

Top Ten (Proven) Ways to Avoid Cesarean Surgery



Let labor begin on its own. Medical experts warn that induction can increase the risk for cesarean surgery if not enough time is allowed for labor to progress. For induction, ACOG recommends up to 24 hours or longer for latent (early) labor and at least 12-18 hours of oxytocin administration after the bag of waters has been broken. Induction most often requires other interventions such as continuous electronic fetal heart rate monitoring.

Hire a doula or arrange for a woman experienced with childbirth to stay with you and your partner throughout labor.

A good doula will not interfere in the relationship between you and your partner. Instead, she will provide reassuring support for both of you and recommend comfort measures.



Stay at home in early labor. Labor can take much longer than you might expect. At home, you can move around freely, take a walk in a nearby park, relax in your tub, and eat lightly according to your appetite. Experts now recommend that hospital admission be delayed until the onset of “active” labor at about 6 cm dilation.

Ask that your baby be monitored intermittently (at regular intervals) rather than continuously. Because continuous monitoring increases the risk of cesarean surgery and does not improve long-term outcomes for the baby, it is now recommended that low-risk women be offered the option of intermittent monitoring of the baby’s heartbeat. Women who need continuous monitoring for a medical reason should be offered telemetry, a type of monitoring that allows a laboring woman to be upright and mobile.

Ask to maintain hydration by drinking fluids. Being “hooked up” to an IV restricts your ability to move freely and to use comfort measures such as the bath and shower. Both physicians and midwives now say that women whose labors are progressing well may not require continuous IV fluids. Some providers may recommend a saline lock, in case of emergencies.



Move around! Bring your birth ball and use it. Ask for a room with a rocking chair. According to medical researchers, there is clear and important evidence that walking and upright positions during the first stage of labor reduce the duration of labor, the risk of cesarean surgery, and the need for epidural analgesia.

Try natural methods of pain relief to delay/avoid epidural analgesia. Although it is controversial as to whether epidurals increase the risk for cesarean surgery, there is no question that the interventions required when you have an epidural (for sure, continuous monitoring and IV fluids; often, medications to speed up labor and a catheter in your bladder; and occasionally, forceps or vacuum delivery) change the ways in which you labor and birth. Many women find that a warm bath substantially reduces the pain of labor. A shower, walking or dancing, bouncing or swaying on a birth ball, massage, and reassurance from your partner, your doula, and your health care team all will help you to cope with contractions. Remember that the hardest part of labor is also the shortest part. If you choose an epidural, ask for one that allows you as much movement as possible; change positions frequently; and ask for extra time during second stage.



Ask for more time. As long as you and your baby are doing well, it is safe for labor to last a long time. Plateaus, when labor slows or even stops for a while, are considered normal. According to ACOG, it can be normal for progress to be very slow before the cervix is dilated to 6 cm, taking more than 6 hours for the cervix to dilate from 4 to 5 cm and more than 3 hours to dilate from 5 to 6 cm. Once 6 cm is reached, labor becomes “active” and moves much more quickly. Medications to speed up labor or cesarean surgery for slow labor should not be suggested before active labor (6 cm) is reached.

Do not begin pushing until you feel the urge to do so. Whether you have an epidural or not, waiting to push until you feel the urge will decrease the time you spend pushing. Pushing in response to your body’s urges, rather than being “coached” to push, is safer for you and for your baby.



Believe in birth and in yourself. Most women (at least 85 to 90% according to the World Health Organization) can and should give birth vaginally. Do all that you can to make birth as safe as possible for you and for your baby.