C-Section

Shakespeare used it as a dramatic turn in a play. Remember Macbeth, whose life could not be taken by "one of woman born"? Macbeth was able to accomplish the deed because he was "from his mother's womb untimely ripp'd," born by Cesarean section.

The operation goes back, far beyond the playwright's time. In ancient Rome, the word "caesero," meaning "to cut," probably gave rise to the name Caesar after a birth by this means in those days, the mother usually died afterwards from infection or hemorrhage.

Today, Cesarean section is safe and obstetricians are using it more frequently than ever before. The March of Dimes focus pm the subject is part of its overall interest in improving the outcome of pregnancy. Following are answers to some of the questions expectant mothers may have about this type of delivery.

Q. What is a Cesarean section?
A. As a result of certain complications of late pregnancy or when a mother's labor isn't going along as well as expected, her doctor may decide to remove the baby from her womb by cutting through the abdomen and uterus. This may save both the mother and the infant from possible damage.

With a breech presentation in a first pregnancy, many authorities advocate a Cesarean. This is especially true if the baby is large, the pelvis is in any way smaller than normal, or if labor is progressing poorly.

The hazards of this type of delivery are the usual risks of general surgery for the mother and in some case the risk of premature delivery for the baby. But with the modern equipment now available in many hospitals, doctors are better able to determine fetal maturity and wait for further growth whenever possible.

Q. Why might I need a Cesarean section?
A. There are many reasons and most of them can't be decided upon until your Doctor sees your progress during labor, for example the baby's head may be too large to pass through the bony pelvic arch.

Some conditions call for Cesarean section before labor has begun. Your doctor will be prepared for this possibility you have developed toxemia. If you are a diabetic, your doctor may decide on a section about three weeks before term to avoid complications. Or, if a lag in fetal growth suggests your baby is not receiving enough nutritious, your doctor may want to deliver hem by Cesarean.

Bleeding rate in pregnancy may warn of low implantation of the placenta. It could obstruct the lower uterus and cervix and prevent the baby's descent. This is called placenta previa and the bleeding comes from separation of the placenta from its uterine attachment. If it is just a slight separation there is no problem. But a major tear could be dangerous, unless the infant is delivered by Cesarean.

If the umbilical cord falls through the cervix before dilation is complete, the baby must be removed at once.

Q. How does the doctor know if I will need a Cesarean delivery?
A. Before more sophisticated equipment became available, a doctor could tell a great deal by listening with his stethoscope, by x-ray, and by noting signs, including unusual vaginal discharge. He also relied on his past experiences in similar cases.

Fetal and maternal monitoring, sonography, and other fetal maturity tests have taken most of the guesswork out of deciding when and if a Cesarean section is necessary. For example, a drop in the fetal heartbeat may or may not mean trouble. Yet in the past, it often prompted a doctor to deliver the baby surgically before waiting to see how serious the fetal heart change was. This sometimes resulted in an unnecessarily premature birth.

Fetal monitoring enables the doctor to record the heartbeats and get a sample of scalp blood from the fetus if he suspects that the baby is being endangered by labor. By sonography, the doctor may scan the fetus to measure his head. This gives him an idea of the baby's weight, which should be at least 5 ½ pounds.

Amniotic fluid can be measured for creatinine, a product of the fetal kidney, to help tell how close the baby

is to full term. The lecithin-sphingomyelin test measures fetal lung maturity. These are some of the means doctors now use to ready to leave the womb and survive in the light of day.

Q. How is a Cesarean section done?
A. In past years, an incision was made through the abdomen, then through the upper uterine wall. Because in subsequent pregnancies there was a slight tendency for the uterus to rupture before delivery, the incision is now made through the lower part of the uterus. This area stretches easily and is less involved during contractions, so future natural deliveries are less endangered.

Q. What about anesthesia for Cesarean birth?
A. Spinal anesthesia is most commonly used, but some doctors prefer a general anesthesia. Whatever the anesthesia, an important consideration is the mother's position on the operating room table. If she is flat on her back, she is resting on blood vessels, the table is now lifted about 10 or15 degrees to either side, or the patient is tilted by pushing pillows under one side.

Q. Is it harder to recover from a Cesarean than a regular delivery?
A. It may take longer because it is major surgery. It is subject to the same risks and precautions as major surgery. However, modern methods have minimized the risks so that recovery should be uncomplicated.

(In most cases, this type of delivery does not interfere with breast-feeding)

Q. Must I have a Cesarean for every delivery if I once have it?
A. No. Each pregnancy must justify the need. There are some doctors who still believe that a woman must always have Cesarean deliveries once she has had one. They fear possible uterine rupture during labor contractions. Most doctors, however, believe that the modern method of lower uterine incision makes rupture of the uterus far less likely.

Q. Can you have a Cesarean section by choice?
A. No. This is strictly up to the doctor. He makes the decision according to events of pregnancy or type of progress you make dating labor. He measures this progress with the help of modern diagnostic machines and techniques and decides on the method of delivery according to test results and his own judgment.

Q. Is there an increase in the number of Cesareans being done?
A. Yes. Now that most of the maternal mortality problems are under control, safety of the baby is getting more attention. If the baby is having too difficult a time during late pregnancy or in emerging from the womb, or if his oxygen supply is endangered, Cesarean section is preferred to a difficult forceps delivery.

Formerly, women were spared surgical delivery whenever possible because of fear that it would complicate the many pregnancies to follow. Now that women are having fewer children and the medical profession is increasingly concerned for each baby's welfare during labor and delivery. Cesarean section is often the preferred method of solving obstetrical problems.