# Reducing the Chance of a Cesarean

Let your labor start and progress on its own unless there are clear reasons for inducing labor. Move and change positions often during labor. Labor at home as long as possible. Work actively with your contractions. Keep up your energy by drinking fluids. Try lots of non-drug comfort measures before considering an epidural. If you have an epidural, continue to move constantly. See the "rollover technique" described on page 29. Let the epidural wear off if you cannot push effectively.

## Reasons for a Cesarean Section

If the baby does not fit through the pelvis due to the baby size or the size of the pelvis this is called cephalo-pelvic disproportion (CPD). If the labor does not seem to be progressing, pitocin is usually given to make the contractions stronger. If the cervix still does not open, an intrauterine pressure catheter is usually placed to confirm that the contractions are strong enough. If dilation remains the same for two to three hours despite strong labor, this is called "Failure to Dilate" and is an indication for a cesarean section. While pushing, if the baby remains at the same station (level) for more than one to two hours this is called "Failure to Descend".

Your baby may not tolerate labor, shown by decelerations or decreased variability on the electronic fetal monitor. A non-reassuring fetal heart rate can occur due to the umbilical cord being compromised or placental insufficiency. Cord compression can occur when the uterus contracts and compresses it. The cord may be wrapped around the baby in such a way that either it may be stretched while the baby descends though the birthing canal or if the amniotic fluid is low. If the delivery occurs after the due date, the placenta may calcify and be over-mature so blood flow and oxygen exchange may be decreased.

If the heart rate is non-reassuring, several interventions occur in an effort to continue a safe labor. You may be asked to turn on your side or be in an "all four" position. Always avoid lying *flat* on your back. You may be given oxygen by a mask. If the heart rate pattern suggests cord compression, an intrauterine pressure catheter may be inserted next to the baby in the uterus for an amnioinfusion. The catheter is very thin and will be able to measure your contraction intensity and also provides a mechanism for allowing sterile saline fluid to go in the uterus and mimic amniotic fluid. This may cushion the cord and minimize the decelerations.

If your baby is found to be in a breech position prior to the start of labor, ask your physician about the possibility of attempting a "version". A version is done in the hospital and is performed by the doctor. An intravenous line is started and medication is given to relax the uterus. The baby is manually rotated into the head-down position. Complications of version include abruption of the placenta and problems with the cord.

Other reasons for a cesarean section include breech presentation, twins (though some may deliver vaginally), active herpes lesion, previous cesarean section, previous uterine surgery (myomectomy). Placental problems may include placenta previa (the placenta covers the opening to the vagina), cord prolapse (the cord drops below the head and is compressed), placental abruption (the placenta separates from the uterus and causes hemorrhaging).

If the baby is felt to be so large (macrosomia) that a shoulder dystocia (trapped shoulder after delivery of the head) may occur, your physician may recommend a primary cesarean section without labor. Induction will be recommended to patients that go past their due date by one to two weeks to avoid post-maturity syndrome with the baby. This occurs when the placenta becomes over mature and there is decreased circulation to the baby. Meconium and distress can occur. If the cervix is unfavorable or a prolonged induction seems imminent, a cesarean section may be offered. Some patients may also elect to have a cesarean section for personal reasons.

## Possible Emotional Feeling of Cesarean Parents

It is important to talk to each other and feel comfortable with the reason for the cesarean section if one has been recommended. You should understand the indication by discussing it with your

physician. It is important to keep an open mind during labor as to different possibilities or outcomes. Unfortunately, every eventuality cannot be predicted.

Most parents feel excitement at the birth of the baby and relief that labor is over. Having a healthy baby helps with any disappointment that the birth experience did not meet expectations. If the mother feels guilt that she did something to cause the cesarean, she should discuss this with her physician. Most patients are relieved to find that cesarean sections are relatively quick (30 minutes), have minimal pain (narcotic in the anesthetic) and have a small scar (near the hair line).

## The Best Cesarean Possible

If you are having a planned cesarean, knowing what happens at the hospital should help make the birth more personally satisfying for you, your partner and your baby. Make sure that you understand and agree with the reasons for the cesarean. Once you are scheduled, you will be asked to arrive two hours before the procedure. Do not eat any food for eight hours prior to the surgery or have any water for four hours prior to the surgery time.

When you get to the hospital, your nurse will ask you your health history and start an IV. The IV prevents dehydration and nausea. You may receive some medication prior to the surgery to prevent nausea. When your obstetrician arrives, you will walk to the operating room with your partner. The baby will be monitored, Plexi-pulse (massage boots that help prevent blood clots) will be placed on your calves and you will get the spinal anesthetic.

You will see the baby and your partner can photograph the baby as it is delivered. The doctor cuts the cord and a nurse will take the baby to the room next door for Apgar scores and to bulb suction the amniotic fluid from the baby's mouth. Your partner can stay with the baby or with you. After the baby is examined briefly, the baby is returned to you for the remainder of your hospitalization.

During the cesarean, you should feel no pain. It is common to feel pressure as the baby is delivered. After the baby and placenta are delivered, the uterus is sutured and the incision is closed. No muscle is cut during the procedure so you should return to normal fairly quickly. If you are extremely anxious, the anesthesiologist can give you Versed to calm you after the baby has been delivered. The disadvantage to this is it may cause amnesia or make you sleepy.

Post-operative pain medications are available for after the birth. If you received intrathecal (spinal) narcotic in your spinal, you may only need Ibuprofen and an oral narcotic. If you did not receive intrathecal narcotic, you may request intramuscular or intravenous Demerol or Morphine. Some women worry about side effects of the medication on the baby. Since only very small amounts reach the baby, the side effects are minimal. The downside of avoiding pain medication is extreme pain which reduces your ability to move around and care for your baby. With adequate pain relief, you can have more normal interactions with your baby.

You should be able to move around soon after the spinal wears off. Using a pillow over the incision when you are sitting up or nursing reduces discomfort. To roll over in bed, the least painful way is to "bridge". To roll from back to side, first draw up your legs, one at a time so that your feet are flat on the bed. Then "bridge," that is, lift your hips off the bed, by pressing your feet into the bed. While your hips are raised, turn hips, legs and shoulders over to one side. This avoids strain on your incision. Some women also bring support or mild compression panties to wear after the surgery.

After delivery, your partner can stay with you in the hospital. The rooms are quite large and have a chair that converts into a bed so your partner can "room-in" with you the entire time. Your partner can help you with changing the baby's diapers, moving him from one breast to the other and carrying him. A nursery is available upon request at night if you would like the nurses to watch the baby while you are sleeping.

Having help at home is essential to a rapid recovery. If possible, someone in addition to your partner should help keep the household running smoothly. If that person knows about newborn care and feeding, all the better. Your family of three (or more) need nurturing and help during the first days and weeks to ease and speed your recovery and help you establish yourselves as a happy family.