

special delivery

You never know if you'll end up with a C-section, but thanks to our guide, you know you'll be prepared.



You're probably considering skipping right over this article. And why shouldn't you? After all, you're *going* to have a vaginal birth, right? You won't find yourself under the bright lights of a surgical suite. You're young, healthy, and ready to get this baby out the old-fashioned way! But wait: Don't turn the page just yet. The fact is, 32 percent of all births today are via cesarean section, according to data released last year from the Centers for Disease Control and Prevention. That's 1.4 million women going under the knife annually. There are no stats on how many are repeat C's versus first-timers, but C-section

rates in women younger than 25 have recently spiked, suggesting that more low-risk moms are having them. I was one of those women.

When I took my childbirth class four years ago, the teacher spent an entire hour on C-sections. I tuned her out for the most part. So imagine my surprise when, after 29 hours of induced labor, I found myself being wheeled down a corridor and headed for the operating room because my cervix wouldn't budge past 4 centimeters dilated. I was

scared and sad, but had I been better prepared, I would've known what to expect, the questions to ask, and how best to heal. I'd have known what I know now, having had two C-sections: A surgical birth can be as joyful and as meaningful as a vaginal birth.

The important thing is holding a healthy baby in your arms, however you delivered the little bundle. So in case your big day doesn't go exactly according to plan, arm yourself with the info that will help you sail through surgery and beyond.



YOU CAN HAVE A VAGINAL BIRTH AFTER A C!

Learn all about how to make a VBAC happen for you at americanbaby.com/vbac.

Info Every Preggo Should Know (Yes, Even You!)

Sometimes C-sections are planned, often because the baby is breech—the case for 3 to 4 percent of all births. You may also be sent to the OR, without having so much as a single contraction, if your doctor suspects your baby is large (which can happen if you have diabetes), if he's transverse (lying sideways), if he has certain birth defects or you're carrying multiples, or if there are umbilical cord problems. A C may be nonnegotiable if you've had previous uterine surgery, if there's a problem with the placenta's position (such as placenta previa, where it covers the cervix), if you have an active genital herpes outbreak or HIV, or if you have severe high blood pressure, usually from preeclampsia.

Unplanned cesareans are different. They occur when something starts to go wrong once you're in labor. Most first-time C-sections happen this way, notes Carol Livoti, M.D., an ob-gyn in New York City and author of *Vaginas: An Owner's Manual*.



Numerous things can go awry. Changes in your baby's heart rate can suggest fetal distress. She may be too large to squeeze through the pelvic opening (a condition called arrested descent). Robert F. Katz, M.D., an OB in Beverly Hills, says that doctors also head to surgery if the umbilical cord blocks the baby's exit, the placenta separates from the uterine wall, the cervix won't dilate enough, or the baby changes position at the last minute.

The good news is this: As far as surgeries go, C-sections are considered safe. But, as with any operation, there are some small but real risks, says

Unless your bikini is teensy-weensy, the scar won't show.

Daniela Carusi, M.D., director of Surgical Obstetrics at Brigham and Women's Hospital, in Boston. These include bleeding, blood clots, infection, often around the incision (but IV antibiotics before surgery can help fend off bacteria), and reactions to anesthesia.

Most C-sections will involve a horizontal incision, both in your uterus and in the muscles, fat, and skin above it.

It's called a "bikini cut" because the line is about two finger-widths above the pubic bone, Dr. Carusi says, right at the top of where your pubic hair ends. Unless your bikini bottom is teensy-weensy (in which case, go you!), it's easy to hide the scar, so don't stress about the beach.

Your surgeon will use dissolvable stitches deep inside and close the wound with either staples or dissolvable stitches at skin level, Dr. Carusi says. After stitching, your doctor will cover the incision with surgical tape to keep the wound clean and foster healing.

preparation pointers **Take these precautions as you near your due date, just in case a C-section is in store.**

Assemble a support team.

Even if your partner is ready to help, consider hiring a birth doula for your big day. Women who had doulas accompany them throughout their labor were significantly less likely to deliver by cesarean section, a study in the *Journal of Perinatal Education* shows.

Consider the possibility.

C-sections can be physically uncomfortable, but they're emotionally charged too. One of the best ways to ready yourself for some of the

feelings you may face (such as disappointment, regret, or frustration) is simply to accept the fact that you might go through surgery. Also keep in mind that any preparations you make won't jinx your delivery; they'll enable you to roll with whatever happens.

No one knows this better than Maureen Connolly, coauthor of *The Essential C-Section Guide*, who has had three C-sections. The first was a surprise; it happened because her labor didn't progress. She planned the second two, and

prepared herself for them psychologically before checking into the hospital. She insists that her prep affected how she felt about those two surgeries.

"Although I felt confident going into my first labor, I wasn't ready for the possibility of a C-section," Connolly explains. "When it happened, I went through the motions and had to process it all later. I denied myself the gift of being in the moment. You can affect how you experience your baby's birth by how you think

during it. You can say, 'I've given this my all; we have to move to Plan B.'"

Stay hydrated and regular.

Drink plenty of water and eat lots of fiber now, so you'll have an easier time after birth with that first (sometimes uncomfortable) bowel movement. "Consider adding a fiber supplement or taking a stool softener to keep things moving," Dr. Carusi says. "If you're constipated before surgery, you'll be even more constipated afterward."

In the moments after Baby is born, a pediatrician will examine him, bundle him up, and hand him to your partner. While the surgeons sew you up, you can nuzzle your newborn briefly. It's usually not until about 30 minutes later, once you're in the recovery room, that you can hold your cutie close and begin nursing.

Talking to Your Doc About Surgery

Whether you've been laboring for a day or only a few hours, if your OB brings up a C-section, you should feel comfortable asking questions. "Find out why she feels the need to head for the OR," Dr. Carusi says. It's usually because she senses the baby is in distress and can't tolerate more labor, or because labor has stopped. Ask your doc if she'd consider other options.

Sometimes doctors are able to avoid a C by administering Pitocin (a synthetic form of the hormone oxytocin) to increase contractions, or simply by having you wait it out a bit longer. "Research suggests that if we give patients more time, they may deliver vaginally," Dr. Carusi says. "Many doctors wait two hours to see a change in the cervix, but in some cases, giving four or six hours would be better." Ask your OB if it's safe to wait or if she would consider using forceps or a vacuum rather than do a cesarean.

Rest assured, though: The clichéd movie scenario of being raced down the hall on a gurney is rare. Unless there's a problem such as sudden, severe bleeding or fetal distress, a C-section is usually something a doctor calmly discusses with you.

Recover Quickly

The moment that last stitch is sewn, the healing begins. Knowing the secrets that follow can help you speed recovery and avoid glitches.

C-section or not, you'll soon be cuddling your sweetie.



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Get moving, Mama. Many women feel extremely delicate during those first few days (even laughing can make you wince), but being mobile can actually do you good. "By the morning after surgery, we like to see the mom get up and walk around her room a bit," Dr. Carusi says. Not only will you feel better once you're upright, but revving up circulation from head to toe can prevent the formation of dangerous blood clots.

Have a bite. Even though the excitement or initial discomfort might blunt your appetite—and hospital food is hardly tempting—try to eat as soon as your doc gives the okay (typically once she sees that you aren't vomiting or exhibiting signs of complications). "There's research showing that the sooner someone eats after surgery, the faster they recover," Dr. Carusi says.

You need the energy to tackle healing and new motherhood. Think about it: If you had just run a marathon, wouldn't you stop and refuel?

Stay on top of the pain. You're going to feel, well, like you just had abdominal surgery. Thankfully, your doc will offer pain meds (such as oxycodone or Vicodin) to make you much more comfortable. And they're safe for nursing moms. "Don't wait too long between doses," Dr. Carusi says. Stay in the hospital to recover as long as your insurance allows, and when it's time to check out, ask your doctor for enough pills to help you for the first few days home. If she won't send you home with prescription painkillers, ask what OTC meds are safe to take.

Delegate the heavy lifting. No picking up anything that weighs more than your baby, at least for the first four weeks, Dr. Carusi says. (Oh, shucks, someone else will need to empty the trash and haul the laundry to the

basement.) Stitches are usually secure, but activities that engage your core could release a stitch under your skin, in the dense tissue of your abdomen, Dr. Carusi says. And a weakened spot can lead to a hernia and possibly a second surgery. (A ripped stitch at skin level is much less troublesome and easier to mend, she notes.) You'll also want to have your partner raise Baby's crib mattress to the highest position so you don't have to bend way down to hoist him up.

Make sleep a top priority. As impossible as it sounds, try to snooze at every opportunity so your body can repair itself. "I know, it's really hard when you're at home with a new baby," Dr. Carusi says. But do what you can to sneak in naps, even if it means keeping visitors away for a day or two. If you're choosing between a balloon-bearing well-wisher and a chance at 40 winks, take the nap, every time, Dr. Livoti says.

By seven days post-op, you'll be able to giggle without a grimace and pad around relatively comfortably.

Take it day by day. The best thing you can do to foster quick and problem-free healing is...nothing. Just keep the area clean: Simply let soap and water run over it in the shower, but don't scrub or use special ointments, Dr. Carusi says. Once the bandage has been removed, ordinarily after 24 hours, it's fine to leave the area uncovered; by then the edges will be sealed. Opt for soft, loose-fitting bottoms—tight waistbands are the last thing you need right now!

Pamper your scar. Every C-section scar is different (skin tone has a lot to do with how it looks), but by seven days post-op, yours should be morphing from slightly pinkish to purple, and you'll be able to giggle without a grimace and pad around relatively comfortably. In a month, the scar will be well on the way to looking

grayish or white, eventually coming close to your skin tone. Many women feel tender for a few weeks or have transient numbness around the edges of the scar. The cosmetic benefits of vitamin E and scar-improvement creams are up for debate, Dr. Carusi says, but if you use one, wait until at least six weeks after surgery.

Keep a lookout. Your incision might be infected if it's bright red, increasingly tender, or swollen; if it feels warm; or if yellowish pus is seeping from the incision. If the liquid coming from the scar is clear or bloody, it's generally nothing to worry about, but have your doctor check it out, anyway.

If it makes you feel any better, it's no picnic to recover from vaginal birth, either—something you may get to experience next time! ●