

What to Know About a C-Section

Cesarean birth is surgery to deliver a baby through incisions in the abdomen and uterus. It's one of the most common surgeries in the U.S., **accounting for about 1 in 3 births**. Some C-sections are planned ahead, others become necessary during labor, and some happen quickly in an emergency.



! The goal isn't to avoid a C-section when one is needed. **It's to understand your options and make informed decisions about your care.**

WHY IT MAY BE RECOMMENDED

Often planned ahead of time

- **Previous cesarean** Some plan another one, though many can safely try for a vaginal birth.
- **Placenta previa** The placenta partly or completely covers the cervix.
- **Baby's position** Some breech (bottom- or feet-first) or sideways positions.
- **Twins or more** Depending on the babies' positions and other factors.
- **Certain health conditions** In you or your baby that make cesarean the safer option.

Often decided during labor

- **Labor stops progressing** Despite enough time, support and treatment.
- **Concerns about baby** Such as persistent changes in baby's heart rate.
- **Placental abruption** The placenta separates from the uterine wall before birth.
- **Umbilical cord prolapse** The cord slips through the cervix ahead of the baby and may be compressed.
- **Uterine rupture** A tear in the uterine wall that needs urgent treatment.

WHAT TO EXPECT

- **Before surgery** An IV, antibiotics, an antacid to drink and a urinary catheter. In an emergency, steps may happen all at once.
- **Most people are awake** A spinal or epidural numbs you from the waist down. Tell the team if you feel pain, nausea or intense pressure.
- **Surgery takes 45–60 minutes** Baby is often born in the first 10–15 minutes. You may feel tugging, but not sharp pain. Delayed cord clamping and skin-to-skin may be possible.
- **Recovery in the hospital** You'll be monitored in the PACU for 1–2 hours. Nurses press on your belly to check your uterus (fundal massage). Walking early helps prevent clots.

You still have choices

Ask which preferences can be supported, like your support person with you, a clear drape or skin-to-skin in the OR. Mixed feelings afterward are normal.

FOUR KINDS OF C-SECTIONS

Planned

Scheduled before labor, usually at or after 39 weeks.

Elective

Chosen when vaginal birth is still an option.

Unplanned

Recommended during labor. Often still time to talk.

Emergency

Birth needs to happen quickly. Less time to talk.

RISKS

C-sections are generally safe but are major surgery. Possible complications include:

- Infection
- Heavy bleeding
- Blood clots
- Anesthesia complications
- Injury to the bladder or bowel

Recovery usually takes longer than after a vaginal birth.

Future births

A cesarean scar raises the risk of some placenta problems in future pregnancies and slightly raises the risk of uterine rupture during labor. Many people can still try a VBAC (vaginal birth after cesarean), so ask if it's an option for you.

If a C-section is recommended, ask:

"What are you concerned about?"

"How urgent is the situation?"

"What are the benefits and risks?"

"Are there reasonable alternatives?"

Asking questions isn't the same as refusing care.

Sources: ACOG (Cesarean Birth FAQ; Cesarean Delivery on Maternal Request; Delayed Umbilical Cord Clamping After Birth).

This summary is for education only and is not a substitute for individualized medical advice. Always contact your provider with concerns.

Read the full article: birthx.org/blog/what-to-know-about-a-c-section