

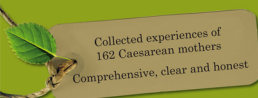
Caroline Oblasser
Photographs by Gudrun Wesp

C-Section Moms

Caesarean mothers
in words and photographs

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

e edition
riedenburg



Collected experiences of
162 Caesarean mothers
Comprehensive, clear and honest



Caroline Oblasser (PhD) is the author of several books. Her first daughter was born by Caesarean which was not planned, daughters number 2 and 3 were born at home.

- Mothers with one, two, three or four Caesareans aged between 20 and 77
- Experiences after emergency, elective and planned Caesarean sections
- Spontaneous birth after a C-Section (VBAC)
- Aesthetic photographs of 60 different Caesarean scars
- The "gentle Caesarean section": Photo report of a Caesarean section using the "Misgav Ladach" method
- **PLUS:** Caesarean surgery: Preparation, procedure, aftercare

"A must see and read book for all expectant women, their partners, childbirth educators, doulas, nurses, and all who care for childbearing women!"
(Debra Pascali-Bonaro, "Orgasmic Birth")

"This book should be read by all pregnant women as it speaks the bare truth."
(Marsden Wagner MD, MS)

"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."
(Gretchen Humphries, MS DVM; ICAN)



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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

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Introduction by Marsden Wagner MD, MS

“This book should be read by all pregnant women as it speaks the bare truth.”

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.

This book should be read by all pregnant women as it speaks the bare truth.

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

“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.”

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 push 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 adjusters 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, sensual 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/listening-tomothers to read all three Listening to Mothers reports.

"If you don't know your options you don't have any."

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.

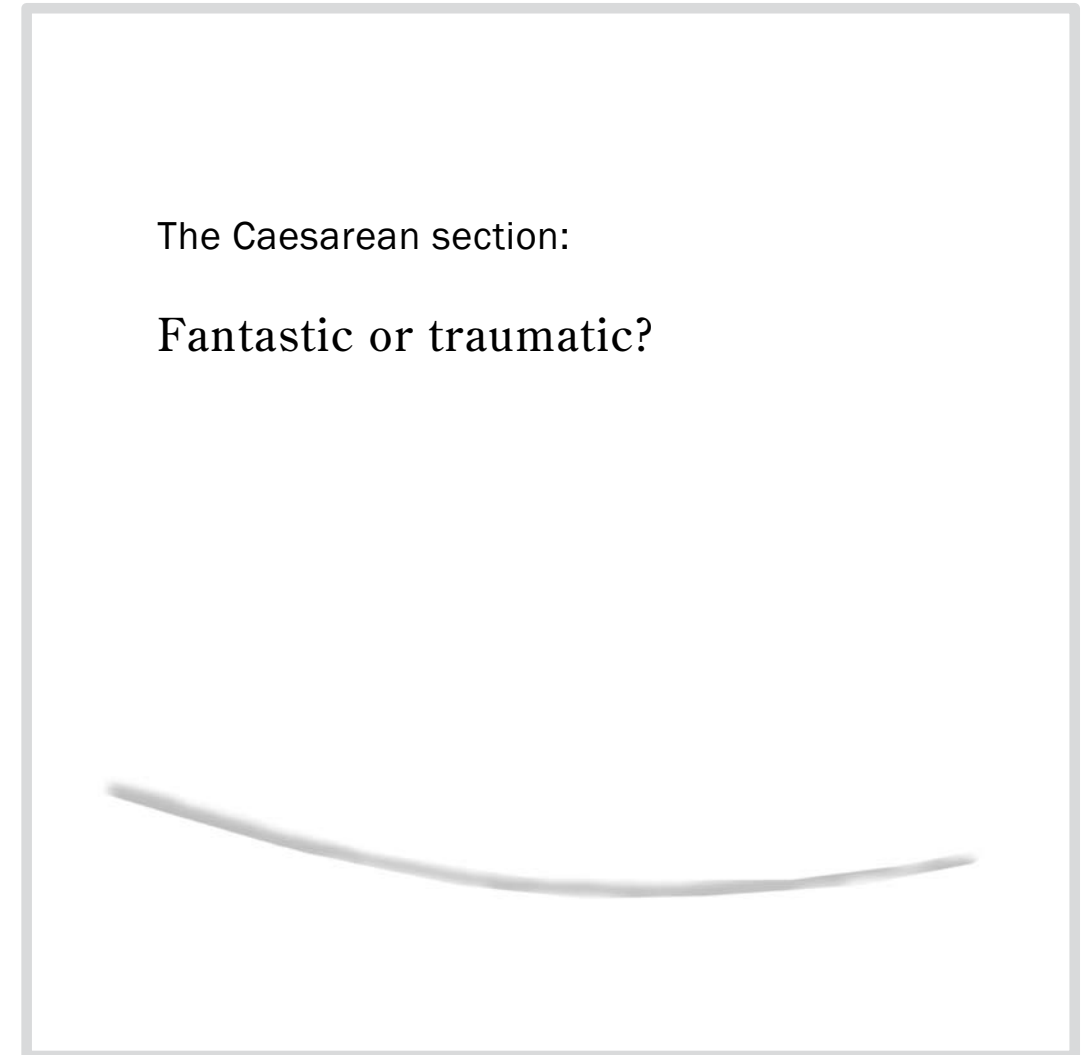
The Caesarean photo book would not be a "photo book" if it did not show

- 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



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!

[T145] Now I know both:

Medically botched birth and natural birth. I am convinced, after the distress experienced with my first child, birth would be a lot less complicated if physicians did not interfere that much. Children come from women's strength!

Occupation: Physician.

When I hear the word "Caesarean section" the following words come to mind spontaneously: Mostly the result of too much interference by physicians, naked like a piece of meat strapped down with the legs apart, helpless, incapacitated, humiliated, humbled, extremely hurt, deprived of my womanliness, life-saving only in the minority of cases, for the majority unnecessary.

The birth of my first child (section): Induced labour: Approx. 20 hours. Head circumference 34 cm, height 50 cm, weight 3100 g, duration of pregnancy: 42 weeks corrected, 40 weeks +2 days calculated date. Readjustment! of the date of delivery - 12 days earlier - in the early stages of pregnancy by the gynaecologist! Exceeding the expected date of birth, the exact date of ovulation and conception were irrelevant to the physician. After hinting that I mistrust the altered term indicated by ultrasound, I was told off to the extent that I did not dare to say anything more as I did not want to be treated like a piece of dirt when giving birth. Induction, two days of waiting, induction repeated twice, 20 hours of horror contractions, epidural, Caesarean section: Traumatic!

Prior to the Caesarean I received drugs: Prostin gel and Propes-vag. pills for induction, Paspertum IV against excessive vomiting, Standacillin IV (antibiotic) against a raised temperature and feared increase in infection (physicians have not yet discovered that labour is heavy muscular work and warmth may occur), Syntocinon IV (for contractions) due to weak contractions, Tocolytics (contraction inhibitor) for contractions that are too strong, epidural.

I ascribe the following peculiarities of my child to the Caesarean birth: Restlessness, remarkable alertness, as if he could not trust the world, well, he

was violently driven out of paradise, ultimately forcibly by knife.

A Caesarean birth has negative effects on the child: Because the natural way is always the better one, also gentler. And because the drugs which are pumped into the mother are not healthy for the child.

The birth of my second child (vaginal delivery): From the beginning I fought determinedly against bringing the term forward and against an induction; searched for my own midwife who came along to the hospital at our cost and it paid off! 13 days after my due date our daughter was happily delivered, totally naturally - without induction, without a drip, without painkillers. I would immediately have another child this way.

Additional notes: A good midwife is important and also the antenatal instruction, best with the same midwife and together with one's partner because that creates trust and makes it easy to let go when giving birth. Women have good intuition - unfortunately it is often overlaid with fears stoked by physicians, the woman is alienated and completely helpless. The medical fraternity way too often likes to present itself as a lifesaver. With my second child I fought from the beginning, insisted on my due date because they wanted to bring it forward again and had to put up with them calling me stubborn at the "mother-child pass examination". My child made the most of the pregnancy right up to the last day. I refused the induction on the 12th day beyond term and on the 13th day the birth was a wonderfully natural experience. The child showed no adverse signs of being overdue and also the placenta was not calcified. Women, do not let anybody put you off, find allies, an available midwife, do not let anybody scare you! By the way: A well-planned home birth is just as safe as a birth in hospital, unfortunately not permitted after a Caesarean.

My Caesarean scar (length approx. 17.5 cm):

In the beginning I thought I would never want to go to a sauna or into a communal shower again. Yet, unless one stares intentionally, one does not see the scar. By way of the project of this book I approached my scar in a positive way for the very first time. That it can be photographed aesthetically, I find to be a totally new and interesting perspective.



[T005] The bonding took place with my husband:

I envy him for that.

Occupation: Consultant.

When I hear the word “Caesarean section” the following words come to mind spontaneously: Surgery, Julius Caesar, section without pain, lifesaving, epidural.

I dealt with Caesareans intensively prior to my first Caesarean birth: No.

The birth of my child (section): Contractions: No. Head circumference 36 cm, height 48 cm, weight 2250 g, duration of pregnancy: 38 weeks. Caesarean section due to placenta praevia and transverse lie of my child.

Prior to the Caesarean, I received drugs: No.

I was able to breastfeed without difficulty after the Caesarean: Yes, I breastfed for a couple of months.

The very first eye-contact with my child: During the operation.

The first intensive physical contact with my child: Approx. 25 minutes after the operation.

My child had serious health problems: Undernourishment caused by small placenta (small-for-date-baby).

My child has health problems now: No.

I noticed peculiarities in my child, which I ascribe to the Caesarean birth: No.

I would have preferred a natural (vaginal) birth: Yes.

I was afraid of pain during birth: No.

I was afraid of perineal trauma: Yes.

I was afraid of a possible Caesarean section: No.

The possibility of a Caesarean was prognosticated: Yes.

I miss having a natural birth experience: No.

I feel inferior due to having missed out on the experience of birth: No.

I experienced the Caesarean section as traumatic: No.

The Caesarean section was the ideal way of giving birth as far as I am concerned: Yes.

I find that Caesarean section is trivialised and minimised by the media (newspaper, magazines, television, ...): No.

Due to the following the rate of Caesareans is rising: Because women’s self-determination is increasing and that is a good thing.

My fundamental attitude on the topic “Caesarean”: Every woman should be able to decide on her own if she is in favour of or against a Caesarean section (as long as it is medically in order).

My Caesarean scar (length approx. 14 cm):

My Caesarean scar looks like a whimsical smile. It reminds me of being a mom every day. It is easy for me to accept my Caesarean scar.



Caesarean mothers with two sections



[T010] The following complications occurred during the second Caesarean section:

Uterine atony (uterus had to be massaged as it would not contract). Through this I also lost a lot of blood. Received 3 units of blood after the birth.

Occupation: Employee. At present: Maternity leave.

When I hear the word “Caesarean section” the following words come to mind spontaneously: Pain, fear, emergency solution, complications.

The birth of my first child (first section): Natural contractions: Approx. 10 hours. Head circumference 34 cm, height 53 cm, weight 2820 g, duration of pregnancy: 36 weeks +6 days. Unfortunately, I did not read up on the topic of “sections”, it was a great surprise for us.

The indication for my first section: Malposition of the child (brow presentation), fever, foetal tachycardia.

The very first eye-contact with my first child: Approx. 2 hours after the operation.

The first intensive physical contact with my first child: Approx. 10 hours after the operation.

I did not want to breastfeed after the first birth: I never breastfed.

The birth of my second child (second section): Natural contractions: Approx. 10 hours. Head circumference 36 cm, height 54 cm, weight 3800 g, duration of pregnancy: 38 weeks +6 days. It was a little more relaxed as I had an epidural during the entire birth. Despite this, it was again very unexpected.

The indication for my second section: Malposition of the child, uterine atony.

The very first eye-contact with my second child: During the operation.

The first intensive physical contact with my second child: Approx. 2 hours after the operation.

I was able to breastfeed without difficulty after the second Caesarean: I breastfed for a couple of months.

I had health problems after my second Caesarean section: Thrombosis.

I would have preferred natural (vaginal) births: Yes.

I was afraid of pain during birth/of perineal trauma: No.

I was afraid of a possible Caesarean section: No.

The possibility of a Caesarean was prognosticated both times: No.

I experienced both Caesarean sections as traumatic: No.

The Caesarean sections were the ideal way of giving birth as far as I am concerned: No.

Both my Caesarean births are seen as fully-fledged births by my family, friends and acquaintances: As I was allowed to experience everything up to the pushing contractions.

Due to the following the rate of Caesareans is rising: Fear of pain during birth and of the duration.

My fundamental attitude on the topic “Caesarean”: If nothing else is possible I find it OK. (Health of mother and child has first priority.) But I would try to deliver normally every time. The Caesareans were neither fantastic deliveries nor traumatic for me. I am just happy to have “healthy” children and that it all went well for me too. If it wasn't for the Caesarean a lot would have gone wrong in my case.

My Caesarean scar (length approx. 13 cm):

Since the thrombosis I have a varicose vein next to my scar. Both my scars are just slightly apart. The second scar is a lot longer than the first. From time to time I feel a sharp pain where my Caesarean scars are when getting up or with weather changes.



[T064] A Caesarean birth possibly has negative effects on the child:

I think that a “transitional period” is important for the baby. During labour it realises: Something is happening now, something is going to change.

Occupation: Employee (organising events).

When I hear the word “Caesarean section” the following words come to mind spontaneously: Surgery, baby, birth, anaesthesia, how unfortunate.

The birth of my first child (first section): Natural Contractions: Approx. 23 hours. Head circumference 36 cm, height 51 cm, weight 3570 g, duration of pregnancy 39 weeks +6 days. Trouble-free as such but very long first stage of labour.

The indication for my first section: Exhaustion, vacuum extraction failed, emergency section.

The very first eye-contact and intensive physical contact with my first child: Approx. 20 hours after the operation.

The first Caesarean interfered with the mother-child bonding: When I came into the postnatal ward the day after the delivery it was incredibly sad for me to see all the other mothers hugging their babies and I had not even seen my baby yet.

My first child was injured during birth: Firstly – very deformed head, secondly – scratch on the head caused by being stuck at the pubic bone and from trying to pull him out with the vacuum extractor.

My first child had serious health problems: Not because of the Caesarean, this should have been done a lot earlier; respiratory mask, asphyxia/hypoxia/cyanosis – neonatal ward.

I ascribe the following peculiarities of my first child to the Caesarean birth: “Zipper syndrome” – a year later on a camping holiday he reacted with fright when opening the tent (sound). My child has often had

difficulties with “transitions”: starting kindergarten, schooling; might have a connection with the Caesarean section.

The birth of my second child (second section): Natural contractions: Approx 6 hours. Head circumference 36 cm, height 54 cm, weight 3870 g, duration of pregnancy: 40 weeks +6 days.

The indication for my second section: “Stargazer”, failure to progress.

I was able to breastfeed without difficulty after the second Caesarean: I am still breastfeeding.

The very first eye-contact with my second child: During the operation.

The first intensive physical contact with my second child: Approx. 1 ½ hours after the operation.

Additional notes: When I requested a Caesarean during my first delivery due to exhaustion and failure to progress, I was offered a vacuum extraction to spare me a Caesarean. I allowed myself to be persuaded, which proved wrong in the end, I could have spared my child the neonatal ward and myself the separation from him in the beginning. In my opinion I was really well prepared for my second birth using acupuncture, osteopathy and attending antenatal classes. I could again not deliver “normally”. A few weeks ago I had the intrauterine contraceptive device inserted, which was very difficult according to my gynaecologist – everything is hardened, narrow and I have a bend in the uterus too. It is, therefore, quite possible that something is anatomically “different” with me. Whatever it was, this time I did not dwell on the birth for such a long time.

My Caesarean scar (length approx. 13 cm):

After the first as well as the second Caesarean section: Pain in the beginning, later itching and numbness for quite a while. The suture is not perfect, it could be more even.



[T118] Both my children were born in South Africa:

Back then a Caesarean was an absolute exception there. The surgeon had studied in the USA.

Occupation: Personal assistant, recruiter, import/export.

When I hear the word "Caesarean section" the following words come to mind spontaneously: Un-natural birth, missing experience of birth.

I dealt with Caesareans intensively prior to my first Caesarean birth: Because obstetrician and surgeon predicted the possible necessity.

The birth of my first child (first section): Contractions: No. Head circumference n.s., height 53 cm, weight 3030 g, duration of pregnancy: 38 weeks. Difficult decision in favour of a Caesarean, but the child's health has top priority!

The indication for my first section: Very strong abdominal muscles, the baby could not drop.

The very first eye-contact with my first child: Approx. 1 hour after the operation.

The first intensive physical contact with my first child: Approx. 2 hours after the operation.

I was able to breastfeed without difficulty after the first Caesarean: I breastfed for a couple of months.

The birth of my second child (second section): Contractions: No. Height 50 cm, weight 3490 g, duration of pregnancy: 38 weeks. Caesarean accepted.

The indication for my second section: Very strong abdominal muscles – see first Caesarean.

The very first eye-contact and intensive physical contact with my second child: Approx. 1 hour after the operation.

I was able to breastfeed without difficulty after the second Caesarean: I breastfed for more than six months.

I would have preferred natural (vaginal) births: Yes.

I was afraid of pain during birth/of perineal trauma: No.

I was afraid of a possible Caesarean section: No.

I miss having a natural birth experience: Yes.

I feel inferior due to having missed out on the experience of birth: No.

I experienced both Caesarean sections as traumatic: No.

The Caesarean was the ideal way of giving birth as far as I am concerned: No.

I find that Caesarean section is trivialised and minimised by the media (newspaper, magazines, television, ...): Yes.

Due to the following the rate of Caesareans is rising: Exact scheduling is possible for obstetrician and mother, fear of pain.

My fundamental attitude on the topic "Caesarean": Should actually only be performed in situations that are life-threatening for mother or child.

Additional notes: I was a gymnast from 12 to 20 years of age. From 20 to 26 years of age I did rhythmic gymnastics, furthermore horseback riding and skiing.

My Caesarean scar (length approx. 13 cm):

The scar of the second Caesarean became infected. It was very easy for me to accept my scar as it is well covered by pubic hair.



[T037] I am 65 years old:

My children are 42 and 40 years old – everything happened a very long time ago. Back then there was not a lot of education, especially in my case. The children were born in Athens, communication with the physician was in English, there was no contact with the midwife. I have forgotten and also repressed a lot, therefore it is difficult for me to fill in the questionnaire properly.

Occupation: Retired.

When I hear the word “Caesarean section” the following words come to mind spontaneously: n.s.

I dealt with Caesareans intensively prior to my first Caesarean birth: No.

The birth of my first child (first section): Natural contractions: Approx. 6 to 7 hours. Head circumference n.s., height 52 cm, weight 4200 g, duration of pregnancy: 40 weeks. “Birthday” exactly on the calculated day. Contractions came and went, after approx. 6 hours the Caesarean had to be done, birth canal would not open.

The indication for my first section: n.s.

The very first eye-contact and intensive physical contact with my first child: ?

I had problems breastfeeding after the first Caesarean: I had a fever, breastfeeding was discontinued.

The first Caesarean interfered with the mother-child bonding: I was so weak after the operation that I could not enjoy the physical contact.

The birth of my second child (second section): Contractions: No. Head circumference n.s., height 50 cm, weight 3800 g, duration of pregnancy: 38 weeks. Back then (1966) they said “once a Caesarean, always a Caesarean”. It was performed two weeks before the calculated time. I had to wait in a room adjoining the operating theatre for one hour. Then I was in the operating theatre for a very long time (don't know why).

The indication for my second section: Once a Caesarean, always a Caesarean.

The following complications occurred during the second Caesarean: I was in the operating theatre for a very long time, I never found out why. The lower part of the “Caesarean section” was left open, the cannula was only removed days later.

The very first eye-contact and intensive physical contact with my second child: ?

The second Caesarean interfered with the mother-child bonding: It is not a real experience of birth. After surgery (under general anaesthetic) it takes a while to be fully there.

I wanted to breastfeed after the second Caesarean birth: No.

I would have preferred natural (vaginal) births: Yes.

I was afraid of pain during birth/of perineal trauma: n.s.

I was afraid of a possible Caesarean section: n.s.

I miss having a natural birth experience: n.s.

The Caesarean was the ideal way of giving birth as far as I am concerned: No.

I find that Caesarean section is trivialised and minimised by the media (newspaper, magazines, television, ...): Yes.

Due to the following the rate of Caesareans is rising: Free of pain, quick, scar hardly visible (can supposedly also be removed by laser).

My fundamental attitude on the topic “Caesarean”: It should be an emergency solution.

My Caesarean scar (length approx. 15 cm):

My Caesarean scar did not heal trouble-free because one part was left open and healed very slowly. I had to wear a surgical corset. At my age the appearance of the scar is not important anymore but it used to bother me in the past. I had complexes because the scar was so noticeable. I only wore high-cut bikini bottoms.



The “gentle Caesarean section”

Photo report of a Caesarean section
using the “Misgav Ladach” method



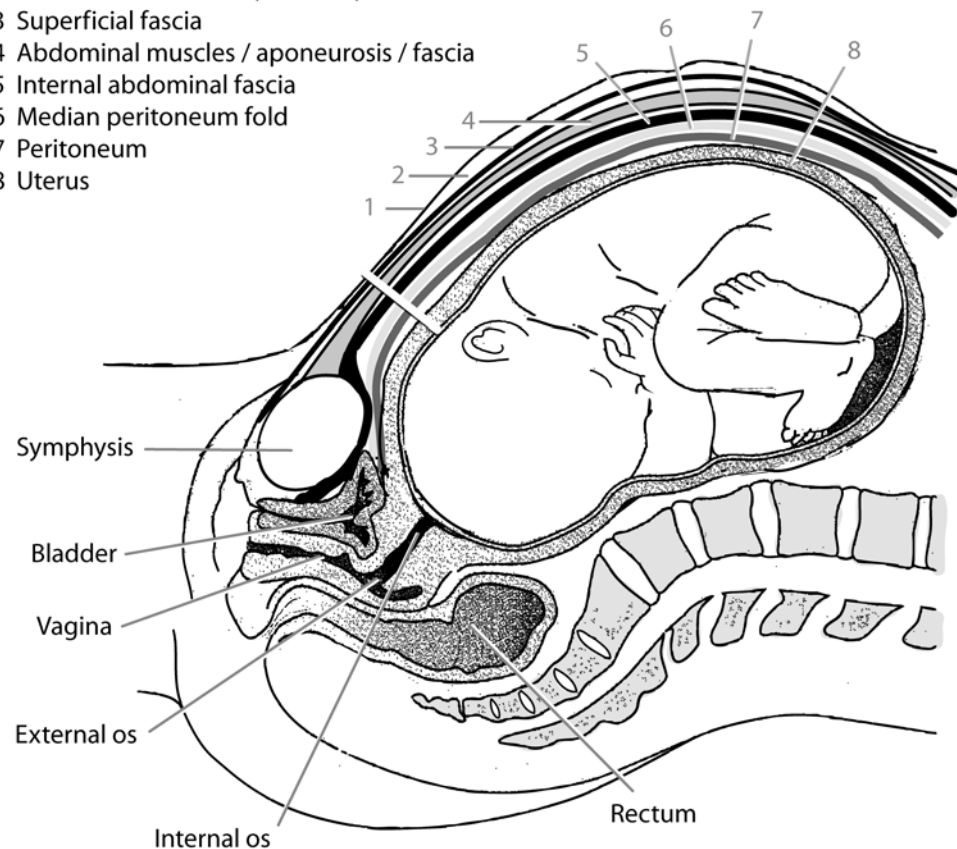
A “Caesarean section” (simplified theoretical description)

Both straight abdominal muscles (rectus abdominis muscles) are mostly just pulled apart, not cut; they can tear unintentionally though.

Schematically drawn “Caesarean section” (white line)

The penetrated layers of the body from the outside to the inside:

- 1 Skin (Dermis)
- 2 Subcutaneous tissue (Subcutis)
- 3 Superficial fascia
- 4 Abdominal muscles / aponeurosis / fascia
- 5 Internal abdominal fascia
- 6 Median peritoneum fold
- 7 Peritoneum
- 8 Uterus



The “gentle Caesarean section” – is there really such a thing? Our photographer Gudrun Wesp went in search of it in spring 2006 and captured, in numerous photographs, a Misgav Ladach section, which was performed at a clinic in the province of Salzburg. We forwent displaying the photos in colour – because of the black-and-white concept of the book, as well as to go easy on the faint-hearted.

We want to, hereby, thank participant T010 who not only let us take photos of her before and after the surgery but also allowed us to attend the scheduled Caesarean section of her third child in agreement with the clinic (Indication: Condition after two previous Caesareans).

Before we explain every one of the photos shown and subsequently display the photo report, we want to look at how “gentle” major abdominal surgery, as in the case of a Caesarean section, can actually be and what the frequently heard name “Misgav Ladach” means. Volker Lehmann tells us the following on this subject in his book “The Imperial Cut. The History of an Operation” (Schattauer, Stuttgart 2006), which is definitely worth reading:

“Concealed behind the phrase “gentle Caesarean section” is a procedure which can only seldom be evaluated by patients but is supposed to give them a comforting sensation, a sense of well-being towards the operation. The procedure itself is not as new as it seems to be. The skin is cut through with a scalpel in exactly the same way as in the case of a classic Caesarean section. Even in the past the adipose tissue was pulled aside from the fascia with blunt hooks and in the same way the bellies of the rectus abdominis muscle were pulled apart. The blunt extension of the small sharp incision in the uterine wall was already described by Kehrer when he did his first Caesarean section [...] in 1881. Therefore, what the gentle section promises is not very new nor very gentle. It is doubtful whether ripping is gentler than cutting and whether it should be described as such. The proclamation of the gentle Caesarean though

caused a new appraisal of the intensive post-operative treatment of patients with drainages, bladder catheters, fasting and infusions, even although all these measures were not necessary with the conventional section but were performed by surgeons anyway. The gentle Caesarean section is actually called the Misgav Ladach method. This term does not make it easy for clinics to win patients as customers, therefore it was called the “gentle Caesarean section”. Misgav Ladach is a hospital in Jerusalem. There this method, which is not totally new in its individual stages, was compiled and published by M. Stark in 1994. It should be an operating technique which requires few instruments, simple movements and very little after-treatment. In Jerusalem the idea was not to make up for dwindling numbers in patients but being able to manage with few instruments and little sewing material.” (Translated English version from the original German book, page 231)

Despite this matter-of-fact account of obviously invasive surgery the “Misgav-Ladach method of a section” is repeatedly propagated as the “gentle Caesarean section”.

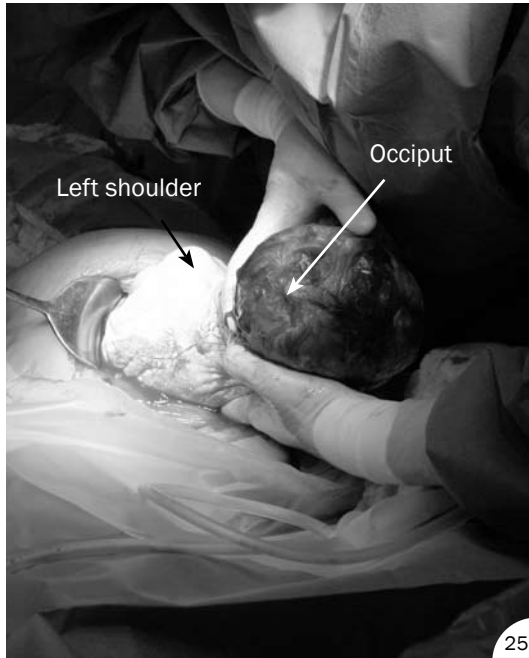
Every reader should decide on his/her own whether, and if so, how gentle a “Caesarean section” is for mother and child. [Number of picture] and time are based upon the digital camera used for these photographs.

01 [7051] 7:32 a.m.

Just after half past seven in the morning the operating theatre is still deserted. The patient will later receive oxygen and the anaesthetic gas from the anaesthetic equipment.

02 [7069] 7:48 a.m.

The instruments for the upcoming Caesarean section are placed ready: About 40 scissors, tweezers, clamps, retractors and needles will be used.



After gaining insight a quick overview:

Possible conclusions



Someone approaches you and says: “We are going to cut open your abdomen now.” You ask: “Why?” The answer is: “Because it is easier to schedule, because we are afraid you might sue us and because you yourself want it!”

This or something like this could be a nightmare. The nightmare of a Caesarean section.

For many mothers being cut open as a living being means humiliation and powerlessness. They do not see the obstetric surgery as procedure they have chosen for themselves but mostly feel deprived of their right to experience birth. They feel wounded – physically and mentally.

And as if that were not enough. Many women need the Caesarean section – whatever the reason may be – and have to let a lot of strangers care for them during the birth of their child.

It is not about preventing the Caesarean section at any cost but about allowing the surgery to be as natural as possible in case of an emergency.

A woman who is confronted with the birth of a child for the first time in her life will hardly be able to express her wishes concerning the procedure of the surgery should a Caesarean section be necessary. At best she will know about the performance of the surgery from friends’ narratives. Maybe she has seen a report on television or has read about it in a magazine. Possibly she also read this book and was, thereby, able to increase her knowledge.

However, what the Caesarean section really means every woman will only be able to answer for herself a lot later.

Caesarean surgery: Preparation, procedure, aftercare

Our survey on Caesareans has shown that women often remember certain details, which may have seemed to be irrelevant, years later. Evidently the way they were treated prior to, during and after the surgery for example becomes more important with time.

However, memories of the Caesarean surgery need not be unpleasant, as many of our Caesarean mothers demonstrate.

In collaboration with midwives and obstetricians we have worked out a few points, which are important from our point of view, to allow Caesarean surgery to be as natural as possible in case it is really indispensable.

Heeding these “recommendations” – which we shaped using the thoughts of obstetricians – should contribute to a transition, as gently as possible, from pregnancy to motherhood. When surgery is necessary the newborn in particular should, where possible, have a gentle and not abrupt beginning to life outside the womb.

Recommendations for Caesarean births (Version March 2009)

1. Check the indication

- Second opinion Is the Caesarean section really inevitable? Get a second opinion if necessary (midwife, obstetrician, physician – depending on the indication).

2. If medically possible: Time for birth set at the mother and child’s pace

- Scheduled section Many midwives say that it would be ideal to wait for natural contractions. Sometimes even the obstetricians in charge agree. Alternatively, if possible, 3 hours prior to the section put the pregnant woman on a drip to bring on contractions so that the uterus and the baby can prepare for the surgical intervention.
- Support The partner, a familiar midwife or another confidant can convey the mother’s wishes when she is too weak or unresponsive. Organising this before the scheduled section should not be forgotten.

3. Preparing for the surgery

- What is going to happen? Detailed, comprehensible explanation for mother (and partner) of what is going to happen – especially in the case of an emergency Caesarean section!
- Anaesthesia If possible avoid general anaesthesia. With epidural/spinal anaesthesia: do not let the mother fall asleep unnecessarily after the child is removed from the uterus because the important first contact is lost thereby.

4. During the surgery

- What is going to happen? Detailed, comprehensible explanation for mother (and partner) of what is happening at the moment.
- Cord clamping For medical reasons (massive loss of blood) it is not safe to wait for the umbilical cord to stop pulsating with a Caesarean section. To alleviate possible imbalances or disorders the child has, due to the immediate cutting of the cord, it might be possible to use craniosacral therapy or osteopathy about 2 weeks after the Caesarean section
- Vaccination Vaccinating the infant with “vaginal flora” of the healthy and well nourished mother may possibly be conducive to the normal colonisation of the infant’s intestine.
- Stem cells Do the parents want stem cells to be withdrawn?
- Suction If medically possible no suctioning of the baby’s nose because this causes the mucous membranes to swell and the child who breathes solely through his or her nose is distressed. Intensive manipulation occurs when suctioning the baby’s palate. This irritates the suck reflex and can result in difficulties with breastfeeding.
- First contact Baby and mother are allowed to get to know each other right after birth, skin on skin, not wrapped in sheets. Have a warm blanket ready. Bathing and dressing the child take place later.
- Breastfeeding Latching for the first time in the operating theatre, if possible. The mother is supported by the midwife/nurse in getting the baby latched on properly.
- Paediatrician Wait for bonding and the first breastfeed. Neonatal status only after breastfeeding.

5. After birth

- Umbilical cord/placenta Show and explain. Make it possible for the mother to take both home with her when discharged from the hospital if she wishes to do so.
- Postnatal period Constant support of the Caesarean mother (breastfeeding, getting up, caring for the child, ...). Mobilising of the mother and treatment of the Caesarean scar by the midwife/therapist.
- Surgery report Issue and automatic delivery of an informative surgery report on discharge.

Appendix

Questionnaire for Caesarean mothers

Questionnaire for obstetric experts

My personal Caesarean questionnaire



Questionnaire for Caesarean mothers:

Questions with a check box were to be marked with a cross, for questions to be answered freely an extra sheet of lined paper was available. Original format DIN A4.

All data will be made anonymous before publication, kept in confidence and not forwarded to a third party!

1.) Statistical personal data.

- 1.1) Surname / Given name _____ 1.2) Title _____
- 1.3) Date of birth: _____ . _____ . 19_____ 1.4) Time _____ : _____
- 1.5) I was delivered by Caesarean section myself. yes no
- 1.6) My mother was delivered by Caesarean section. yes no
- 1.7) I have given birth to a total of _____ child(ren) and had _____ Caesarean section(s).
- 1.8) My marital status: single living with a partner married
widowed divorced other : _____
- 1.9) Education compulsory education apprenticeship vocational school
A-levels academic studies other : _____
- 1.10) Occupation _____

2.) When I hear the word "Caesarean section" the following 5 words come to mind spontaneously:

- 2.1) 1. _____
- 2.2) 2. _____
- 2.3) 3. _____
- 2.4) 4. _____
- 2.5) 5. _____

3.) My child(ren) in detail (also vaginally delivered children).

My 1st child

- 3.1) Date of birth: _____ . _____ . _____ 3.2) Time _____ : _____
- 3.3) Sex: girl boy 3.4) Caesarean birth? yes no
- 3.5) Short comment about the birth of my 1st child

My 2nd child

- 3.1) Date of birth: _____ . _____ . _____ 3.2) Time _____ : _____
- 3.3) Sex: girl boy 3.4) Caesarean birth? yes no
- 3.5) Short comment about the birth of my 2nd child

My 3rd child

- 3.1) Date of birth: _____ . _____ . _____ 3.2) Time _____ : _____
- 3.3) Sex: girl boy 3.4) Caesarean birth? yes no
- 3.5) Short comment about the birth of my 3rd child

My 4th child

- 3.1) Date of birth: _____ . _____ . _____ 3.2) Time _____ : _____
- 3.3) Sex: girl boy 3.4) Caesarean birth? yes no
- 3.5) Short comment about the birth of my 4th child

My 5th child

- 3.1) Date of birth: _____ . _____ . _____ 3.2) Time _____ : _____
- 3.3) Sex: girl boy 3.4) Caesarean birth? yes no
- 3.5) Short comment about the birth of my 5th child

4.) My Caesarean child(ren).

Please complete one sheet, for the questions under point 4.), for each of your Caesarean children (also for multiples).
For multiples please supply identical information using one sheet only.

- 4.1a) My 1st 2nd 3rd 4th 5th child delivered by Caesarean section.
- 4.1b) Child's date of birth _____ . _____ . _____ 4.2) Time _____ : _____
- 4.3a) Sex: girl boy 4.3b) single multiple , namely: _____
- 4.3c) Head circumference: _____ cm 4.3d) Height: _____ cm 4.3e) Weight: _____ g
- 4.4) Duration of pregnancy: _____ weeks of pregnancy
- 4.5) The cost of the birth was paid privately / a private supplementary health insurance was used.
yes no
- 4.6) The Caesarean section was planned not planned
- 4.7) The Caesarean section was an emergency section an elective section neither of these
- 4.8) The decision for the Caesarean section was made during birth. yes no
- 4.9) Who decided on the Caesarean in the end? (multiple answers possible)
physician midwife myself other : _____
- 4.10) My partner was present during the Caesarean and stood by me: yes no
- 4.11) Reason for the Caesarean section (indication, e.g. breech presentation) was the following:

- 4.12) Prior to the Caesarean, I had real (natural) contractions.
yes , duration approx. _____ hours no
- 4.13) Prior to the Caesarean, I had artificial / induced contractions brought on by drugs.
yes , duration approx. _____ hours no
- 4.14) Prior to the Caesarean, I received drugs. no yes , to my knowledge:

- 4.15) The Caesarean was performed under the following anaesthesia: spinal anaesthesia
epidural anaesthesia general anaesthesia other : _____
- 4.16) The Caesarean proceeded without complications
yes no , following complications occurred:

- 4.17) I wanted to breastfeed after birth. yes no
- 4.18) I was able to breastfeed without difficulty after the Caesarean.
yes no , following complications occurred:

- 4.19) Breastfeeding duration:
0-6 months 6-12 months more than 1 year
more than 2 years I am still breastfeeding I never breastfed

4.) My Caesarean child(ren). (Continued)

Please complete one sheet, for the questions under point 4.), for each of your Caesarean children (also for multiples).
For multiples please supply identical information using one sheet only.

- 4.20) The very first (eye-)contact with my child took place
during the operation approx. _____ hours after the operation
- 4.21) The first intensive physical contact with my child took place
during the operation approx. _____ hours after the operation
- 4.22) I find that the Caesarean interfered with the mother-child bonding.
no yes , namely as follows:

- 4.23) I would have preferred a natural (vaginal) birth. yes no
- 4.24a) I was afraid of pain during birth. yes no
- 4.24b) I was afraid of perineal trauma. yes no
- 4.25) I was afraid of a possible Caesarean section. yes no
- 4.26) The possibility of a Caesarean was prognosticated. yes no
- 4.27) I miss having a natural birth experience. yes no
- 4.28) I feel inferior due to having missed out on the experience of birth. yes no
- 4.29) I experienced the Caesarean section as traumatic. yes no
- 4.30) The Caesarean gives me the feeling of not having done everything for my child. yes no
- 4.31) I suffered from depression after the Caesarean.
no yes , namely

- 4.32) My child was injured during/through the Caesarean section.
no yes , namely

- 4.33) My child had serious/extreme health problems (e.g. also asthma, allergies, ...).
no yes , namely

- 4.34) My child has health problems now.
no yes , namely

- 4.35) I noticed peculiarities in my child, which I ascribe to the Caesarean birth.
no yes , namely

5.) My Caesarean scar(s).

- 5.1) I had health problems after or I have been having health problems since my Caesarean section(s).
no yes , namely _____
- 5.2) My Caesarean scar(s) healed without a problem. no yes , namely _____
- 5.3) I can feel my Caesarean scar(s). no yes , namely _____
- 5.4) I took care of / treated my Caesarean scar(s) or had my Caesarean scar(s) treated or I am taking care of my Caesarean scar(s) / having my Caesarean scar(s) treated. no yes , namely _____
- 5.5) It is easy for me to accept my Caesarean scar(s). yes no
- 5.6) I find my Caesarean scar(s) ugly. yes no
- 5.7) It is easy for me to touch my Caesarean scar(s). yes no
- 5.8) My partner has a problem with my Caesarean (scar)s. no yes , namely _____
- 5.9) My Caesarean scar(s) is/are (altogether) approx. _____ cm long.
- 5.10) I would describe the shape of my Caesarean scar(s) as follows:

- 5.11) I would roughly sketch the appearance and position of my Caesarean scar(s) as follows on the picture:



5.12) What else comes to mind concerning my Caesarean scar(s):

6.) The Caesarean, the others and I.

- 6.1) I dealt with Caesareans intensively prior to my Caesarean.
no yes , namely for this reason:

- 6.2) The Caesarean section was the ideal way of giving birth as far as I am concerned.
yes no
- 6.3) I think that in future Caesarean section should generally replace vaginal birth.
yes no
- 6.4) My Caesarean birth is seen as a fully-fledged birth / My Caesarean births are seen as fully-fledged births by my family, friends and acquaintances.
yes no , this is expressed as follows:

- 6.5) Society gives me the feeling of having failed.
yes no
- 6.6) In my opinion a Caesarean birth has negative effects on the child.
no yes , namely the following:

- 6.7) I find that Caesarean section is trivialised and minimised by the media (newspaper, magazines, television, ...). yes no
- 6.8) I believe that the following reasons are responsible for the increase in Caesarean births:

- 6.9) My fundamental attitude on the topic "Caesarean" could be described as follows:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Questionnaire for obstetric experts:

Questions with a check box were to be marked with a cross, for questions to be answered freely an extra sheet of lined paper was available. Original format DIN A4.

Supplying personal data is optional and simply allows us to contact you in the case of a follow-up enquiry. All personal data will be made anonymous before publication.

1.) Personal data.

- 1.1) Surname / First name _____ 1.2) Title _____
- 1.3) Address _____
- 1.4) Phone number _____
- 1.5) E-mail address _____

2.) Statistical data.

- 2.1) Female Male
- 2.2) Date of birth: _____ .19_____
- 2.3) Occupation midwife gynaecologist physician
other : _____
- 2.4) I was delivered by Caesarean section myself. yes no
- 2.5) My mother was delivered by Caesarean section. yes no
- 2.6) I am a mother myself and have given birth to a total of _____ child(ren) and had _____ Caesarean section(s).

3.) When I hear the word "Caesarean section" the following 5 words come to mind spontaneously:

- 3.1) 1. _____
- 3.2) 2. _____
- 3.3) 3. _____
- 3.4) 4. _____
- 3.5) 5. _____

4.) The Caesarean section from a medical point of view.

- 4.1) A Caesarean section should definitely be performed for the following indications:

- 4.2) A Caesarean section usually proceeds without complications.
yes no , the following complications often occur:

- 4.3) Nowadays the decision for a Caesarean section is mostly made by the following person(s):
(multiple answers possible)
physician midwife mother other : _____
- 4.4) The occurrence of real (natural) contractions before birth is important for the child and should be awaited if possible. yes no
- 4.5) Artificial/induced labour / contractions caused by drugs increase the chance of having to end the birth with a Caesarean section. yes no
- 4.6) If possible the Caesarean section should be performed under the following anaesthesia:
spinal anaesthesia epidural anaesthesia
general anaesthesia other : _____

5.) The Caesarean section and its consequences for mother and child.

- 5.1) A Caesarean section is easy on mother and child and therefore better than a vaginal delivery. yes no
- 5.2) In future Caesarean section should generally replace vaginal birth. yes no
- 5.3) A Caesarean section has negative effects on the child.
no yes , namely the following:

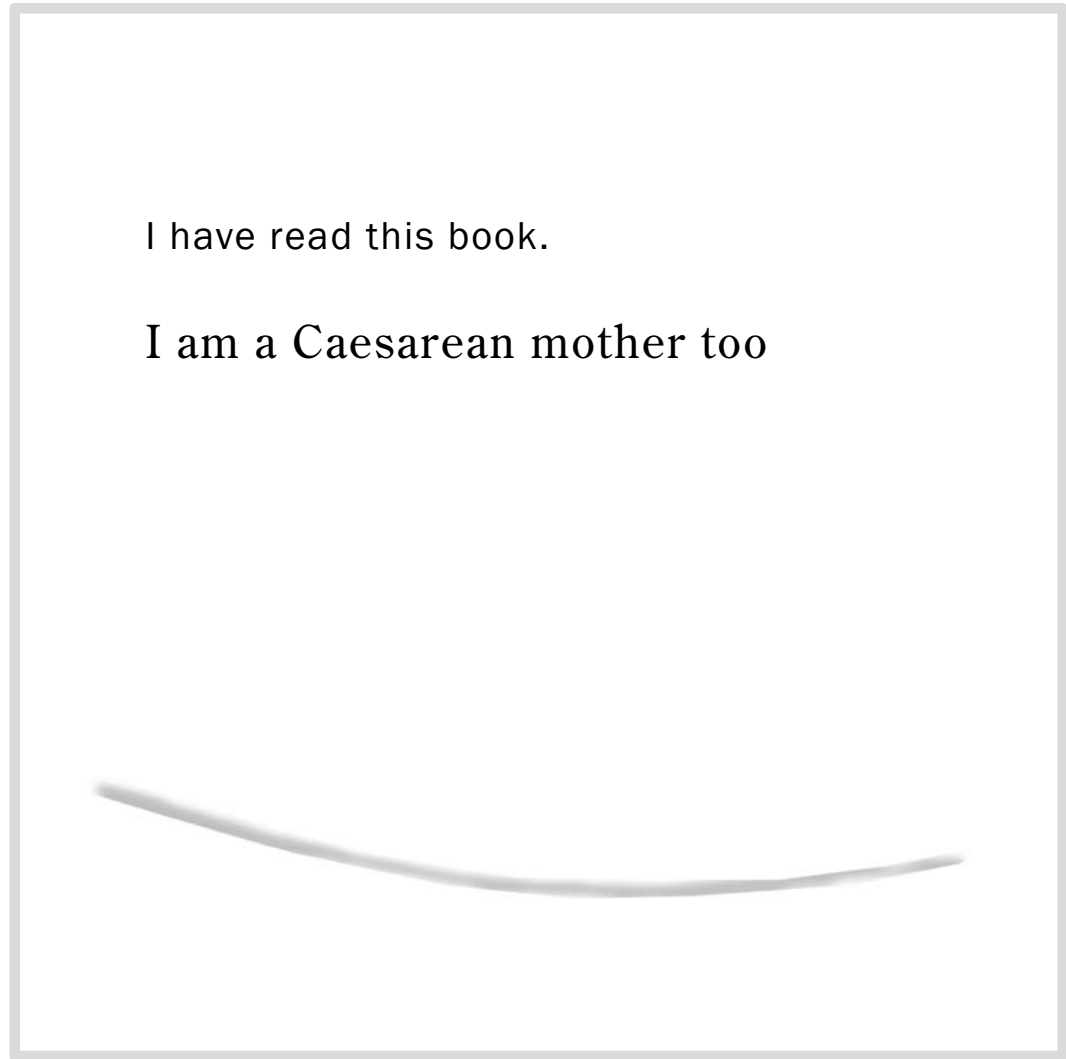
- 5.4) A Caesarean section interferes with the mother-child bonding/relationship.
no yes , namely for this reason:

- 5.5) A previous Caesarean is often the indication for a repeat Caesarean section. yes no
- 5.6) After two previous Caesareans a third Caesarean section is mandatory with a new pregnancy. yes no
- 5.7) After three Caesarean sections the patient should have a tubal ligation. yes no

6.) My personal assessment of the topic "The Caesarean".

- 6.1) The Caesarean section is a birth surgery
- 6.2) I think that these days many Caesarean sections are performed without urgent medical indication.
no yes , namely for this reason:

- 6.3) In my opinion an elective Caesarean requested by the woman should be performed even without medical indication. yes no
- 6.4) I feel that Caesarean sections are more often performed during the day (7 a.m – 7 p.m) than outside of this time. yes no
- 6.5) I think that women who have a private supplementary health insurance, deliver by Caesarean section more often. yes no
- 6.6) Women with a higher educational level (A-levels, academic studies, ...) have an above average Cesarean rate. yes no
- 6.7) I think that famous Caesarean mothers have a great influence on the rise in the rate of Caesareans. yes no
- 6.8) I find that Caesarean section is trivialised and minimised by the media (newspaper, magazines, television, ...). yes no
- 6.9) My fundamental attitude on the topic "Caesarean" could be described as follows:



My personal Caesarean questionnaire.

I have given birth to _____ child(ren), (_____ of them) by Caesarean section.

Occupation: _____

When I hear the word "Caesarean section" the following words come to mind spontaneously:

1. _____
2. _____
3. _____
4. _____
5. _____

The birth of my child(ren):

The indication(s) for my section(s):

Was I afraid of pain during birth/of perineal trauma?

Would I have preferred a vaginal delivery?

Was the Caesarean the ideal way of giving birth for me?

Did I experience the Caesarean section as traumatic?

Does society give me the feeling of having failed?

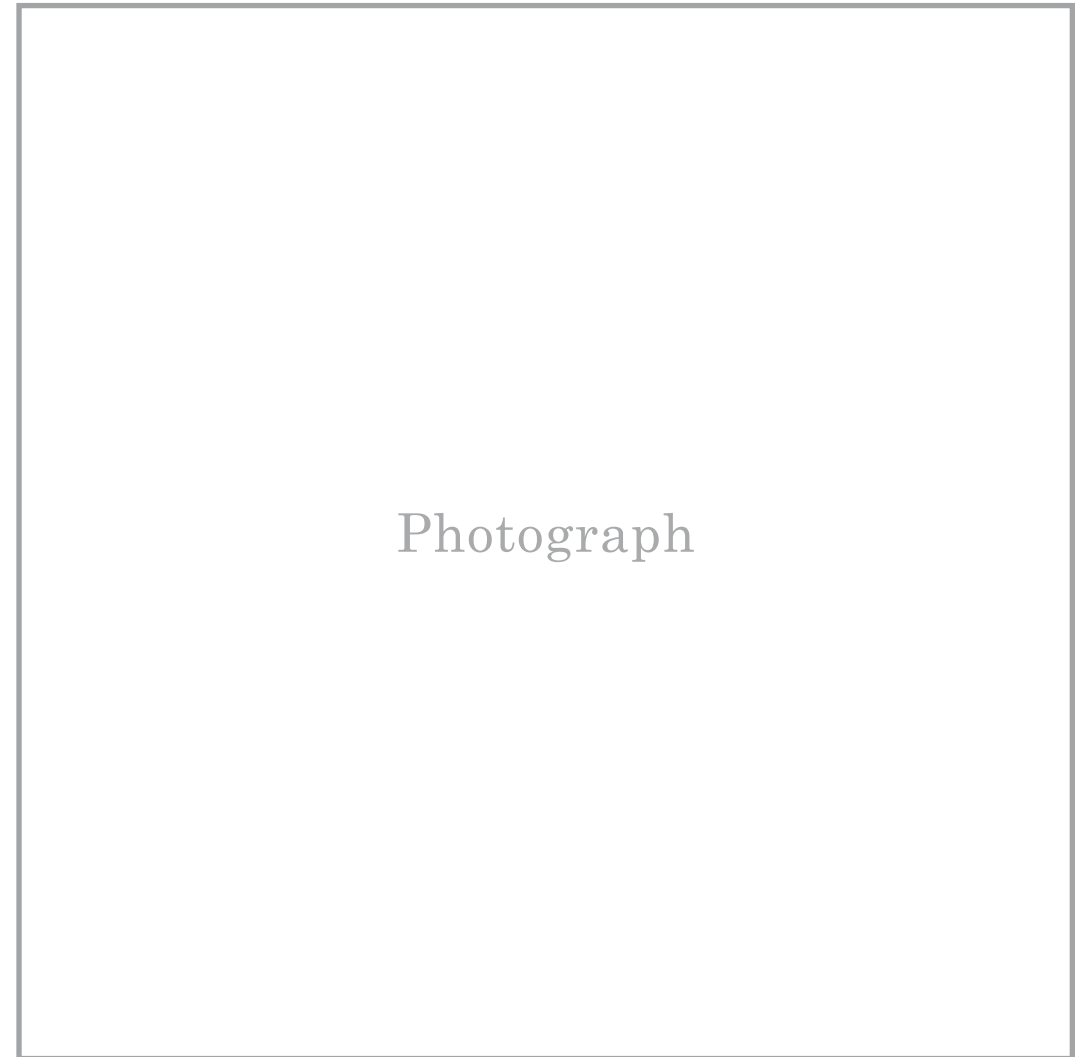
My opinion on the topic "Caesarean":

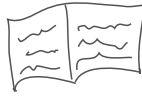
My Caesarean scar(s) is/are approx. _____ cm long.

Do I feel my Caesarean scar(s)? _____

Do I find my Caesarean scar(s) ugly? _____

Did I take care of it / treat it / have it treated? _____





Buchreihen

Ich weiß jetzt wie! Reihe für Kinder bis ins Schulalter
SOWAS! – Kinder- und Jugend-Spezialsachbuchreihe
Verschiedene Alben für verwaiste Eltern und Geschwister

Einzelitel

Alle meine Tage – Menstruationskalender
Alle meine Zähne – Zahnkalender für Kinder
Annikas andere Welt – Psychisch kranke Eltern
Ausgewickelt! So gelingt der Abschied von der Windel
Baby Lulu kann es schon! – Windelfreies Baby
Babymützen selbstgemacht! Ganz einfach ohne Nähen
Besonders wenn sie lacht – Lippen-Kiefer-Gaumenspalte
Bitterzucker – Nierentransplantation
Brüt es aus! Die freie Schwangerschaft
C-Section Moms – Caesarean mothers in words and photographs
Das doppelte Mäxchen – Zwillinge
Das große Storchenmalbuch mit Hebamme Maja
Der Kaiserschnitt hat kein Gesicht – Fotobuch
Der Wuschelfloh, der fliegt aufs Klo! – Spatz ohne Windel
Die Josefsgeschichte – Biblisches von Kindern für Kinder
Die Sonne sucht dich – Foto-Meditation Schwangerschaft
Drei Nummern zu groß – Kleinwuchs
Egal wie klein und zerbrechlich – Erinnerungsalbum
Ein Baby in unserer Mitte – Hausgeburt und Stillen
Finja kriegt das Fläschchen – Für Mamas, die nicht stillen
Frauenkastration – Fachwissen und Frauen-Erfahrungen
Ich war ein Wolfskind aus Königsberg – DDR und BRD
In einer Stadt vor unserer Zeit – Regensburg-Reiseführer
Jutta juckt's nicht mehr – Hilfe bei Neurodermitis
Konrad, der Konfliktlöser – Clever streiten und versöhnen
Lass es raus! Die freie Geburt
Leg dich nieder! Das freie Wochenbett
Lilly ist ein Sternchenkind – Verwaiste Geschwister
Lorenz wehrt sich – Sexueller Missbrauch

Luxus Privatgeburt – Hausgeburten in Wort und Bild
Machen wie die Großen – Rund ums Klogehen
Maharishi Good Bye – Tiefenmeditation und die Folgen
Mama und der Kaiserschnitt – Kaiserschnitt
Mamas Bauch wird kugelrund – Aufklärung für Kinder
Manchmal verlässt uns ein Kind – Erinnerungsalbum
Mein Sternchenkind – Verwaiste Eltern
Meine Folgeschwangerschaft – Schwanger nach Verlust
Meine Wunschgeburt – Gebären nach Kaiserschnitt
Mit Liebe berühren – Erinnerungsalbum
Mord in der Oper – Bellinis letzter Vorhang
Nasses Bett? – Nächtliches Einnässen
Nino und die Blumenwiese – Nächtliches Einnässen, Bilderbuch
Oma braucht uns – Pflegebedürftige Angehörige
Oma war die Beste! – Trauerfall in der Familie
Papa in den Wolken-Bergen – Verlust eines nahen Angehörigen
Pauline purzelt wieder – Übergewichtige Kinder
Regelschmerz ade! Die freie Menstruation
So klein, und doch so stark! – Extreme Frühgeburt
So leben wir mit Endometriose – Hilfe für betroffene Frauen
Soloschläfer – Erholsamer Mutter-Kind-Schlaf ohne Mann
Still die Badewanne voll! Das freie Säugen
Stille Brüste – Das Fotobuch für die Stillzeit und danach
Tragekinder – Das Kindertragen Kindern erklärt
Und der Klapperstorch kommt doch! – Kinderwunsch
Und wenn du dich getröstet hast – Erinnerungsalbum
Unser Baby kommt zu Hause! – Hausgeburt
Unser Klapperstorch kugelt rum! – Schwangerschaft
Unsere kleine Schwester Nina – Babys erstes Jahr
Volle Hose – Einkoten bei Kindern