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Five ways to avoid a C-section

- Story Highlights
- C-sections rose by more than 40 percent between 1996 and 2004
- Many experts think as many as half of all C-sections are unnecessary
- Inducing labor increases chances of a Caesarean section delivery
- Laboring at home as until 3 centimeters dilated also reduces risk of C-section

By Elizabeth Cohen
CNN

Empowered Patient is a regular feature from CNN Medical News correspondent Elizabeth Cohen that helps put you in the driver's seat when it comes to health care.

ATLANTA, Georgia (CNN) -- When Barbara Stratton of Baltimore, Maryland, looks back at the birth of her son, Charlie, now 7, she's angry -- angry she had a surgery she believes she didn't need.

Stratton said her obstetrician induced labor a week before her due date because she feared the baby would be too large to deliver if they waited for Stratton to go into labor spontaneously. But even after being induced, her labor still didn't progress, and Stratton ended up with a Caesarean section. Her baby weighed 8 pounds, 7 ounces -- far smaller than the obstetrician had predicted.

"I never needed the C-section in the first place," said Stratton.

The U.S. government and many obstetrical experts are working hard to reduce the number of women having C-sections. In 2004, 29 percent of babies in the U.S. were born by C-section, an increase of more than 40 percent since 1996. Since it's major surgery, C-sections involve risks to the mother, including infections, bleeding, and pain. Babies born via C-sections have more breathing problems right after [birth](#), according to the Office on Women's Health at the U.S. Department of Health and Human Services.

Many experts think as many as half of all C-sections are unnecessary, the women's health office said.

Stratton said that because of surgical complications she was in pain every day for a year and a half after her son was born. She became depressed. [Interactive quiz: Test your pregnancy knowledge »](#)

"I was in pain every time I rolled over, every time I got out of bed, every time I got out of a chair," Stratton said. "It affected the quality of my mothering. I had trouble bonding with my son."

Here's how to avoid having a C-section unless you absolutely need it -- in such medical emergencies as umbilical cord prolapse, which cuts off the baby's oxygen, or placenta previa, when the placenta blocks the cervix so that the baby can't be born naturally.

1. Don't get induced unless medically necessary

Years of study have shown that inducing labor often leads to a C-section.

"If you decide to have an induction because your obstetrician is going out of town, or because your husband is going out of town, that may seem like a bona fide reason, but you'll pay the price with an increased rate in C-sections," said Dr. Michael Klein, emeritus professor of family practice and pediatrics at the University of British Columbia, who's studied C-sections.

Klein says studies of first-time moms show that 44 percent of those who are induced end up with a C-section but that only 8 percent of those who go into labor spontaneously end up with a C-section. Doctors say many times, inducing women way before the cervix is ready can lead to unproductive labor, which then necessitates a C-section.

2. Labor at home until you're approximately 3 centimeters dilated

Dr. Elliott Main, director of obstetric quality at Sutter Health in California, said encouraging moms to stay at home in early labor is one way his hospital has been able to keep C-section rates steady while nationally the rate keeps climbing every year.

Why would laboring at home help fend off a C-section?

Part of it has to do with the way mothers feel. "Anxiety can slow down labor," he said. "And nobody likes being in a hospital. It's a strange room and there are lots of strange people and some of them are coming at you with needles."

Hospitals themselves are often to blame, he said. Too often medical staffs intervene unnecessarily in early laboring with pain medications, monitors, and other techniques, which can slow labor down, according to Main. "Even in the best-meaning hospitals, these kinds of practices happen," Main said.

At Sutter hospitals, "We say it's totally fine to come in and be checked, but that you should understand why it may be safer for you to be at home for a while," he said.

3. Choose your hospital, and your practitioner, carefully

If having a vaginal birth is important to you, shop for a doctor and a hospital with low C-section rates. "Let's say one hospital has an 18 percent C-section rate, and another one is 45 percent. Which door you walk into will have a profound effect on what happens to you," said Carol Sakala, director of programs at Childbirth Connection, a nonprofit group. You can find out the rates by checking with the doctor's office and the hospital.

4. In the delivery room, ask questions if your practitioner says you need a C-section

Some situations are true emergencies, and a C-section is necessary within minutes to save the baby's life. "That's not a time to negotiate," said Dr. Timothy R.B. Johnson, chair of obstetrics at the University of Michigan.

But in other situations, parents should ask questions about whether a C-section is absolutely necessary, he says. For example, if a doctor says the baby is too big to deliver vaginally, "There's a conversation to be had. You can ask, 'Doctor, are you sure the baby's too big? How big?'" Johnson said. "Our ability to guess size is not absolute. I've had babies I thought were 11 pounds that turned out to be 7 pounds. Doctors get humbled on a regular basis."

5. Get a doula

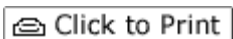
After her own disappointing birth experience, Barbara Stratton became a doula. Doulas, or birth assistants, can help advocate for a mother when she's in labor.

Elizabeth Cohen is a correspondent with CNN Medical News.

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