean section. [http://www.motherfriendly.org/](http://www.motherfriendly.org/)


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