

# Vaginal Birth vs. Caesarean Section - Pros and Cons

## Vaginal Delivery Pros

This is the more natural way to give birth. Your body is naturally equipped to give birth vaginally. Labour starts with your cervix dilating, and it ends with a newborn baby.

Women have a sense of empowerment and accomplishment after a vaginal birth. They are active participants in the childbirth experience. They must push to help move their baby through the birth canal and into the world.

You are in the hospital for 2-3 days after delivery. You have a quicker recovery time with a vaginal birth, and you will have less postpartum pain.

Your baby is less likely to have certain respiratory problems, including transient tachypnoea of the neonate, or TTN, (fluid in the newborn's lungs). TTN is not serious and it clears up within 2 to 3 days of treatment. It is more common in premature babies and full-term infants born via C-section.

Vaginal deliveries reduce the likelihood of TTN, because the pressure of going through the birth canal helps squeeze this extra fluid from your baby's lungs. Also, natural labour triggers the release of the hormone epinephrine, which clears fluids from the lungs.

Infants born vaginally are also at decreased risk of persistent pulmonary hypertension - a condition in which your baby's organs are deprived of oxygen because blood is not flowing into the lungs like it should.

Infants born vaginally are less likely to develop asthma, food allergies, and lactose intolerance later in life. This may be due to being exposed to beneficial bacteria in the birth canal.

In future pregnancies, labour may be shorter and move along quicker.

Mothers who deliver vaginally are able to breastfeed immediately and more effectively, than women with C-sections.

After a vaginal birth, it may be easier to bond with your infant because you can have immediate contact with him or her.

You are at a decreased risk of maternal haemorrhage, blood clots, and damage to your internal organs.

## Vaginal Delivery Cons

Fear of childbirth may cause anxiety and emotional turmoil for some women.

Though most vaginal births are uncomplicated, unforeseen complications can occur during labour and delivery, including maternal haemorrhaging (bleeding).

You are at risk for perineum tearing from a vaginal delivery. This can range from mild tears to fourth-degree lacerations that tear into your rectum. This can cause faecal incontinence.

Your baby faces the risk of oxygen deprivation, if there is cord compression or other problems during labour and delivery.

Your baby may experience physical trauma while passing through the birth canal, including bruising, swelling, and in rare cases broken bones. The risk of physical trauma increases in an assisted vaginal delivery (forceps or vacuum extraction).

Vaginal deliveries may increase your likelihood of pelvic organ prolapse after delivery (one of your pelvic organs drops from its original location and protrudes into your vaginal canal).

In very rare cases, uterine inversion can occur after a vaginal birth. This is a life threatening complication that occurs when the top of your uterus turns inside out. If not treated immediately, this can lead to severe haemorrhage (bleeding) and shock and it may result in death of the mother.

If you experienced a tear or episiotomy, you may have pain after intercourse for the first three months following your baby's birth.

You can sometimes injure your tailbone during childbirth. These injuries are uncommon, but you are more likely to bruise, dislocate, or fracture your tailbone if you have a narrow or unusually shaped pelvis and if you are delivering a large baby.

Women with vaginal deliveries have higher rates of urinary incontinence (urine leaks) than women with C-sections. Having an assisted vaginal delivery, prolonged pushing stage, and having a large baby increases your risk.



## Planned Caesarean Section Pros

Planned caesarean sections (C-section) may be more convenient for women. Because the baby's delivery date is usually scheduled ahead of time, mom may have less stress and anxiety about labour.

Women may feel more in control, because they know when their baby will be born and they can better plan for work leave, their baby's nursery, etc.

You can avoid post term pregnancies with a planned C-section. Most C-sections are typically scheduled between 39 or 40 weeks of gestation.

When compared to a vaginal delivery and an unplanned C-section, scheduled caesareans have a reduced risk of postpartum haemorrhage. Uterine atony (the uterus does not contract normally after the baby and placenta are delivered), which is the most common cause of postpartum haemorrhage, is minimized in a planned C-section.

Compared to emergency C-sections, a planned caesarean has slightly lower risks of complications, including infection, accidental injury to abdominal organs, lacerations to the baby, and anaesthesia-related problems.

If you have an STD or infection (such as herpes, HIV, hepatitis, and HPV), your risk of infecting your baby is greatly reduced with a caesarean section.

You are at lower risk of birth trauma that occurs in a vaginal birth, such as swelling or bruising.

You may be at decreased risk for pelvic floor injury. Women with planned caesareans have fewer cases of urinary incontinence (inability to hold urine) in the weeks following birth. However, the urinary continence two and five years after delivery was not different between the two groups.

## Planned Caesarean Section Cons

A C-section is major abdominal surgery that comes with surgical risks and complications from anaesthetic. Anaesthetic side effects may include severe headache, nausea, and vomiting. The anaesthetic may also affect the baby, causing him or her to be sluggish or inactive when born.

Women with planned caesarean sections have longer hospital stays and a longer postpartum recovery period than women with vaginal deliveries.

In a complicated C-section, you face a risk of the surgeon accidentally cutting your bowels or bladder.

You lose more blood in a caesarean section than a vaginal delivery. 2-3% of women who undergo C-sections require a blood transfusion. You lose approximately 1,000 mL (or 1 litre) of blood with a C-section.

You may have decreased bowel function after a caesarean.

Respiratory problems are more common in babies delivered via C-section. Problems include transient tachypnoea of the neonate (TTN) and respiratory distress syndrome.

If you plan on having a larger family, you may want to think twice about a planned caesarean section. After one or more C-sections, in future pregnancies, you are at increased risk for developing placenta previa (your placenta grows low in your uterus and covers either partially or fully the opening of the cervix) and placenta accreta (the placenta embeds itself too deeply into the wall of your uterus).

Having a previous caesarean increases your risk of uterine rupture (a tear in the wall of uterus, which commonly occurs at the site of the C-section incision).

Breastfeeding is more difficult after a caesarean delivery. Women are uncomfortable after surgery, and they do not have immediate contact with their baby.

Occasionally, your baby may be nicked or cut by the doctor's scalpel during a caesarean section. Most often, these are very mild cuts.

C-section babies are at higher risk for persistent pulmonary hypertension.

Your baby faces a risk of having a lower Apgar score (a test that is designed to evaluate your baby's physical condition immediately after delivery).

Heart attack or stroke could occur.

Wound haematoma - mass of clotted blood underneath the site of the C-section incision.

Puerperal endometritis infection - inflammation of the tissue lining your uterus that is caused by a bacterial infection.

Blood clots (DVT).

Haemorrhage that requires a hysterectomy (surgical removal of the uterus), as a life saving measure.

Opening of the wound.

Numbness or pain in the area around the scar.

Postpartum infection.

## Discussion with Obstetrician

Method of delivery is fundamentally the mothers' choice, however should always be made in discussion with her obstetrician. Safe delivery of healthy babies with healthy mothers is the preferable outcome for all.

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