

Things You Can Do to Avoid an Unnecessary Cesarean

The Public Citizen Health Research Group in Washington, D.C. has estimated that half of the nearly 1 million Cesareans performed every year are medically unnecessary. With more appropriate care during pregnancy, labor, and delivery, these Cesareans could have been avoided. Clearly, there are times when a Cesarean is necessary, however, Cesareans increase the risk to both mothers and babies. Here are suggestions of things you can do to avoid an unnecessary Cesarean and to help ensure that your birth experience is as healthy and positive as possible.



KNOW LABOR

Know your body! Read and discuss labor and delivery, both inside and outside the hospital.

Research and prepare a birth plan. Discuss your birth plan with your obstetrician or partner and submit copies to your hospital or birth center.

Remember more than one can provide. Ask my questions and get two your getting answers that satisfy.

Are they different or are they placed by your interest?

Are you can provide if there is a set time for labor and second stage pushing. How about a few hours can come for with the second process of labor.

You more than you both family. Note their difference and ask about their experience. Midwifery, natural, etc. become aware of your rights as a pregnant woman.

That a labor support person. Interview more than one if you need a journal article showed that labor support can significantly reduce the risk of Cesarean.

They ensure that you and your baby are both healthy by eating a well balanced diet.

If your labor is breech, are you can provide about the alternative interventions. Ask the Midwife techniques, sometimes to turn the baby, external version during the baby with hands, and vaginal breech delivery. You may want to make a second option.

If you had a Cesarean previously, seriously consider VBAC. According to the American College of Obstetrics and Gynecology, ACOG, it safer to avoid Cesarean than a scheduled repeat Cesarean and up to 90% of women with prior Cesareans can go on to birth their subsequent babies vaginally.

Think about It: Choosing Cesarean Birth

There is a common line or headline "right" to choose a Cesarean section (CS)? It has been clearly established in law that an individual has the right to refuse medical treatment, but it does not follow that the converse is also true that an individual has the right to demand treatment that is not used

she will have a "forced" vaginal delivery? Pregnancy is not a therapy. Most women need no medical or surgical treatment during pregnancy, delivery and the postpartum. Vaginal birth is the consequence of being pregnant, a state for which the woman and her medical personnel must take responsibility, not the other way around.



KNOW LABOR

Stay at home as long as possible.

Walk and change positions frequently.

Take in the position most comfortable for you.

Continue to eat and drink lightly, especially during early labor. It provides energy.

Just place in augmentation for a slow labor. As an alternative, you may want to try nipple stimulation.

If your bag of water breaks, only have vaginal exams done when medically indicated. The risk of infection increases with each examination. Discuss with your care provider how to monitor the signs of infection.

Request intermittent monitoring.胎 monitoring in the use of a fetoscope. Medical research has shown that continuous electronic fetal monitoring can increase the risk of Cesarean without evident improvement in outcome for the baby.

Asid an epidural, if possible. Medical research has shown that epidurals can slow down labor and cause complications for the mother and the baby. If you do have an epidural and have trouble pushing, ask to take a break from pushing until the epidural has worn off some and then resume pushing.

Do not arrive at the hospital too early. If you are still in the early stages of labor when you get to the hospital, instead of being admitted, walk around the hospital or go home and rest.

Think of the risks and benefits of medical and emergency procedures before you are faced with them. When faced with any procedure, first ask why it is being used in your case, what are the risks and long term effects on you and your baby, and what are your other options.

Remember, nothing's free. If you have any doubts, trust your instincts. Do not be afraid to speak up. Accept responsibility for your requests and decisions.

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Another Reason for Vaginal Births

It's not necessary for research to "prove" that vaginal birth is healthier for both the mother and baby. It is, however, interesting to read the many reasons why a mother should be everything possible to avoid Cesarean sections, commonly called C-sections. The following study offers valuable information about the relationship between C-sections and infants born with gastric upset and allergies. This study examined the full term, healthy infants, born to parents with a history of allergies. At birth, all mothers were given uniform nutritional recommendations, and infant formula was given only when breast feeding was not from the during the first four months of life. The infants were breast fed at six months and checked for antibodies to common allergens including cow's milk, eggs, and soybeans.

The 142 babies in this study who were delivered by C-section were twice as likely to exhibit food allergies and half as likely to have diarrhea than babies who were vaginally birthed. The researchers concluded that C-section delivery might be a risk factor for diarrhea and allergic sensitization in infants with a family history of allergy.

Why were the babies born by C-section more at risk for allergies? Researchers believe that C-section babies are lacking in the natural probiotics, "friendly" bacteria that vaginally delivered infants acquire during birth. This natural exposure helps to protect them, and is believed to be key in the development of healthy immune system function later in life.

Birth by C-section used to be a relatively rare occurrence. A C-section was performed only when a known medical problem would make labor dangerous for mother or baby, or if there were enough children in labor such as dystocia. In the last 30 years, the C-section rate has increased because of perceived maternal comfort issues, increased diagnosis of dystocia, and fear of suspension. In 2005, about 32% of births in the United States were by C-section.

There is no doubt that C-sections are sometimes necessary. However, all precautions to prevent it as a routine practice are vital to the child's future health potential.

Please read the adjacent article "Things You Can Do to Avoid an Unnecessary Cesarean" put out by the International Cesarean Awareness Network to explore your chances of having a healthy baby, vaginal delivery.



Unnecessary Cesareans

Scott C. Dulebohn



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