

The Social History of the American Family: An Encyclopedia

C-Sections

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A C-section (also referred to as a cesarean section or sometimes simply as a “section”) is a surgical procedure that involves the removal of the fetus through an incision made in the mother's abdomen. The mother is given an anesthetic prior to the procedure so that she does not feel pain during the procedure. After making an incision just above the pubic bone and opening the abdominal wall, the surgeon then moves the abdominal muscles apart in order to access the uterus. An incision is then made in the uterine wall, the fetus is removed, and then the placenta. The incision in the uterus is then sutured, as is the incision in the abdominal wall. The procedure is then complete, and the recovery process begins.

History

The C-section procedure has been used in the United States since at least the mid-19th century. While early C-sections carried significant risks such as hemorrhaging, infection, and even death, such risks have lessened over the years due to [p. 299 ↓] refinement of the procedure, as well as changes in medical practice and medical technology. Attitudes about C-sections have greatly varied over the years. Medical professionals, mothers, insurance providers, and various other interest groups have weighed in on the debate, offering varied perspectives on the relative safety, risks, and outcomes of the procedure, as well as acceptable circumstances under which C-sections should be used. Given the highly contentious nature of the debate at present, coupled with the high demand for C-sections in the United States, it is unlikely that this issue will be settled any time soon.

Controversy and Risks

At present, there is significant controversy surrounding the practice of C-sections in the United States. Whereas the procedure was rarely performed in the early decades of the 20th century and only as a “last resort,” by the 21st century, approximately one-third of all births in the United States took place via C-section. While it is recognized that the procedure is medically warranted in some cases, C-sections are medically necessary in

some cases, particularly in high-risk pregnancies and when the life of the mother or the offspring is at stake. The controversy centers on procedures that are performed for the sake of convenience or in order to “preserve” the woman's perineum.

The argument for lowering the percentage of births that occur via cesarean sections primarily stems from concerns about the medical risks to mothers and newborns that are associated with the procedure, the high costs associated with C-sections, and the way in which a highly medicalized model of birth—which included medically unnecessary C-sections—disempowers women and fails to honor the physiological process of birth. Costs associated with C-sections are significantly higher than those associated with vaginal delivery, particularly due to the costs of surgery and longer hospital stay with cesarean births.

C-sections carry both short-term and long-term risks. Births that occur via C-section result in higher mortality and morbidity rates for both women and offspring than vaginal births. For women who undergo a C-section, immediate risks include those typically associated with a major abdominal surgery: increased rates of infections and hemorrhaging, cutting or “nicking” internal organs during surgery, pulmonary embolism, stroke, complications from anesthesia, pain, adhesions and scarring, psychological trauma, and death. In the long term, women who have a C-section may experience ongoing pain from the incision site and adhesions (thick, painful scar tissue). They are also more likely to experience uterine rupture during subsequent pregnancies, endometriosis (cells from the uterine lining that travel and grow outside of the uterus), medical complications in the year following their C-section, and negative mental-health outcomes in relation to their birth experience. Once a woman has had a birth via cesarean section, it is now standard practice in the United States to not allow her to attempt a vaginal birth after cesarean (VBAC); thus, once a woman has a C-section, she can expect all of her future pregnancies to be delivered via C-section.

For newborns, short-term risks associated with cesarean section include preterm delivery, respiratory complications, readmission to hospital, being cut or nicked during the surgery, and increased risk of death in the first month of life. Long-term risks for infants include childhood respiratory problems (such as asthma), increased risk of childhood obesity, and impaired immunity. There is much evidence that cesarean birth has a negative impact on breastfeeding because infants born via C-section are typically

separated from their mothers in the immediate postpartum hours, rather than being put in direct contact with their mothers and provided with the opportunity to immediately breastfeed.

Benefits

There are a variety of reasons offered by proponents of C-sections in the United States. The procedure can be very effective as a response to high-risk situations, including when the life or well-being of the mother and/or fetus is at stake. It is especially useful as a means of quickly delivering the fetus, something that may save the life of the fetus in cases of fetal distress, placental abruption, or when there are problems with the umbilical cord. C-section is also an effective means of delivery in high-risk pregnancies such as multiple fetuses, severely preterm labor, or when the mother has eclampsia or a similarly severe medical condition.

However, the majority of C-sections in the United States are not performed out of medical necessity. Some cesarean sections are done in the name of convenience, so the expectant mother can [p. 300 ↓] schedule the delivery of the child in accordance with other activities and demands in her life, or so that the woman's health care provider can schedule the delivery during the normal work day, rather than having to be on call and available during evenings and weekends.

Others are performed with the intent of avoiding the pain of labor and delivery. Still others are performed out of vanity, a phenomenon referred to as “too posh to push,” which includes women's desire to preserve their perineum by avoiding a vaginal delivery. However, it seems that many C-sections occur because women are not adequately supported during labor, because they feel pressured to have a C-section, or because they are not fully informed about the risks associated with delivery via C-section. There is also evidence to suggest that the procedure may be performed as a means of avoiding litigation, particularly because the obstetrician can use the C-section as evidence that they took all possible measures to preserve the health and well-being of mother and offspring.

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Further Readings

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