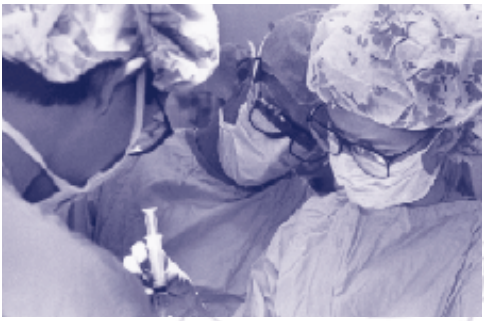
When You Need an Operation...

About

cesarean childbirth

Delivery of a baby through a surgical incision in the mother's abdominal wall and uterus



7

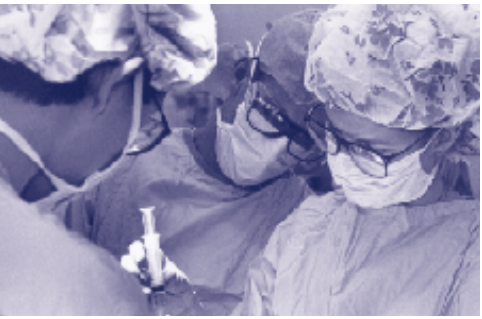
american college of surgeons

About cesarean childbirth

(se-sa'-re-an)

Cesarean section refers to the delivery of a baby through a surgical incision in the mother's lower abdominal wall and uterus, rather than through the vagina. This booklet will explain:

- Why you may need to have a cesarean section.
- How a cesarean section is performed.
- What to expect after the operation.



Remember that each individual is different, and the outcome of any operation depends upon the patient's individual condition.

This booklet is not intended to take the place of the professional expertise of a qualified obstetrician who is familiar with your situation. After reading this booklet, you should discuss any questions you may have openly and honestly with your obstetrician.

about cesarean section

A cesarean section is performed only after an obstetrician has carefully weighed the factors involved in a woman's pregnancy and has decided that performing a cesarean section is necessary. The indication for cesarean section may be evident at any time during the prenatal course. For the most part, the need for a cesarean section is evident only after the onset of labor, either in the early stage or after a woman has been in labor for a while.

why cesarean section?

The presence of several conditions during pregnancy or labor may necessitate a cesarean section. Some of the most common conditions for which a cesarean section may be advised are:

1. Prolonged or Ineffective Labor. When labor is prolonged for various reasons, including insufficient contractions of the uterus, a cesarean section may be necessary to speed the birth process.

2. Placenta Previa. This condition exists when the placenta (or afterbirth) becomes positioned abnormally low within the uterus and there is a possibility that it could completely block the cervix. This condition could prevent the baby from advancing through the birth canal and it also could cause hemorrhaging (severe bleeding).

3. Placenta Abruptia. Occasionally, the placenta can suddenly separate from the wall of the uterus prior to the delivery of the baby, possibly causing the mother to hemorrhage, and the baby to have an abnormal heart rate.

4. Disproportion. This condition occurs when the baby's head is too large or the mother's birth canal is too small to allow for a safe vaginal delivery.

5. Abnormal Presentation. In some instances, the baby's position in the uterus may make vaginal delivery dangerous. This problem may occur when the baby is in a breech (buttocks or feet first) or traverse (side or shoulder first) position.

6. Prolapsed Cord. This condition exists when the umbilical cord precedes the baby through the vagina during labor. A prolapsed cord could strangle the baby as it is being born, or block the baby's progress through the vagina during a vaginal delivery.

7. Fetal Distress. If the baby has a slow or very rapid heart rate, deceleration of heart rate, or a heartbeat that does not fluctuate, it may be advisable to speed the delivery by performing a cesarean section.

8. Medical Problems. The mother may have medical problems, such as diabetes, genital herpes, hypertension, cardiac disease, toxemia, or ovarian or uterine cysts or tumors that could make labor hazardous to both the mother and the baby.

9. Multiple Births. Multiple births, such as twins and triplets, may sometimes be delivered more safely by cesarean section (particularly if one or more of the babies' position in the uterus will result in an abnormal presentation).

10. Previous Cesarean Delivery. Previously, women who had one cesarean birth would deliver subsequent births by the same method. Now, however, it is estimated that as many as 60 percent of women who have had a cesarean section may be able to have a successful vaginal delivery.

A subsequent vaginal delivery is an option that must be discussed with a qualified obstetrician.

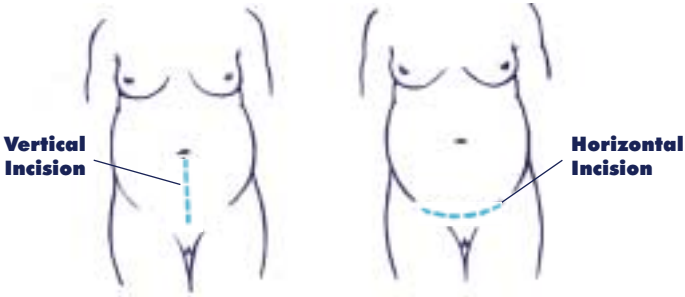
11. Birth Defects. Some babies with birth defects diagnosed by ultrasound have a better outcome when delivered by cesarean section. The risks and benefits should be discussed with a qualified obstetrician.

Although any of these conditions may make a cesarean section advisable, they do not necessarily rule out the possibility of a normal vaginal delivery.

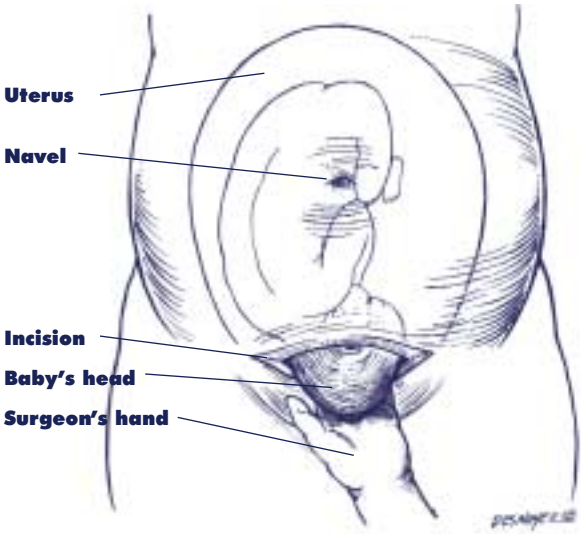
about the operation

It is estimated that cesarean section is performed in approximately one out of every five deliveries in the United States; in most instances, it is not considered a dangerous or risky procedure.

While the type of anesthesia used for a cesarean section is determined by the condition of the mother and baby, in most cases either a spinal or epidural anesthetic is administered to numb the mother's legs and abdomen. Either anesthetic will allow the mother to remain awake without feeling pain. Sometimes, however, a general anesthetic that allows the mother to be asleep during the operation may be preferable.



Two types of abdominal skin incisions can be used for a cesarean section. The vertical or longitudinal incision extends from the navel to the pubic hair line. The transverse, or horizontal incision (also known as the "bikini cut"), runs across the pubic hair line. After making the first incision, the obstetrician usually makes a horizontal incision on the lower part of the uterus.



The obstetrician then gently removes the baby and the placenta from the uterus. The incision in the mother's uterus is then tightly sutured, and the abdomen is closed in the same manner that is used for any other operation.

recovery

The average hospital stay after a cesarean section may be from three to five days. Most patients are encouraged to get out of bed the day after the operation or earlier and are able to return to normal activities in approximately four to six weeks.

Reviewed by:

John A. Rock, MD, FACS
Professor and Chair
Department of Gynecology and Obstetrics
Emory University School of Medicine
Atlanta, GA

Cover photo courtesy of University of Arizona Health Sciences Center, Tucson, AZ.

When You Need an Operation...

surgery by surgeons

A fully trained surgeon is a physician who, after medical school, has gone through years of training in an accredited residency program to learn the specialized skills of a surgeon. One good sign of a surgeon's competence is certification by a national surgical board approved by the American Board of Medical Specialities. All such board-certified surgeons have satisfactorily completed an approved residency training program and have passed a rigorous specialty examination.

The letters F.A.C.S. (Fellow of the American College of Surgeons) after a surgeon's name are a further indication of a physician's qualifications. Surgeons who become Fellows of the College have passed a comprehensive evaluation of their education, training, and professional qualifications, and their credentials have been found to be consistent with the standards established and demanded by the College.

Prepared as a public service by the
American College of Surgeons
633 N. Saint Clair St.
Chicago, IL 60611-3211
Visit us at our Web site
www.facs.org