

Credits and resources

Association pour la santé publique du Québec (ASPQ)

Research and writing: Hélène Vadeboncoeur, PhD, perinatal care researcher

Coordination: Catherine Chouinard, ASPQ

Review board:

Emmanuel Bujold, MD, obstetrician-gynecologist

Nils Chaillet, PhD, perinatal care researcher at CHU Ste-Justine

Julie Choquet, MD, family physician

Isabelle Côté, program advisor, MSSS

Guy-Paul Gagné, MD, obstetrician-gynecologist

Céline Lemay, PhD, midwife

Lucie Thibodeau, ASPQ President

Translation: Paul Di Biase

Design graphique: Stidiométrique

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RESOURCES TO FIND MORE

The list of scientific studies supporting the information contained in this brochure is available at the website of the Association pour la santé publique du Québec: www.aspq.org

You can consult the following websites and books for additional information:

www.childbirthconnection.org

www.dangersofcesareanbirth.com

www.helenevadeboncoeur.com

www.ican-online.org

www.vbac.com

Gallagher-Mundy, 2004. *Cesarean Recovery*, Firefly Publishing

Jukelevics, N. 2008. *Understanding the Dangers of Cesarean Birth: Making Informed Decisions*, Praeger Publishers

Vadeboncoeur, H. 2011. *Birth Normal After A Cesarean or Two – A Guide for Pregnant Women*, Fresh Heart Publishing

Available at our website: www.aspq.org
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What can you expect after a cesarean?

AT THE HOSPITAL

- A catheter until a few hours after the cesarean
- Itching in reaction to anesthesia
- Painful contractions as the uterus reverts to its normal size, like after a natural delivery
- Gas or constipation
- Delayed breast-milk production

BACK AT HOME

- More time needed to recover and from four to six weeks to slowly resume your daily activities (e.g., lift weights heavier than the baby, drive a car, have sexual intercourse)
- More help needed caring for children and doing housework



What if a cesarean is necessary?

Women who are well informed feel better prepared and are often more satisfied with their experience. Whether the cesarean is planned or not, make sure beforehand that:

- the procedure is clearly explained to you;
- if you plan on having other children, you ask your physician about the technique of double-layer closure (uterine sutures);
- you can decide who will be by your side during the operation;
- you or your partner will be able to have a first skin-on-skin contact with your baby immediately at birth;
- you will not be separated from your baby or partner after the operation, provided that your health and that of your baby permits it;
- you are in your 39th week of pregnancy or that labour has begun before having the cesarean, unless otherwise indicated for medical reasons.

The cesarean: true or false?

The cesarean prevents or diminishes urinary incontinence (i.e., inability to hold back from urinating).

False.

There is no scientific evidence that the cesarean prevents incontinence.

The cesarean allows you to have a better sex life after childbirth.

False.

Six months after childbirth, there is no difference in this regard between women who had a cesarean and those who did not.

The cesarean delays your first contact with your baby.

True and false.

Although some hospitals encourage skin-on-skin contact between mother and child at birth, in many cases, routine procedures in operating rooms and in recovery rooms delay the first contact with the child.

The cesarean is the only way to deliver a “big” baby.

False.

At this point in time, no test can predict the exact weight of a baby and, if a cesarean is necessary, the decision should be made during labour. Exceptionally, the decision can be made prior to labour when the mother has diabetes.

The cesarean is inevitable when the baby is breech or when twins are expected.

False.

Though most breech babies were delivered by cesarean in the past, medical associations today recommend that, under certain circumstances, a natural delivery should be preferred.

It is often possible to give birth to twins vaginally.

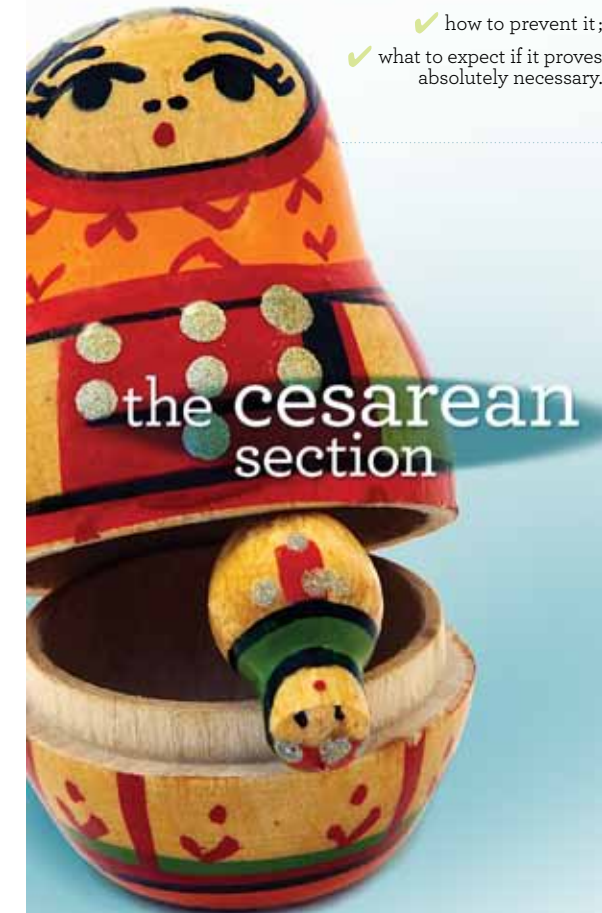
Once a cesarean, always a cesarean.

False.

The vast majority of women who have had a cesarean can give birth naturally afterwards. This is referred to as vaginal birth after cesarean (VBAC).

This brochure is intended to provide as much information as possible on all aspects of the cesarean for you to know:

- ✓ how to prevent it;
- ✓ what to expect if it proves absolutely necessary.



Nowadays, nearly 25% of all pregnancies end in a cesarean.

It has become so common that we might be led to believe that it is a routine operation. Instead, you should know that:

- » vaginal delivery is safer in the vast majority of cases;
- » the cesarean is a major operation that carries both short- and long-term risks;
- » the cesarean should be used only when the mother or the child develops complications that make it absolutely necessary.

What is a cesarean ?

It is an incision made in the mother's belly in order to extract the baby from her uterus. The cesarean is generally practised under an epidural or spinal anesthetic. It rarely requires general anesthesia. The entire operation lasts about one hour.

THE CESAREAN ENTAILS :

- preparation: catheter, IV drip, shaving of pubic hair, and anesthesia;
- a sterile environment: operating room, gloves, mask, scrubs, etc., for the partner as well;
- an incision in the skin, which will later be closed with dissolving sutures or non-dissolving staple;
- possibly feeling pressure, pulling and nausea;
- a period of time in a recovery room for the mother even if she was not placed under general anesthesia;
- a longer hospital stay and a longer recovery.

Why practise a cesarean ?

In Quebec, 90% of cesareans are practised for the following reasons:

- labour has stalled or is very slow;
- the mother has had a previous cesarean;
- the baby is breech;
- the baby's condition is cause for concern.

However, in each of these cases, the cesarean is not the only option.

In some cases, the cesarean is **essential** and even **urgent**, for example:

- if the placenta blocks the baby's way out of the womb (placenta previa);
- if the umbilical chord descends before the baby's head does (prolapsed umbilical chord).



présentation par le siège et placenta praevia.

Are there risks associated with a cesarean ?

Fortunately most cesareans pose no problem. However, as with any major surgical procedure, it carries risks. These risks can be high or low, depending on the case, for both the mother and the baby. For example:

FOR THE MOTHER

Short term :

- problems breastfeeding
- injury (lesions) to organs near the uterus, such as the bladder
- serious complications (rare): death, infection, cardiac arrest, hysterectomy, haemorrhage or embolism
- admission to intensive care
- rehospitalization

Long term :

- adhesions (persistent pain at the scar site and during sexual intercourse, serious intestinal problems)
- fertility problems

FOR THE BABY

Short term :

- injury from a surgical instrument
- sometimes serious respiratory problems, especially if the cesarean is practised before the 39th week of pregnancy

Long term :

- Asthma

FUTURE PREGNANCIES

For the mother :

- extra-uterine pregnancy
- serious placenta-related complications
- uterine rupture (scar on uterus tears open)
- admission to intensive care
- hysterectomy

For the baby :

- underweight at birth
- perinatal death

What are the potential effects of a cesarean ?

- Some women feel relieved after having a cesarean. For others, the cesarean represents an ordeal. They can experience difficult emotions, such as distress, disappointment, a sense of abandonment, anger, betrayal, loss of control, and even a sense of failure, because they were "unable to give birth naturally".
- In some cases, the cesarean can delay the first contact between a mother and her baby, which at times can have an impact on the first moments of breastfeeding and how successful it will be.

If following a cesarean you have difficulty resuming your activities or caring for your baby because the emotions you feel are overwhelming, do not hesitate to consult a healthcare professional.

Can a cesarean be prevented ?

Here are a few tips to reduce the risk of needing a cesarean :

DURING PREGNANCY...

- prepare for delivery (stay fit, attend prenatal courses, draw up a birth plan)
- see a healthcare professional (midwife, family physician or obstetrician-gynecologist) on a regular basis
- have a doula by your side during delivery
- if the baby is breech, request that an external cephalic version be attempted in a hospital
- if a cesarean is recommended, ask why and find out about your possible options
- wait until your contractions are regular and five minutes apart or to have lost amniotic fluid before heading out to where you will give birth

DURING LABOUR...

- keep moving (walk, change position often)
- take a bath
- eat and drink as needed
- when pushing, a vertical position is preferable (stand, sit or squat)
- as much as possible, it is best to avoid:
 - » inducing labour artificially
 - » continuous monitoring of the fetus (baby's heartbeat), which forces the mother to stay lying in bed
 - » rupturing the amniotic sac artificially
 - » epidural anesthesia before being dilated 4 cm
 - » setting a deadline to deliver
 - » being on your back to give birth

