

MAHEC: Putting Mom And Baby At The Center Of C-Sections from WNC Woman August 2013

As expectant mothers we bask in the glow of pregnancy, we overcome sickness, we prepare our minds and our bodies, and we begin to rearrange our relationships and our homes to make space for baby. As the due date draws near, we anxiously anticipate the birth itself and delivery by caesarean section is usually not what women hope for.

My niece was recently born on a fright-filled evening when a healthy pregnancy suddenly turned into an emergency, necessitating a c-section. Had my sister-in-law and baby Carys lived one hundred years ago or simply in rural Africa, their medical care might not have provided them with the gift of life.

Caesarean sections are a marvel of medicine, but for birthing mothers they can be filled with anxiety, fear and disappointment. Women may have hoped for a VBAC or imagined their picture perfect natural delivery, and a c-section can bring sadness and a sense of loss. Dr. Kiran Sigmon, an Ob/Gyn at Mountain Area Health Education Center (MAHEC), was intrigued by the idea of improving the birth experience for families having a c-section. Joined by a team of labor and delivery and operating room nurses, as well as staff from Asheville Anesthesia Associates, the idea of a Family Centered C-Section was born. This alternative approach to traditional caesarean sections aims to provide a special birth experience that promotes parent-infant bonding in a family centered environment.

Because caesarean sections are performed in an operating room there is an abundance of medical equipment, a plethora of attention on sterility, a cold room temperature to prevent the growth of bacteria, a team of physicians and nurses present in the room, and bright lights to guide skilled Ob/Gyn surgeons. Babies are lifted from the womb and evaluated away from the mother, delaying her ability to see, bond and touch her baby. The resulting experience and atmosphere does little to engender positive memories of the moment “baby girl” was born. In addition, evidence shows that women who deliver by c-section have higher rates of postnatal depression, bonding difficulties and a lack of success with breastfeeding.

Dr. Sigmon’s vision was to place the mother and the baby at the center of care and she researched and adopted a model from the United Kingdom. “Our goal is to make a special experience with positive birth memories for mothers who must have a c-section. There is very little difference in the surgical techniques; we primarily re-orient the medical staff to focus on the bonding needs of mother and baby. The American Academy of Pediatrics is clear that the best place for a term infant to transition after birth is directly skin-to-skin on mom’s chest. We want this option available for all term births regardless of how they are born.”

MAHEC ob-gyn physicians and involved Mission Hospital staff went through training and simulations and selected women were offered this alternative to traditional c-sections. The medical data from these initial patients was carefully evaluated to be sure the safety of mother and baby was never compromised.

The changes initiated by this multidisciplinary team are geared to promote parental involvement and bonding. Lighting is dimmed and mothers can select their own relaxing music. The surgical drape that prevents the mother from seeing her exposed abdomen is lowered when the baby is lifted from the womb so mom can see the birth and have immediate eye contact with her baby.

The infant-care team makes an initial assessment of the baby’s condition and if there are no complications, the baby is placed immediately on the mother’s chest for skin to skin contact. The co-parent or birth partner is asked to support the mother by keeping both hands on the baby and support staff is often willing to take the family’s first photos. While the mother’s surgery is completed, the newborn is with the mother for as long as they both are stable—some babies even begin to nurse while still in the operating room!

“These family centered c-sections have a very different feel not only for the family, but also for the staff. It is calm and relaxed and we are all listening to the delight of the family getting to know each other. I only regret we haven’t offered them sooner,” said Kiran Sigmon.

Family centered c-sections are still not for every situation. This experience is for mothers who are not facing an emergency c-section and are considered “low-risk” c-section deliveries. For this group of women, a new level of intimacy, empowerment and bonding becomes part of the caesarean birth experience.

Jessica Stratton was one of the first woman in Asheville to have a family centered c-section. “I did not have the option of skin to skin with my first daughter, but I think it is so important. To get part of that experience back meant a lot to me ... The bonding that was able to take place in those first few precious minutes was priceless!” [read Jessica’s story in the sidebar]

Family centered c-sections are now offered at Mission Hospital by the women's health team of MAHEC and some other local Ob/Gyn providers are offering this unique option as well.

Last year the MAHEC team of physicians, nurse midwives and nurse practitioners delivered 1,676 babies—representing 44% of all deliveries at Mission Hospital. Fortunately for pregnant women in our area, MAHEC is committed to providing quality healthcare regardless of a woman's insurance status. Last year we provided \$3.2 million in safety net healthcare for low-income women. In addition, MAHEC is proud to have the only maternal fetal medicine specialists in WNC who provide care and assessment for women with high risk pregnancies.

My own pregnancies were without complications, but I know the reassurance, and value the expertise that comes from a caring, attentive physician by your side. I am so grateful that MAHEC is committed to offering every pregnant woman, of all income levels, access to a quality, compassionate birth experience. Now, with joy, we extend greater intimacy and bonding to moms who deliver by caesarean section.

Information on MAHEC's Ob/Gyn services at www.mahec.net or call 828-771-5500.

The Story of Jessica

I was able to have a "family-centered" c-section, and it was wonderful!!! Having had an emergency c-section that ended up with a post-partum hemorrhage with my first daughter, I was very nervous going into the second c-section. Dr. Letson, Dr. Zackrisson, and their staff were phenomenal during my recent c-section experience!

I got to pick out music to listen to, everything was explained to me very clearly, the doctors were in frequent contact with me throughout the procedure, and most important (to me), I was able to see the birth of my daughter and hold her skin-to-skin right away. The bonding that was able to take place in those first few precious minutes was priceless! My breast milk came in very quickly, and my daughter was very interested in breastfeeding (unlike what happened with my first experience).

Mickey, the circulating nurse, was also very special to us. She was reassuring and motherly to me, and I felt much more at ease in her presence. She also was able to capture the birth in pictures which we will cherish for a lifetime! It was a truly wonderful experience for me, and I know that many more families will benefit from this type of birth experience in the future!

