

Frequently Asked Questions

Overview

What is cesarean birth?

Cesarean birth is the delivery of a baby through incisions (surgical cuts) made in the belly and [uterus](#).

How common is cesarean birth?

In the United States, about 1 in 3 babies is delivered by cesarean birth.

Reasons for Cesarean Birth

What are the reasons for cesarean birth?

These are some of the reasons why a cesarean birth may be done:

- Failure of labor to progress—Contractions may not open the [cervix](#) enough for the baby to move into the vagina.
- Concern for the baby—For example, the [umbilical cord](#) may become pinched or compressed or [fetal monitoring](#) may detect an abnormal heart rate.
- Multiple pregnancy—Many women having twins are able to have a vaginal delivery. But if the babies are born too early, are not in good positions in the uterus, or if there

are other problems, a cesarean birth may be needed. The chance of having a cesarean birth goes up with the number of babies.

- Problems with the [placenta](#)
- A very large baby
- [Breech presentation](#)
- You have a medical condition that makes vaginal birth risky—For example, a cesarean delivery may be done if you have an active [genital herpes](#) infection during labor. It may also be done if you have certain heart conditions or certain brain problems, such as an aneurysm.

Is a cesarean birth necessary if I have had a previous cesarean birth?

If you have had a cesarean birth before, you may be able to give birth vaginally. The decision depends on the type of incision used in the previous cesarean delivery, the number of previous cesarean deliveries, whether you have any conditions that make a vaginal delivery risky, and the type of hospital in which you have your baby, as well as other factors.

Talk with your [obstetrician–gynecologist \(ob-gyn\)](#) about your options. For more information, read [Vaginal Birth After Cesarean \(VBAC\)](#).

Can I request cesarean birth?

Some women may request a cesarean birth even if a vaginal delivery is an option. Reasons for this may include fear or anxiety about labor and delivery. This decision should be weighed carefully and discussed with your ob-gyn.

As with any surgery, there are risks to consider. Your hospital stay may be longer than with vaginal birth. Also, the more cesarean births you have, the greater your risk for some medical problems and problems with future pregnancies. This may not be a good option if you want to have more children.

If you are considering cesarean delivery because you are afraid of the pain of childbirth, talk with your ob-gyn about [pain-relief options](#). It may also help to learn all you can about

the birth process. If you had a difficult birth experience in the past, talk with your ob-gyn about your concerns.

What Happens During a Cesarean

What are the preparations for cesarean birth?

Before you have a cesarean delivery you will be prepared for the operation:

- An **intravenous (IV) line** will be put in a vein in your arm or hand. This allows you to get fluids and medications during the surgery. Medication will be given to prevent infection.
- Your belly will be washed, and your pubic hair may be clipped or trimmed.
- A **catheter** (tube) is placed in your **urethra** to drain your bladder. Keeping the bladder empty decreases the chance of injuring it during surgery.
- Massaging sleeves are put around your legs to reduce the risk of **deep vein thrombosis (DVT)** during surgery. These sleeves periodically fill with air to encourage blood circulation in your veins. If you have risk factors for blood clots, you may also receive medication to help prevent clots.

What type of anesthesia will be used?

There are different options for **anesthesia** :

- **Epidural block** —An epidural block numbs the lower half of the body. An injection is made into a space in your spine in your lower back. A small tube may be inserted into this space so that more of the drug can be given through the tube later, if needed.
- **Spinal block** —A spinal block also numbs the lower half of your body. You receive it the same way as an epidural block, but the drug is injected directly into the spinal fluid.
- **Combined spinal–epidural block**
- **General anesthesia** —If general anesthesia is used, you will not be awake during the delivery.

The type of anesthesia used depends on many factors, including your health, the health of your baby, and the reason for the cesarean delivery. An [anesthesiologist](#) should talk with you about the benefits and risks of each type of anesthesia and suggest the best option for you.

How is the baby delivered?

A cut (incision) is made through your skin and the wall of the abdomen. The skin incision may be transverse (side to side or "bikini") or vertical (up and down). The muscles in your abdomen are separated and may not need to be cut. Another incision will be made in the wall of the uterus. The incision in the wall of the uterus can also be either transverse or vertical.

The baby is delivered through the incisions. The umbilical cord is cut. The placenta is removed from the uterus. The uterus is closed with stitches that will dissolve in the body. Surgical thread, staples, surgical glue, or a combination may be used to close your abdominal skin. Staples and some types of stitches must be removed a few days later. Most closures are absorbed by the body and do not need to be removed.

Risks and Recovery

What are the risks of cesarean birth?

Like any major surgery, cesarean delivery has risks. Problems happen in a small number of surgeries and can usually be treated. But in very rare cases, [complications](#) can be serious or even fatal:

- The uterus, nearby pelvic organs, or skin incision can get infected.
- You may lose blood, sometimes enough to require a blood [transfusion](#). In very rare cases, a [hysterectomy](#) may need to be done if bleeding cannot be controlled.
- You may develop blood clots in the legs, pelvic organs, or lungs.
- Your bowel or bladder may be injured.
- You may have an allergic reaction to medications or to the types of anesthesia that are used.

Cesarean birth also increases risks for future pregnancies. These risks include placenta problems, rupture of the uterus, and hysterectomy. Some placenta problems can cause

serious complications.

Because of these risks, cesarean delivery is usually done only when the benefits of the surgery outweigh the risks. In some situations, cesarean delivery is the best option. In other situations, vaginal birth is best. Talk with your ob-gyn about the risks and benefits for your situation.

What should I expect after a cesarean?

If you are awake for the surgery, you may be able to hold your baby right away. You will be taken to a recovery room or directly to your room. Your blood pressure, pulse rate, breathing rate, amount of bleeding, and abdomen will be checked regularly.

If you are planning on breastfeeding, tell your ob-gyn before surgery. If all is going well for you and your baby, you should be able to start breastfeeding soon after delivery.

You may need to stay in bed for a while. The first few times you get out of bed, a nurse or other adult should help you.

Soon after surgery, the catheter is removed from the bladder. You will receive IV fluids after your delivery until you are able to eat and drink.

The abdominal incision will be sore for the first few days. Your doctor can prescribe pain medication for you to take after the anesthesia wears off. A heating pad may be helpful. There are many different ways to control pain. Talk with your ob-gyn about your options. Read [Postpartum Pain Management](#) to learn more.

A hospital stay after a cesarean birth is usually 2 to 4 days. The length of your stay depends on the reason for the cesarean birth and on how long it takes for your body to recover. When you go home, take special care of yourself and limit your activities. Your health care team should give you instructions. Ask for help from your partner, family, and friends.

What should I expect during recovery?

It will take a few weeks for your abdomen to heal. While you recover, you may have

- mild cramping, especially if you are breastfeeding

- bleeding or discharge for about 4 to 6 weeks
- bleeding with clots and cramps
- pain or numbness in the incision

To prevent infection, do not place anything in your vagina (such as tampons) or have sex for a few weeks. Allow time to heal before doing any strenuous activity.

Call your ob-gyn right away if you have

- fever
- chills
- leg pain
- draining or leakage from your incision
- heavy bleeding
- worsening pain
- shortness of breath

Glossary

Anesthesia: Relief of pain by loss of sensation.

Anesthesiologist: A doctor who is an expert in pain relief.

Breech Presentation: A position in which the feet or buttocks of the fetus appear first during birth.

Catheter: A tube used to drain fluid from or give fluid to the body.

Cervix: The lower, narrow end of the uterus at the top of the vagina.

Combined Spinal-Epidural (CSE) Block: A form of pain relief. Pain medications are injected into the spinal fluid (spinal block) and given through a thin tube into a space at the base of the spine (epidural block).

Complications: Diseases or conditions that happen as a result of another disease or condition. An example is pneumonia that occurs as a result of the flu. A complication also can occur as a result of a condition, such as pregnancy. An example of a pregnancy complication is preterm labor.

Deep Vein Thrombosis (DVT): A condition in which a blood clot forms in veins in the leg or other areas of the body.

Epidural Block: A type of pain medication that is given through a tube placed in the space at the base of the spine.

Fetal Monitoring: Methods used to evaluate the well-being of the fetus.

General Anesthesia: The use of drugs that create a sleep-like state to prevent pain during surgery.

Genital Herpes: A sexually transmitted infection (STI) caused by a virus. Herpes causes painful, highly infectious sores on or around the vulva and penis.

Hysterectomy: Surgery to remove the uterus.

Intravenous (IV) Line: A tube inserted into a vein and used to deliver medication or fluids.

Obstetrician–Gynecologist (Ob-Gyn): A doctor with special training and education in women’s health.

Placenta: An organ that provides nutrients to and takes waste away from the fetus.

Preterm: Less than 37 weeks of pregnancy.

Spinal Block: A type of regional anesthesia or analgesia in which pain medications are injected into the spinal fluid.

Transfusion: Injection of blood, plasma, or platelets into the blood.

Umbilical Cord: A cord-like structure containing blood vessels. It connects the fetus to the placenta.

Urethra: A tube-like structure. Urine flows through this tube when it leaves the body.

Uterus: A muscular organ in the female pelvis. During pregnancy, this organ holds and nourishes the fetus. Also called the womb.

Vagina: A tube-like structure surrounded by muscles. The vagina leads from the uterus to the outside of the body.

If you have further questions, contact your ob-gyn.

Don't have an ob-gyn? [Learn how to find a doctor near you.](#)

FAQ006

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