5 ways to avoid an unnecessary C-section

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By Lisa Murphy

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An unnecessary C-section can put both mothers and babies at risk and can make for a longer, more painful recovery. Here are some ways to avoid this major surgery.



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1. Start smart (and early).

Talk to your doctor about optimizing your health, **exercising** and achieving a healthy weight before trying to conceive. Diabetes, hypertension, obesity and other age-related conditions can increase the likelihood of requiring a C-section.

2. Do your research.

Read, attend **prenatal classes** and ask lots of questions, even if it seems intimidating. Understanding the benefits and risks of all delivery types can help you make educated decisions when different options are offered.

3. Ask about your hospital's and doctor's C-section rates and philosophies.

Low rates may indicate an institution with processes in place to avoid unnecessary surgeries. Individual doctors may not know or share their exact C-section rate, but you should feel comfortable with their overall approach. (Some research suggests that practitioners with high C-section rates tend to have higher episiotomy and fetal-distress rates, too.) Ask about experience with **VBAC** and vaginal breech birth—associated with fewer complications than you might imagine—and whether your hospital has doctors on the premises or off-site and on call. All of these factors might affect whether you can have a vaginal birth.

4. Consider a midwife or doula.

Both can offer insights, comfort and advocacy when you're pregnant, in labour or making difficult birth decisions. Jennifer Whiteford, who had a VBAC with her second child, says her doula's experience with VBACs and the hospital system really helped her through a long labour. Research shows women with **midwives** are better informed than those without.

5. Be patient.

"Fewer than 10 percent of women will actually give birth on their due date," explains George Arnold, chief of obstetrics and gynaecology at Markham Stouffville Hospital. A lot of people don't realize that "term" is a period of approximately one month, from weeks 37 to 41, so they get anxious and seek unnecessary medical attention too soon. If you're admitted to the hospital before active labour, you may be induced or given an epidural, both of which are linked to higher **C-section** rates. "If you go into labour on your own, you're much more likely to succeed in delivering vaginally than if we induce you," says Arnold.

A version of this article appeared in our November 2015 issue with the headline "C is for Crisis," pp. 74-8.

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