*In part two of this article series, we’ll look at some pregnancy issues that women often worry about. The best antidote to worry is to be knowledgeable and ask questions. While you can’t have control over everything, you can make more informed decisions about the things you can control.*

**Miscarriage and high-risk pregnancy**

Even though there are many reasons for miscarriages, that doesn’t mean they’re predictable. When you go over your health history with your doctor, ask about conditions associated with a higher rate of miscarriage and a high-risk pregnancy. It’s important that you go see your doctor for a thorough exam, and keep your follow-up appointments during your pregnancy, even if you’re feeling fine. Proactively learning about your potential risks can help you prevent possible complications throughout your pregnancy.

**Natural birth or Caesarean section**

Natural birth (or vaginal birth) is the most common form of delivery.[[1]](#endnote-1) A Caesarean (or C-section) is an alternative form of delivery and is considered major surgery, which requires a cut in your belly and uterus to delivery your baby.4 A C-section is generally only recommended when there is a health or safety issue for the mother or baby.4 Advanced planning for a C-section is usually not recommended in the absence of any health or safety issues due to the risks associated with this major surgery, which can include heavy bleeding, infection, blood clots, and a long recovery. 4

Talk to your doctor if you have plans for more than one child. Multiple C-sections pose a greater risk to the mother, and some hospitals will not support natural childbirth after you’ve had a C-section.[[2]](#endnote-2) If you and your provider agree to try a vaginal birth after caesarean (commonly referred to as a VBAC), you will have what is called a "trial of labour after caesarean” (TOLAC).5 This means that you will plan to go into labour with the goal to deliver naturally.5 Since it is hard to predict if a VBAC will work without complications, you may still need a C-section.5 Establishing a delivery plan with your doctor is the best way to prepare for the delivery of your baby.5   
  
  
  
**Depression and anxiety**

Women are strong and can often dismiss feelings of depression and anxiety during pregnancy. Remember that depression isn’t uncommon while pregnant, and it certainly isn’t your fault if you feel like you’re having trouble coping with your pregnancy. 6 In the past, research showed that almost 15% of pregnant women suffered from bouts of depression in economically developed countries, with almost 25% in underdeveloped countries.[[3]](#endnote-3) If you start to feel extremely anxious or overwhelmed by sadness or emptiness that just won’t go away, tell your doctor. Depression and anxiety are very real pregnancy conditions so don’t dismiss them or try to suffer through them alone.6

We hope you found this two-part article series useful. If you’d like more information on any of these topics, please access your free copy of *Healthy Pregnancy, Healthy Baby* by <*insert instructions here*>.

1. Obstetrics & Gynecology, “Labor Induction and the Risk of a Cesarean Delivery Among Nulliparous Women at Term,” July 2010 [↑](#endnote-ref-1)
2. International Cesarean Awareness Network, “Issues and Procedures in Women's Health - Vaginal Birth After Cesarean (VBAC),” January 2014 [↑](#endnote-ref-2)
3. The BMJ, “Depression during pregnancy,” May 2007 [↑](#endnote-ref-3)