

# When Will I Need a C-Section?

Most moms-to-be and their partners have a vision of how they want their delivery to go. In some cases, however, your doctor might recommend a Cesarean section, or one might become necessary for medical reasons during labor. A Cesarean section is the surgical delivery of a baby through incisions in the abdomen and uterus. There are many reasons your doctor might recommend a c-section.

*“The first is sometimes the baby is sick and we can’t wait for labor. Cause labor may take 12, 24, 36 hours and we need baby to come out sooner. The second is maybe mom is sick, she has very high blood pressure and we need to get the baby delivered sooner. So, we’ll just move forward with a cesarean section.”*

Your doctor may also recommend a C-Section if you have a condition called placenta Previa or vasa Previa. This occurs when the placenta or umbilical cord covers the cervix, blocking the way out for the baby. If you need a C-section for Placenta Previa or Vasa Previa, it may be scheduled before 39 weeks of gestation to prevent any chance you will go into labor, which could be dangerous.

Another condition that may lead to a planned C-section is called Placenta Accreta. In this case, the placenta attaches abnormally to the uterus, which can lead to a hemorrhage after your delivery. In many cases, the c-section is followed by a hysterectomy to protect the health of mom. If you have had a prior C-section, your healthcare provider may recommend another. This is not true for all women, but for some it’s not safe to have a vaginal delivery after having a c-section. Talk to your doctor about the risks and benefits to see if you need a second c-section.

You might also need a c-section if your baby is not positioned head-down in your uterus. This position makes it riskier to have a vaginal birth, so your doctor might decide it’s safer to have a c-section.

Having twins or multiples also increases the chance you’ll have a c-section. Not all moms who are carrying twins need a scheduled C- section, but there are some conditions that make a scheduled C-section a safer, more controlled option for you and your babies.

Depending on the size of your baby, your healthcare provider may recommend a c-section. This is measured by ultrasound (not how big your “bump” is). If your doctor determines your baby is too large for a safe delivery, a scheduled C-section may be a better idea. And finally, if you have certain medical conditions like severe heart disease or some sexually transmitted infections that can be transmitted to your baby during birth, a c-section might be safer for you and your baby. HIV and active genital herpes lesions are both conditions that might require a c-section.

Always make sure you are honest with your healthcare provider about your health and make a delivery plan that is best for your baby. Scheduled c-sections are planned and can be worked into your birth plan. emergency c-section must be done during labor. An emergency c-section is done to protect either your health or the health of your baby.

Conditions where an emergency c-section may be performed include Umbilical cord prolapse, which means the umbilical cord drops through the open cervix into the vagina before the baby, stopping blood flow to the cord. Uterine rupture, which causes a mother’s uterus to tear, so her baby slips into her abdomen and results in severe bleeding, or an abnormal or weak fetal heart rate during labor. If you do have an emergency c-section, know that the decision was made by medical experts for the safety of you and your baby.

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A C-section may not be part of your birth plan, but it's important to remember that a c-section may be necessary to ensure you deliver a healthy baby.