

Incision Decision

First-time moms consider their options for cesarean births

By Sonja Weisel-Jones

You learn a lot when you're pregnant for the first time — and sometimes, it's more than you'd expect. Now that I'm in the final weeks of bearing baby number one, everyone from family members to well-meaning strangers want to tell me about their labor and delivery experiences.

But what's surprised me most is the question virtually all of them ask at the end of their stories: "So, are you going to have a c-section or a vaginal birth?"

"Do I have a choice?" I wondered.

A friend pointed out that I could request a cesarean section — even if I had a picture-perfect pregnancy and didn't need the surgery for medical reasons. I raced home to Google this idea on the Internet and found myself immersed in a national debate about whether "order-up" c-sections are a good idea for first-time mothers. My questions grew. Were more women requesting c-sections? Are these elective surgeries safe? What are the short-term and long-term effects?

It turned out these weren't simple questions. That's why I sat down with Dr. Carla Ortique, an obstetrician and gynecologist with The Austin Diagnostic Clinic, to get some answers.

Rise in Requests

In the Austin area, moms-to-be are pondering c-sections for a variety of reasons, Ortique says. "Many women have a fear of labor pain as well as a fear of injury to their infant because of a difficult delivery or instruments used," she says. "A small subset of people is looking at convenience and the desire to have more control than a labor situation allows."

Ortique says some women cite concerns about the risk of urinary incontinence and uterine prolapse, which happens when the uterus drops or protrudes into the vagina. Those risks are higher with vaginal deliveries than c-sections, she says.

Because c-sections are common procedures, many women assume they're without risk, Ortique says. For the most part, they're safe. The risk of complication to the mother and infant are low with c-sections, she adds.

However, a c-section is still surgery — and surgery isn't something you undergo without first thinking it through. "Some people assume that a c-section is the best way to go without understanding the procedure's risks," Ortique explains.

Considering Cesarean

During a c-section, the medical risks are greater for the mother than the infant. Compared to a vaginal delivery, a woman undergoing a c-section has a higher risk for bleeding, infection, blood clots and damage to other organs, such as the bladder or bowel. These risks are generally low.

Possible long-term complications are another consideration. Each time a woman has a c-section, her risk increases for placenta previa, a condition in which the placenta implants too low in the uterus, or placenta accreta, a condition in which the placenta attaches too deeply into the uterine wall. Both of these conditions can pose health risks to the mother and baby.

“Some proponents of elective c-sections argue that if a woman only wants one or two kids, and she’s been counseled by her doctor, that’s fine,” Ortique says. “Realistically, most women don’t know how many kids they’re going to have. An inadvertent pregnancy may occur. The more c-sections you have, the higher the risks.”

C-sections can also pose risks to the baby. Newborns are more likely to have respiratory problems if born by c-section, according to the NIH. Last year, the group convened a panel of obstetrics experts who recommended that doctors perform elective c-sections only if the baby has reached at least 39 weeks of gestation, when the lungs are fully mature.

Making a Decision

Hard data about elective c-sections is elusive. The NIH estimates that of all c-sections, roughly 4 to 18 percent are requested by mothers who choose to have the surgery even though they could have had a vaginal birth.

The medical community is divided on whether doctors should perform c-sections upon request. The NIH panel concluded that there isn’t enough evidence right now to compare the benefits and risk of an elective c-section to a vaginal delivery.

The American College of Obstetricians and Gynecologists, one of the country’s leading groups of professionals providing healthcare for women, believes that “cesareans should be performed for medical reasons.” Those reasons can include women carrying multiple babies, a baby is bottom first or sideways instead of head down, or a baby has an illness or abnormality that would make a vaginal birth risky. If a woman requests a c-section, the group stresses that she should be thoroughly and accurately counseled on all associated risks.

“In general, most doctors are going to counsel someone who has never had a baby before against doing a truly elective c-section if it’s a normal pregnancy,” Ortique says.

In the end, each birth is a unique experience for mothers. Age, overall health, fetus health, cultural and social beliefs, and future childbirth goals all influence delivery decisions.

“The most important thing you need to do if you’re considering a c-section is to talk to your doctor about the short-term and long-term risks so that you can make an individualized, informed decision,” Ortique says.

Sonja Weisel-Jones is an Austin-based writer due to give birth on July 26. Dr. Carla Ortique, an obstetrician and gynecologist at The Austin Diagnostic Clinic, is board certified by the American Board of Obstetrics and Gynecology and has more than 20 years of medical experience.