

Lower Your Chance of an Unnecessary C-Section

Steps that may help, from choosing where to give birth through the pushing stage. **Sometimes a C-section is the safest option.** The goal is informed, respectful care that responds to what you and your baby need.



! Active labor starts at 6 cm. **A slow labor isn't automatically a stopped labor.**

STEPS THAT MAY HELP

- 1 Choose your provider and hospital**
C-section rates vary. Ask about the NTSV rate (low-risk, first-time births). The national goal is 23.6% or lower. Many hospitals are listed on Leapfrog's ratings site.
- 2 Get continuous labor support**
One-to-one support, like a doula, is linked to a lower chance of cesarean birth.
- 3 Move and change positions**
Walk, sway or use a birth ball. With an epidural, ask for help changing positions in bed.
- 4 Ask about monitoring**
For low-risk labors, intermittent monitoring may be an option and makes it easier to move.
- 5 Give early labor time**
Before 6 cm, slow progress alone isn't a reason to diagnose stalled labor.
- 6 Know the pushing timeline**
The second stage starts at 10 cm. ACOG recommends allowing at least 3 hours of pushing for first-time parents and 2 hours for others, if you and baby are doing well.
- 7 Ask about waiting**
If a C-section is recommended and there's time, ask how urgent it is and whether it's safe to continue labor, change positions or reassess.

DURING PREGNANCY

Breech baby?

Ask about an ECV around 37 weeks, when a clinician tries to turn the baby head-down by hand. Some people also try moxibustion, Spinning Babies or chiropractic care. Evidence for these is limited, so talk with your provider first.

Suspected big baby?

Late-pregnancy ultrasound estimates can be off by about 15% either way. Size matters, but an estimate alone doesn't tell you how labor will go.

Induction recommended?

Induction can be an important tool. It doesn't automatically lead to a C-section. Ask why, what the benefits are, what could happen if you wait and what options you'll have.

When is labor considered stalled?

Under ACOG's criteria, all of these are true:

- You're at least 6 cm dilated.
- Your water has broken.
- Your cervix hasn't changed after 4 hours of strong enough contractions, or 6 hours of Pitocin if they aren't strong enough.

Questions to Ask Your Care Team

Check the ones that matter to you and bring this to a prenatal visit. **Asking questions isn't the same as refusing care.**

CHOOSING A PROVIDER

- ☐ What is your C-section rate for first-time, low-risk births?
- ☐ What is the hospital's C-section rate?
- ☐ How do you decide when labor has stopped progressing?
- ☐ How do you support movement during labor?
- ☐ Do you offer intermittent monitoring for low-risk labors?
- ☐ When do you use vacuum or forceps, and who is trained to use them?

DURING PREGNANCY

- ☐ If my baby is breech, am I a candidate for ECV?
- ☐ What are my chances of ECV success, and what happens if it doesn't work?
- ☐ How certain is the estimate of my baby's size?
- ☐ What specific risk is driving this recommendation?
- ☐ Why is induction recommended, and what if we wait?
- ☐ What options will I have during an induction?

DURING LABOR

- ☐ Am I in active labor yet?
- ☐ How much has my cervix changed, and over what time?
- ☐ Are my contractions strong enough?
- ☐ How long have I been pushing, and is it safe to keep going?
- ☐ Is a vacuum or forceps birth an option?
- ☐ Are there safe options to give labor more time?

If a C-section is recommended, use BRAIN

- B Benefits:** What are the benefits for me and my baby?
- R Risks:** What are the risks or possible downsides?
- A Alternatives:** What other options do we have?
- I Intuition:** How do I feel about my options?
- N Not yet:** Is it safe to wait a little longer?

My questions

A C-section is not a failure

You can make every evidence-based choice and still need one. Needing surgery doesn't mean you or your body failed. The goal is informed, respectful care, not one particular type of birth.