

writer: tara mclellan

no medal for your method

The rising rate of c-sections

Face it. We all have said “I don’t care what I’m having, as long as it’s healthy.” Now, more than ever, moms—and doctors—feel the same way about the birthing process. No, you won’t get a medal if you and your baby suffer through a 48-hour, difficult, or possibly risky vaginal birth. Conversely, its probably not the best decision if you opt for a cesarean because you’re—forgive us—being a baby about vaginal birth. How do you know what’s best for you? Here we discuss the rising rate of c-sections, and give you the skinny.



changing times, changing sizes

Preliminary reports from the National Center for Health Statistics show that caesarian rates rose in 2006 to a record-level 31 percent of all births. One reason for the rise might be simply a natural swing in medical opinion, according to Dr. Ellen Kruger, an obstetrician at Ochsner Hospital.

“When I was trained at the beginning of my career at Columbia, there was a big push for doctors to encourage vaginal births and vaginal births after c-sections, or VBAC, for additional babies,” says Dr. Kruger. “Now the opposite is true. Many doctors are encouraged to present the c-section option, especially if it is a repeat section rather than face the risks involved with a VBAC. It’s a constant swing of opinion.”

And then there’s size. Our grandparents’ and even our parents’ generations were advised to gain only 15 pounds during pregnancy, and social mores did not place the same restrictions on smoking and drinking during those nine months. Consequently, babies’ birth weights were smaller. Today, obstetricians recommend their patients gain between on average between 25-35 pounds, resulting in bigger and healthier babies. Alas, the mothers’ pelvises haven’t expanded; sometimes these bigger babies just get stuck.

In addition to baby’s size, there are other times an obstetrician might recommend a c-section: if the baby is breech and is the mother’s first vaginal delivery; if the baby shows any signs of fetal distress during delivery; or for maternal health reasons,

such as pre-eclampsia or infections.

Eagen Knight of Slidell, mom to two-year-old Riggs, was advised to have a c-section after laboring for 24 hours.

“My baby was never in distress, and there was never a time that I was upset or panicking, but my labor never progressed,” says Eagen. “Everything went fine and my eight-pound, 14-ounce boy came out perfect. Even my recovery went better than I expected. I was up and walking on the second day.”

the lowdown. really.

Having a c-section might seem to some a little overwhelming and frightening, while to some others a happy, and less painful, alternative to a vaginal birth. While vaginal birth is still the most natural and usually the safest way to deliver a baby, caesarian birth is major surgery that is safe for both the mother and the baby.

“I was apprehensive about my scheduled c-section,” says Ann Herren, nola baby’s publisher and mom to five-month-old Livvy. “But it really was a walk in the park. Honestly—my doctor did all the heavy lifting.”

The basics are pretty simple, according to Dr. Katherine Williams, an obstetrician with St. Tammany Parish Hospital. “I advise my patients to whom I recommend a c-section, either

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before the actual delivery or during, not to worry. Although it is surgery, it's really not that big of a deal. You won't feel anything during the procedure, you can be awake to see your baby, and the whole process takes only 30 to 40 minutes."

If you haven't already had an epidural, you will meet with your anesthesiologist who will go over what he or she thinks is the best option for your case. Often they'll do a combination epidural and spinal block. The process is pain free. Your husband or birthing partner will be suited up in some scrubs and can stay throughout the entire process. Your doctor will be there, usually aided by an assistant.

A draped sheet will prevent you from seeing any of the actual procedure, but you'll be awake and aware of what transpires. The first cut will be through the skin to the uterus; you'll feel some pulling and tugging, but no pain. With the first incision made, the doctor will determine the baby's position and make an incision in the uterus through which—after pushing down to squeeze the baby out of the incision—she'll deliver the infant.

You might get a quick glimpse of your newborn before a neonatal nurse takes him to the warmer where he'll then be evaluated by the neonatal team. Meanwhile, your doctor will continue working on you—removing the placenta and close the

incision sites. After a brief period of time in the recovery room for monitoring, you'll be wheeled back to your room where you can rest and hold your newborn. C-sections do not impede with your ability to nurse or feed your infant, so you can get started right away if you choose.

on the mend

Recovery time does take a little longer with c-sections. "I advise my patients that the first day of recovery is the hardest," says Dr. Williams. "But once you are able to get up and walk around a little bit, usually on the second or third day, patients usually recover quickly."

The typical hospital stay for c-section births is four days. Your doctor will advise you on after care, which usually just requires a little more rest and a slow return to exercise.

When facing the possibility of delivering a baby via c-section, remember your ultimate goal. "As we learn more about obstetrics, have access to more accurate tests, and are able to more closely monitor the baby in utero, the decision to perform a c-section to ensure a healthy baby is easy," says Dr. Williams. "And in the end, it's not how we deliver the baby that counts, it's that the mom and the baby are healthy." 