

MODULE 6

The Four Main Reasons for a First Cesarean: What You Can Do Differently This Time.



Main Reasons for a First Cesarean

These are the four main reasons for a primary cesarean:

- ☛ Failure to progress/non-progressing labor.
- ☛ Abnormal fetal heart rate tracings.
- ☛ Malpresentation, breech (baby in wrong position).
- ☛ Macrosomia, “big” baby.

Leaders in maternity care say that sometimes a cesarean can be avoided when any of these four indications are present.



American College of Obstetricians and Gynecologists, et al. (2014). Safe prevention of the primary cesarean delivery. *American Journal of Obstetrics & Gynecology*, 210(3), 179-193. doi: 10.1016/j.ajog.2014.01.026

What You Should Know:

- The number of low-risk women who have a primary cesarean for these four reasons varies as much as 10-fold across hospitals in the United States, from 7.1 to 69.9 percent.
- Physician practice style—rather than a laboring person's health condition—accounts for the wide regional variation of primary cesareans, from 23 to nearly 40 percent.



ACOG

The American College of
Obstetricians and Gynecologists

American College of Obstetricians and Gynecologists, et al. (2014). Safe prevention of the primary cesarean delivery. *American Journal of Obstetrics & Gynecology*, 210(3), 179-193. doi: 10.1016/j.ajog.2014.01.026

I Had a Cesarean for
Non-Progressing Labor.



“Failure to Progress” Can Refer To:

- ☛ The cervix not dilating.
- ☛ The baby not moving through the pelvis as expected.
- ☛ The mother’s inability to give birth after the cervix has fully dilated.

I Had a Cesarean for Non-Progressing Labor.

Can I plan a VBAC?

Yes.

You may not have this issue during your next labor.


- ☛ Failure to progress is sometimes just a failure to wait.
- ☛ A lack of progress may have been due to the position of the baby or other factors (such as restricted mobility).
- ☛ Sometimes a cesarean is recommended for a “failed” induction.

American College of Obstetricians and Gynecologists, et al. (2014). Safe prevention of the primary cesarean delivery. *American Journal of Obstetrics & Gynecology*, 210(3), 179-193. doi: 10.1016/j.ajog.2014.01.026



Many caregivers are still using outdated practice guidelines to determine when labor is no longer progressing and a cesarean is needed.

Research has shown that physicians often recommend a cesarean too soon, when labor has in fact not “failed” and move towards a surgery that could have been avoided.



A mother is considered to be in early (latent) labor until her cervix is at 6 cm dilation, not 4 cm as prior guidelines stated.

American College of Obstetricians and Gynecologists, et al. (2014). Safe prevention of the primary cesarean delivery. *American Journal of Obstetrics & Gynecology*, 210(3), 179-193. doi: 10.1016/j.ajog.2014.01.02

American College of Obstetricians and Gynecologists. (2017). Practice bulletin No. 184: Vaginal birth after cesarean delivery. *Obstetrics and Gynecology*, 130(5), e217-e233. doi: 10.1097/AOG.0000000000002398

Failure to Wait:

- ☛ Failure to progress is sometimes called “failure to wait.”
- ☛ Mothers laboring for a VBAC who have never had a vaginal birth have similar labor patterns as first-time mothers who have not had a prior cesarean.

The Three Criteria for a Cesarean.

Current guidelines recommend that all three of these situations should be present before a cesarean is recommended due to “failure to progress” in the **first stage of labor**:

- ☞ Your membranes (bag of waters) have ruptured.
- ☞ Your cervix has dilated to 6 cm or more.
- ☞ You have had at least four hours of strong contractions without cervical change, or at least six hours with oxytocin without cervical change.



American College of Obstetricians and Gynecologists, et al. (2014). Safe prevention of the primary cesarean delivery. *American Journal of Obstetrics & Gynecology*, 210(3), 179-193. doi: 10.1016/j.ajog.2014.01.02

If You Have Never Labored Before.

Current guidelines recommend that any one of these situations should be present before a cesarean is recommended for “failure to progress” in the **second stage of labor** (pushing phase):

- ☞ You have been pushing without an epidural for at least three hours and the baby has not moved down or rotated.
- ☞ You have been pushing four hours with an epidural and the baby has not moved down or rotated.

American College of Obstetricians and Gynecologists, et al. (2014). Safe prevention of the primary cesarean delivery. *American Journal of Obstetrics & Gynecology*, 210(3), 179-193. doi: 10.1016/j.ajog.2014.01.02

If You Have Labored Before.

Current guidelines recommend that any one of those situations should be present before a cesarean is recommended for “failure to progress” in the **second stage of labor** (pushing phase):

- ☞ You have been pushing without an epidural for at least two hours and the baby has not moved down or rotated.
- ☞ You have been pushing three hours with an epidural and the baby has not moved down or rotated.

If You Labor with an Epidural:

- ☞ Current evidence suggests that you can start an epidural in early labor.
- ☞ Your odds of having a vaginal birth are better if the anesthesiologist uses a combination of low-concentration local anesthetic and an opioid to maximize pain control and minimize motor block.

Bautista, L., & George, R. B. (2020). Epidural analgesia in labour. *Canadian Medical Association Journal*, 192(19), E509. doi: 10.1503/cmaj.191372

You Can Do Things **Differently** this Time:

- ☎ Learn about the signs of labor and, if the bag of waters has not broken, stay home during the early stage of labor.
- ☎ Learn about different ways to cope with the early pains of labor and stay mobile and comfortable until you are ready to go to the hospital (if that is where you plan to give birth).
- ☎ Make a self-care plan with your caregiver to keep in touch during early labor and reassess your progress as you labor at home.

American College of Obstetricians and Gynecologists. (2019). Committee opinion No. 766: Approaches to limit intervention during labor and birth. *Obstetrics and Gynecology*, 133(2), e164-e173. doi: 10.1097/AOG.0000000000003074



You Can Do Things **Differently** This Time.

- ☞ Ask if your hospital has an early labor lounge where you can relax, stay comfortable, and use non-drug options for pain relief before you are formally admitted to the birthing unit.
- ☞ Make sure you have freedom of movement and the ability to change positions during labor and birth.
- ☞ Consider having continuous support during labor or hiring a doula.

American College of Obstetricians and Gynecologists. (2019). Committee opinion No. 766: Approaches to limit intervention during labor and birth. *Obstetrics and Gynecology*, 133(2), e164-e173. doi: 10.1097/AOG.0000000000003074

You Can Do Things **Differently** this Time.

Avoid routine care practices and interventions that can complicate labor:

- ☞ Avoid breaking the bag of waters for non-medical reasons.
- ☞ Avoid the routine use of intravenous fluids (IVs).

American College of Obstetricians and Gynecologists. (2019). Committee opinion No. 766: Approaches to limit intervention during labor and birth. *Obstetrics and Gynecology*, 133(2), e164-e173. doi: 10.1097/AOG.0000000000003074

“Obstetricians-gynecologists, in collaboration with midwives, nurses, patients and those who support them in labor, can help women meet their goals for labor and birth by using techniques that require minimal interventions and have high rates of patient satisfaction.”



American College of Obstetricians and Gynecologists. (2019). Committee opinion No. 766: Approaches to limit intervention during labor and birth. *Obstetrics and Gynecology*, 133(2), e164-e173. doi: 10.1097/AOG.0000000000003074

Checklist for Parents:

- ☛ Caregivers have different views about how best to respond to certain developments during labor and birth.
- ☛ You have the right to ask questions about any recommended intervention or procedure. This will help you make an informed decision about how you want to proceed.

Questions to Ask to Help You Make an Informed Decision

If a cesarean is recommended for slow labor you can ask:

- ☞ Is this an emergency, or do we have time to talk about it?
- ☞ What might be the benefits if we go forward with your recommendation?
- ☞ What would the risks be?
- ☞ What other options can we try first, or instead?
- ☞ What is likely to happen if we wait an hour or two?
- ☞ What is likely to happen if we don't do the procedure?



Information To Help Your Labor Progress.

See the following modules for additional information:

- 👂 What Are the Odds of My Having a VBAC?
- 👂 Helpful Positions for Labor and Birth.
- 👂 A Cesarean Can Be Traumatic for Both Parents.

Resources for Non-Progressive Labor:

- ☞ American College of Nurse-Midwives. [Lowering Your Chance of Cesarean Birth](#)
- ☞ Evidence Based Birth. [Evidence On: Failure to Progress](#)
- ☞ Lamaze International. [Six Healthy Birth Practices](#)
- ☞ DONA International. [Benefits of a Doula](#)

I Had a Cesarean for
Fetal Heart Problems.



I Had a Cesarean for Fetal Heart Problems.

Can I plan a VBAC?

Yes.

You may not have this problem this time. Evidence shows that first births by cesarean for fetal heart problems have been increasing. Based on the same fetal monitor readings, physicians disagree on whether or not a cesarean is necessary for the health of the baby.

American College of Obstetricians and Gynecologists. (2019). Committee opinion No. 766: Approaches to limit intervention during labor and birth. *Obstetrics and Gynecology*, 133(2), e164-e173. doi: 10.1097/AOG.0000000000003074

What Does the Evidence Say About Fetal Heart Problems?

Problems with the fetal heart rate are associated with:

- ☛ Uterine rupture.
- ☛ Labor that is progressing very quickly.
- ☛ Umbilical cord prolapse.
- ☛ Detachment of the placenta.
- ☛ Pain medications.

American College of Obstetricians and Gynecologists. (2014). Safe prevention of the primary cesarean delivery. American Journal of Obstetrics & Gynecology, 210(3), 179-193. doi: 10.1016/j.ajog.2014.01.026

Problems Associated with Fetal Heart Rate:

- ☞ An epidural for pain relief.
- ☞ Use of oxytocin or cervical ripening agents.
- ☞ Mother's low blood pressure.
- ☞ Person in labor experiencing fever.

American College of Obstetricians and Gynecologists. (2014). Safe prevention of the primary cesarean delivery. American Journal of Obstetrics & Gynecology, 210(3), 179-193. doi: 10.1016/j.ajog.2014.01.026



The Evidence About Electronic Fetal Monitoring.

Routine use of continuous electronic fetal monitoring has been linked to unnecessary cesarean sections.

Intermittent monitoring (auscultation) with a hand-held Doppler is now recommended for low-risk births.

American College of Obstetricians and Gynecologists. (2014). Safe prevention of the primary cesarean delivery. American Journal of Obstetrics & Gynecology, 210(3), 179-193. doi: 10.1016/j.ajog.2014.01.026

Fetal Heart Monitoring Practices:

- ☞ Some caregivers use auscultation with a hand-held Doppler for the early part of labor and continuous electronic monitoring for active labor and birth.
- ☞ Most physician associations recommend continuous electronic monitoring when laboring for a VBAC.
- ☞ Abnormal fetal heart tracings are the most common signs of a uterine rupture and are often observed 30 to 60 minutes before a rupture.

Dy, J., DeMeester, S., Lipworth, H., & Barrett, J. (2019). No. 382-Trial of labour after caesarean. *Journal of Obstetrics and Gynaecology Canada*, 41(7), 992-1011. doi: 10.1016/j.jogc.2018.11.008

You Can Do Things **Differently** this Time:

- ☞ During labor and birth, the baby's heart rate changes frequently. Usually, it's just a sign that the baby is coping with the normal stress of being born.
- ☞ The baby's heart rate can be improved by changing your position during labor, using IV fluids, or getting extra oxygen through a facemask.
- ☞ Sometimes external stressors can make it more difficult for the baby. Try to avoid them if possible.

American College of Obstetricians and Gynecologists, et al. (2014). Safe prevention of the primary cesarean delivery. *American Journal of Obstetrics & Gynecology*, 210(3), 179-193. doi: 10.1016/j.ajog.2014.01.026

American College of Obstetricians and Gynecologists. (2019). Committee opinion No. 766: Approaches to limit intervention during labor and birth. *Obstetrics and Gynecology*, 133(2), e164-e173. doi: 10.1097/AOG.0000000000003074

You Can Do Things **Differently** this Time:

- ☞ Don't lie down flat on your back during labor or birth. It reduces blood flow and oxygen to the baby.
- ☞ Avoid an induction or augmentation of labor. Artificial oxytocin can affect your baby's heart rate.
- ☞ Avoid having your membranes broken.
- ☞ Consider non-drug options for pain relief including water immersion, massage, aromatherapy, music therapy, or TENS (transcutaneous electrical nerve stimulation).



American College of Obstetricians and Gynecologists. (2014). Safe prevention of the primary cesarean delivery. American Journal of Obstetrics & Gynecology, 210(3), 179-193. doi: 10.1016/j.ajog.2014.01.026. Reaffirmed in 2019.

Checklist for Parents:

- ☛ Ask your caregiver about intermittent monitoring or auscultation for the early part of labor.
- ☛ Ask your caregiver about telemetry, which is a continuous way to monitor your baby while allowing you to walk around and change positions.

Resources for Fetal Heart Problems:

- 🔊 American College of Nurse-Midwives. Fetal Heart Rate Monitoring
- 🔊 Evidence Based Birth. The Evidence On: Fetal Monitoring During Labor
- 🔊 American College of Obstetricians and Gynecologists. Fetal Heart Rate Monitoring During Labor

I Had a Cesarean
for Breech.



I Had a Cesarean for Breech.

Can I plan a VBAC?  Yes.

You may not have a baby that is in the breech position this time.

If Your Baby Is Breech This Pregnancy:

- ☞ You can ask your caregiver about having an external cephalic version (ECV).
- ☞ You can find out if there is an experienced caregiver who would support your having a vaginal breech birth.

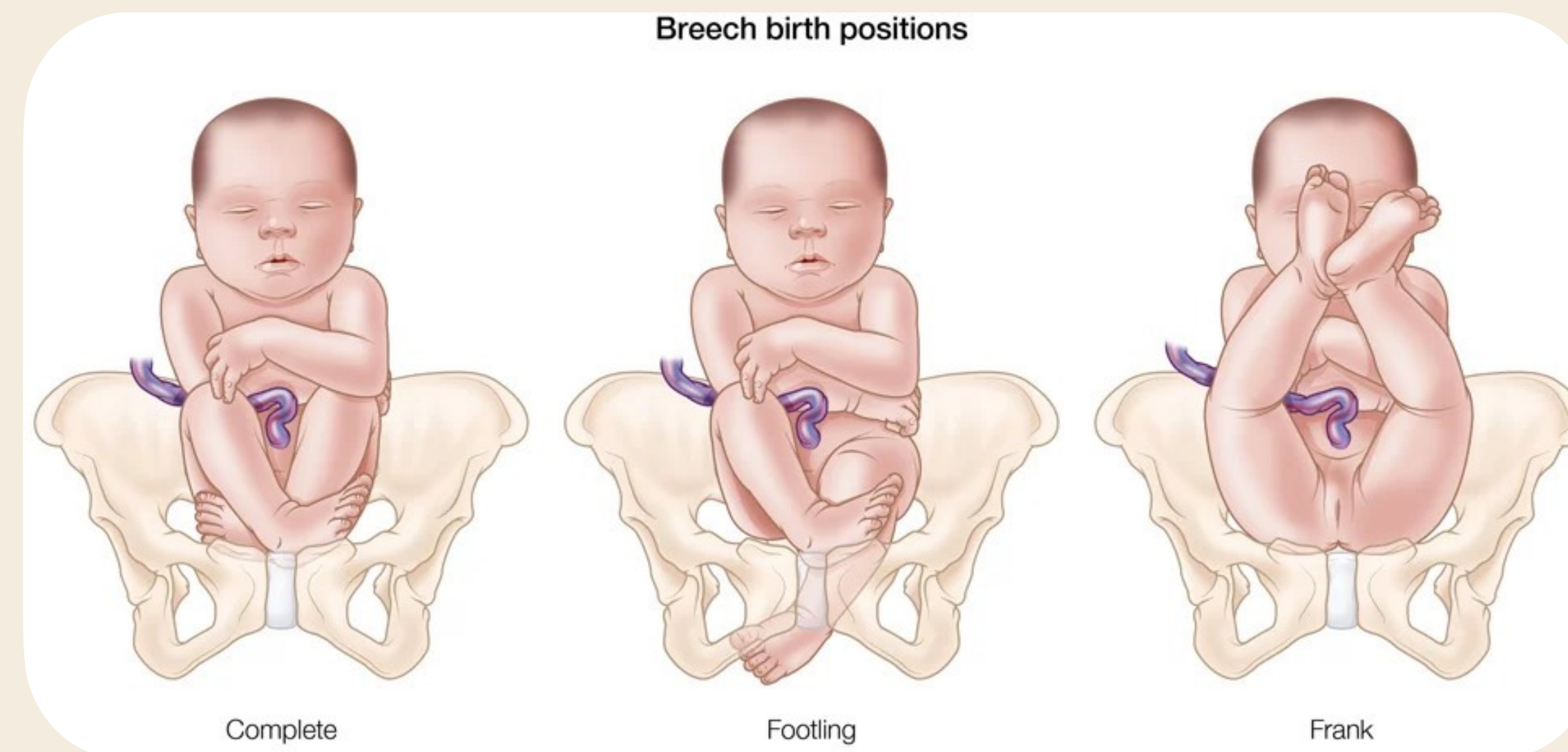


American College of Obstetricians and Gynecologists. (2017). Practice bulletin No. 184: Vaginal birth after cesarean delivery. *Obstetrics and Gynecology*, 130(5), e217-e233. doi: 10.1097/AOG.0000000000002398

Dy, J., DeMeester, S., Lipworth, H., & Barrett, J. (2019). No. 382-Trial of labour after caesarean. *Journal of Obstetrics and Gynaecology Canada*, 41(7), 992-1011. doi: 10.1016/j.jogc.2018.11.008

What Does the Evidence Say About Breech Babies?

- ☞ There is less risk for the baby when it is in a head-down position for birth.
- ☞ If your baby is still in a breech position during your 36th to 37th week, there are ways to turn the baby so you can go into labor with it in a head-down position. It's called an external cephalic version (ECV).
- ☞ An ECV can be done with a complete, frank, or footling breech.



What Does the Evidence Say About ECV For Women with a Prior Cesarean?

- ☞ Turning a breech baby is a safe option for women with a prior cesarean birth.
- ☞ Women with a prior cesarean have about a 67 percent chance of having a successful ECV.

Turning a Breech Baby:

- ☞ With a breech version the physician or midwife try to rotate the baby to a head-down position with their hands (Leopold's maneuver).
- ☞ It is done by gently disengaging the part of the baby that may have entered the pelvis.
- ☞ The caregiver applies external pressure to the mother's abdomen and gently guides the baby into a forward or backward somersault while guiding the baby's head towards the pelvis.

What Are the Benefits of Having an ECV?

It provides you the opportunity to avoid major surgery for this pregnancy—and others in the future—since you have a good chance of having a VBAC.



What Is the Downside of Having an ECV?

Although complications are rare during an ECV there is a possibility for:

- ☛ Vaginal bleeding.
- ☛ The waters breaking.
- ☛ Cord prolapse.
- ☛ Abnormal fetal heart rate.
- ☛ Placental abruption.
- ☛ Emergency cesarean

Dekker, R. (2021). *The evidence on: Breech version*. Evidence Based Birth. <https://evidencebasedbirth.com/what-is-the-evidence-for-using-an-external-cephalic-version-to-turn-a-breech-baby/>

Are There **Special Procedures** I Would Need to Have?

- ☛ An ECV is usually done in a medical center to reduce potential harm to the baby.
- ☛ An ultrasound is done to confirm the position of the baby and placenta and if there is enough amniotic fluid to go ahead.
- ☛ To help your uterine muscles relax, you may be offered a tocolytic agent such as terbutaline.

Are There Special Procedures I Would Need to Have?

- ☞ Electronic fetal monitoring is used before, during, and after the ECV to make sure the baby is tolerating the procedure.
- ☞ Before the ECV, you may have the option of having epidural or spinal anesthesia to reduce the pain you may feel.
- ☞ If the baby is not tolerating the procedure, your caregiver may feel it's not safe to continue.

There Are Non-Medical Options for Turning a Breech Baby:

- ☞ Using the breech tilt exercise.
- ☞ Using fetal positioning techniques.
- ☞ Using chiropractic care (Webster's Technique).

Can I Have a Vaginal Breech Birth?

- ☞ The Society of Obstetricians and Gynaecologists of Canada supports a mother's choice to have a vaginal breech after a prior cesarean, but states that she should know that there is not enough information to accurately determine what the risks may be.
- ☞ In the United States, finding an experienced and skilled care provider to do a vaginal breech even without a prior cesarean is extremely difficult.

Dy, J., DeMeester, S., Lipworth, H., & Barrett, J. (2019). No. 382-Trial of labour after caesarean. *Journal of Obstetrics and Gynaecology Canada*, 41(7), 992-1011. doi: 10.1016/j.jogc.2018.11.008

Leeman, L. (2020). State of the breech in 2020: Guidelines support maternal choice, but skills are lost. *Birth: Issues in Perinatal Care*, 47(2), 165-168. doi: 10.1111/birt.12487

If You Choose to Have a Vaginal Breech Birth:

- ☞ There is a higher risk for problems with the umbilical cord.
- ☞ The baby's head and shoulders may not pass through the dilated cervix.
- ☞ You should know that complications and the risk for the baby not surviving are higher.
- ☞ Ask your caregiver about these risks so that you are well informed.

You Can Do Things Differently this Time:

- 👂 Ask your care provider about an external breech version (ECV), which is a way to turn the baby to a head-down position.
- 👂 Consider trying moxibustion and acupuncture.



Jian-An Liao, et al. (2021). Correction of breech presentation with moxibustion and acupuncture: A systematic review and meta-analysis. Healthcare, 9(619), 619. <https://doaj.org/article/3673b2eb6a8b4b36878b5bad9da180cc>

Checklist for Parents:

- ☞ Ask your caregiver about the benefits and risks of an external version so you can make an informed decision.
- ☞ Find out more about the benefits and risks of non-medical options for turning a breech.
- ☞ If you are planning a breech vaginal birth, find out about the risks and how any complications that might develop will be addressed.

Resources for a Breech Baby

- 📌 Royal College of Obstetricians and Gynaecologists. [Breech Baby at the End of Your Pregnancy](#)
- 📌 Spinning Babies. [Flip a Breech](#)
- 📌 American College of Obstetricians and Gynecologists. [If Your Baby Is Breech](#)

I had a cesarean because
my baby was “too big.”



I Had a Cesarean Because My Baby Was “Too Big.”

Can I plan a VBAC?  Yes.

- ☞ “Large for gestational age” and “fetal macrosomia” are terms used for babies *estimated* to weigh over 4000 gr or 8 pounds and 13 ounces at birth.
- ☞ The odds of safely having a VBAC while carrying a baby estimated to weigh more than 4000 gr or 8 pounds and 13 ounces is at least 60 percent.
- ☞ Many mothers have given birth to heavier babies vaginally after a cesarean for a “big” baby.

Dy, J., et al. (2019). No. 382: Trial of labour after caesarean. *SOGC Clinical Practice Guideline*, 41(7), P992-1011. [https://www.jogc.com/article/S1701-2163\(18\)30903-4/pdf](https://www.jogc.com/article/S1701-2163(18)30903-4/pdf)

What Does the Evidence Say About “Big” Babies?

- ☞ Evidence shows that caregivers cannot always accurately estimate the weight of a baby during pregnancy, not even with an ultrasound screening.
- ☞ Estimates of fetal weight in late pregnancy are usually not accurate.

American College of Obstetricians and Gynecologists. (2014). Safe prevention of the primary cesarean delivery. American Journal of Obstetrics & Gynecology, 210(3), 179-193. doi: 10.1016/j.ajog.2014.01.026
Reaffirmed in 2019.

The American College of Obstetricians and Gynecologists discourages care providers from recommending an ultrasound in the third trimester to estimate the size of the baby—or recommending a cesarean because the baby is “too big.”

American College of Obstetricians and Gynecologists, et al. (2014). Safe prevention of the primary cesarean delivery. *American Journal of Obstetrics & Gynecology*, 210(3), 179-193. doi: 10.1016/j.ajog.2014.01.026 Reaffirmed in 2019.

Anticipating a big baby at birth should not disqualify a pregnant person from laboring for a VBAC.



American College of Obstetricians and Gynecologists. (2017). Practice bulletin No. 184: Vaginal birth after cesarean delivery. *Obstetrics and Gynecology*, 130(5), e217-e233. doi: 10.1097/AOG.0000000000002398

You Can Do Things Differently this Time.

- ☎ There are many things you can do during labor to help a “big” baby be born:
- ☎ Walk, move about, and stay upright during labor.
- ☎ Change positions to make yourself more comfortable.
- ☎ Sit on a birth ball and sway side to side.
- ☎ Use a birth ball and a peanut ball during labor to widen your pelvis.



Checklist for Birthing People:

- ☞ Many people have given birth to heavier babies vaginally after a cesarean for a “big” baby.
- ☞ How you are cared for during labor and birth can make a big difference.
- ☞ Having the freedom to walk around, stay upright during labor, and use comfort measures can make a difference.

- ☛ If you had a cesarean for “failure” to progress, fetal heart problems, “big” baby, or a breech—then think about how you can do things differently this time.
- ☛ Talk about your concerns with your caregiver so you can feel confident and safe in childbirth.

