

Things You Can Do to Avoid an Unnecessary Cesarean

The Public Citizen Health Research Group in Washington, D.C. has estimated that half of the nearly 1 million cesareans performed every year are medically unnecessary. With more appropriate care during pregnancy, labor, and delivery, half of the cesareans could have been avoided. Clearly, there are times when cesareans are necessary. However, cesareans increase the risk to both mothers and babies. These are suggestions of things you can do to avoid an unnecessary cesarean and can help insure that your birth experience is as healthy and positive as possible.

BEFORE LABOR

- Read and educate yourself, attend classes and workshops inside and outside the hospital.
- Research and prepare a birth plan. Discuss your birth plan with your midwife or doctor and submit copies to your hospital or birth center.
- Interview more than one care provider. Ask key questions and see how your probing influences their attitude. Are they defensive or are they pleased by your interest?
- Ask your care provider if there is a set time limit for labor and second stage pushing. See what s/he feels can interfere with the normal process of labor.
- Tour more than one birth facility. Note their differences and ask about their cesarean rate, VBAC protocol, etc.
- Become aware of your rights as a pregnant woman.
- Find a labor support person. Interview more than one. A recent medical journal article showed that labor support can significantly reduce the risk of cesarean.
- Help ensure a healthy baby and mother by eating a well-balanced diet.
- If your baby is breech, ask your care provider about exercises to turn the baby, external version (turning the baby with hands), and vaginal breech delivery. You may want to seek a second opinion.
- If you had a cesarean, seriously consider VBAC. According to the American College of Obstetricians & Gynecologist, VBAC is safer in most cases than a scheduled repeat cesarean and up to 80% of woman with prior cesareans can go on to birth their subsequent babies vaginally.

DURING LABOR

- Stay at home as long as possible. Walk and change positions frequently. Labor in the position most comfortable for you.
- Continue to eat and drink lightly, especially during early labor, to provide energy.
- Avoid pitocin augmentation for a slow labor. As an alternative, you may want to try nipple stimulation.
- If your bag of water breaks, don't let anyone do a vaginal examination unless medically indicated for a specific reason. The risk of infection increases with each examination. Discuss with your care provider how to monitor for signs of infection.
- Request intermittent electronic fetal monitoring or the use of a fetoscope. Medical research has shown that continuous electronic fetal monitoring can increase the risk of cesarean without related improvement in outcome for the baby.
- Avoid using an epidural. Medical research has shown that epidurals can slow down labor and cause complications for the mother and baby. If you do have an epidural and have trouble pushing, ask to take a break from pushing until the epidural has worn off some and then resume pushing.
- Do not arrive at the hospital too early. If you are still in the early stages of labor when you get to the hospital, instead of being admitted, walk around the hospital or go home and rest.
- Find out the risks and benefits of routine and emergency procedures before you are faced with them. When faced with any procedure, find out why it is being used in your case, what are the short and long term effects on you and your baby, and what are your other options.
- Remember, nothing is absolute. If you have doubts, trust your instincts. Do not be afraid to assert yourself. Accept responsibility for your requests and decisions.

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Position Statement: Elective Cesarean Sections Riskier than Vaginal Birth for Babies and Mothers

by Jill MacCorkle, ICAN Clarion Editor

Recently, a few physicians have claimed that elective primary cesareans and elective repeat cesareans are safer for babies, and even for mothers, than vaginal birth.^{1,2} While selective use of the medical literature might seem to back up this claim, a review of the studies which consider short- and long-term risks of cesareans does not. Elective cesareans put babies and mothers at risk, use valuable and limited healthcare resources, have negative psychological and financial consequences for families, and substantially increase serious risks in subsequent pregnancies. The high rate of cesarean in the United States has not resulted in improved outcomes for babies or mothers. Additionally, vaginal birth after cesarean (VBAC) is still less risky for mothers and babies than cesarean section, despite recent claims to the contrary. ICAN is opposed to cesarean sections performed without true medical indication.

Risks to the baby from elective cesarean section:

- Babies delivered by elective cesarean have an increased risk of neonatal respiratory distress syndrome (RDS), a life-threatening condition,³⁻⁷ and other respiratory problems that may require NICU care.
- Babies delivered by elective cesarean have a five-fold increase in persistent pulmonary hypertension (PPH) over those born vaginally.⁶
- Babies delivered by elective cesarean are at increased risk of iatrogenic (physician-caused) prematurity, usually related to failure to conform to protocols for determining gestational age prior to delivery, or errors in estimating weeks of gestation even with the use of clinical data.^{7,8} Prematurity can have life-long effects on health and well-being, and even mild to moderate preterm births have serious health consequences.⁹
- Babies delivered by elective cesarean are cut by the surgeon's scalpel from two to six percent of the time.¹⁰ Researchers believe these risks to be underreported.

Risks to the mother from elective cesarean section:

- Up to 30% of women who have a cesarean acquire a postpartum infection. Infections are the most common maternal complication after cesarean section and account for substantial postnatal morbidity and prolonged hospital stay.¹¹
- Other serious complications for women undergoing cesarean include massive hemorrhage,¹² transfusions,¹³ ureter injury,¹⁴ injury to bowels,¹⁵ and incisional endometriosis.^{16,17}
- Women who undergo cesarean report much lower levels of health and well-being at seven weeks postpartum than women who have vaginal births.¹⁸
- Women who undergo cesarean section have twice the risk of rehospitalization for reasons such as infection, gallbladder disease, surgical wound complications, cardiopulmonary conditions, thromboembolic conditions, and appendicitis. Rehospitalization has a negative social and financial effect on the family.¹⁹
- Women who undergo cesarean section report less satisfaction than women having vaginal births.^{20,21}
- Women undergoing cesarean are at increased risk of hysterectomy in both the current and future pregnancies.^{22,23}
- The maternal death rate is twice as high for elective cesarean as for vaginal birth.²⁴
- In subsequent pregnancies, women with a prior cesarean have higher rates of serious placental abnormalities which endanger the life and health of the baby and the mother.²⁵⁻²⁷ Women are rarely told that a cesarean places future babies at higher risk.
- After cesarean section, women face higher rates of secondary infertility as well as higher rates of miscarriage and ectopic pregnancy.^{28,29}

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Vaginal Birth After Cesarean Checklist

Read good pregnancy and Vaginal Birth After Cesarean books. Two suggestions are: "The VBAC Companion" by Diana Korte and "Open Season" by Nancy Wainer Cohen.

Focus on good nutrition and exercise. Make a daily checklist to ensure you are getting essential nutrients. Engage in daily exercise such as swim, walk, yoga, prenatal fitness class- whatever feels good. For information on diet throughout pregnancy, we recommend reading, "What Every Pregnant Woman Should Know" by Dr. Tom Brewer and Gail Sforza Brewer or [The Brewer Diet](#).

Register for VBAC, refresher or another quality, independent prenatal program. Even though you may have taken classes in a previous pregnancy, an evening out together with your partner will help to prepare you both, promoting discussion, giving you ideas on coping with labor and bringing a focus to this baby and its birth.

Enlist the encouragement of a supportive care provider. Find a caregiver/hospital who ALREADY provide the options you want. Find someone who believes in VBACs, has a VBAC success rate over 75% and a cesarean rate that is lower than the community average. Consider having a midwife as your primary caregiver. Midwives have a very low rate of cesarean birth. If you are unsure about anything, get a second opinion. Trust your inner strength and knowledge.

Hire a doula/labor assistant/support person. It is worth every penny to be reassured during labor by someone who believes birth is a natural function. This person will have supportive non-medical skills to help you through labor for the birth you want. This person will assist you from your first contractions at home right through postpartum. A labor assistant, or doula, takes the pressure off fathers and family members so that the whole family can be supported.

Throughout pregnancy practice relaxation and visualization with exercises, tapes, massage, affirmations and touch. Use affirmations such as "Each contraction strengthens my baby and me." Or "I will birth my baby vaginally, naturally, and joyfully."

Write a birth plan. Discuss everything that is important to you with your care provider, putting it all into your birth plan. Make extra copies to be put in your chart. Know your hospital's VBAC policies and negotiate well before the birth for anything different. Things to consider when writing your birth plan are:

- Establish a safe, supportive birth environment to encourage labor.
- Try a variety of positions. Instead of lying down, try standing or walking. Squatting to push can be most effective. Try the birth ball. Try walking the halls. Try 'dancing' with your partner.
- Continue your calorie and fluid intake. Labor is work and takes energy. Far from eliminating the risk of aspiration with general anesthesia, total fasting (NPO) may increase the risk by raising the acidity of the stomach contents.
- Avoid medical intervention whenever possible. Continuous electronic fetal monitoring may restrict your movement. Ask for noninvasive options. Ask what will be done with the results.
- Artificial induction should be avoided, if possible. Medical induction is linked with high rupture rates and many interventions.

- Ask for time to try non-medical methods to stimulate labor if your labor is not progressing. These include change of position, walking, nipple stimulation, aromatherapy, acupressure. Every labor is different. Unless you dilated to five or six centimeters during a previous labor, consider this one your first labor.
- Avoiding an epidural may increase your chance for a vaginal birth. An epidural interferes with the baby being optimally lined up and will reduce your ability to push effectively. Try natural pain relief measures, such as: hot/cold compresses, bath/shower (once labor is established), tenns unit, massage, relaxation, guided imagery, birth ball. If you start to think you really need an epidural, give yourself a few more contractions, or request that you be checked one more time. You may be moving quickly into transition without realizing it.

Having a birth plan cannot guarantee that your wishes will be followed. Working with a careprovider who believes in birth is easier than fighting one who does not. No amount of demanding or asking nicely will get you the birth you want.

Many cesareans are done due to posterior or asynclitic presentation. Avoiding reclining positions prenatally. Read Val el Halta's "Posterior Presentation - A Pain in the Back" article and "Understanding and Teaching Optimal Fetal Positioning" by Jean Sutton and Pauline Scott.

Believe in yourself and the process of birth. Repeat affirmations to yourself constantly. Encourage yourself to believe that you are capable of delivering your baby vaginally. Get in touch with your inner self; your resources and abilities. Forget about your scar and focus on the positive aspects of your pregnancy.

Work on leftover negative emotions (guilt, disappointment, anger) from previous cesarean birth(s). Two wonderful books for this are Lynn Madsen's "Rebounding From Childbirth", and "Ended Beginnings" by Claudia Panuthos.

Learn to trust, cooperate with and listen to your body and baby. Listen to your own unique labor pattern.

Feel good about yourself and your relationship as a couple and keep a positive outlook.

Enlist the support of family and friends. Remember that according to medical studies VBAC is usually safer for both you and your baby than a repeat cesarean. Don't be afraid to let your family know how much you need their unconditional emotional support.

Attend VBAC support meetings and join national organizations. Through meetings and newsletters, you will hear from others who have been there, sharing their VBAC experiences. Read "The VBAC Experience" by Lynn Baptisti Richards, a collection of VBAC stories.

Having a VBAC is worth it! You can do it. Not everything is within our control – however, it is within all of us to prepare ourselves as best we can to maximize the chance of VBAC.

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