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Photographs by Gudrun Wesp

C-Section Moms

Caesarean mothers
in words and photographs

Photo book, guide and a
treasure trove of experiences
for pregnant women, mothers
and obstetricians

edition
riedenburg

ACKNOWLEDGEMENTS BY PARTICIPATING CAESAREAN MOTHERS

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“Thank you for this book – a great idea. Thank you for your work and initiative. You helped me accept my ‘Caesarean fate’ in its entirety.”

47 YEARS, 1 CAESAREAN

• • • •

“A book by women – for women!”

35 YEARS, 1 CAESAREAN

• • • •

“It is always good to chat to other Caesarean mothers and, despite all the different experiences, to come to the conclusion that this was the best way to deliver a healthy child! Good luck with your book!”

36 YEARS, 2 CAESAREANS

• • • •

“It feels so good to be able to share experiences with like-minded people.”

50 YEARS, 2 CAESAREANS

• • • •

“Through this project I have been able to remember a lot of things that I experienced 40 years ago. An interesting project!”

65 YEARS, 2 CAESAREANS

• • • •

“Good luck with the book! I think this is exactly what expectant mummies need.”

28 YEARS, 2 CHILDREN, 1 CAESAREAN

• • • •

“The scar on the outside is not the same as the inner scar – Thanks for the experience.”

29 YEARS, 3 CAESAREANS

Contents

[Introduction by Marsden Wagner](#)

[Critical Comment by Gretchen Humphries](#)

[Debra Pascali-Bonaro: Understand all the Choices you have!](#)

[The author's preface](#)

[The Caesarean section: Fantastic or traumatic?](#)

[60 Caesarean mothers in words and photographs](#)

[At a glance: Page layout and captions for the photographic part](#)

[Caesarean mothers with one section](#)

[Caesarean mothers with two sections](#)

[Caesarean mothers with three sections](#)

[Caesarean mothers with four sections](#)

[Photo report of a Caesarean section](#)

[A "Caesarean section" \(simplified theoretical description\)](#)

[Possible conclusions](#)

[Caesarean surgery: Preparation, procedure, aftercare](#)

[Appendix](#)

[Questionnaire for Caesarean mothers](#)

[Questionnaire for obstetric experts](#)

[My personal Caesarean questionnaire](#)

Introduction by Marsden Wagner MD, MS

At Last! After years of obstetricians telling women the wonders of Caesarean sections -“bikini cut”, “gentle” Caesareans, etc., etc. - someone has finally asked the women who have had all these Caesareans whether or not they are, in fact, so wonderful. And surprise - they are anything but wonderful. This book documents in personal statements and photos the reality of Caesareans as experienced by the women.

42% of women describe their Caesareans as “traumatic” and one-third had health problems after their Caesareans. They did not experience their Caesareans as either pain free nor quick. The photos expose the truth about the Caesarean scar - many of the scars are deforming and many women have difficulty adjusting their self concept to incorporate the new scar.

Nearly all of the women in the book agree the media is complicit with the obstetricians in trivializing Caesareans and not telling the women the truth - this procedure is major abdominal surgery with serious risks both for the woman and her baby. In 1985 the World Health Organization (WHO), after reviewing the world’s scientific literature, recommended 15% of all births as Caesareans as the upper limit of safety and in 2007 WHO, after reviewing all national Caesarean rates, reaffirmed 15% as the upper limit beyond which the maternal mortality rises.

Doing unnecessary Caesareans increases the number of women dying as research has proven that “scheduled” Caesareans (no medical emergency) have over double the

risk of maternal death than vaginal birth. So as the rate of Caesareans in many developed countries increases to 20% and then 25% and now over 30% in some countries, hundreds and hundreds of women are dying unnecessarily. Women are not told this truth either by their care givers nor the media, they are told the lie that Caesarean birth is just as safe as vaginal birth. Women seem to know this intuitively as nearly all of the women surveyed in this book felt that while Caesareans were necessary in the case of a medical emergency, vaginal birth was otherwise to be preferred.

Women must also be told the truth about the increased risks for their baby if the birth is Caesarean rather than vaginal. In 9% of the cases in this book, when the scalpel cut through the uterine wall to get the baby out, it also cut into the baby. Considerable research has shown that the risk that the baby will die after a Caesarean is significantly higher than after a vaginal birth due to respiratory distress and/or prematurity. But the women were not told these important truths about the risks of Caesarean to their baby.

This book also shows that women who have had a cesarean understand the truth that the cause of the rising rate of Caesarean births is not the wishes of women, but the wishes of doctors. For doctors to say that more and more women choose Caesarean is yet another lie to cover up their own needs for the convenience of scheduling Caesareans, making more money and avoiding litigation. You can't fool women all the time.

The births described by the women in this book reveals some of the bad maternity care practices they experienced. Many of these women had their labor induced for no scientifically valid reason and it is this very induction which has been proven to be one of the causes of excessive Caesarean sections. In addition, the scientific evidence is

clear – with a Caesarean section in which the woman has an epidural and is awake and alert, the baby should be given to the woman immediately at birth for skin-to-skin contact and bonding before the baby is examined and clothed. This occurred in almost none of the cases in this book.

The book finishes with an excellent set of recommendations for teaching pregnant women how to cope with the possibility that they will be told at the time of giving birth that they need a Caesarean.

And including the photos of a “gentle” birth in the book is excellent as it makes it clear to the reader that a Caesarean is indeed major abdominal surgery and can never be labeled “gentle”. The more the women in this book were educated during pregnancy about the reality of Caesarean, the fewer experienced their subsequent Caesarean as traumatic. Women need the bare truth, not sweet talk.

Marsden Wagner, MD, MS, is a perinatologist, neonatologist and perinatal epidemiologist from California who is an outspoken supporter of midwifery. He was responsible for maternal and child health in the European Regional Office of WHO for 14 years. Marsden travels all over the world to talk about appropriate uses of technology in birth and utilizing midwives for the best outcome. His books “Born in the USA: How a broken maternity care system must be fixed to put women and children first.” and “Creating Your Birth Plan: The definitive Guide to a Safe and Empowering Birth” are a must for anyone involved in birth.

Critical Comment by Gretchen Humphries, MS DVM

Everyone knows that Caesareans save lives. But what many people don't understand or accept is that they can ruin lives too.

A Caesarean is not "just another way to have a baby" nor is it the "painless" option we so often hear about in the popular media and mainstream online message boards. In 2006, in the United States, at least 31.1% of all babies were delivered via major abdominal surgery (the accuracy of this number is suspect, since many states do not report Caesareans that were performed because of a breech presentation or multiples, or any other "high risk" complication to the pregnancy - the true Caesarean rate in the U.S may be significantly higher). Many of these new mothers were left with questions about how they ended up with a Caesarean and feelings of confusion, isolation and regret.

It is strangely acceptable to share "war stories" about the horrors of birth (particularly vaginal birth) but any ambivalence about the necessity of what ultimately occurred during the birth is met with a vehement "all that matters is a healthy baby" and criticism that any woman could be so selfish as to question the necessity of her Caesarean. The belief that doctor knows best and only has the best interest of the mother and baby in mind is a hard belief to let go.

While the catch phrase "too posh to push" may have originated in the United Kingdom, the notion that women are somehow forcing their obstetricians to give them

unnecessary and potentially dangerous Caesareans without any medical reason has been gleefully promulgated throughout American popular culture, with not a shred of evidence to support its truth. Like the women in this book, women in the U.S. are not requesting elective surgery for no reason. Nor are more women needing Caesareans because they are old or fat or carrying babies conceived through fertility treatments.

As the women in this book know, the reasons for the increase in Caesareans are more about how healthy women are being misled, about how the medical profession stands to benefit both financially and legally and about how the whole reality of what childbirth is has been warped into something that more resembles cancer or infection than a natural physiological function. Unfortunately, it is those with the least amount of power in our culture that suffer from this epidemic of Caesareans - the women and their children. As is often the case, it is easier to blame the victim than take responsibility for the harm being done.

Fortunately, the same global connectedness that makes the apparently shallow choice of a pop-star in the U.K. to schedule non-medically indicated surgery an example of modern motherhood also allows a different view to emerge. Women are discovering that they aren't alone in their disquiet over their Caesareans.

The strength and sorrow of "C-Section Moms" is that it IS so many women. The stories you will read here are the stories of millions of women. They are stories I hear every day in my work with the International Caesarean Awareness Network (ICAN). Not every woman is upset about her Caesarean and not every Caesarean is suspect. But even with a necessary, life-saving cesarean, the feelings that can follow are complex and deserve both respect and a wider understanding.

The one characteristic I see in all the women I work with is that they are willing to do whatever they believe is best for their babies and their families. That willingness to sacrifice for a child is being taken advantage of by a medical profession too absorbed with its own concerns to remember the oath “First do no harm”; women and babies are being harmed, every single day.

My hope for “C-Section Moms” is that it will be widely read, particularly by women who have not yet had to negotiate the complexities of modern maternity care. Most of the women I know who had a Caesarean never expected one and the truth is, right now any pregnant woman has a very real chance of having a Caesarean, no matter what her pregnancy is like, no matter what her previous births may have been like.

We need to tell true stories about Caesareans, so that those who come after us aren’t caught off guard the way so many of us were. If the medical professionals, hospital administrators and insurance adjustors responsible for the increasing number of Caesareans also read this book and get a glimpse of the ongoing pain they are at least partly responsible for, even better. If a woman who thought she was “the only one who felt that way about my Caesarean” reads this and finds her voice to speak out and make a difference then we will all benefit.

After a decade working with ICAN to prevent unnecessary Caesareans, promote vaginal birth after Caesarean (VBAC) and provide support for Caesarean recovery, I believe it will only change when women say “enough is enough and we won’t lay down for this anymore”.

Gretchen Humphries, MS DVM is the Advocacy Director for the International Caesarean Awareness Network (ICAN) and has been working with women who’ve had Caesareans for 10 years, providing support for women recovering from a Caesarean, planning a vaginal birth after Caesarean (VBAC) or trying to avoid an unnecessary Caesarean. She is the mother of 4 children and practices

Veterinary Medicine at an Emergency and Critical Care Hospital in Michigan, United States. She is the author of numerous essays, many of which can be found at www.birthtruth.org. She is an invited speaker on various topics relating to Caesareans and VBAC and represents ICAN and its constituents with various midwifery and other birth-related advocacy groups. She is a contributing author to "Caesarean Voices", a collection of first-person accounts about the Caesarean experience, a book that should be read by anyone touched by a Caesarean, either personally or professionally. Her latest project quantified the increase in the number of hospitals in the United States that formally "ban" VBAC from their facility, leaving women with no option other than a repeat Caesarean.

Website of ICAN: www.ican-online.org

Understand all the Choices you have!

Debra Pascali-Bonaro („Orgasmic Birth“) on Caesarean section and Normal Birth

A must see and read book for all expectant women, their partners, childbirth educators, doulas, nurses, and all who care for childbearing women! The powerful images of the scars of Caesarean birth on women's bodies in combination with women's words uncover the marks that are left on mother's physical and emotional well-being for years to come. A deeply moving and informative portrayal of a far too common procedure in childbirth today.

C-Section Moms provides readers with a great deal of information, which makes them consider where, with whom and how we birth our babies and the effect our choices have. I hope that every woman reads this book and then visits the Website www.thebirthsurvey.com to learn what their provider and facility's rates of interventions are.

Most people are informed consumers and would never buy a cell phone, computer or car without knowing detailed information about all their options. It is time women begin to ask questions and understand what model of care they are being offered, and the outcomes and options available to them in labor and birth. For example, if a woman's provider/facility has a 40% rate of Caesarean birth, that also becomes her rate, while there may be other providers who work with low risk women in the region and have a rate of fewer than 10% or even 5%. You and your baby deserve to have a safe, satisfying and pleasurable birth.

While Caesarean surgery can be life saving when needed, we must question the overuse of technology and surgery

and the effect it is having on mothers and babies in relation to both their short and long term health and well being. An aspect of the book that I find very important is that the reader is able to learn the elements of having a positive Caesarean birth that include informed decision making, respect, nurturing, support, and when a Caesarean section is needed how her providers can help a woman to have a “gentle Caesarean section” that preserves and protects her memory of birth and maintains birth as a positive experience. A woman’s memory of her birth will last a life time. Women deserve to have a positive experience under any situation.

Women should also consider the many underused and cost effective options that can reduce the incidence of Caesarean section. Lamaze International has created ***The Six Care Practices that Support Normal Birth*** (www.lamaze.org).

They include

- labor beginning on it’s own,
- freedom of movement throughout labor,
- continuous support,
- no routine interventions,
- spontaneous pushing in upright or gravity-neutral positions, and
- no separation of mother and baby after birth with unlimited opportunities for breastfeeding.

Simple techniques such as the use of water, touch, massage, dimming lights and creating a safe, sensuous atmosphere can help to make labor easier, thus reducing the need for interventions that often lead to Caesarean surgery.

The ability to have continuous support during labor and birth, including doulas, has many well-documented benefits

and can reduce the rate of Caesarean birth.

DONA International describes a birth doula as “a person trained and experienced in childbirth who provides continuous physical, emotional and informational support to the mother and her partner before, during and just after childbirth.”

Numerous clinical studies have found that a doula’s presence at birth:

- tends to result in shorter labors with fewer complications,
- reduces negative feelings about one’s childbirth experience,
- reduces the need for pitocin (a labor-inducing drug), forceps or vacuum extraction,
- reduces the requests for pain medication and epidurals, as well as the incidence of Caesareans

Childbirth Connection’s new report ***New Mothers Speak Out*** shows us disturbing data about new mothers in the United States. Validated mental health screening tools found that around the time of the follow-up survey most mothers (63%) were likely to be experiencing some degree of depressive symptoms, and 18% appeared to be experiencing some symptoms of post-traumatic stress with reference to their childbirth experience.

A time in a woman’s life that has the potential to be ecstatic or as I have learned even “Orgasmic”, is turning traumatic for far too many new mothers and often these are women who experience technology driven births, including assisted births and Caesarean sections.

Visit

www.childbirthconnection.org/listeningtomothers to read all three Listening to Mothers reports.

As a doula, childbirth educator and Director of the documentary ***Orgasmic Birth***, I have often said, “if you don’t know your options you don’t have any.”

It is time women understand all the choices that are being offered to them, the benefits and harms of each and how their decision will effect them for the rest of their lives.

C-Section Moms provides an important contribution to creating the awareness of the benefits and harms that Caesarean surgery poses to women and their babies and helping women to make informed decisions about their care.

Debra Pascali-Bonaro LCCE, CD (DONA), is an internationally respected childbirth expert, a 26-year speaker in childbirth education, and a Lamaze-certified veteran in maternity care with a passion for birth. She is the mother of three sons and two stepchildren. Debra is Co-Chair of the International MotherBaby Childbirth Initiative, which works in collaboration with global leaders and groups to reduce maternal and infant mortality and improve care for mothers, babies, and families. She serves on the Board of Directors for Childbirth Connection and is a DONA-approved doula trainer. She coauthored *Nurturing Beginnings: Mother Love’s Guide to Postpartum Home Care for Doulas and Outreach Workers* and received Lamaze International’s Elizabeth Bing Award in 2002. Debra began videotaping births worldwide in 2002 as she traveled to New Zealand, Mexico, the U.K., and South America, and throughout the United States in her birth outreach work. *Orgasmic Birth* is her first film.

Websites:

www.motherlovedoulas.com; International MotherBaby Childbirth Initiative: www.imbci.org; *Orgasmic Birth*: www.orgasmicbirth.com

The author's preface

162 Caesarean mothers, 60 of them featured in words and photographs, make this photo book a special and very personal reference guide. It cannot and will not give a definitive presentation of the phenomenon "Caesarean section", but rather a presentation as critical and as comprehensive as possible.

All women remain anonymous within the book. There are no faces, exact dates of birth or names. Where necessary, I neutralised data that were too personal or would allow specific conclusions to be drawn.

Nowadays, in these rapidly changing times influenced by outside factors like the media, I find it necessary and meaningful to make available to all the valuable and complex Caesarean experiences of those personally concerned and involved.

This is available to all who

- want to deal with this way of delivery consciously
- have experienced one or more Caesarean sections themselves and are curious about other people's experiences
- want to understand the effect of the Caesarean on mother and child.

The Caesarean photo book would not be a "photo book" if it did not show

- what the Caesarean scar, which is, to some extent, trivialised as a “bikini scar”, looks like after one or more Caesarean surgeries.

I want the research to give the Caesarean section a manifold “face” and help it out of its sometimes simplified predicament shaped by modernism.

May the Caesarean again become what it is supposed to be according to almost all the participants of this photo book: A surgical measure, which saves the life of a mother and the life of her child in an emergency.

Salzburg, April 2014
Caroline Oblasser

The Caesarean section:

Fantastic or traumatic?



If a Caesarean section suddenly becomes necessary during delivery many women feel taken by surprise because this way of delivery is mostly not a central topic in antenatal classes; furthermore, the attending obstetrician has usually not dealt with it extensively during checkups. Everything had indicated a quick and trouble-free birth following a normal pregnancy...

If the Caesarean has to be performed under general anaesthetic due to a lack of time, many mothers only catch a glimpse of their baby hours later. The first breastfeeding during the hormonal high after birth remains an unfulfilled dream, one's own child seems oddly strange - as he or she is handed over fully dressed and not placed naked on the mother's tummy in the delivery room.

In addition to the postoperative pain, mothers who have gone through an emergency Caesarean often have the feeling of having "failed" and not having done everything for the child, even though intensive labour as well as a strong belief in being able to manage the natural way, often precede the surgical outcome of the birth.

Other pregnant women engage in a more or less planned Caesarean section for reasons which up-to-date medical research or medical skills identify, be it a breech presentation (the legs or the buttocks present before the head), circumstances which (seem to) make a spontaneous birth impossible or the presence of a multiple pregnancy.

In all these cases, the mother-to-be is usually at least basically informed about the upcoming event and often makes use of the opportunity to "talk" to the unborn baby about the Caesarean section and to actively prepare herself for it together with the child.

The experiences of our participants in this project show that the ability to keep a positive view of the birth in mind

involves being well prepared for a possible Caesarean section. Women who had the chance to deal with the “diagnosis Caesarean” for long enough prior to the abdominal delivery mostly cope with it better, in the long term, than those who change from having a healthy pregnancy into being a patient within a short time.

The elective Caesarean section and Caesareans not medically indicated

Frequently the mass media and magazines suggest that “Caesarean on demand” is the modern way of delivery for celebrities. But of course it is not only some celebrities who decide on an elective Caesarean from the beginning, “normal” women do so too.

Why is this the case? Reasons may, for example, be previous traumatic vaginal deliveries or expected complications during birth.

Inadequate education regarding the topic of Caesarean sections to date definitely plays a role; the fact that not one of our 162 Caesarean mothers had an elective Caesarean section twice in her life says a lot.

Furthermore, none of the participating mothers named convenience or better scheduling as the reason for requesting a Caesarean. The survey of experts, conducted in writing and carried out with 156 midwives, obstetricians, physicians and therapists, indicated that many obstetricians name exactly those factors mentioned above on the part of the mothers as the driving force behind the rapid increase in the rate of Caesarean sections.

To be exact almost all of the midwives interviewed, namely 96% (!) are of the opinion that many Caesareans are performed without medical indication today. They explain

the “boom” in Caesareans as follows (decreasing occurrence):

1. Fear of birth

Mother: Afraid of pain, fear passed on by the obstetrician

Obstetrician: Forensic pressure, fear of legal consequences

2. Desire for a Caesarean section

Mother: Foreseeable birth, desire enforced by pressure by the media and social “trend” (“celebrities”)

Obstetrician/hospital: Timesaving, forensic exoneration, safety thinking, financial aspect

3. Insufficient education and lack of experience

Obstetrician: The natural procedure of birth is thought of as being a pathological process due to lack of experience, increasing inability to conduct complicated births (e.g. breech presentation)

4. Impatience

Mother: Lacking frustration tolerance, lacking stamina

Obstetrician: Unnecessary/premature induced birth

5. Convenience

Mother: Handing over the responsibility for the birth

Obstetrician: Better scheduling of a Caesarean surgery

6. Insufficient education in the run-up

Mother: Erroneous belief that the Caesarean section is the painless alternative

Obstetrician: No mention of complications that can occur / lack of knowledge regarding possible implications

Who is right and what are the real reasons behind the obvious “trend” leading to an increase in Caesarean sections?

In trying to answer this question one has to consider that both parties - the pregnant woman and if applicable her partner as well as the obstetrician in charge - are obviously interested in experiencing or conducting the birth as quickly and as painlessly as possible and above all without endangering mother or child.

Due to the fact that lawsuits against obstetricians - who did not perform a possible Caesarean or did not perform it in time when complications occurred during birth - have increased recently, the shared wish of the pregnant woman and the medical attendant often ends in criticism and verbal attacks.

So can you accuse the obstetrician if he or she, possibly out of fear of the expected forensic complications of the delivery (and then possible legal action), recommends a Caesarean - even if there is no urgent medical indication?

And what about the cases in which the obstetrician is accused of lacking commitment and motivation e.g. during delays while giving birth, maybe even in the middle of the night? Does possible financial enrichment by doing a quick and easy Caesarean section play a role amongst obstetricians?

And seen from the obstetrician's point of view: What should be done if the pregnant woman, influenced by sugarcoated reports (of celebrities), imagines the birth to be "a walk in the park" and is not prepared for the fact that she has to cope with her body's natural power?

If contractions suddenly throw her off her guard - or long before the contractions set in, the fear of having sole responsibility for the birth? If the Caesarean section presents the more acceptable alternative for the woman? If she does not want to know about risks or possible long-term effects because she has already totally identified with this

way of delivery, persists in her viewpoint and cannot be swayed? Below we want to summarise some of the results of the survey carried out on 162 Caesarean mothers.

Fear of the Caesarean section and lack of information in the run-up (4.25, 4.26, 6.1)

About 40% of the mothers interviewed said they were afraid of a possible 1st Caesarean. About 37% were afraid of the 2nd and about 24% of the 3rd Caesarean. Only 27% of the women had dealt with the abdominal delivery intensively prior to the birth. In other words: only one in four women knew roughly what to expect **before** her Caesarean surgery!

Complications after the Caesarean section (4.16)/ Breastfeeding after the Caesarean (4.17, 4.18, 4.19)

Approximately one in five women (19%) mentioned that complications occurred during the 1st, 2nd or 3rd Caesarean section. These ranged from problems with the anaesthetic, bleeding and loss of a large amount of blood to troubles with the wound/ suture and problems of the child.

The majority of the mothers (67%) breastfed for a couple of months after the 1st Caesarean. 8% stated that they had breastfed for more than 1 year and only 2% of the mothers breastfed for more than 2 years. One in ten mothers did not breastfeed at all after the 1st Caesarean section.

Most of the mothers (98%) wanted to breastfeed after the 1st Caesarean and about 73% after the 2nd or 3rd Caesarean. After the 1st Caesarean more than one third of the women who wanted to breastfeed had problems, whereas, none of the women specified having troubles breastfeeding after the 2nd or 3rd Caesarean.

Among other things, the mothers reported lack of support when breastfeeding (bad care in hospital), sensitive nipples or inflammation, lacking milk, late first contact with the child and infant problems which led to troubles in breastfeeding.

Injuries of the child during/due to the Caesarean section (4.32)

The mother is bound to be injured during the Caesarean section because her child is delivered through the deep abdominal incision (see photo report of a “gentle” section using the Misgav Ladach method beginning on page [→](#)). But is there also a risk for the child with a Caesarean, for example being directly affected by a cut? Absolutely yes, because 9% of the mothers report an injury to their child (mostly cuts, scratches or marks) related to the surgery.

Possible and actual problems of a child after a Caesarean section (4.33, 4.34, 6.6)

About 40% of the Caesarean mothers interviewed think that a Caesarean birth may possibly have negative effects on the child:

“There is a reason for natural births - of sensory importance. I think that natural births lead to the first intensive confrontation with life. Increasingly I get the feeling that with my Caesarean births I missed out on a natural end to my pregnancy - something that is indicated by mother and child, not by physicians.” [T142]

“[The child] cannot get ready (before term), it gets cold - loud - bright - uncomfortable way too fast.” [T129]

“Especially when the Caesarean is performed without contractions beforehand. Then the child is totally

unprepared and is yanked out of the stomach. It has to be a shock!" [T055]

Research on the effects of the Caesarean birth is unavoidably still in the early stages because the generation born before us still delivered the normal way. Therefore, possible connections between a section and subsequent health problems of mother and child will only be identified in a few years or decades - and maybe by then the "trend" of Caesarean section will have moved in the opposite i.e. decreasing direction.

Once many children were not breastfed because it was assumed that breast milk was contaminated. Today many children are delivered by Caesarean section because it is reputed to be the safest way of delivery.

The Caesarean scar (5.1, 5.3)

While the word "Caesarean" resounds throughout the land, the Caesarean scar which comes with it has rarely been talked about - till now.

This 7-year-old girl's mother participated in our questionnaire:

The cut on the left cheek is approx. 2-3mm broad and approx. 3.5 cm long (see also [T113] on page [→](#)).



In reality it is actually the Caesarean scar which day after day reminds every Caesarean mother of her child's birth. This scar is on an intimate part of the body and is approximately 15 cm long, which is the length of a ball point pen or the distance between the thumb and the index finger.

Approximately one in five women (19%) said that their Caesarean scar did not heal without problems. Complications ranged from scar adhesion to sensitivity in

the area surrounding the scar and an unaesthetic appearance of the scar.

More than half of the mothers (59%) said that they can feel their Caesarean scar. They mostly talked about a sharp pain, itching or sensitivity to changes in weather. Since the surgery wearing lacey underwear or tight pants is no longer possible for some Caesarean mothers.

One in four of the Caesarean mothers finds her Caesarean scar “ugly”. Furthermore, we heard diverse comparisons and descriptions: From “shaped like a plate” to “smiling”, from “whimsical” to “grim”. The “bikini scar” and the fact that the scar is “bulging” were often mentioned.

One in four of the Caesarean mothers has difficulty in accepting her Caesarean scar and every fifth woman said she does not like touching the scar.

If the Caesarean section is propagated as a “gentle” delivery option, the Caesarean scar should definitely be discussed as well, like the topic of the pelvic floor, prior to the surgery.

When preparing for an elective Caesarean section we recommend shaving one’s own pubic area and placing a 15 cm long and 5mm broad band-aid parallel to the hair line. This band-aid is then worn non-stop for a couple of weeks – also when having intercourse – and if necessary renewed. Afterwards you decide for yourself whether you would like to keep your “scar” for the rest of your life – or, as you have the choice, rather not.

Should you decide on the latter, simply take off the band-aid and throw it in the rubbish bin.

Please don’t forget that, when simulating with the band-aid, this is only attached to the surface of the skin. In reality it is not just your skin that is “stitched together” after a Caesarean but also the layers below (see sketch on page [→](#)).

To get an impression of the desired surgery read from page [→](#) of this book and imagine being the patient on the operating table.

Caesarean scars are mostly placed on a part of the body where they can cause a lot of “disturbances”: Some meridians are severed with the conventional surgery (more than 90% of our interviewees had a transverse cut) and even if mothers have these scars treated later on,...

“I got my physical well-being back after having the meridians activated (Chinese massage). Now I feel great again.” [T113]

... there is still the physiological barrier “scar”, the visible scar and possible troubles resulting from adhesions...

“Abdominal pain, numbness in the lower abdomen” [T079]

“I had extreme backache due to wrong posture, wanting to go easy on the scar - physiotherapy” [T039]

... to mention just a couple.

Most Caesarean mothers are not aware of the Caesarean scar possibly being the reason for backaches or migraines. There has been too little research and education on this so far. Therefore, it is important to identify the Caesarean scar as a disruption of the healthy body and if necessary have it treated.

Furthermore, there appears to be a connection between the condition of the Caesarean scar and its acceptance by the Caesarean mother. Spontaneously, without being asked (!) many mothers told us independently, during the photo shoot, that since participating in the photo book their Caesarean scar is less disturbing, less noticeable, clearly lighter, less bulging and the photographer would have to make an effort to get a proper picture...

Back then we were surprised to hear such statements and were not really able to relate to them. In the meantime, we have realised that the “mind of the scar” also has to play a role in healing – as one mother described:

“The first Caesarean scar hurt for more than six months until I became aware of how unhappy I was about the Caesarean section, then it got better. But it was always extremely bulging and very red. I did not want to touch it and therefore did not really massage the scar to try and improve it. With the 2nd Caesarean the scar was remodeled and is now relatively nice. Possibly because the 2nd Caesarean freed me from my traumatic experience, to a large extent, which is rather strange as I was also very sad about this one and desperately wanted to deliver spontaneously.” [T055]

The Caesarean section: Traumatic? (4.29)

About 42% of the women reported having experienced the 1st Caesarean section as traumatic. With the 2nd Caesarean it was 27% and with the 3rd 24%.

The fact that a clear connection exists between traumatic perception and inadequate education shows that detailed preoccupation, especially early enough, with the topic of abdominal delivery is a significant part of the successful recovery from a Caesarean section.

Women from the “educated” Caesarean group experiencing the Caesarean section as traumatic occurred distinctively less frequently (7%) compared to those uninformed women for whom this birth mostly “happened” (35%). In other words: The risk of experiencing the Caesarean birth as traumatic is five times higher with those women not informed in time about the subject!

In practice this means that as early as the preventative medical checkups in early pregnancy – and especially in the antenatal class! – the topic “Caesarean section” should be addressed intensively. Not to stoke fears, but to prevent traumatic experiences in good time. Furthermore, the objective and comprehensive study of the section has the benefit of disproving unrealistic expectations (e.g. being painless) and revealing the attractiveness – often promoted by the media – of the Caesarean birth, often assumed to be easier, as a one-sided view.

“Adverse effects” of substantiated education regarding the Caesarean section cannot be found in our data. Therefore, there is no reason for depriving women of the detailed facts and possible consequences.

The Caesarean section: Ideal way of giving birth or harmful to health? (5.1, 6.2, 6.3)

Only for a small percentage of the women was the Caesarean section the “ideal way of giving birth”: Just 16% are of this opinion. In the group of women with an elective Caesarean section the percentage was 57%.

One question was answered with “no” by all the women – namely, whether Caesarean section should generally replace vaginal birth in future.

This is not surprising considering that a Caesarean section is major abdominal surgery and that one in three of the Caesarean mothers had health problems afterwards.

What to do when you are afraid of birth?

The “fear of birth” is the main motive for medically unnecessary Caesareans, if you believe the obstetricians whom we interviewed. On the previous pages you have already read about some after-effects of the Caesarean

section; you will see further diverse experiences with Caesarean sections in the following photographic part of the mothers.

Should you be afraid of natural birth yourself and therefore consider a Caesarean section we recommend you contact an experienced midwife. Even for women who have already successfully delivered spontaneously this can reduce existing fear and help you judge expectations of a natural birth realistically.

Be that as it may this book can educate you when preparing for a (Caesarean) birth and, thereby, be of help.