

What to know about C-sections

“If you’re ever gonna find a silver lining, it’s gotta be a cloudy day.”

No one may epitomize that song lyric more than Erin Purcell.

In July 2020, the Bement, Illinois, woman gave birth to her first child, Adalyn, via [Cesarean section](#) (commonly known as C-Section). Long story short, it did not go well.

“I was in a lot of pain afterward,” Purcell says.

Two years later, Purcell found herself at [OSF HealthCare Heart of Mary Medical Center](#) in Urbana, Illinois, preparing to deliver her second child.

“I was terrified to do another C-section,” Purcell recalls.

But a C-section became necessary, and her son, Elliott, was brought into the world without major issues.

“It restored my faith in doctors,” Purcell says.

Now, part of a happy and healthy family of four, Purcell is telling other parents-to-be to be flexible with their birth plan. And the woman’s care team is educating mothers about what to expect if a vaginal birth is not possible.

What is a C-section?

A C-section is when a doctor removes a baby through an incision the mother’s abdomen. The naming is a matter of historical dispute and may be tied to Julius Caesar, according to the [U.S. National Library of Medicine](#).

Kelli Daugherty is a certified nurse midwife at OSF HealthCare in Urbana and was a member of Purcell’s care team. She says while a small amount of women will choose a C-section long before birth, health care providers prefer to perform them only when medically necessary.

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Kelli Daugherty (DOOR-dee), certified nurse midwife at OSF HealthCare in Urbana, Illinois

“Baby is in the wrong position - maybe breach instead of head down. Maybe we’ve seen fetal distress that’s concerning enough that we need to deliver quickly. It could be that mom has an infection.” (:20)

Or, if labor is not progressing, doctors may consider a C-section, Daugherty says.

Regardless, Daugherty says providers will have a conversation with the mom-to-be about the risks and benefits. She says risks are like any other major surgery. There’s a chance for organ damage, blood loss (blood is on standby for every birth for a possible transfusion) and the rare need for more surgery later, like a [hysterectomy](#).

The benefits of a medically necessary C-Section: the baby comes out quicker, and there’s less risk to the mom and baby’s health.

The procedure

Daugherty says a mother will start out in the labor room with antibiotics and an IV for fluids. Then, she goes to the operating room.

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Kelli Daugherty, certified nurse midwife at OSF HealthCare in Urbana, Illinois

“She would sit on the operating table, and the anesthesiologist would place a spinal anesthesia. We always attempt to do a spinal. We try to avoid general anesthesia for a C-section unless it’s a true emergent situation.” (:17)

The mother lays down, and Daugherty says the anesthesia should have its intended numbing effect very quickly. The care team cleans and preps the skin, and the surgeon makes incisions layer by layer until they reach the baby in the uterus.

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Kelli Daugherty, certified nurse midwife at OSF HealthCare in Urbana, Illinois

“We get the baby out usually in less than five minutes. We hand the baby to the neonatal team. Then we start suturing everything back up in reverse. We start with the uterus, go layer by layer and do the skin last.” (:18)

Typically, moms stay at the hospital two days after a C-section to manage pain, Daugherty says. There are the standard follow-up appointments, and the new parents will have to keep mom’s incision site clean and dry to avoid infection or other issues. The incision usually takes six weeks to heal, Daugherty says.

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Kelli Daugherty, certified nurse midwife at OSF HealthCare in Urbana, Illinois

“C-sections are not really as scary as you might think. It’s certainly concerning because it is a major surgery, but it’s also a very common surgery. [Providers] are very confident that we can complete these surgeries safely, and you and your baby will be well taken care of.” (:22)

Your birth plan

Throughout pregnancy, a woman will talk with her provider and loved ones about how she wants the birth to go. It’s an important thing to do, but both of Purcell’s children are examples of why moms need to be flexible.

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Erin Purcell, patient at OSF HealthCare in Urbana, Illinois

“A birth plan is great, but if things start to go off that plan, don’t get too upset over it. Your health and the baby’s health are more important. Trust the physicians and the nurses because they see it every day.” (:23)

Daugherty agrees.

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Kelli Daugherty, certified nurse midwife at OSF HealthCare in Urbana, Illinois

“I always tell my moms to please bring in your birth plan. We will follow that as closely as we can. But, you have to understand that sometimes labor just doesn’t go the way you planned it. We may

have to veer from that birth plan. But if we do, we will always have the discussion with you. It will always be shared decision making.” (:23)

You can prepare physically and mentally, too.

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Erin Purcell, patient at OSF HealthCare in Urbana, Illinois

“I just kept telling myself in my head ‘It’s only temporary. This pain is going to go away. You can get through it. You have your nurses, too, in your ear saying ‘You got this. You’re so strong.’” (:14)

Visit the [OSF HealthCare website](#) for pregnancy and child birth resources.