Aortic dissection (AD) in pregnancy is a rare event, 5.5/1,000,000 pregnancies have aortic complications, which is 0.1-0.4% of all ADs (1-3). 50% of ADs in women less than 40 years of age occur during pregnancy (4). Of those most are Stanford type A (79-89%) (5-7). Type B is very rare during pregnancy. This is a case of a 34 year old female presenting for cesarean delivery (CD) with an acute Stanford Type B/DeBakey III AD at 37 weeks gestation. A discussion of anesthetic management and concerns of cesarean delivery (CD) with type B AD follows including: risk factors and pathology in pregnancy, epidural vs spinal vs general, types of antihypertensives, use of oxytocin, special populations (collagen diseases), and recommendations for perioperative management. AD in pregnancy is rare, but has high mortality and morbidity. Given the steady rise of maternal mortality in the US (8), there are significant considerations for anesthetic management for delivery. No RCTs exist to determine outcomes for perioperative anesthesia management.