

Cesarean Birth (C-Section) Information Sheet

General indications for the proposed procedure/treatment:

Cesarean births can be planned. But in most cases, a cesarean is not expected. A cesarean may be needed because of concerns about the baby, the mother, or the baby's passage through the birth canal. Listed below are some of the reasons the patient may have a cesarean.

- A poor fit. The baby's head is poorly positioned or too large, which may prevent the baby from fitting through the birth canal. This is known as cephalopelvic disproportion (CPD).
- A baby in distress. The baby shows signs that he or she may not be able to stay healthy through the stresses of labor.
- Labor fails to progress. The cervix does not efface (thin) and dilate (open) enough. As a result, the baby cannot descend into the birth canal.
- The wrong position. The baby is in a breech position, with feet or buttocks descending first. Or the baby is lying sideways across the pelvis.
- More than one baby. With two or more babies, one is likely to be in the wrong position.
- Problems with the placenta. In some cases, the placenta (the organ that nourishes the baby) is between the baby's head and the birth canal (placenta previa). Or the placenta is pulling away from the uterus (placental abruption). Either makes vaginal birth risky.
- Maternal health problems. An ongoing health problem or one that arises during pregnancy can make a vaginal birth risky. Such health problems include diabetes, kidney disease, high blood pressure, and uterine fibroids.
- A baby with special needs. A health problem or birth defect can make labor or vaginal birth risky.
- An active vaginal infection. Herpes and other infections could infect the baby during the passage through the birth canal.

Description of Procedure:

A cesarean birth is the surgical delivery of a baby through an incision in the mother's abdomen. Cesarean births may be planned and scheduled. But, in many cases, a cesarean is unexpected. In any case, a cesarean is done to ensure the safest birth for both the mother and the baby.

The preparation for the birth is nearly the same whether scheduled or unscheduled. Surgery will begin shortly after the patient receives anesthesia. The patient will receive either regional or general anesthesia. Most cesareans are completed in less than an hour. During the birth, the healthcare team is with the patient, ready to take care of the mother and the newborn. The patient's partner may also be with the patient for the birth.

In a cesarean birth, incisions are made in both the skin and the uterus. Either incision may be transverse (from side to side) or vertical. The skin and uterine incisions may differ, but they are noted in the health records.

The skin incision is usually transverse (side to side). It is located at the pubic hairline. A vertical incision may be used if the patient has had this incision before or if the cesarean needs to be done quickly.

The uterine incision is almost always transverse. A transverse incision heals very well. This may allow for a future vaginal birth (VBAC). In certain cases, a vertical uterine incision may be made.

Once the incisions are made, the doctor presses on the top of the uterus and guides the baby through the incision. The cord will be clamped and cut. Then the placenta is lifted out through the incision.

Risk of the Procedure:

As with any surgery, cesarean birth has risks. The doctor will discuss the risks of cesarean. They may include bleeding, infection, injury to nearby organs, and/or an adverse reaction to anesthesia.

Procedure Alternatives, if any:

The alternative to a cesarean section would be vaginal delivery

Probable consequences of Refusing Procedure:

The probable consequences of refusing a cesarean section would be poor maternal or neonatal outcome

Person(s) Performing the Procedure:

The key portions of the procedure will be performed by a physician who is a member of the medical staff of Rush University Medical Center and/or a resident/fellow who is observed by a physician who is a member of the medical staff. Residents/Fellows are licensed physicians in approved residency or post residency training programs. Parts of the procedure which they perform will be based on their level of competency.