

Caesarean Section: Myths and Facts

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Caesarean section, also called c-section has been a part of human culture since ancient times. The exact origin of the term cesarean is unclear. The term cesarean may have arisen in the middle ages from the Latin verb *caedere* (to cut). There is another school of thought that this term originated from an eighth century BC Roman law, *lex regis*. Later called *lex cesarea*, this law mandated a postmortem operative delivery so that both the mother and child could be buried separately.

Though vaginal delivery or normal delivery is the most common way to give birth however in some cases it is not possible and that is where caesarean section is advised. C-section is surgical delivery of the baby through the abdomen using a cut on the tummy at bikini line.

Most maternity units deliver 10-20% of the babies by c-section although this rate varies from region to region. In current medical practice it is certainly a very safe procedure and in fact helps saving many lives. There is also an increasing trend among new mothers to opt for elective c-section in order to avoid the soreness and pain of having a normal delivery.

Due to changes in our social environment, need for gap in childbirths and the concept of small family the incidence of delivery through c-section has become higher. Other important risk factors are pregnancies in aged women and associated medical conditions like diabetes and high blood pressure.

Preference for delivery through c-section is being seen as a trend across the world and in many countries this option is given to the mother as a choice.

When a C-section is required?

Doctors may suggest a c-section when vaginal birth is not possible or safe for the mother or the baby. Some c-sections are scheduled well in advance but others happen as a result of complications that arise during labor. Although there are different views on when a caesarean is required, major indications remains universal.

Usually c-sections are electively planned in the following conditions.

- placenta or afterbirth is low-lying
- a woman who have had 2 or more cesarean sections
- the baby is too small and weak to bear the stress of labor
- the baby is too big to be delivered normally
- Multiple babies either first one is breech or they are more than two altogether
- Breech presentation meaning the baby is upside down or crosswise (transverse), rather than head-down.

C-sections can save the lives of newborns and their mothers or prevent the potential complications of a delayed vaginal birth. The following situations may make a vaginal birth risky for the baby or the mother even when a woman is in labor when unforeseen complication arises.

- failed induction of labor

- A labor that progresses very slowly. The baby's head is too large or in a wrong position to pass through the birth canal
- Problems with the umbilical cord or afterbirth, which deprive the baby of the needed oxygen during labor.
- The fetal heartbeat slows down, speeds up or becomes irregular during labor (fetal distress) contractions.
- Medical conditions like hypertension of pregnancy (pre eclampsia) and poorly controlled Diabetes which makes the labor risky.
- Placenta(afterbirth) has begun to tear away from the uterus (placenta abruption) which may jeopardize the lives of both mother and the baby

Anesthesia and Pain relief for C-section

The mother usually receives regional anesthesia (spinal or epidural) through an injection at the back which numbs the abdomen and lower limbs, allowing to remain awake during the delivery and avoiding sedation of the infant. In modern practice, general anesthesia for caesarean section is becoming increasingly uncommon as the benefits of regional anesthesia for both the mother and baby have been established in literature.

If a woman gets spinal anesthetic she is conscious throughout the operation and may feel a little dragging sensation as the baby is lifted out of the uterus. However after delivery the baby can be brought straight to the mother for her first cuddle. Most Caesarean sections take approximately 30 to 45 minutes.

Recovery

The patient can take clear liquids within 12-24 hours after an uncomplicated procedure, and regular diet can be taken accordingly. On the first postoperative day, women are encouraged to move if she has recovered well postoperatively can be discharged safely within 3-4 days after surgery and a follow-up consultation is advised within 2 weeks after the delivery.

Complications

Patients who undergo cesarean delivery usually take slightly longer to fully recover than those who have a vaginal delivery. However, the overall long-term condition of the patient is not adversely affected.

Major problems can be related to infection, bleeding, anesthetic complications and surgical injury though these are not very common.

- Surgery itself rarely causes harm to the adjacent organs which include bladder, ureter and bowel .Early recognition and repair seldom leads to long term problems
- Bleeding from the womb is more common in caesarean section than in normal delivery

BACK TO HOME

Most women still need pain-relieving medicines when they return home. You'll likely feel fatigued during the initial few days at home. Generally, it takes about four to six weeks for the incisions to heal completely, but many women feel better much much before this.

Things to remember:

For the first few weeks it is better to take good rest and avoid regular housework. Don't try to lift anything heavier than your baby and avoid going up and down the stairs frequently.

- Don't be put off or frightened by other people's experiences because everyone is different and don't feel like a failure for not giving birth naturally!
- Use pillows to support your back when you feed your baby. Using pillows will help you and your baby find a comfortable position
- Support your belly while changing postures coughing, sneezing or laughing.
- Drink lots of fluid. You'll likely need extra fluids to replace those lost in delivery and breast-feeding. Also, empty your bladder frequently to help reduce your risk of urinary tract infections
- Avoid intercourse for four to six weeks after a Caesarean birth. It's completely normal to have little interest in sex while breast-feeding and recovering from surgery. This Time will pass quickly
- Too many visitors will keep you from getting the rest you need to recover and care for your newborn so avoid too many visitors.
- Do not drive until the scar heals completely. It is best to wait for about two weeks before you try to drive. Before you take the car and baby out together, make sure you can manage the baby's car seat without hurting yourself.
- Breastfeeding might be challenging to get established but it is worth the effort. Your obstetrician and pediatrician can help breastfeeding comfortable positions and encourage you.

'Once a section, always a section. : is now merely a slogan

A prior c-section was once an absolute indication for c-section for subsequent deliveries. This was due to the fear that the previous scar would tear. However, today, with the 'bikini-cut' incisions that are being performed, the risk of scar rupture is very low. Today the trend is for a Vaginal Birth after a Caesarean ('*Vee-back*') trial. This means your Obstetrician might not do a C-section just based on the previous section, you might be allowed to have a normal vaginal delivery. Nevertheless, the doctor will be prepared to perform a C-section if complications arise at any point of time...

Many women who have previously had a caesarean will be offered the option of an elective repeat caesarean section, rather than a 'trial of labor'. However, overall VBAC appears to be safer for mother and baby than elective caesarean.

If you had a c-section in past, choose a safe hospital for your next delivery which means a hospital with a good surgeon and support staff, a well equipped labor room and operating theatre and safe blood transfusion facilities.

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