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Caesarean section or Vaginal birth: Making an Informed Choice

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Quali-Dec

A positive childbirth experience
through informed decision-making.



Caesarean section or Vaginal birth Making an Informed Choice

Information

Motivations





You are pregnant and you are wondering how you are going to give birth.

Will you have a planned caesarean section or will you attempt to give birth by natural means ? Here is some information to help you make your choice.

The hospital where you plan to give birth is currently involved in the QUALI-DEC project. The project aims to assess the effectiveness of a training program for health professionals for the care of pregnant women.

The current information booklet, which was given to you by your doctor or your midwife, is a tool used to support your decision-making about your next birth. By using this guide with your care giver it will be considered that you have consented to participate. Your participation in this project is anonymous, it will never be possible to identify you.

References to scientific evidence used in this booklet are available in a technical document which you can access by asking to **alexandre.dumont@ird.fr**
Authors of this booklet or their affiliations gain no benefits by choices you make after using this decision aid.

Thank you for your time.

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→ This guide is for you if :

- You are pregnant and your doctor believe that you may try a « vaginal birth », that this is a safe option for you.

→ What options are open to you ?

- Plan a vaginal birth
- Plan a caesarean section

→ About the information in this booklet :

- The information contained in this booklet is based on the latest research in perinatal care. You can ask the references to alexandre.dumont@ird.fr

→ The purpose of this booklet is :

- To help you determine what is important to you and how much it means to you.
- Understand the risks and benefits of each option (« **Information** » section).
- Identify your preferences and needs in relation to these options. (« **Motivations** » section).
- To help you make an informed decision with your doctor about the birth of your baby.

Please keep in mind that, throughout your pregnancy, your situation may change. A vaginal birth or a caesarean may become a preferable option. In this case, the decision that seemed best after you read this booklet might not be the one that will result. Your doctor will discuss this with you if such a situation arises.

The information in this booklet is to help you make a choice but does not replace the advice and supervision of your doctor. The authors disclaim any liability with respect to a decision based solely on the information contained in this booklet. For further information, please contact your doctor.

Instructions

You are pregnant and you are wondering how you will give birth to your baby. Will you have a caesarean or will you give birth through a vaginal birth? This booklet will help you to learn about the options available to you and help you make the best decision for you and your baby.

1

Allow about 30 minutes.

2

Read this booklet carefully.

3

Complete the «Motivations» section.

4

Make sure you bring this booklet with you to your next appointment so you can use it to discuss your preferences with your doctor.

Contents

→ Section 1 - Information :

- Description of the options available and presentation of risks and benefits associated with each option.
- Table summarizing the risks and benefits of each option.

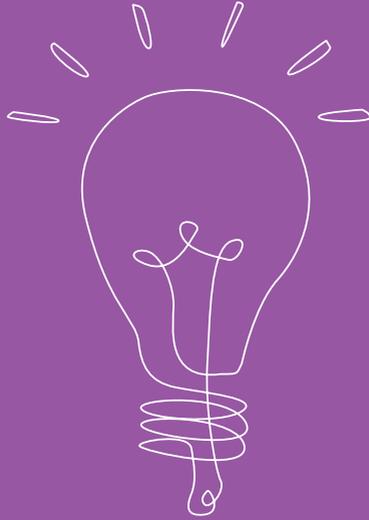
→ Section 2 - Motivations : What is most important to you ?

Exercises :

- Create a summary of your preferences.
- Identify what things are most important to you as you think about the birth.
- Locate your birth choice on the Birth Preference Scale.

Questions :

- List questions to ask your doctor at your next appointment.



1. INFORMATION



Quali-Dec

Vaginal Birth or Caesarean

→ What is a vaginal birth ?

A vaginal or natural birth is a birth in which the child is pushed out of the mother's uterus via the vagina, as opposed to being delivered surgically.

→ What is a planned caesarean ?

A planned caesarean is scheduled at term, around the due date. Caesarean child-birth allows the birth by making an incision in the abdomen and uterus when the maternal and/or fetal conditions are not favorable for a vaginal birth. The procedure is performed usually under epidural or spinal anesthesia and, in rare cases, under general anesthesia.

→ Why choose a Vaginal Birth ?

Vaginal Birth can be a very satisfying experience. Moreover, a successful vaginal birth avoids future complications associated with a caesarean scar.

Medical practices have also evolved to make vaginal birth safer. For women who attempt vaginal birth, the chances of completing a vaginal birth are now about 90%. There is always a risk of having a caesarean during labor.



→ 9 in 10 women

will have a successful vaginal birth
For nearly 10 of every 100 women,
babies will be born by caesarean
after labor has started.

→ What are the conditions to choose a vaginal birth?

Most women can have a vaginal birth. Your chances of successful vaginal birth depend on the progress of your current pregnancy. Your doctor will review your medical history and will bring you all the necessary information so that, together, you can make the decision to plan a vaginal birth or a cesarean section.

1

CONDITION FOR THE FREE CHOICE OF A VAGINAL BIRTH

- ✔ *You are pregnant with only one baby.*
- ✔ *Your baby presents head-first.*
- ✔ *You are at 37 weeks of pregnancy or more.*

2

SPECIAL CONSIDERATIONS TO DISCUSS WITH YOUR DOCTOR

- ✔ *Baby in breech position.*
- ✔ *Estimated weight of the baby over 4 kg (Macrosomia).*
- ✔ *Cervix not ready for labor (unfavorable) and induction needed.*

→ What are your options if your condition changes during pregnancy and childbirth ?

- Your condition will be assessed by your doctor throughout pregnancy to ensure that you remain a good candidate for vaginal birth.
- If your condition change and become less favorable to a vaginal birth, your doctor will inform you and discuss with you to determine with you whether a plan cesarean section is safer for you and your baby.
- If you choose to try a vaginal birth, you will be assisted throughout your labor. If necessary, a cesarean might be quickly performed if it is beneficial for you or your baby.
- In case of prolonged labor a cesarean during labor might be needed.

QUIZ

True
or false ?



1. Vaginal delivery is more risky than caesarean section for mother and baby.

True False

2. With caesarean section, there is no risk of genital prolapse.

True False

3. There is a more chances of successful breastfeeding if you give birth vaginally.

True False

ANSWERS OF THE QUIZ

→ Question 1 : False

Recent studies clearly indicate that there is more morbidity for the mother's health and her baby's when delivery is by caesarean section.

→ Question 2 : False

The prolapse usually occurs in the last months of pregnancy because of the baby's pressure on the cervix. Caesarean delivery does not prevent prolapse automatically.

→ Question 3 : True

More women are successful in breastfeeding. In addition, studies indicate that children who have been breastfed for several months are performing better at school.



There is a lot of false preconceived ideas on the safety and benefits of the cesarean. It worth taking the time to consider the true risk of vaginal birth and of the cesarean section for you and your baby, but also for your futur pregnancies. Thoses risks are resumed in the table beside.



PLAN A VAGINAL BIRTH



PLAN A CAESAREAN

→ WHAT IT MEANS



Plan a vaginal Birth :

- Your baby is pushed out of your uterus via the vagina
- A pain control method can be used (epidural)
- A caesarean or an assisted vaginal delivery (forceps / vacuum) will be performed if needed
- Hospitalization: around 48 hours

Plan a caesarean :

- Your baby is born by abdominal surgery
- The procedure is usually performed under epidural or spinal anaesthesia
- However, a general anaesthesia is sometimes required
- Hospitalization : 3 to 4 days

→ BENEFITS



Plan a vaginal Birth :

- Having a shorter hospital stay / faster recovery
- Experiencing a vaginal birth
- Have an immediate and sustained contact with your baby
- Increase the chances of starting to breastfeed after delivery
- Reduce the risks associated with surgery (cardiac arrest)
- Faster recovery / Increased postpartum mobility
- Reduce the risk of complications during future pregnancy (uterine rupture, placental abruption, placenta previa or accreta).

Plan a caesarean :

- Avoid pain due to labour
- Avoid prolonged labour
- Reduce the risks of having an urgent caesarean in labour or assisted vaginal delivery (forceps / vacuum)
- Less pain in the perineum after delivery and in the first 3 months after birth
- Avoid an assisted delivery (forceps, vacuum)
- Reduce the risk of urinary incontinence during the first 2 years after delivery

→ RISK AND INCONVENIENCES



Plan a vaginal Birth :

- Have an urgent caesarean during labour
- Have an assisted delivery (forceps, vacuum)
- Risk of pain in the perineum and abdomen during birth and in the first 3 days after
- Risk of temporary urinary incontinence, during the first 2 years after delivery

Plan a caesarean :

- Having a longer hospital stay / slower recovery / post-operative pain
- Be separated from your baby after delivery (care, nausea)
- Difficulty functioning after surgery / slow recovery
- You might need more help at home to take care of both yourself and the baby
- Not be able to lift/take care of other children at home
- More abdominal pain in the first 3 months after birth. Risk of persistent wound pain for 12 or more months
- Reduce the chances of starting to breastfeed after delivery
- Increased risk of hysterectomy due to post-partum haemorrhage
- Increased risk of complications during a future pregnancy (uterine rupture, placental abruption, placenta previa or accreta, miscarriage and ectopic pregnancy)

→ RISK AND INCONVENIENCES FOR THE BABY



Plan a vaginal Birth :

- Possible risk of brachial plexus injury

Plan a caesarean :

- Risk of cardio-respiratory complications for your baby
- Respiratory disorders after birth (when delivery is earlier than 39–40 weeks of pregnancy)
- Possible risk of obesity in childhood or adolescence
- Risk of allergies and asthma later in life

Helping you choose between a vaginal birth and a caesarean section ?

Feel free to discuss in advance with your doctor to evaluate if a vaginal birth is possible in your situation.

- Take the time to check with your doctor about the pros and cons of a vaginal birth or a Caesarean.
- If you still are questioning the benefit of having a vaginal birth, you may request a second opinion from another specialist.

→ If after discussion with your doctor, you opt for scheduled caesarean

It is important to plan your caesarean after the 39th week of pregnancy to reduce the risk of respiratory complications for your baby.

You must keep in mind however, that even if you have chosen caesarean delivery, it may happen that the labor begins before the date fixed for the surgery. At this point, your doctor will reconsider with you the possibility of vaginal birth.

What to know to prepare for a vaginal birth

→ During pregnancy

- Have support (mother, relative, doctor).
- Take childbirth preparation classes if available.
- Have confidence in your ability to give birth.

→ How to avoid pain?

The epidural is often administered during a vaginal birth.

→ Is induction of labor (or initiation of labor) possible ?

Yes, a labor induction is possible, especially if your cervix is favorable. It is advisable to wait 41 weeks of pregnancy to maximize the chances of entering into spontaneous labor. Certain medical conditions require induction before 41 weeks. When labor induction is necessary and the cervix is not favorable, it is possible to «ripen» the cervix mechanically (eg Foley catheter). Take the time to check with your doctor to determine if induction is justified in your case and if so, what are the benefits and side effects.

→ Increase chance of vaginal birth

- Wait until labor begins spontaneously.
- Move, change positions, get up, walk.
- Light diet and hydrating drinks to keep your energy.
- Get a massage, relax between contractions and breathe.
- Listen to music, take a bath, practice visualization.
- Ask the support of a significant other or a birth companion during labor.



FOR MORE DETAILED INFORMATION :

For questions about your situation, please talk with your doctor or contact your birth center.



2. MOTIVATIONS



Quali-Dec

Exercises : Steps to weigh the pros and cons

→ First step : what is important for you and how important is it ?

INSTRUCTIONS :

- Think about what is important to you (advantages and disadvantages).
- Read the contents of each box (suggestions have been proposed to help you start your thinking).
- Write in the « Your ideas » section of all other elements (advantages, disadvantages) that are important in your decision.
- Place an « X » in the box that corresponds to the importance you place on each item. Do not hesitate to check out the information in the Summary of Options (p.11) to guide your thinking process.

EXAMPLE :

Suggestions :

	NOT IMPORTANT	IMPORTANT	VERY IMPORTANT
Having a vaginal birth		X	
Having a fast postpartum recovery			X
Avoiding an urgent caesarean in labor	X		

Your ideas :

<i>Have an immediate contact with my baby</i>			X
<i>Be allowed to lift my other children at home</i>			X
<i>Not having pain during sex</i>		X	

→ Second steps : What is your preference ?

- Thinking about your answers, place an « X » in the preference scale of the mode of birth below.

PREFER CAESAREAN					UNCERTAIN					PREFER VAGINAL BIRTH				
										X				

Your opinion

→ First step : what is important for you and how important is it?

Suggestions :

	NOT IMPORTANT	IMPORTANT	VERY IMPORTANT
Have immediate contact with my baby			
To experience a vaginal birth			
Increase the chances of breastfeeding success			
Reduce the risks associated with a surgery (hemorrhage, stroke/embolism)			
Reduce the risk for future pregnancy			
Stay less time in hospital			
Have a quick postpartum recovery			
Reduce post-partum pain and medication			
Reduce pain during labor			
Avoid prolonged labor			
Avoid an emergency caesarean			

Your ideas :

	NOT IMPORTANT	IMPORTANT	VERY IMPORTANT

Glossary

- **Asphyxia** : A condition of severely deficient supply of oxygen to the body that arises from abnormal breathing.
- **Birth companion** : Women who have had training to physically and psychologically support women in labor; meeting the pregnant woman or the couple during pregnancy, is present during active labor and delivery, and provides support during the postnatal period.
- **Brachial plexus** : Brachial plexus injuries involve damage to the nerves on the upper limbs, and may cause loss of feeling and/or loss of movement in the shoulder, arm, or hand.
- **Breech presentation** : Most babies adopt a «head first» position in the womb. However, sometimes the buttocks or the baby's feet appear first during birth. This is what is called a breech presentation.
- **Caesarean** : Surgical procedure that involves cutting the abdominal wall of the mother to extract the fetus. Caesarean are also called «abdominal delivery».
- **Cervix** : Cone-shaped opening of the uterus in the vagina. Allows internal access to the uterus. Dilatation (opening) and effacement (shortening) is a sign of labor.
- **Childbirth preparation classes (also called prenatal classes)** : Courses provided by a health professional, a prenatal educator or a doula, to provide information on birth for mothers (breathing exercises and of pain management, stages of labor, management of pushing and expulsion ...).
- **Doula** : A doula is a person who accompanies, supports, informs the couple, the woman at the time of birth (see Birth companion).
- **Effacement** : Shortening of the cervix under the action of contractions. The vaginal side of the cervix and uterine side seems to form a single disk.
- **Elective caesarean** : A scheduled caesarean planned before the onset of labor.
- **Embolism** : Clot that circulates in the blood and can clog an arterial branch supplying the lung.
- **Emergency caesarean (in labor)** : Caesarean performed after labor starts.
- **Encephalopathy** : Signs and symptoms of abnormal neurological function in the first few days of life in an infant born at term. In this condition there is difficulty initiating and maintaining respirations, a subnormal level of consciousness, and associated depression of tone, reflexes, and possibly seizures.
- **Endometrium** : Mucous membrane lining the inner wall of the uterus and facilitate the implantation of the egg.
- **Epidural** : Regional anesthesia, allowing the mother not to feel the pain of contractions in childbirth. It is inserted close to the spinal cord and is accompanied by interventions such as the installation of a solute, monitoring the baby's heartbeat, stop eating, and sometimes the placement of a urinary catheter. It may slow down activity, affect the rotation of the baby and increases the possibility of forceps or suction to deliver the baby.
- **Episiotomy** : Incision of the perineum performed during childbirth to facilitate the birth of the baby when indicated medically.
- **Expulsion** : Time of delivery which begins when the baby's body appears at the vulva, and ends with the complete output of the child's body out of the body of his mother.
- **Forceps** : Instrument consisting in two large metal spoons used on the fetal skull to remove the baby.
- **Genital prolapse** : The descent of one or more of the pelvic structures (bladder, uterus, vagina) from the normal anatomic location toward or through the vaginal opening. It usually occurs when the pelvic floor collapses because of the weight of the baby during pregnancy.

- **Hemorrhage** : Hemorrhage is a blood flow caused by the rupture of a blood vessel.
- **Hysterectomy** : A hysterectomy is a major operation that aims to remove the uterus in women.
- **Induction of labor** : A procedure used to stimulate uterine contractions during pregnancy before labor begins on its own; should not occur before 41 weeks of pregnancy unless medically.
- **Labor** : During childbirth, the work is divided into 3 stages: The first stage begins with the appearance of first contractions. During this time the cervix thins and opens to full dilatation (10 cm); the 2nd stage is the full cervical dilatation until the birth of your baby; and 3rd stage correspond to the evacuation phase of the placenta after the birth of your baby.
- **Natural means, vaginal way** : Vaginal birth.
- **Perineal tear** : Tear between the vulva and anus.
- **Perineum** : Set of muscles between the clitoris and the anus. This set supports and is crossed by the genitals, urinary and anal.
- **Palsy** : Refers to various types of paralysis, often accompanied by weakness and the loss of feeling and uncontrolled body movements such as shaking.
- **Placenta accreta** : An insertion of the placenta in the uterine muscle. The placenta is difficult to dislodge. This situation is more common in cases of placenta inserted down on a caesarean scar.
- **Placenta previa** : Placenta covering the cervix. His detachment can cause bleeding from the mother's blood (and no cases of fetal blood). It can prevent the fetal head from engaging and caesarean will be decided by the medical team.
- **Postpartum** : Period immediately following the birth of the baby, and in the weeks following childbirth.
- **Ripen (Mature)** : Refers to actions that aim to soften and open the cervix.
- **Spinal anesthesia** : Lumbar puncture and injection of an anesthetic liquid.
- **Urinary incontinence** : Uncontrollable and involuntary loss of urine that occurs the day or night.
- **Uterine muscle (myometrium)** : Muscle of the uterus.
- **Uterine rupture** : Tear at the uterine incision may occur during pregnancy or childbirth.
- **Uterus** : Organ of the female reproductive system designed to receive the egg during implan- tation and provide the means to the embryo and the fetus to grow to term.
- **Vacuum extraction** : Instrument allowing traction of the fetal head.
- **Vagina, vaginal** : Female genital organ located between the vulva and the uterus.

Resources for more information : www.qualidec.com

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