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What is a cesarean section?

A cesarean section is an abdominal operation performed to deliver a baby. It may be done when delivery through the birth canal (vagina) is not possible or safe for you or the baby. Your healthcare provider makes a cut in the mother's abdomen and uterus to remove the baby. The uterus is the muscular organ at the top of the vagina. Babies develop in the uterus, and menstrual blood comes from the uterus.

This procedure is also called a C-section. In the US about 20% to 26% of all births are by C-section.

You and your healthcare provider should discuss C-section delivery during the early part of your pregnancy. This will help you prepare for it if it suddenly becomes necessary.



When is it used?

A C-section may be performed before labor begins if there are medical reasons for not having labor or a vaginal delivery. For example, the health of the mother or the baby may be in danger if the pregnancy continues or vaginal delivery might be impossible or unsafe.

A C-section may also be done when labor begins or during labor if certain problems occur. For example, if the lowest part of the baby is the baby's bottom, knees, or feet (breech), a C-section may be necessary, especially if it is your first baby.

For many women in labor, the cervix begins to dilate and then stops before it is fully dilated.

Oxytocin may be given to make the contractions stronger. Despite this drug, however, many women do not dilate fully and cannot deliver vaginally. Other women may dilate fully but may not be able to push their babies far enough down the birth canal for a safe vaginal birth. This may happen because the baby is too large for the woman's birth canal. A C-section may be performed in these situations.

At any time during labor a baby or mother may develop problems that cause the baby's heartbeat to slow down. These problems may indicate that the baby cannot tolerate further labor and a C-section may be necessary.

How do I prepare for a cesarean section?

Plan for your care and recovery after the operation, especially if you are to have general anesthesia. Allow for time to rest and try to find other people to help you with your day-to-day duties.

You should not smoke when you are pregnant because it can harm the baby. If you have been smoking during your pregnancy and know you will have a C-section, you should quit at least 2 weeks before the procedure. It is best to quit 6 to 8 weeks before surgery. Smokers heal more slowly after surgery. They are also more likely to have breathing problems during surgery.

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Follow instructions provided by your healthcare provider. If you are to have general anesthesia, eat a light meal, such as soup or salad, the night before the procedure. Do not eat or drink anything after midnight and the morning before the procedure. Do not even drink coffee, tea, or water.

If you go into labor, call your healthcare provider.

What happens during the procedure?

You are given a regional or general anesthetic. A regional anesthetic numbs part of your body while you remain awake. It should keep you from feeling pain during the operation. A general anesthetic relaxes your muscles, puts you to sleep, and prevents you from feeling pain.

Your healthcare provider makes a cut below your bellybutton and into the lower part of the uterus to remove the baby. Your provider removes the baby, placenta, and birth sac. Your provider then sews the uterus and abdomen closed.

What happens after the procedure?

Your abdomen will be sore. You may need help with positioning your baby comfortably for feeding. Walking and standing will be painful for the first few days. Since you will probably be in the hospital for just 2 to 4 days, try to have some help at home for the first week or two.

Your provider may give you an antibiotic to take for 10 to 14 days after the surgery to help stop infection.

Avoid heavy lifting for 6 weeks. After 6 weeks you may begin an exercise program to regain abdominal muscle tone. Ask your healthcare provider what other steps you should take and when you should come back for a checkup.

The cuts made in the abdomen to deliver the baby are usually horizontal, or across the womb. This allows the muscles in the womb to safely stretch for future childbirth. Many women are able to deliver the next baby through the birth canal.

What are the benefits of this procedure?

C-sections can save the lives of newborns and their mothers or prevent the potential complications of a delayed vaginal birth. For example, delivering the baby by C-section may be safer for you and the baby if the baby is having abnormal fetal heart rate patterns or you have severe preeclampsia (high blood pressure caused by pregnancy).

What are the risks associated with this procedure?

- There are some risks when you have general anesthesia. Discuss these risks with your healthcare provider.
- A regional anesthetic may not numb the area quite enough and you may feel some minor discomfort. Also, in rare cases, you may have an allergic reaction to the drug used in this type of anesthesia. In most cases, regional anesthesia is considered safer than general anesthesia.
- A blood vessel may rupture or be cut and bleed inside your body.
- A piece of blood clot may break off, enter the bloodstream, and damage the lungs.
- The cut in the wall of the uterus may leave a weak part in the wall.
- Any future children may need to be delivered by C-section, depending on how this C-section was done.
- You may develop an infection or bleeding.

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- The bowel, bladder, or ureter may be injured.
- The baby might be injured during the surgery.

You should ask your healthcare provider how these risks apply to you.

When should I call my healthcare provider?

If you have just had a C-section, call your provider right away if:

- You develop a fever over 100°F (37.8°C).
- You have bleeding or drainage from your incision, or the incision separates.
- You have heavy bleeding from the vagina.
- You become dizzy or faint.
- You have leg pain, especially if your leg is also swollen and red.
- You have nausea and vomiting.
- You have chest pain.
- You become short of breath.

Call your provider during office hours if:

- You have questions about the procedure or its result.
- You want to make another appointment.

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This content is reviewed periodically and is subject to change as new health information becomes available. The information is intended to inform and educate and is not a replacement for medical evaluation, advice, diagnosis or treatment by a healthcare professional.

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