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Increased rates of elective caesarean section procedure

Literature review

Caesarean section or rather c-section is a medical procedure of delivering babies that involve a surgical incision on the belly and through the uterus. The procedure is used for delivering babies as well as removing foetus from the womb. It is usually, as a result of difficulty in vaginal delivery and also patients request for it for which it is pre planned. The use of this procedure has been widespread in the recent past and is mainly because of the advancement of medical technologies and surgeries (Drife, and Walker, 2001 p. 156)

There are several reasons that explain why women need c-section for which it is pre-planned for them earlier before they go into labour. These reasons include: when a woman has had c-section before then chances of her uterus rupturing while in vaginal delivery are very high. During, this time a woman will require c-section for safe delivery. This situation involves previous c-section procedure done through vertical incision of the uterus wall. However, this is contrary to when the procedure was done through a horizontal incision which may allow a woman to go through a vaginal delivery of her next pregnancy. One other reason that make c-section a necessary procedure during delivery is when a woman has had surgery before that involved incisions to the uterus, for example, the removal of fibroids which is through a procedure called myomectomy. This procedure would also increase the chances of tearing of the uterine wall during vaginal delivery and so, c-section is highly advocated (Dass, 2005 p. 61).

Pregnancies that involve delivery of twins are usually very risky deliveries

and more so when they involve the pregnancies that are high order in terms of number of babies. The more the babies the riskier the delivery process is, and this becomes another important reason as to why c-section is advocated. Another instance requiring c-section is when delivery involves a baby that is too big. The reason a baby becomes too big is because may be the mother is diabetic and causes the foetus to have a condition called macrosomia. Another cause of the large size is if the previous delivery involved a small sized baby caused by hard or problematic delivery. During this time, vaginal delivery might be very problematic and become very risky for both the mother and the child, and this calls for c-section. Breech pregnancies are another reason that advocate for c-section. Breech pregnancy involves the baby coming out with the bottom first or sideways. This instance is usually very risky for the baby and delivery using the c-section procedure is the safest way (Dass, 2005 p. 64).

Another reason is that of abnormalities that the baby might have or malformations that make the pregnancy sensitive. In this case, vaginal delivery may be very risky and, therefore, call for c-section procedure to be used. HIV positive patients also have it very hard during pregnancies and so to reduce chances of child infection in women with a large load in terms of the virus, c-section is necessary (Ferguson, Lindsay and Rohan, 2011 p. 1535). Developments of obstructions in the womb also make it hard for child deliveries. These obstructions include the development of large fibroids that obstruct vaginal delivery. For the reasons explained before, c-section is pre-planned earlier before child delivery, however there are instances that that call for an unplanned c-section procedure where it becomes an emergency,

and these instances include: when dilation of the cervix stops and the baby becomes unable to move downwards, it becomes very difficult for the delivery as the baby becomes stuck. Usually the contractions get stimulated but sometime the efforts fail and during this time an unplanned c-section is highly advocated (Michel, 2004 p. 123)

Another reason is when the umbilical cord goes through the cervix during contractions and movements, during this time the delivery needs to be immediate in order for the baby to pass through the cervix early enough because this instance may reduce the baby's oxygen supply. Delivery process is usually a hectic process for the baby and sometimes it can't withstand the pressure. This affects it with instances of reduced heart rates and so going through the whole process may be fatal for the baby. Because of this the nurse or practitioner should call for an emergency c-section.

Sometimes the placenta begins to dislodge off the walls of the uterus early before the baby has been delivered and during this time the baby's supply of oxygen becomes low, therefore, delivery may be fatal and this also causes for an unplanned c-section (Petrou, Stavros, and Khan, 2013 p. 574).

When a c-section procedure has been advocated and is about to begin, the nurse has to tell the patients why it has come to it and gives her all the reasons as to why the procedure has been advocated. A consent form has to be signed before the process can start. In the process, the patient can be awake through the procedure or can be induced to sleep, and this is according to what one prefers. During the process, the patient is given anaesthesia to kill the pain. The procedure involves the surgeons making a horizontal incision on the belly just above the pubic bone. They work their

way down through tissues slowly until they reach the uterus. They then make another horizontal incision on the uterus. This is contrary to the classical method that involves a vertical incision (Drife, and Walker, 2001 p 112). This is used mainly when the baby is premature the uterus is too thin, and no incision can be made. This method limits patients from ever undergoing vaginal delivery because the uterus may rupture and bleed during the process and become fatal. After the horizontal incision in the lower part of the uterus they pull out the baby and cut the umbilical cord. The patient is then stitched with stitches that will get absorbed by the body later on, and this is for the incised uterine wall, however, the other incised layer will be stapled and will be removed at a later day mostly after a few weeks.

Even though c-section helps pregnant mothers avoid many medical problems, the procedure itself poses health risks to the patients and has been seen that vaginal delivery is safer than c-section. This is so because of various reasons that include excessive bleeding during the procedure that may be fatal. Another reason may be the development of infections, as a result, of the procedure, development of blood clots that may lead to further complications. The procedure also causes certain forms of injuries to the patients such as injuries to the bowel and most of all injuries to the bladder. It is because of these reasons that c-section should be highly avoided (Clare, Tower, Strachan and Bak 2000 p. 365-367).

Having c-section in a previous delivery reduces chances of vaginal delivery in the future but that depends on the type of procedure done. In the recent past more women get to experience vaginal delivery even after c-section.

One major risk of vaginal delivery after a previous caesarean section procedure is the rupture of the uterine wall; however doctors have tried their best to give women a chance of a vaginal birth experience but it is not very much recommended. Certain factors help dictate whether the vaginal delivery may be successful and one factor as explained before in this review is the type of incision made on the uterine wall. These incisions include vertical and horizontal incisions. Previous c-sections involving horizontal incisions enable for more successful vaginal deliveries as compared to those involving the classical methods of vertical incisions which increases chances of rupture. Vaginal delivery with the doctors go ahead is an advantageous way delivery since it reduces many health risks such as infections and also reduces medical cost as well as hospital stays (Hyde, Matthew James and Modi, 2012 p. 947).

Use of caesarean section procedure during delivery has been widespread throughout the world, and one thing to note is that patients have now been requesting for it without any medical reasons. This has been so because of the increased safety associated with the procedure that makes patients opt for a softer and less painful way of delivery (Jain, 2004 p. 1240). This request is usually made early in advance. It is usually associated with the right's women have over their bodies and choices relating child delivery. They also advocate it as a practical solution to problems associated with vaginal delivery such as pelvic damages also disruptions to the urinary system. Those supporting it argue that the procedure is convenient because it can be performed at a predetermined time which is scheduled , can be done in a controlled environment as well as controlled circumstances where there

would be fewer complications and also reduced damages to the patients (Uygur, Dilek, Gun, Kelekci, Ozturk, Ugur, and Mungan, 2005 p. 175).

However, those in opposition of the procedure come out and argue that the process is unnatural and costs a lot of money to be carried out. They also argue that the procedures have high rates of infections, they leads to hospitalization for many days and reduces chances of breastfeeding. Another thing to note is that each time a woman undergoes c-section the risks keep on becoming higher and higher (Jain, 2004 p. 1240).

Caesarean section is, therefore, a medical procedure that has had a great impact in the world of medicine and has seen it have a breakthrough. It is a very important procedure that has seen child mortality reduce greatly and increase healthy delivery. It is a surgical procedure that involves incisions on the woman's abdomen and also her lower part of the uterus. In the recent past cases of elective c-section procedures have risen greatly and widespread throughout the world (Kitschke, Misselwitz and Lieb, 2001 p. 101). However, it is not always a safe procedure and has its own negative implications that should always be considered and taken seriously. These implications include high chances of infection, bleeding out, blood clotting and hospitalization for long periods of time. Also, the risks increase with the number of procedures done. There has also been the issue of vaginal delivery after a previous c-section process. This has been seen and has been facilitated with the development of medical practices. However, it depends on the method used previously in terms of the type of incision made to the uterine wall. This research has been very important and instrumental and facilitates the answering of the following research questions:

- Can a woman deliver babies using the caesarean section only, in case of several pregnancies?
- What are the developments in the c-section procedure that will facilitate lack of use of vaginal delivery for the case of a woman expecting several pregnancies in her lifetime?
- Are there any cases of delivery through the c-section only, in the case of women expecting several pregnancies?

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