

## Delivering the Highs and Lows of Birth Rates: a Q&A with Maryam Tarsa, MD

By Michelle Brubaker | April 29, 2016



Roughly one-third of women in the United States deliver babies via caesarean section (C-section). The surgical procedure consists of delivering the baby through incisions in the mother's abdomen and uterus, resulting in several weeks of recovery. Although a vaginal birth is the most natural way for a baby to arrive into the world, a C-section may be imperative if health issues arise during pregnancy or the labor and delivery process. UC San Diego Health has one of the [lowest C-section rates in San Diego County](#) at 22 percent, lower than the California average.

[Maryam Tarsa, MD](#), with the Department of Reproductive Medicine, talks about when a C-section should be performed, the procedure's health risks and the possibility of a vaginal birth after cesarean (VBAC) for future pregnancies.

**Question:** When is a C-section performed at UC San Diego Health?

**Answer:** At UC San Diego Health, we are committed to the highest quality of care. We have one of the lowest C-section rates in San Diego County, and our goal is to prevent the procedure from being performed unnecessarily.

A C-section is done if there is a clinical indication. For example, there are certain conditions that require a C-section for the safety of the mother and her baby. Those reasons may include:

- → Labor is not progressing despite several hours of strong contractions
- → The baby is not getting enough oxygen or is in an abnormal position, such as breech (buttocks entering the birth canal first) or the baby is positioned side or shoulder first in the birth canal (transverse)
- → There is an issue with the placenta

- → Carrying multiples and the first baby is not head down
- → Previous surgery with a scar that can rupture

**Q:** What happens during a C-section and what is the recovery process like?

**A:** Our physicians and staff are dedicated to minimizing anxiety and improving the patient's experience during the surgery. Although it's an operating room, we try to provide a supportive and nurturing environment for the mother, encouraging her partner to sit next to her during the delivery. A C-section is performed with at least two obstetricians, an anesthesiologist and pediatricians present. There are also nurses in the room dedicated to assisting the surgical staff.

The mother is secured on the operating table and a curtain is hung across her chest. We understand that a C-section may not be the idealized birth a mother was planning, but we do everything we can to give her the best birthing experience. Patients are given the option to watch the birth of the baby during the C-section through a small window in the drape, and we encourage immediate bonding through skin-to-skin contact, if possible.

The procedure is done with an epidural or spinal anesthesia used to numb the abdominal area, and vital signs are continuously monitored during the surgery. An incision is made through the lower abdomen and uterus and the mother may feel pressure or pulling as the baby is being delivered. Layers of stitches are then used to close the area.

After the procedure, a patient will recover on the postpartum floor and will have access to a variety of services, including [lactation consultations and assistance](#) and our [Reproductive Mental Health program](#), if needed.

On average, the recovery process for a C-section is eight weeks.

**Q:** Is breastfeeding more challenging after a C-section?

**A:** Sometimes breastfeeding may be more difficult or delayed in patients who have had a premature delivery, experienced a complicated delivery, including a C-section, or who have been administered certain medications post-delivery, like magnesium. In most C-section cases, however, mothers do not have difficulties breastfeeding their infant.

UC San Diego Health is a designated Baby Friendly hospital, which means we are internationally recognized for actively encouraging breastfeeding through extensive education and counseling.

**Q:** What are the health risks for both baby and mother during a C-section?

**A:** Since a C-section is an abdominal surgery, it comes with risks. The mother's risks include:

- → Infection
- → Bleeding and the need for a blood transfusion

- → Potential problems with the incision scar

The risk of injury to the baby during a C-section is very low. Sometimes babies born via C-section may have difficulty breathing but it is not permanent.

**Q:** What is a VBAC and who is eligible?

**A:** Having a C-section with one pregnancy does not mean you automatically need one with subsequent pregnancies. Many women are eligible for a [vaginal birth after cesarean \(VBAC\)](#). We have the resources and staff available to offer this option to women whose health histories make them appropriate candidates. UC San Diego Health has the [highest rate for VBACs](#) in San Diego County at nearly 30 percent, more than 20 percent higher than the statewide average.

Patients interested in VBACs are carefully screened by their prenatal care provider to assure their eligibility. Given the risk of a uterine rupture during labor in patients with a prior C-section, mothers attempting to have a vaginal delivery are continuously monitored on our labor and delivery floor.

Having a prior C-section does not exclude patients from using our [nurse midwifery services](#).

**Q:** What conversations should pregnant mothers have with their medical team so they are equipped with the most information before childbirth?

**A:** During the prenatal period, patients should talk to their health care provider about the following:

- → Pain management
- → Fetal monitoring during labor
- → Breastfeeding
- → Newborn screening
- → Birthing options and a tour of UC San Diego Health  
Doula services

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