

[IMAGE]

Deliver Yourself From Pelvic Pain

A Cesarean section is the surgical delivery of a baby through an incision made in the mother's abdomen. These surgeries, though sometimes the best option for delivery (e.g., when a very small woman is having a very large child), are increasingly being performed when unnecessary in the U.S., increasing risks for mother and child. Chronic pelvic pain, or persistent, long-term pain of the lower abdomen, is a condition that affects millions of women in their reproductive years and may be more prevalent in women who've had a C-section.

Conducted in Brazil, another nation where rates of Cesarean sections are rising, a study appearing in the *International Journal of Gynecology and Obstetrics* focused on about 200 patients averaging approximately 35 years old. The women provided detailed pain histories and information on previous deliveries. The mothers also underwent complete gynecological and abdominal examinations, including laparoscopy - a procedure that involves using a viewing instrument inserted through an incision in the navel to examine a woman's reproductive organs.

Women with chronic pelvic pain were significantly more likely to have undergone a C-section than women without pain. C-sections had been performed on over two-thirds of women with the condition, as opposed to just over one-third of women without chronic pelvic pain. Women with endometriosis, a condition characterized by uterine lining abnormally forming outside the uterus, were also at a high risk for the condition (nearly nine times more likely).

Chronic pelvic pain can be caused by other factors, such as depression or sexual trauma. The important point to consider from this study is that unlike endometriosis, C-sections are optional in many cases. Mothers-to-be can often choose to avoid this procedure, which may reduce their risk for chronic pelvic pain, as well as infection, blood loss and scarring.

Reference:

Almeida ECS, Nogueira AA, et al. Cesarean section as a cause of chronic pelvic pain. *International Journal of Gynecology and Obstetrics* 2002;79, pp. 101-104.

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