

# Cesarean Section

An intro talk for HIVE



December 5, 2021

# **Cesarean Section:**

**Major Abdominal Surgery to deliver a baby when vaginal birth is not possible.**

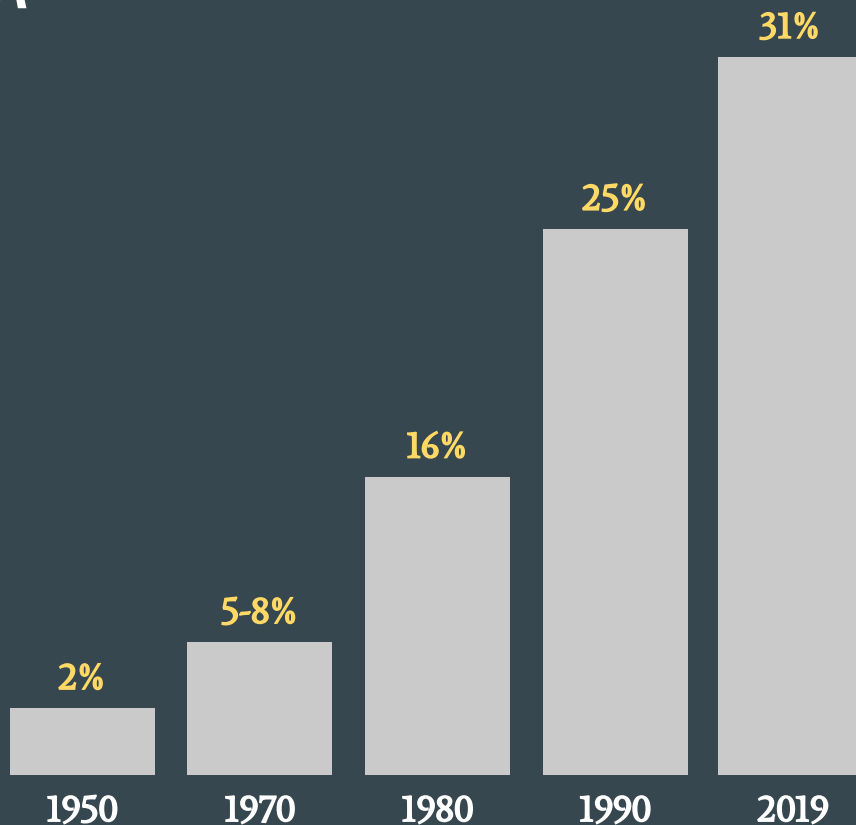
# History of Cesarean Sections

- Long and complex history across many cultures before “modern medicine”.
  - Historically used as a last resort when mother was dying, no intention of her living through the surgery
  - More frequency of safe cesareans in 1950s and later, with anesthesia and antibiotics.
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# Cesarean Rates over time in USA

## Overall trends

Over time, cesareans have dramatically increased, especially with the advent of continuous fetal monitoring, restrictions around VBACs, and diminishing skills for breech deliveries.



# Rates of Cesarean Sections

WHO: “as countries increase their caesarean section rates up to 10%, maternal and neonatal mortality decrease. However, caesarean section rates higher than 10% are not associated with reductions in maternal and newborn mortality rates.”

## National

2019 data (last published)

- 31% overall cesarean rate
- 25% NTSV cesarean rate (nullip, term, singleton, vertex)

## State-Wide

Example: California

- 23% NTSV cesarean rate

## Local

Example: East Bay Area

- 20% Alta Bates Oakland
- 23% Alta Bates Berkeley
- 22% Kaiser Oakland

# Primary Reasons for Cesarean Sections

## Most Common

- Failure to Progress 1st Stage (about half <5cm)
- Failure to Progress 2nd stage (2+ hrs pushing)

## Still Common

- Abnormal Fetal Heart Tracing

## Less Common

- Malpresentation (Breech, Transverse)

## Relatively Uncommon

- Twins, Multiple Gestation, Anomalies
- Obstetrical Complications - PreEclampsia, etc.
- Macrosomia, Shoulder Dystocia (or history)
- HSV, HIV, other scars, health history
- Elective

# Risks & Benefits of Cesarean Sections

## Risks

Potentially risky for long term health of neonate, and healing of parent

### Implications:

- Risks to future pregnancies & births, healing, adhesions, abnormal placentation in future pregnancies, etc.
- Deprivation of benefits of vaginal birth to neonate

## Benefits

Potentially life-saving procedure for both parent & baby.

### Implications:

- Intervention in a birth that cannot be delivered vaginally, or is presenting with complications that need swift resolution

# Process of a Cesarean Section

## Decision for Cesarean Section

- Sometimes pre-planned, sometimes in labour
- Sometimes an emergency in labour

## Preparations

- IV, blood type and screen, catheter, abx
- Consent forms, histories, etc.

## Pain Management

- Spinal freezing, through epidural if applicable
- General Anesthesia (when emergency)

## Draping, Cleaning

- Body is draped, monitoring vitals
- Area is cleansed, cannot be touched (sterile)



# Process of a Cesarean Section

## Incision

- 7 layers to reach uterus, organs moved temp.
- Prefer lower segment incision, occ. classical

## Baby delivered

- Suctioning of fluids
- Deliver head, then body, then placenta

## Repair

- Layers slowly repaired
- Sutures and/or staples, pressure dressing @ skin

## Meeting Baby

- Baby likely goes to warmer for assessment
- Skin to skin in OR, in recovery room

# Aftercare: Cesarean Sections

## Immediate Care

Likely in recovery room  
~2hrs, the PP Room

Monitoring Vitals,  
bonding with baby,  
breastfeeding.

Monitoring bleeding, pain  
control

GA recovery as needed

## First 48 Hours

Careful monitoring of  
vitals, bleeding,  
complications

Antibiotic administration,  
pain control

Cath out, walking, eating

Heading home from  
hospital

## First 6 weeks

?Staples Removed

Monitoring incision,  
bleeding, vitals for s/sx  
infection

6 week follow-up for  
general healing/resolution  
with OB/GYN

Moving, eating “normally”

# Normal Healing: Cesarean Scars



# Normal Healing: Cesarean Scars



# Abnormal Healing: Cesarean Incision Infection





# Atypical Healing: Allergic Reaction (adhesive), Yeast, Slow Pocket Healing

