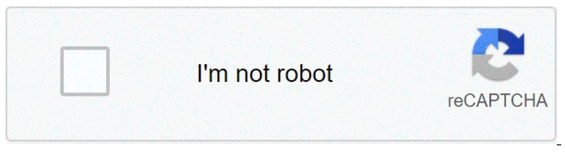

Continue

Repeat c section scar

For decades, most women who had a C-section went on to plan another C-section for later pregnancies. This is because doctors were mainly concerned that the scar from the past cut in the uterus could open during labor (uterine rupture) and cause serious complications for the mother or baby. Often they did not balance this with possible risks of surgery for women and babies, in the short and longer terms. In the 1980s and '90s, many health professionals, advocates, pregnant women, policymakers and researchers encouraged VBAC because: Doctors began making the surgical cut in a different part of the uterus, which is much less likely to open during a VBAC labor. More research showed VBAC to be safe. As more women had C-sections, the risks of the surgery became clearer. Then, opinions turned back toward a preference for repeat C-sections. This back-and-forth has left many women struggling to make sense of conflicting, incomplete and sometimes misleading information about the safety of VBAC vs. repeat C-section and to decide what course to choose if they have had a C-section and are again pregnant. Today, research continues to make clear the risks and benefits of both VBAC and repeat C-section, and more women are fighting for the chance to make their own choice — so VBAC may become more available and common soon. Depending on your medical history, your doctor should support your decision to either schedule another C-section or attempt a vaginal birth after cesarean (VBAC). At the University of Utah, our doctors commit to providing the safest care possible while maximizing your birth experience. If you're motivated to have a vaginal birth, we will work with you in support of your decision. VBAC can be a safe option if you've had one or even multiple previous cesarean deliveries. Potential benefits include shorter recovery time and lower risk of surgical complications. However, it's not for everyone. For example, the more C-sections you have, the more likely you are to have a uterine rupture. With each C-section, there's a higher chance of scar tissue buildup, heavy bleeding, and problems with the placenta. The type of C-section scar (or scars) that you have can also affect your ability to have VBAC: Transverse—The most common type, this cut is made from side to side across the low part of the uterus Low vertical—Up-and-down cut across the lower part of the uterus High vertical—Once the standard for cesareans, this up-and-down cut across the upper part of the uterus is now considered risky and typically only performed for extremely preterm deliveries. If you choose VBAC, we will closely watch you during labor. If you or your baby shows signs of distress, you'll have an emergency cesarean section. Both vaginal and cesarean deliveries have risks and benefits. Deciding how you will deliver your next baby after a previous C-section can be a complex decision. Talk to your health care provider. He or she can help you weigh the risks of a repeat C-section against your desire for future pregnancies. Risk of uterine rupture with a trial of labor in women with multiple and single prior cesarean delivery. Landon MB, Spong CY, Thom E, Hauth JC, Bloom SL, Varner MW, Moawad AH, Caritis SN, Harper M, Wapner RJ, Sorokin Y, Miodovnik M, Carpenter M, Peaceman AM, O'sullivan MJ, Sibai BM, Langer O, Thorp JM, Ramin SM, Mercer BM, Gabbe SG; National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. Landon MB, et al. Obstet Gynecol. 2006 Jul;108(1):12-20. doi: 10.1097/01.AOG.0000224694.32531.f3. Obstet Gynecol. 2006. PMID: 16816050 KAT IRLIN Renee Marhong was sure she knew exactly how things were going to go. She'd go into labor naturally and head to the hospital with her baby's father. She'd push a couple of times, and then the doctor would gently lay her first child on her chest.Instead, at 32 weeks pregnant, her son stopped moving inside her, and to save his life, she delivered via cesarean section. Marhong was 25, and her only experience with childbirth was the Hollywood version: a smooth, uncomplicated, vaginal delivery. When she didn't get that, she says, she felt "robbed of that experience you see on TV. Like I did get the baby, but without the recognition, without that happy moment." When Marhong was wheeled into the operating room to deliver her son via C-section, she became one of the more than 1.2 million American women who have babies that way every year. According to the Center of Disease Control's National Center for Health Statistics, 32 percent of all births in the U.S. happen via C-section, a number that's risen dramatically in recent decades. There are two reasons for a C-section; those that happen in an emergency situation, when the mother or baby is in jeopardy, and elective C-sections, which can be scheduled and planned for ahead of time. By and large, the procedure is safe. So safe, in fact, that more and more mothers-to-be are opting for the latter, electing to schedule a C-section rather than wait to go into labor naturally. There are, of course, any number of reasons to choose a C-section: It can reduce the chance of long-term pelvic floor and incontinence issues, and can be scheduled at both the parents' and doctors' convenience, ensuring that your obstetrician—and not the stranger who happens to be on duty when you go into labor—delivers your baby. When a mother has a condition like high blood pressure or obesity, is over the age of 35, or if the baby is "breech" (positioned butt- or feet-first in the birth canal), the pregnancy may be considered "high risk." In those cases, an elective C-section can be the best way to ensure that both mom and baby get through delivery safely. But a C-section is still major abdominal surgery, and as rates of the procedure rise, so does the risk of complications—and lasting emotional trauma—for mothers. Studies and statistics find that women who deliver via C-section are more likely to have medical issues including uterine ruptures and emergency hysterectomies. Even when all goes well physically, the ordeal can contribute to postpartum mental health issues. Despite how common the procedure has become, C-sections are rarely portrayed on TV, and little has been done to normalize the conversation around them. Add to that common misconceptions about C-section—that it's "the easy way out" or a vanity-driven choice—and a dip in self-esteem that can accompany the tell-tale scarring, and women may face a physical and mental recovery period that takes months, or even years. _____Two weeks after giving birth to her second son, Lazlo, in 2017, Jenny Mollen shared a mirror selfie on Instagram. In the seemingly-unfiltered shot, her pinstriped robe hangs open, revealing a long scar between her pelvic bones. "Because I wish somebody had shown me a pic like this 9 months ago, I'd like to insist this be your new business card," Mollen wrote in the caption, mentioning her obstetrician and using hashtags like #csection and #keepingitreal. For her second C-section, Mollen felt more prepared and less anxious, and explains that now, she wants to help other women. The candidness with which Mollen, who now has two sons with fellow actor Jason Biggs, shared her scar on social media isn't off-brand for the author of I Like You Just the Way I Am and Live Fast, Die Hot, a pair of blunt, occasionally raunchy memoirs. Throughout her pregnancy, Mollen posted nude or almost-nude photos, and wrote openly about being diagnosed with placenta previa, a condition where the placenta covers the cervix. She knew from the start of her second pregnancy that she'd likely deliver Lazlo via C-section, just as she had her first son, Sid. "My mom had to have an emergency C-section; she never dilated," Mollen says. "So, going into my first pregnancy I felt like, 'oh my God, this is going to happen to me.' I tried and tried, I labored for hours, I mean like 16 hours. [The doctor was] like, 'You're like half a centimeter dilated. There's a 99 percent chance you're not going to have this baby vaginally.' At that point I was like 'alright, just fucking cut me.'" For her second C-section, Mollen felt more prepared and less anxious, and explains that she wanted to help other women, if she could. "For me, it wasn't a scary thing. I feel like a lot of women have fear and anxiety around it, and I wanted to show the progression of what it looks like a week after, two weeks after." While that kind of openness is normal for Mollen, she's the exception to the rule. Many women hesitate to reveal their C-section scars, which can vary from straight and barely-there, like Mollen's (she had a laser procedure to make it less visible) to more jagged and prominent. Some retain a "flap" of scar tissue above or below their scar. Others end up with two scars; one vertical, one horizontal. But while millions of women carry these scars, many say they had no idea what their scar "should" look like. These ten mothers agreed to be photographed because they believe that needs to change. We're sold a fairy tale, and women are afraid to share the reality. "Before this photo shoot, I was like, 'Oh my god, what am I doing?' But I know women need to see it," Marhong says. "I need to see this. People need to see this, so we can normalize it. Millions of women get C-sections and we really don't discuss it at all. It's important that we normalize it that so many people have the scar, and that you get that little piece of fat there, and it's whatever, it's fine." It's not just the scarring that goes undiscussed. Most childbirth classes include only a passing mention of C-section, if they cover it at all. That leaves a statistical one third of expectant mothers totally unprepared for the procedure they'll ultimately undergo. While she was pregnant with her first child, Carolyn Gionelli remembers attending birthing classes that seemed to assume everyone would be giving birth vaginally, and barely touched on what an emergency C-section would be like. "There is no education, they just don't talk to you about it," she says. "You're in these classes and it's just about your dilation and when you'll push and all that stuff, and I think you get your mind set on that." Gionelli remembers turning to her husband in that birthing class and telling him she didn't want a C-section, "no matter what happens." But when her stalled labor did ultimately turn into an unplanned C-section, Gionelli's lack of preparation left her terrified. "I had never broken a bone, never had to have surgery, so I was petrified," she says. "And then when everything was going down and I didn't have a choice and there I was on the table…it's scary." Spending time during prenatal consultations and birthing classes talking about the potential for a C-section, and preparing women for what that could be like, Marhong says, may make the experience less traumatic. But it's not just medical professionals who should be doing the talking. It's important, Marhong adds, for women whose birth experiences didn't look like the typical TV scene ("the woman screaming, then the baby sliding out,") to talk about what it was like. Awareness, she says, is the only way to break the stigma. "I think we're sold a fairy tale, and women are maybe afraid to share the reality," she says. "Maybe we don't want to scare younger women, I don't know. But I think it would help if you were mentally more prepared." _____Postpartum depression (PPD), which studies suggest can affect as many as one in five women, is losing its taboo thanks in part to the FDA approval of Zulresso—the first drug designed specifically to treat PPD—earlier this year. But PPD isn't the only mental affliction women are at risk for in the days, weeks, and months following childbirth. Dr. Sharon Dekel, an assistant professor of psychiatry at Harvard Medical School, says many women—especially mothers who have previously-unplanned or emergency C-sections—are at risk for developing childbirth-related post-traumatic stress disorder (CB-PTSD). "First-time mothers are more at risk for developing CB-PTSD," Dekel says. It has a lot to do with expectations: one of the biggest contributors to trauma is an experience that deviates from the expected in a major way. "I kind of had a storybook thought around a vaginal birth," says Kimberly King, 43. Her mother told her the story of her easy, vaginal birth, and, she says, "I anticipated that mine would follow a similar pattern." After King's delivery turned into an emergency C-section, she says, the mental impact of not being able to deliver vaginally was deep and lasting. "When I started to unpack what I actually felt in those moments…" King trails off, close to tears. "Sometimes when I think about it—I'm not going to say I'm not whole. I'm not going to say that." Dekel's study of hundreds of postpartum women suggests that while around 6 percent of women overall are likely to develop symptoms of CB-PTSD, that number jumps to near 20 percent with an unplanned C-section. "The sense of helplessness and uncertainly and loss of control; these all put people at risk for PTSD," she says. "Especially when there's a discrepancy between your planned birth and what happens." In 2010, journalist and master profiler Taffy Brodesser-Akner wrote an essay for Salon about the birth of her son. After a stalled induction and 30 hours of labor, she delivered via C-section. It wasn't until four months later that a psychiatrist labeled her flashbacks, night terrors, and deep sadness with a name: PTSD. "Remember that at the root of trauma is fear," Brodesser-Akner wrote in 2010. "In my case, intervention after intervention left me more scared, more sure that no one was looking out for me. When they told me that both my baby and I were in distress — my heart rate was off the charts, and he'd been experiencing contractions for more than a day — I could not see an outcome in which things turned out OK. That feeling that you're in danger, when it stays with you, is the essence of PTSD."Dekel is currently studying an additional hypothesis that emergency C-sections also lead to CB-PTSD at an increased rate because of an instant shift in hormones. "There are drastic biological and physiological and hormonal changes in the context of having a C-section," Dekel says. "It's a rollercoaster of hormones, and a drastic interruption in the natural birth experience. It could be that the combination of biological and psychological stressors increases the risk for elevated psychiatric symptoms postpartum." At most hospitals, Dekel says, part of a postpartum evaluation is a routine screening for depression. "Nobody is screening for PTSD," she says. And, considering the rate of C-section births in the U.S. is at 32 percent and rising, "there are a lot of women who are potentially at risk." The recovery was the worst pain I've ever felt in my life. Even women who don't develop symptoms of PTSD may not be getting the support they really need to effectively heal. After a normal vaginal delivery—assuming there are no serious complications—a new mom is up and moving within a day or so. During a C-section, a surgeon slices through the abdominal wall and its attached muscles, then makes a second incision in the uterus. Once the baby and placenta are delivered, both are stitched back up. For as long as six weeks, recovering mothers aren't able to engage their core muscles at all. That means things like sitting, standing, or lifting a newborn are nearly impossible to do without help. Tyla Jones Champion, 28, had an emergency C-section after the umbilical cord became wrapped around her daughter's neck during labor. The recovery "was the worst pain I've ever felt in my life," Champion says. "I couldn't do anything. You never realize it, but you use your stomach for everything." Champion's boyfriend and mother were with her for the first few days after her delivery, but "everybody had to go back to work sooner than I hoped," she says. It was weeks before she felt like she could even get in and out of bed normally. "They tell you to plan," she says, of the days immediately following childbirth. "Plan this, plan that. Then it's, 'Oh, crap. Now I have a C-section and an extra four weeks recovery time." Aspects of recovery, she adds, just can't be planned for. "You have to relearn everything about your body: how to cough the right way, or sit the right way when you're going to the bathroom, or how to squat to pick something up when the baby drops it. It's very, very difficult." Tyla Jones Champion, 28, had an emergency C-section after the umbilical cord became wrapped around her daughter's neck during labor. The recovery "was the worst pain I've ever felt in my life," Champion says. "I couldn't do anything. You never realize it, but you use your stomach for everything." Gionelli, 38, says the worst part about the incredibly demanding recovery from a C-section is how little acknowledgment it seems to get, even from other mothers. "I would walk around the maternity ward and these women who'd just done vaginal labor were like, makeup on, running around," she says. "And I'm just like, 'Oh, excuse me, just trying to figure out how to stand upright again.'" During the C-section procedure, women commonly report feeling a lot of pressure, but anesthetics ensure most don't feel any pain. Jessica Delfino, 42, remembers the birth of her son, Wyatt, via C-section as "kind of nice" in its painlessness. "But there's no way to escape it because afterwards the pain was like a real kick in the guts," she says. "For a couple weeks it hurt pretty badly. I would have to do things like take the baby and lift him to nurse him. They gave me medicine, but the medicine made me feel so foggy, and I wasn't really sure how gentle I was being with the baby. I couldn't really feel his weight, and he was so light. It made me feel so nervous to hold him on this medication that I just really didn't take it."The surgical recovery is compounded exponentially, adds Gionelli, who's now had three children via C-section, by the demands of motherhood. "In walks my 15-month-old, who wants me to pick him up and hold him," she says. "What am I going to do? I have other kids, I have to get to the park, drive them to preschool. I can't have this recovery time that the body really needs." The average maternity leave in the United States is about 10 weeks, often cobbled together using sick leave and vacation days, as the United States remains one of the only industrialized countries in the world without a federally-mandated paid parental leave policy. But the National Center for Health Statistics reported in 2013 that 16 percent of new moms only took between one and four weeks, and nearly a third didn't take any formal time away from work. For some, this is because maternity leave isn't even an option: The Family and Medical Leave Act requires that companies with more than 50 employees offer up to 12 weeks of leave to employees who've been at the company at least a year. But if you or your workplace don't meet those requirements, there's no law that protects your job while you recover. Plus, the FMLA simply makes sure your position is waiting for you when you get back. It doesn't require your company to pay you while you're gone, meaning that leave could be completely unpaid. Many families simply can't withstand a 12-week-long loss of income. The result is that many women end up going back to work much too soon after major abdominal surgery, and sacrificing the benefits that come with taking time off to bond with their newborn. Studies show a strong correlation between mental health and maternity leave: The longer the leave, the fewer depressive symptoms were recorded. Delfino says that while she's grateful for the modern medical practices that helped her deliver safely, it was a year before she felt physically normal, and much longer before she really felt like herself again. "I was really mentally affected by my C-section, as much or more so than physically," Delfino says. "I felt almost betrayed, in a sense, by my body. That was an emotional thing I had to work through and come to terms with." But this, too, is often swept under the rug. The stigma associated with C-section is tough to shake, and it can make things that much tougher for postpartum moms. "You can feel like a failure, like you didn't do it the way god—if you're religious—intended," Marhong says. "Some people say things like, 'Oh, you took the easy way out,' which is completely insane."But when women internalize the misconceptions that a C-section and the recovery is somehow easier, or, at least, as straightforward as vaginal delivery, they can be left feeling confused, depressed, and bitter, and like they're not entitled to the help they really need. "It's rough," Marhong says. "It's not just sadness. There's some anger there, like, 'Why did this happen to me? Why didn't anybody help me?' I guess they don't help you because they don't really know, and you need to ask, but you don't ask." _____While the number of C-sections has skyrocketed in recent years, the procedure certainly isn't new. Humans have been performing C-sections for millennia. References to C-section births appear in folklore and historical records from the ancient Greeks to the ancient Chinese, but the name is most likely derived from "caedare;" Latin for, "to cut." And, of course, it wasn't always the relatively low-risk procedure it is today. "The indications for it have changed dramatically from ancient to modern times," writes Dr. Jane Elliott Sewell, in a 1993 brochure that accompanied an exhibit on the procedure at the National Library of Medicine. "Despite rare references to the operation on living women, the initial purpose was essentially to retrieve the infant from a dead or dying mother; this was conducted either in the rather vain hope of saving the baby's life, or as commonly required by religious edicts, so the infant might be buried separately from the mother. Above all it was a measure of last resort, and the operation was not intended to preserve the mother's life." I felt betrayed by my body. Today, a C-section, especially one performed because mom or baby is in distress, can be very much a life-saving measure. But that's definitely not the only reason they happen. The number of C-sections performed globally each year has more than tripled since 1990. In parts of Europe, China, and South America, they now even outnumber vaginal births. In North America, nearly a third of all babies are born via C-section, despite the fact that the World Health Organization places the optimal rate (above which there's no improvement in outcomes for mom or baby) somewhere between 10 and 15 percent. A team of researchers, led by Dutch obstetrician Gerard H.A. Visser, wrote in The Lancet last year that they believe the "alarming increase" in C-section rates has two primary drivers: First, elective C-sections, scheduled before a mother goes into labor, are becoming increasingly common as more women decide the benefits—childbirth on your own schedule, and less risk of pelvic floor or incontinence issues down the road—outweigh the risks. Additionally, the research team believes doctors, who ultimately benefit more from the pricier and quicker surgical procedure than from a long, drawn-out vaginal birth, are incentivized to push their patients toward an unnecessary C-section. For the nearly five percent of women whose babies are in a breech presentation when they reach term, a C-section may be a foregone conclusion. Decades ago, research suggested outcomes were better for breech babies and moms with a surgical delivery. That's not necessarily true, says Tanya Wills, a certified nurse-midwife and the founder of Manhattan Birth, which provides classes, doula services, and mentoring to pregnant women, but the idea is still deeply ingrained in the medical community. "What happened was an entire generation of practitioners had not had skilled hands in terms of being able to confidently deliver breech babies vaginally," Wills says. "The standard of care changed. Nobody else is doing vaginal breech [deliveries] and if you're a doctor in the hospital with malpractice insurance credits like everybody else, why would you want to be the one person who's going to stick your neck out when you can just do a C-section and get a healthy baby?" Wills feels the culture is shifting, and as doulas and midwives become more common in maternity wards, vaginal breech births may increase too. For now, though, nearly every woman whose baby is in a breech position will most likely be advised to schedule a C-section. Another contributor to high C-section rates, The Lancet paper goes on, is that a significant number of women—including both elective and emergency C-section patients—don't have a firm understanding of the procedure's risks. In fact, according to data from the Center of Disease Control, though the risks of complication are relatively minuscule overall, women delivering via C-section are more than five times as likely to need a blood transfusion or a stay in the intensive care unit, and more than six times as likely to have a uterine rupture or unplanned hysterectomy. Some people say, 'You took the easy way out,' which is completely insane. Other misconceptions are damaging, too. For instance, long-accepted practice says that once a woman has a C-section, any subsequent babies will need to be born the same way to avoid rupturing the scar left on the uterus. These repeat C-sections also contribute to the rising rates: nearly 90 percent of women in the United States who've had a C-section will deliver that way again, despite studies, like one published in the medical journal Birth last year, that find close to half of those same women say they'd like to have a vaginal delivery. In fact, the common belief that a VBAC (vaginal birth after cesarean) is riskier than scheduling another C-section is totally off-base. While risks do exist, successful VBAC deliveries result in lower morbidity, fewer transfusions, emergency hysterectomies, and ICU admissions. But though the risks of a VBAC are low, when complications do happen, they can be extremely serious. A uterine rupture can end in death, for mom, baby, or both, which is the primary reason doctors may discourage their patients from attempting a VBAC.Rising C-section rates may have other causes, too. Every woman photographed for this story was administered Pitocin, a medication intended to induce or speed up labor through forced contractions, before being wheeled away for an emergency C-section. But the research community has long debated the drug's effectiveness, and more recent studies suggest it might be overused. Some hypothesize that Pitocin can actually stall active labor, increasing the odds of an emergency C-section. A 2004 review of data from more than 1,500 women found that women who were given Pitocin to induce labor (as opposed to being given the drug after they were actively contracting) requested anesthesia sooner, and were at a higher risk for emergency C-section. Brodesser-Akner's own traumatic labor began with a Pitocin induction, and her recent debut novel, Fleishman is in Trouble, contains a Pitocin-induced C-section scene that seems to mirror the experience she and so many others have had in the operating room. In many cases, women may feel uncomfortable—or even unable—when it comes to advocating for themselves with doctors they don't have a relationship with. There was a time when, Tanya Wills says, "you knew [your doctor] by name; you called them in the middle of the night when you went into labor." That model of care has more or less vanished."Women are put through maternity care in a factory sort of system in a practice with 10 doctors, none of whom know them; they just read their chart, go in, and deliver the baby," she says. "I think a lot of people wind up falling through the cracks." People are put through maternity care in a factory sort of system. Bias, conscious or not, plays a role, too. Research finds that implicit racial bias causes doctors to ignore the symptoms or underestimate the pain level, and spend less time overall, with patients of color. Black women in the United States undergo C-sections at a higher rate than any other group, and are also up to four times more likely than white women to die of complications during childbirth. As part of a 2017 investigative story for the radio show All Things Considered, NPR and ProPublica collected birth stories from more than 200 women of color. Nearly all of them reported feeling ignored or dismissed by the healthcare professionals who were supposed to be helping. Tied to this, Wills believes, is the country's rate of fetal mortality, which remains one of the highest among developed nations. In general, she says, the impact on mothers is closely tied to how they're treated by their doctors. "I think it's complicated," she says, "but it has to do with how institutionalized racism affects who really gets what they need, who has access and who doesn't, who gets listened to and who doesn't." Jones-Champion says she felt like her doctors were more interested in "hurrying things along" when she went into labor with her first baby, rather than in helping her give birth the way she'd planned. "I think they put me at risk instead of just trying to help me," Jones-Champion says. There were other things, she learned later, she feels her doctors could have attempted to speed up her labor naturally. "The big exercise ball? Bounce on that. Walk around the hospital. Aromatherapy. All these things that are natural and that can help you either speed the process along or try to help ease your mind from the pain, they were never offered to me, not one time," she says. "Sad to say, it's a money thing. Even though I have, I think, good insurance, obviously they wanted that bed for somebody else. It wasn't like, 'You can do Pitocin or you can do this.' It was, 'We can give you Pitocin or we're going to send you home.'"During this photoshoot, Jones-Champion was pregnant with her second child. She'd learned from her first experience, and was ready to be an outspoken advocate for herself the second time around. ___Across the country, efforts are being made to lower the rate of C-sections. The goal laid out in the federal Healthy People 2020 plan is 23.9 percent, and some states have launched educational initiatives and incentive programs to help hospitals hit the target. In California, the state health insurance exchange gave healthcare providers an ultimatum in 2018: Lower C-section rates for first-time moms with low-risk pregnancies, or lose your spot in the approved hospital network. Conversations around postpartum mental health are becoming increasingly visible, and there's good reason to be optimistic about that, too. From her research lab at Massachusetts General Hospital, Sharon Dekel's team is testing interventions for childbirth-related PTSD, including an intranasal dose of oxytocin, sometimes called the "happiness hormone," in the days after birth. "We know there's a time window, in the immediate post-trauma exposure, where there's an opportunity to prevent PTSD," Dekel says. "It's difficult to immediately treat someone who's experienced trauma at war; with childbirth, we could be offering preventative intervention." With a half-dozen ongoing clinical studies, Dekel is determined to understand exactly what causes CB-PTSD, and exactly who's at risk, and make sure those women start getting all the help they need. "We're usually talking about young, healthy women," she says. "Giving birth should be one of the peak experiences in a woman's life. As a society we really need to support these mothers and give them the best experience possible, even when things get complicated." In many ways, women have begun taking control of the narrative around C-sections, working to reduce the stigma, correct the misconceptions, and make it clear that becoming a mother is something to celebrate, even when it leaves a scar.Delfino says she's proud to show off her C-section scar. It's a symbol of triumph, and a reminder of what she's capable of. "I feel like I fought a battle with life, and this time, I won," she says. "It's a battle scar." Photography by Kat Irlin | Photographer's Assistant, Roshaknie Hayes | Hair, Matthew Tuozzoli | Hair Assistant, Mark Alan | Makeup, Natasha Leibel | Makeup Assistant, Eric Vosburg | Executive Editorial Director, Joyann King | Features Director, Olivia Fleming | Chief Director of Photography, Alix Campbell | Design Director, Perri Tomkiewicz | Designer, Ingrid Frahm | Visuals Producer, Oona Wally

repeat c section scar tissue. scared of dying during repeat c-section. scared of repeat c section. scar tissue after repeat c section. so scared of repeat c section. repeat c section same scar. can cesarean scar opening years later. can c section scar open up years later

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