

Caesarean section

A caesarean section (c-section) is a surgical procedure in which a baby is born through an incision (cut) made in the mother's abdominal wall and the wall of the uterus (womb). Your baby may need to be born by caesarean section if there are serious problems that prevent the baby being born by a normal vaginal birth.

A normal vaginal birth is the safest way for your baby to be born if both you and your baby are healthy during pregnancy and labour. If you do need a caesarean operation, your doctor should explain to you why it is necessary.

When you might need to have a caesarean birth

Some of the problems that may mean your baby needs to be born by caesarean section include:

- Your baby is presenting bottom or feet first (breech) or is lying sideways (transverse) and is not able to be turned by the doctor.
- You are having more than one baby at this birth.
- Your baby's head does not sink down or 'fit' through your pelvis during labour.
- Your baby shows serious signs of distress – your doctor or midwife will look carefully for any signs of distress during labour.
- Your cervix (opening to the womb) is blocked by the placenta – this is known as placenta praevia.
- The umbilical cord, which provides important nutrients and oxygenated blood to your baby, has prolapsed (fallen down) through the cervix and into the vagina when your waters have broken.
- Your labour does not progress as expected – for example, your contractions are not strong enough and your cervix opens too slowly or not at all.
- You have a serious health problem such as high blood pressure.

Things to consider

Before you have a caesarean section, you should discuss a range of issues with your doctor or obstetrician including:

- Your general health, as some things may affect your doctors' decisions about surgery and anaesthetics
- Possible risks and complications
- Tests you need to have – these include blood tests to check if you are anaemic and to make sure there is some blood available in case you need it during or after the caesarean section.

Risks and possible complications

A caesarean section is a relatively common and comparatively safe surgical procedure. However, as with all surgical procedures, there are risks for both you and your baby. Some of these risks and possible complications include:

- Infection of the mother's wounds
- Damage to the mother's bladder and other internal organs
- Damage to the mother's blood vessels
- Damage to the baby inflicted by surgical instruments
- Increased risk of the baby experiencing respiratory distress (breathing problems) after birth
- Increased time in hospital
- Increased abdominal (tummy) pain
- Increased risk of blood clots

- Increased risk of the placenta growing or implanting too low in the uterus or through the uterus in future pregnancies
- Increased risk of having a caesarean section with future pregnancies.

Types of anaesthetic you may have

There are three types of anaesthetic you may be given so that you do not feel any pain during your operation:

- **Epidural anaesthetic** – a needle is inserted into the epidural space around the lining outside the spinal cord in your back, and local anaesthetic drugs are given to 'numb' or remove sensation from the waist down. You will still be conscious and will be able to breathe normally. You may have this type of anaesthetic if you already had an epidural inserted to provide pain relief during labour.
- **Spinal anaesthetic** – this is similar to the epidural. A needle is inserted into the area around the spinal cord in your back so you will have no feeling or sensation from the chest down. You may have this type of anaesthetic if you already had an epidural inserted to provide pain relief during labour.
- **General anaesthetic** – which means you are not conscious during your baby's birth. This may be necessary if your baby must be born quickly or if insertion of the epidural or spinal anaesthetic has failed for some reason.

Types of incisions you may have

There are two types of incisions (cuts) in the uterus that can be used when you have a caesarean section:

- **A lower segment incision** – will be used wherever possible. This is a horizontal (across) cut through the abdomen (tummy) and a horizontal cut through the lower part of the uterus, sometimes known as a 'bikini line' incision. These cuts heal better, are less visible and are less likely to cause problems in future pregnancies.
- **A classical incision** – refers to a vertical incision on the uterus. The incision on the abdomen (tummy) may be horizontal or vertical. These days this incision is common only for extreme emergencies or in specific situations, such as if the placenta is lying very low, if your baby is lying sideways or if your baby is very small. The chance of problems is greater in subsequent pregnancies when this kind of incision is used.

Elective or emergency caesarean

There are two types of caesarean section:

- **Elective** – a caesarean section is called '**elective**' if your doctor decides it is necessary **before** your labour begins.
- **Emergency** – a caesarean section is called '**emergency**' if your doctor decides it is necessary **after** your labour has begun.

In the operating theatre

There will be many people in the operating theatre to care for you and your baby if you need a caesarean. You may have a support person with you during the operation, unless there are serious complications or you have a general anaesthetic for the operation. Do not feel afraid to ask any questions or tell the healthcare team if you are feeling concerned or anxious.

Once the anaesthetist has made sure you will not feel pain during the caesarean section, the theatre team will get you comfortable on the operating table and put a screen up so you don't need to watch the cuts being made. You will have a catheter (plastic tube) inserted so that your bladder remains empty during the operation. A full bladder may get in the way during the operation. The team will also clean your tummy with disinfectant and cover your tummy with sterile cloths (drapes) to minimise the risk of you getting an infection.

The procedure

After preparing you for the operation, your doctor will make a cut in your abdomen and uterus. They will then:

Bring your baby out through the cut, which is about 10cm long.

- Decide whether to use forceps to help lift out your baby's head. If you have a spinal or epidural anaesthetic, you will be conscious throughout the operation and may feel a slight pulling or dragging sensation as your baby is lifted out of your uterus.

- Wipe any fluid from your baby's nose and mouth before lifting your baby free from your uterus.
- Allow you to be the first to see the sex of the baby (if this is your wish).
- Cut the umbilical cord and pass your baby to a paediatrician or midwife to check.
- Remove your placenta and ensure you are given an injection of oxytocin to make your uterus contract and minimise bleeding.
- Give you some antibiotics in the intravenous drip to reduce the risk of infection.
- Staple or stitch the layers of muscle, fat and skin back together.

What happens in hospital after you have a caesarean birth

- A number of things will occur after you have a caesarean, including:
- A trained practitioner skilled in resuscitating newborn babies (a paediatrician or midwife) will check your baby.
- If your baby is well, it will be placed in your arms as soon as possible.
- If you cannot hold your baby in the operating theatre, your partner or support person will most likely be able to hold your baby instead if it does not need extra medical attention.
- If you have a general anaesthetic, you should be able to see your baby once you regain consciousness.
- You are likely to spend time in the recovery room after leaving the operating room. Here you will be monitored closely until you are ready to be moved to your bed on the ward.
- You will be supported to breastfeed your baby as soon as you wish, either in the operating room or once settled in your bed on the ward.
- You will probably have an intravenous drip for the first 24 hours or so, until you can eat and drink normally.
- You can start drinking fluids as soon as you feel able, although you must pass wind before you can start eating again. This is because the surgical procedure and anaesthetics temporarily stop the normal movements of your bowel (or gut). Passing wind is a sign that your bowel has begun to work normally again.
- You will have a catheter to drain urine from your bladder. This may cause a sensation that can make you think you need to go to the toilet, but the urine will drain automatically into the bag. This is usually removed after you can walk safely to the toilet by yourself.
- You should get out of bed and try to walk around as soon as you feel it is safe to do so, as this will speed your recovery and help to prevent certain complications such as blood clots.
- You may also have a tube to drain fluid from the wound.
- You may need more antibiotics after the operation if you already have an infection, if you develop an infection or if you are at high risk of developing an infection.
- You will be prescribed painkillers (tablets, suppositories or injections). These may dull your senses a little, so you will need to take extra care or seek assistance when getting out of bed, holding your baby, handling hot drinks and so on. You should let your midwife or doctor know if you are experiencing pain.
- Your wound dressing (over the cut in your abdomen) should be removed after 24 hours and the wound should be kept clean and dry once it is exposed.

Some problems to look out for

Some women develop serious problems after a caesarean section. You should always talk with your midwife or doctor about any problems you are experiencing, so they can assess whether or not it is serious and provide you with the proper treatment if you need it.

Some problems you should look out for include:

- Increased pain
- Pain passing urine
- Leaking urine
- Increased vaginal blood loss or offensive smelling discharge from the vagina
- Coughing or shortness of breath
- Swelling or pain in your calf (lower leg).

Taking care of yourself at home

Be guided by your midwife, doctor and maternal and child health nurse. General self-care suggestions include:

- Get as much rest as you can. Ask family or friends to help out or organise paid help if possible. Check with your local council – they may be able to provide some assistance in certain circumstances (for example, if you have twins).

- Take a gentle walk every day. This can have physical and emotional health benefits.
- Eat a healthy diet and drink plenty of water every day.
- Use warmth on the wound (such as a heating pad), if you find it has a soothing effect.
- Take painkillers regularly to begin with. If you are breastfeeding, check that the medication you are using is safe for baby too.
- Wear loose cotton clothing and keep the wound clean and dry. Look for signs of infection (such as redness, pain and swelling) every day.
- Speak with your local doctor or maternal and child health nurse if you are feeling more anxious than usual, have guilt feelings about your baby's birth, feel sad most of the time or are not sleeping.

Long-term outlook

After you have a caesarean birth, you may not feel strong enough to do some activities straight away, such as driving a car, carrying heavy things, exercise or having sex. You should only do those things once you feel you are able to do so and they do not cause pain.

Depending on the reason for your caesarean, your doctor will advise you about your future birth options. It is likely that the reason for the first caesarean will not recur in a subsequent pregnancy. Having repeated caesarean births may limit the number of children you are safely able to have.

Where to get help

- Your local doctor
- Obstetrician
- Midwife
- Maternal and Child Health nurse
- Parentline Tel. 132 289
- Nurse-on-Call Tel. 1300 606 024 – for expert health information and advice (24 hours, 7 days)
- Your local health service or hospital
- Post and Ante Natal Depression Association (PaNDa), Support Line Tel. (03) 9428 4600

Things to remember

- A caesarean section is a surgical procedure in which a baby is born through a cut made in the mother's abdominal wall (tummy) and uterus (womb).
- A baby may need to be born by caesarean section if there are serious problems that prevent the baby being born by a normal vaginal birth.
- Caesarean section is a relatively safe operation; however, possible complications include infection, damage to your internal organs, an increased risk of respiratory distress for your baby and complications with future pregnancies.

This page has been produced in consultation with, and approved by:

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