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What They Don't Tell You About C-Sections

Analysis by A Midwestern Doctor | September 08, 2026

STORY AT-A-GLANCE

- For more than a century, there has been a push to medicalize childbirth and transform it from a natural life event to something requiring major interventions so nothing goes amiss
- Many of the standard procedures done during hospital births increase your risk of needing other invasive interventions, eventually cascading into requiring a cesarean section
- Like other major abdominal surgeries, C-sections expose mothers to significant risk, require a prolonged recovery, and leave large scars which can cause a wide range of chronic issues
- C-sections also expose infants to real risks and predispose them to a variety of chronic autoimmune and neurological issues
- This article will discuss the risks of C-sections, the situations where they are necessary, and some approaches that can be used to recover from them

Many traditions throughout history have come to view one's birth as one of the most important moments in a human's life as it sets the stage for all that follows. Unfortunately, much in the same way we desecrate the death process by over-medicalizing it (to the point research has found that doctors are less likely to seek end of life care at a medical facility[1]), the same issue also exists with childbirth.

Many physicians I know who are familiar with the hospital birthing process chose to skip it and give birth at home (along with many more doctors featured in a 2016 documentary[2]).

Conversely, a minority of childbirths do need advanced medical care. For those mothers, access to a hospital greatly benefits them, particularly if actions are taken to mitigate the most dangerous aspects of hospital birth.

As such, childbirth occupies a similar place as many other medical controversies; neither side of the issue is entirely correct. However, the data clearly shows the risk of routine C-sections outweighs their benefits so this article will attempt to expose what they aren't telling you about them.

The Business of Being Born

For a long time, doctors had no interest in delivering babies, but once a leader in the profession realized grateful mothers they delivered the babies of would become their doctor's lifelong customer, the medical professional gradually displaced midwives and switched birth from being seen as a natural life event to one that required increasing medicalization.[3]

While some of those interventions were helpful and saved lives, many were not **and put both the mother and child at risk of a variety of immediate and chronic complications**.

Since the hospital birthing process does not try to augment the natural birthing process and instead tries to control and manage it, one of the most significant issues with many of its approaches to birth (detailed **here**) is that they frequently create complications that require more and more invasive methods to be implemented.

In many cases, the end of this pipeline is the mother "having" to bypass the birthing process by cutting open the abdomen and directly extracting the baby (via a costly C-section). While they are sometimes necessary (e.g., the WHO made a good case that in

10% of births, they prevent maternal and infant mortality[4]), they are done far too frequently (e.g., in 2023, 32.3% of all American births were C-sections[5]).

Note: *One of my least favorite statistics in medicine is that C-section rates dramatically rise at the times doctors typically want to go home.*[6,7,8]

General Risks of C-Sections

Being an abdominal surgery, C-sections carry a variety of issues commonly seen with those procedures such as:

- The mother typically needs a 4 to 6 weeks recovery period.[9]
- Post-surgical infection (e.g., globally this happens in 5.63% of C-sections[10]).
- Significant pain (at the most important bonding period of your life).
- Potential reactions to general anesthesia.
- Accidental organ injuries (particularly since some C-sections need to be done very quickly to save the baby's life).

Additionally, there are some surgical complications more unique to C-sections such as:

- Damage to the lining of the uterus that creates adhesions and scars, which cause the placenta to attach in the wrong place in future pregnancies (e.g., two C-sections make women 13.8 times more likely to have a placenta accreta[11]).
- The weakened uterine scar can rupture during a subsequent delivery (especially if contraction inducing oxytocin is used during delivery), so one C-section can result in patients needing to have all subsequent births to be C-sections as well (particularly if there's an abnormal placental attachment).
- The infant can accidentally get cut during the C-section (e.g., 1.5% to 1.9% get facial lacerations[12]).

- C-section incision scars often cause significant issues for years — if not decades (until they are correctly treated), and in many cases these scars are the hidden cause of chronic pain and a variety of ailments as they continually activate and then dysregulate the autonomic nervous system.

- The general anesthetics used for the C-section can increase an infant's risk of neonatal complications.[13]

  Note: *C-sections also cause a variety of other issues, such as breastfeeding problems, worsened sleep, and emotional challenges (e.g., PTSD or anxiety).*[14]

However, beyond the surgery itself, simply bypassing the normal birthing process can also cause significant issues for infants. For example, hyaline membrane disease (respiratory distress syndrome — RDS) affects approximately 24,000[15] infants in the United States annually and is the leading cause of neonatal fatalities.[16]

The birthing process protects against this (e.g., studies have found premature C-section babies are 2.4 to 3.92 times more likely to have RDS[17,18,19]), likely due to its mechanical pressure forcing excessive fluids out of the lungs.

Chronic Risks of C-Sections

C-sections have also been linked to a variety of chronic issues, most of which are immunological or neurological in nature.

- **Immunologic risks include:**

  - A Kaiser study of 8,953 children found C-sections increased allergic rhinoconjunctivitis (hay fever) by 37% and asthma by 24% (53% in girls and 8% in boys).[20]

  - Roughly 2000 studies have assessed the link between C-sections and asthma.[21] From them, a 2020 meta-analysis found C-sections increase asthma by 41%,[22] while a 2019 meta-analysis found a 20% increase.[23]

- A Danish study of 750,000 children aged 0 to 14 assessed a few autoimmune diseases and found those born by C-sections were roughly 20% more likely to develop laryngitis, asthma, gastroenteritis, ulcerative colitis, celiac disease, and juvenile arthritis (along with pneumonia and other lower respiratory tract infections).[24]

- A later Danish study of 2,699,479 births found that elective C-sections caused a 14% increase in diabetes, a 14% increase in rheumatoid arthritis, a 4% increase in Crohn's disease, and a 15% increase in irritable bowel disease.[25]

  Generally, the risk for these conditions was higher in women and for elective C-sections (with the exception of Crohn's increasing by 15% after emergency C-sections). Another similar study also found C-sections significantly increased the risk of asthma, systemic connective tissue disorders, juvenile arthritis, inflammatory bowel disease, immune deficiencies, and leukemia.[26]

- A study of 7,174,787 births found C-sections made infants (in the first 5 years of life) 10% more likely to be hospitalized for infections (particularly respiratory, gastrointestinal, and viral ones).[27]

- A study of 33,226 adult women found being born by C-section made them 11% more likely to be obese and 46% more likely to develop Type 2 diabetes.[28]

Much of this is likely due to C-sections disrupting the microbiome[29] (which can persist into adulthood[30]) as infants depend upon the vaginal flora (and external fecal flora) to initially colonize the gastrointestinal tract (as the microflora of the vagina are predominantly composed of the "good bacteria" our digestion needs and shortly after birth, the stomach starts producing stomach acid so other bacteria can't easily colonize the GI tract).

In turn, many studies have found C-sections significantly disrupt the microbiome, including a prospective trial that demonstrated that the degree of lasting microbiome disruption in an infant directly correlated to their likelihood of developing asthma and allergic sensitizations.[31]

Note: *One partial solution to this (which does not address harmful hospital microbes displacing the normal microbiome) is to inoculate the infant with the mother's vaginal secretions immediately after delivery. However, while compelling evidence has emerged for vaginal seeding in the last decade,*[32,33] *it is not currently endorsed by the medical community, and most hospitals do not offer it.*

- **Neurologic risks include:**
    - A mouse trial found C-sections led to behavioral changes and increased cell death in certain portions of the brain,[34] while a retrospective MRI study of 306 children found that C-sections significantly reduced brain white matter and functional neural connectivity.[35]
    - A large 2017 study found that C-section children (ages 4 to 9) performed lower on standardized tests than vaginally born children and that this was not due to confounding variables,[36] while a 2024 study found C-sections caused lower motor and language development scores during specific age windows in the first three years of life.[37]
    - A 2020 Czech study found 5 year old children born via C-section had poorer performance on cognitive tests than children born via vaginal delivery.[38]
    - C-sections have been found to increase the rate of ADHD by 15% to 16% and autism by 23 to 26%.[39] At the same time, early onset schizophrenia has also been associated with C-sections (much of which may be due to C-sections changing the dopamine receptors in the brain).[40,41]

      Note: *As this study shows, the increase in autism is strongly correlated to mothers receiving general anesthesia during the C-section.*[42]
    - C-sections have been found to impair a newborn's ability to recognize familiar scents, make them more averse to being touched or hugged, and have poorer sensory integration, visual memory, and visuospatial perception.[43] In parallel,

mothers of C-section babies have been found to have less attachment to and more negative evaluations of their children.[44]

Since neurological development is such a complicated process, it's difficult to say which factor (e.g., anesthesia, reduced maternal bonding, gut microbiome alterations) is ultimately responsible for these changes.

However, many excellent healers I've talked to from a variety of traditions (e.g., the New Zealand Maoris) have shared that they noticed there is a loss of vibrancy and vitality in C-section babies which they attribute to them not "getting a spark" the vaginal birthing process facilitates (e.g., because the micro-motion within the skull is catalyzed by the compression experienced during the birthing process).

One of the most interesting conversations I had on this subject was with a doctor who shared that he was taught the vitality of infants directly correlated to how much they cried at birth (which is why, in the older days, doctors would whack a baby's soles to trigger a vigorous cry).

In turn, when he and his colleagues attempted to help struggling infants with birth trauma by gently compressing the tops of their skulls to recreate part of the birthing process, they found that C-section infants would let out a brief but very vigorous cry, whereas children who had been born vaginally typically had a much softer cry — something they attributed to the initial birthing process not having catalyzed the cry they needed then (which is why it was so loud at the subsequent compression).

Note: *This is somewhat similar to the observation in homeopathy that patients who can mount fevers tend to have stronger vitalities and better responses to homeopathic remedies, but as the decades have gone by, people have become less able to mount fevers and now have smaller reactions to homeopathic remedies.*

High-Risk Births

One of the major factors in deciding how to approach giving birth is whether or not you have a "high-risk" pregnancy. Unfortunately, determining what constitutes a "high-risk" pregnancy is quite subjective. In turn, that designation being erroneously applied frequently results in a lot of stressful, unnecessary, and potentially harmful interventions throughout the pregnancy.

Note: *A pregnancy being "high-risk" is often decided by prenatal ultrasounds. However, as I showed* ***here****, and much of the information ultrasounds provide early in pregnancy is either inaccurate or impossible to act upon, while in contrast, prenatal ultrasound exposes infants to real harms — all of which leads to ultrasounds being routinely utilized in instances where their risks outweigh their benefits.*[45]

At the same time, hospital births are sometimes necessary and potentially lifesaving. In addition to an acute emergency where the fetus's life is at risk (e.g., unexpected vaginal bleeding after a car accident), there are a few common situations that can require hospital births or C-sections:

- The placenta is in the wrong place. This typically requires a C-section. However, in many cases, the placenta can move to the correct position, so if this is diagnosed early in pregnancy with ultrasound, it can lead to a lot of unnecessary stress.[46]

- The baby faces the wrong direction with the pelvis instead of the head coming out first (a breech presentation). This is a fairly controversial area as many people I know will deliver breech babies (and it went well), but many others will not (as they have seen bad outcomes or infant deaths) following them (e.g., one large study found breech babies are 2.4 times as likely to die from vaginal deliveries[47]).

  Because of this, I believe the best option is to fix the issue before delivery **by moving the baby into the correct position** (which frequently works — provided it is done correctly).

  Note: *If one of the infant's legs or shoulders is sticking forward, a vaginal birth should never be attempted.*

- The baby is head down, but facing the wrong direction (not facing forward). In our experience, these often end up requiring C-sections as it's not possible to get the infant out.
- Twins are present. This does not necessarily require a C-section, but a variety of issues are more likely to arise, so it can be very helpful to have additional assistance nearby if needed.
- The mother already had a C-section.
- There are other characteristics of a high-risk pregnancy (e.g., the mother has a concurrent chronic illness or severe preeclampsia during the pregnancy).

Conclusion

Recently, RFK Jr. was instructed to lead America's Make America Healthy Again Commission and attempt to uncover what is fueling the rapid and unprecedented spike in chronic illness in our children (e.g., 12.8% of children born between 1988 and 1994 had a chronic illness,[48] yet for those born between 2000 and 2006,[49] it had more than doubled to 26.6% and by 2011, had increased to 54.1%[50]).

As this tsunami of chronic illness threatens the foundation of our society, the MAHA commission has been instructed to leave no stone unturned in finding the cause of this epidemic.

Like many, I suspect vaccines are the root cause of it as the numbers of vaccines children receive increased in parallel with the rates of chronic illness and every independent study (summarized **here**) consistently shows vaccinated children have 3 to 10 times the rates of chronic illnesses unvaccinated children do.

However, as I've tried to show in this series, a good case can also be made that our approaches to childbirth (e.g., **prenatal ultrasounds** or C-sections) are also contributing to this wave of chronic illness and hence must urgently be examined too.

In my eyes, the central problem is that medicine requires repeated sales, and because of this, things that can be helpful tend to be overused to the point their harms greatly exceed their benefits.

For example, while childhood vaccines are treated as a monolithic entity which are all essential for health, the reality is that **the risks and benefits of each vaccine vary greatly**, and many mandatory ones cannot be justified by the existing scientific evidence. Similarly, as I've tried to show here, while the harms of C-sections typically vastly outweigh those of vaginal births, in some cases, they are necessary and the complications they create are vastly outweighed by the harms they prevent.

As such, while better options may be created in the future by the MAHA commission, at this point, our best option is to fully inform ourselves about the risks of these routine procedures and then do what we can to reduce our need for them (e.g., **natural birthing methods significantly reduce the need for C-Sections**), and it is my sincere hope this article has provided some valuable insights for navigating this challenging process.

Author's Note: *This is an abridged version of* ***a longer article*** *that goes into greater detail on many of the points discussed here (e.g., the complications of C-sections and how to address them) that provides guidance for protecting yourself at the hospital, finding the best place to give birth, and shares many of the strategies we have identified to have the healthiest baby possible, address many of the complications that arise during pregnancy, and to have an optimal childbirth.*

That article can be read ***here*** *while with a companion article on the dangers of ultrasounds which can be read* ***here****.*

A Note from Dr. Mercola About the Author

A Midwestern Doctor (AMD) is a board-certified physician from the Midwest and a longtime reader of Mercola.com. I appreciate AMD's exceptional insight on a wide range of topics and am grateful to share it. I also respect AMD's desire to remain anonymous

since AMD is still on the front lines treating patients. To find more of AMD's work, be sure to check out **The Forgotten Side of Medicine** on Substack.

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