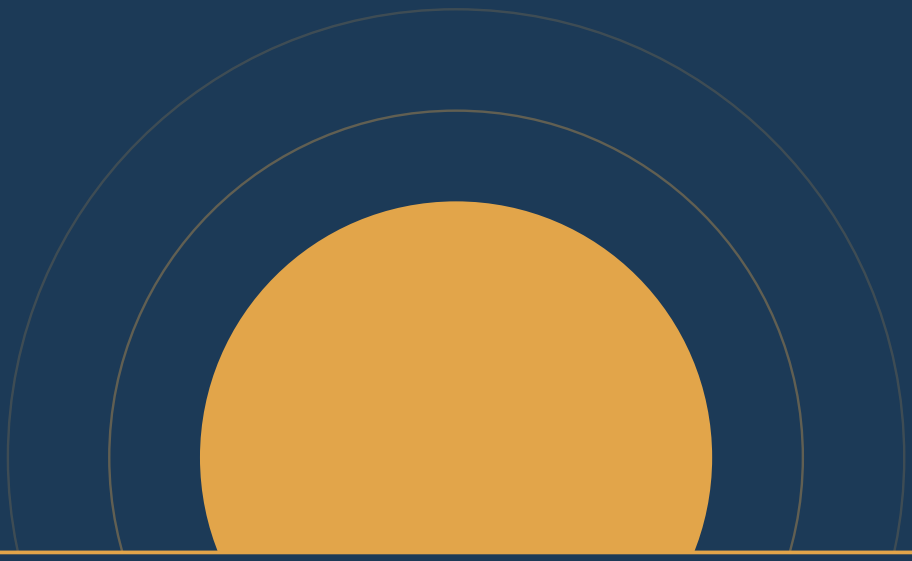
Mamavela

Your C-Section

Planned or unplanned: what happens in the operating room, how to care for your scar and how to recover, week by week.



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Contents

Welcome 3

- What this book is, and what it is not 3
- US and UK: same operation, different words 4
- How to use this book 4

Chapter 1. Why a cesarean, and how common it is 5

- What a cesarean is 5
- How common it is 5
- Planned, in labor, urgent: three different journeys 6
- The most common reasons 6
- Asking for a cesarean 7
- Benefits and risks, in plain numbers 8
- When the decision is made for you 8

Welcome

Maybe your cesarean is booked for a date in the calendar. Maybe it is a possibility your midwife or obstetrician has mentioned, because your baby is breech or your placenta is low. Maybe it already happened, quickly, at the end of a long labor, and you are reading this at night with your baby asleep on your chest, trying to piece together what happened to your body. Whichever page of the story you are on, this book is for you.

A cesarean is a real birth. You carried your baby, you made decisions under pressure, you went through major surgery while awake or asleep, and you are now recovering from that surgery while caring for a newborn. That deserves respect, not comparison. There is no "proper" way to have a baby, and nobody earns a medal for the route their baby took into the world.

A cesarean is also very common. In the United States, about one baby in three is born this way. In England, the NHS now says that around 45% of babies are delivered by caesarean. You are in very large company, even if it may not feel like it in the moment.

This book gathers what the official health bodies of the United States and the United Kingdom say about cesarean birth, and turns it into explanations, plans and pages you can fill in. Every figure comes from a named source that we opened and checked, listed with its web address in the Bibliography at the end.

What this book is, and what it is not

This book is information, not medical advice. It does not know your history, it cannot examine you, and it never replaces your obstetrician, your midwife, your anesthesiologist (anaesthetist in the UK), your family doctor or your pediatrician. When something worries you, the right move is always to call them. You will read that sentence many times, on purpose.

You will not find any medicine doses here, for pain relief or for blood thinners. Those depend on you, your weight, your kidneys, your feeding and your hospital's protocols, and they belong to your care team and your pharmacist. You will find what usually happens and why, what is normal and what is not, the official warning signs with the numbers to call, and practical tools: question lists, a hospital bag checklist, a six-week recovery plan, a 14-day scar diary.

> **Every birth counts.**
>
> Planned cesarean, cesarean in labor, emergency cesarean, cesarean you asked for: each is a birth, and each deserves the same care, the same skin-to-skin, the same support with feeding and the same kindness afterwards.

US and UK: same operation, different words

You may hear (US)	You may hear (UK)	What it means
Cesarean delivery, cesarean birth, C-section	Caesarean section, caesarean birth	Birth through a cut in the abdomen and uterus
Ob-gyn, obstetrician	Obstetrician, consultant	The surgeon who performs the cesarean
Anesthesiologist	Anaesthetist	The doctor who gives your anesthesia and stays at your head
Operating room (OR)	Theatre, operating theatre	Where the cesarean happens
NICU	Neonatal unit, SCBU (special care baby unit)	Care for babies who need extra help
Postpartum visit	6-week postnatal check	The appointment that reviews your recovery
VBAC, TOLAC	VBAC	Vaginal birth after cesarean, and the attempt at one
911	999 (or 112)	Emergency number
Your provider's nurse line	NHS 111	Urgent advice when it is not an emergency

How to use this book

You do not have to read it in order.

- **If your cesarean is planned:** read Chapters 1 to 6 in the weeks before, fill in the question pages and the birth preferences, pack the bag in Chapter 2, then come back to Chapters 6 to 10 after the birth.
- **If you might need a cesarean** (breech baby, low placenta, twins, a previous cesarean): read Chapters 1, 3, 4 and 13, so nothing on the day is completely new.
- **If your cesarean has already happened:** start with Chapter 10 (warning signs), then Chapter 7 (your scar) and Chapter 8 (week by week). Chapter 11 is there whenever you want to think about how the birth felt.
- **Partners:** Chapter 12 is written for you, but Chapters 5, 8 and 10 will help you most in practice.

> A note on words. Health bodies use different words for the person giving birth: woman, mother, birthing person. We mostly say "you". Solo mothers, two-mom families, co-parents, surrogacy and adoption journeys, IVF pregnancies: whatever your family looks like, this book is for you.

Chapter 1. Why a cesarean, and how common it is

What a cesarean is

The NHS describes a caesarean section as "an operation to deliver your baby through a cut made in your tummy and womb". The cut in the skin is usually made across the lower abdomen, just below the bikini line. Underneath, the obstetrician opens the uterus (womb), lifts the baby out, delivers the placenta, then closes each layer.

The American College of Obstetricians and Gynecologists (ACOG) explains that the skin incision may be transverse (side to side, the "bikini" cut) or vertical (up and down), and that the incision in the uterus can also be transverse or vertical. These are two different scars: the one you see on your skin, and the one inside on your uterus. The second one matters for future pregnancies, and you cannot tell what it looks like from the outside. We come back to this in Chapter 14.

How common it is

Where	What the source says	Source
United States	1,173,391 cesarean deliveries in 2024, 32.4% of all deliveries	CDC, National Center for Health Statistics (FastStats)
United States	"About 1 in 3 babies is delivered by cesarean birth"	ACOG
England	"Around 45% of babies born in England are delivered by a caesarean"	NHS
United Kingdom	"At least 1 in 3 women in the UK currently give birth by caesarean", about half planned and half unplanned or emergency	Royal College of Obstetricians and Gynaecologists (RCOG)
Worldwide	21% of all childbirths, projected to reach about 29% by 2030	World Health Organization (WHO), 2021

The worldwide figure comes from a study led by WHO researchers and published in BMJ Global Health in 2021 (Betran and colleagues). Using data from 154 countries covering 94.5% of the world's live births, they found that 21.1% of women gave birth by cesarean, with very wide differences: around 5% in sub-Saharan Africa and 42.8% in Latin America and the Caribbean. WHO's message is twofold: a cesarean "can be an essential and lifesaving surgery", every woman who needs one should be able to get one in time, and every woman should be part of the decision about her birth.

The National Institute for Health and Care Excellence (NICE), which writes guidance for the NHS in

England, asks professionals to tell pregnant women early in pregnancy that "around 25% to 30% of women have a caesarean birth". Figures move from year to year and from hospital to hospital; what matters for you is that a cesarean is a common, well-practised operation.

Planned, in labor, urgent: three different journeys

Health bodies often speak of "elective" and "emergency" cesareans. Those words can sound alarming. In practice there are three quite different experiences.

A planned cesarean (elective, scheduled) is booked in advance. You know the week, often the day. The NHS says planned caesareans are usually done from the 39th week of pregnancy, and NICE advises against routinely doing a planned cesarean before 39 weeks, because babies born earlier are more likely to have breathing problems. The RCOG gives the figures: 1 in 24 babies born by planned caesarean at 38 weeks needed admission to the neonatal unit for help with breathing, compared with 1 in 56 after 39 weeks.

A cesarean during labor happens when labor was underway and the plan changes: labor is not progressing, the baby's heart rate pattern is a concern, or another problem appears. Often there is time to talk, sign a consent form and keep your epidural.

An urgent or emergency cesarean happens when there is a threat to you or your baby and the baby needs to be born quickly. NICE classifies urgency into four categories, so the whole team understands the same thing:

Category	NICE definition	Timing NICE asks for
1	Immediate threat to the life of the woman or the baby	As soon as possible, in most situations within 30 minutes of the decision
2	The woman or baby is compromised, but not immediately life-threatening	As soon as possible, in most situations within 75 minutes
3	No compromise, but the baby needs to be born early	Planned with the team
4	Birth timed to suit the woman or the team	A planned date

If you hear "category 1" or "category 2" on the day, it is a communication tool for the team, not a prediction of how things will turn out.

The most common reasons

The NHS and ACOG list similar reasons for a cesarean. Your obstetrician will explain which apply to you.

- **Your baby is breech** (bottom or feet first) and could not be turned, or you prefer not to try turning. Transverse lie (baby lying sideways) near term usually also leads to a cesarean.
- **A low-lying placenta** that covers the cervix (placenta praevia). NICE advises offering a cesarean when the placenta partly or completely covers the internal opening of the cervix.
- **Pre-eclampsia** or another health problem that makes labor risky. ACOG mentions certain heart

conditions and certain brain conditions such as an aneurysm.

- **Certain infections**, such as a first genital herpes infection late in pregnancy or untreated HIV (NHS). NICE notes that hepatitis B or hepatitis C alone is not a reason for a planned cesarean.
- **Labor is not progressing**, also called "failure to progress": contractions do not open the cervix enough for the baby to move down (ACOG).
- **Concern for the baby**: the heart rate pattern on monitoring, or the cord being compressed (ACOG); the NHS describes this as the baby "not getting enough oxygen and nutrients".
- **Twins or more**, depending on positions and timing. ACOG notes that many women having twins are able to have a vaginal delivery.
- **A previous cesarean**, sometimes. Many women can plan a vaginal birth next time (Chapter 14).

NICE is also clear about what should not decide on its own: pelvic measurements, shoe size, height, or an estimate of the baby's size do not accurately predict whether the baby will fit, and NICE says not to use them to decide how a baby is born. A body mass index above 50 is not, on its own, a reason for a planned cesarean either.

Asking for a cesarean

Some women ask for a cesarean without a medical reason: after a previous traumatic birth, because of an intense fear of childbirth (tokophobia), after sexual abuse, because they want to avoid an emergency, or because a planned date gives them a sense of control. The RCOG lists all of these reasons calmly and without judgment.

The US and UK approaches differ in tone, and it is fair to show you both.

- **In the UK (NICE):** if you ask for a cesarean, your team should explore your reasons with you, give balanced information, offer to discuss other options (place of birth, continuity of midwifery care, pain relief), offer a conversation with a consultant or senior midwife, and offer perinatal mental health support if anxiety is behind the request. If, after that informed discussion, you still want a cesarean, NICE says "support their choice", and the cesarean should be offered within your obstetric unit. The NHS adds that if a doctor is unwilling to perform it, they should refer you to a doctor who will.
- **In the US (ACOG Committee Opinion 761):** ACOG estimates that 2.5% of all US births are cesareans on maternal request. It says that, in the absence of medical reasons, "a plan for vaginal delivery is safe and appropriate and should be recommended". If, after discussion, you still choose a cesarean, ACOG recommends it is not done before 39 weeks, and that you are told the risks of placenta problems and hysterectomy increase with each later cesarean. ACOG's patient page adds that this "may not be a good option if you want to have more children".

> **Fear of birth is real, and it can be helped.**
>
> If birth frightens you, say so early. Both NICE and ACOG treat that fear as something that deserves a proper conversation and support, not as a whim. You are allowed to change your mind in either direction.

Benefits and risks, in plain numbers

NICE asks professionals to explain that both vaginal birth and cesarean birth carry benefits and risks, some very small and some larger, and that the woman decides which risks are more acceptable to her. The RCOG has turned the NICE data into figures you can read. They come from studies of varying quality and they are averages, not predictions for you.

Topic	Planned cesarean	Vaginal birth	Source
Wound or womb infection	Common: 2 to 7 in 100 women	Not applicable to a wound	RCOG
Discomfort lasting a few months	1 in 10 women	Perineal soreness is common for a while	RCOG
Usual recovery period	About 6 weeks	Usually quicker	RCOG
Leaking urine (urinary incontinence)	Up to 1 in 5 women	Up to 1 in 2 women	RCOG
Hysterectomy for heavy bleeding	About 1 in 500	About 1 in 1,000	RCOG
Maternal death (very rare in the UK either way)	1 in 4,000	1 in 25,000	RCOG
Baby's skin cut during the operation	1 to 2 in 100 babies, usually heals without long-term problems	Not applicable	RCOG
Placenta accreta in a later pregnancy	1 in 1,000	1 in 2,900	RCOG

A review in The Lancet in 2018 (Sandall and colleagues) summarized the longer-term picture. It describes a cesarean as potentially life-saving when medically indicated, and notes associations with problems in later pregnancies (such as abnormal placentation and uterine rupture) that increase with the number of cesareans, and reported associations in children with asthma and childhood obesity. The RCOG puts the childhood figures in perspective: asthma later in life in 1 in 55 children born by cesarean compared with 1 in 67 after vaginal birth. These are small differences, at population level, and they are not a reason for guilt if a cesarean was the right birth for you.

> **Is this normal?**
>
> Feeling torn between the numbers is normal. Risk is personal: a 1 in 1,000 risk does not feel the same to everyone. Bring this table to your appointment and ask, "What do these figures mean for me?"

When the decision is made for you

Sometimes there is no time to weigh anything. A decision is made in minutes, the room fills with people, and you are moved to the operating room. NICE says that after an unplanned or emergency cesarean, while you are still in hospital, you should be given the chance to discuss the reasons for it

with the team, and receive verbal and printed information about birth options for future pregnancies, or have that conversation later if you prefer. You will find a page to prepare that conversation in Chapter 11.

End of the sample

Thank you for reading this far. We hope these first pages already feel useful, and that you can see how the rest of the book is built: clear steps, pages to fill in, sources you can check.

The full book has 50 pages.

Get it here: https://mamavela.com/shop/c-section-guide/

One-time payment, instant PDF.