

Giving birth by caesarean section

Information and advice for women

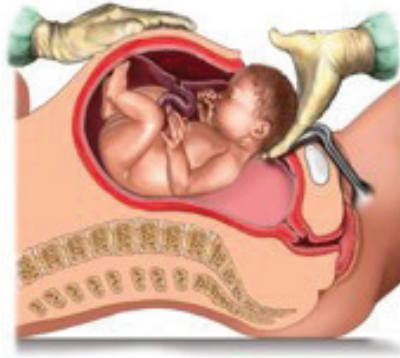
Maternity



Where
EVERYONE
Matters

What is a caesarean section?

A caesarean section is an operation where an opening is made in your tummy and womb and your baby is removed through it.



A caesarean may be planned in advance, for example if your baby is positioned bottom first, or it may be done at short notice as an emergency if complications develop during your pregnancy or labour.

If you ask for a caesarean section but the doctor doesn't think it will benefit the health of you or your baby they can decline your request but will offer to refer you to another doctor. If you ask for a caesarean section because you have fears about giving birth, your midwife or doctor should offer you the chance to discuss this with our Consultant Midwife in her clinic. The clinic is called 'Wellbeing in Pregnancy' and you will have the chance to discuss your fears and worries, and make a birth plan.

What are the benefits of giving birth by caesarean section?

The benefit of having a caesarean section is that it may be safer for you and your baby in the following circumstances:

- The baby might suffer as a result of a medical condition you have.

- The placenta shows signs of a problem or the blood flow from the placenta to the baby is deteriorating.
- There is concern about your health or the health of your baby.
- There is an emergency pregnancy problem and we need to save yours or your baby's life.

As well as this, you will know the date your baby will be born so this gives you time to prepare at home and plan support for after the birth.

Your consultant or midwife will explain the specific reasons why a caesarean section is beneficial in your case.

What are the risks of giving birth by caesarean section?

Risks for your baby

- The most common problem affecting babies born by caesarean section is breathing difficulties. About 35 babies in every 1000 born by caesarean section have breathing problems just after the birth, compared with 5 - 10 out of every 1000 babies after a vaginal birth.
- 1 - 2 out of 100 babies born by caesarean section sustain an injury from the scalpel during the procedure.
- Serious complications, such as injury to the nerve in the neck and arms, bleeding inside the skull and brain damage, are very rare and affect less than 2 in 1000 babies.

Your baby will have follow-up appointments with the paediatrician (children's doctor) after the caesarean to check for any problems.

Risks for you

- There is a risk of causing some damage to your bladder during the procedure. This happens to 1 in 1000 women.

- You are more likely to lose blood than if you have a normal birth. 5 in 1000 women bleed heavily enough to need treatment and some of these women may need to be looked after in intensive care if the bleeding is severe.
- There is a risk of causing a tear to your womb during the procedure. This happens to 3 in 10,000 women.
- 7 – 8 out of 1000 women need to have an emergency hysterectomy (removal of womb) after their baby has been delivered because of heavy bleeding or injury to the womb. If you have a hysterectomy you will not be able to have children in the future.
- 5 out of 1000 women need surgery in the future after having a caesarean if there has been a problem or injury.
- 4 – 16 out of 10,000 women develop a blood clot after having a caesarean section. This is dangerous because it could become lodged in your lungs which can cause very serious complications. All women having a caesarean section will be given treatment to reduce the risk of this happening.
- 6 out of 100 women develop an infection in their womb or wound after having a caesarean section.
- Women who have a caesarean section are less likely to start breastfeeding in the first hours after the birth, but when they do start they are just as likely to continue breastfeeding as those who have a vaginal delivery.

Risks for future pregnancies

- If you have a caesarean section with your first birth you are more likely to have one again in the future. However 75 out of 100 women who have had one caesarean section will have a normal birth in the future.
- In future pregnancies there is a risk that the placenta will cover

the entrance to the womb. This occurs in 4 – 8 out of 1000 women and may mean you need a caesarean section to deliver the baby.

- The risk of a tear to your womb in future pregnancies increases to 2 – 7 out of 1000 women.
- There is a small increase in your risk of having a stillborn baby in the future.

What are the alternatives to having a caesarean section?

The alternative to having a caesarean section is to give birth through your vagina.

What are the risks of not having a caesarean section?

The risk of not having a caesarean section if your consultant thinks you need one could harm you or your baby's health, but how serious this is will depend on your reason for needing a caesarean section. You have the right to decline a caesarean section even if this will harm you or your baby.

Preparing for your caesarean

You will be given a date for when your caesarean section will be performed. You will have an appointment before this to have some blood tests and will be given a prescription for a medicine that dilutes the acid in your stomach (Ranitidine). This should be taken on the day of your caesarean. This will be explained to you.

Before your caesarean you might like to think about your birth experience in theatre:

- Who do you want to be with you during the operation?
- Do you want to bring a choice of music?

- Do you want to discover the sex of your baby?
- Would you like the screen lowered when your baby is lifted out?
- Would you like there to be a period of quiet when your baby is born so that your voice is the first to be heard?
- Do you want to wait until the cord has stopped pulsating before it is cut?
- Do you want to see your baby while he/she is being cared for on the resuscitaire (equipment to help the baby with breathing)?
- Do you want your baby to have Vitamin K?
- Do you want skin-to-skin contact in theatre and recovery?
- Do you want to breastfeed as soon as possible?
- Do you want a photograph of your baby soon after birth?

On the day of the operation a midwife will meet you and explain what will happen now that you have arrived. S/he will show you where the bathrooms are and give you some theatre clothes to change into. An anaesthetist will see you before the operation to check that there are no problems anticipated with your anaesthetic and to explain anything you are unsure of. They will also explain the risks of the anaesthetic.

Your consultant or midwife will check that you understand the risks of a caesarean section and why you need one and will ask you to sign a consent form. If you have any questions or there is anything you don't understand please ask. If you do not understand or speak English an interpreter or language line will be used to help you.

During your caesarean

A spinal/regional anaesthetic is best for this type of procedure as you will be awake and see your baby born but the area will be

numb. Having a general anaesthetic (going to sleep) has risks for pregnant women due to the size of the baby pressing on the heart and lungs.

When you are ready for the procedure you will be taken to theatre and the anaesthetic will be given. When it has been tested and is working properly your birth partner will be able to come and sit with you. A midwife will be with you throughout the operation.

This is what happens next:

1. A catheter will be put into your bladder. This is a thin tube that will empty your bladder so you do not have to worry about passing urine.
2. An incision will be made in your tummy; this takes about 10 minutes.
3. The fluid in your womb is sucked out (this is quite noisy).
4. Your baby will be lifted out. If you want to see your baby being lifted out tell the surgeon before starting the operation so the screens can be dropped at this point.
5. The surgeon will remove the placenta after your baby is out and give you an injection to reduce bleeding.
6. After your baby is born it takes approximately 10 - 15 minutes to stitch up all the layers of skin and muscle checking that there is no additional bleeding.

What will it feel like?

Some women describe having a caesarean section as uncomfortable but not painful. Some say it feels like 'someone doing the washing up in your tummy'. You should not feel any pain during the operation and the anaesthetist will be with you checking how you are feeling throughout.



After your caesarean

After your caesarean you will be cared for in the recovery area for a short period where your breathing, pulse, blood pressure and wound will be monitored. When the doctor and midwife are satisfied with yours and your baby's recovery you will be taken to the ward.

Pain

You will be given painkillers to help you stay comfortable. If you are in pain, please let us know so that we can help you. You will be given help with getting out of bed, feeding your baby and looking after yourself.

Your wound and stitches

The midwife will check you regularly and make sure your wound is healing well and there are no signs of infection. S/he will explain how you can look after your wound once you are at home. You may have some bruising along the scar but this will soon disappear.

Often the wound is stitched without the stitches being visible; this means that you do not have to have the stitches removed. If you have clips in your wound the midwife will remove these for you. The midwife will advise you how the surgeon has repaired the skin and will advise you of how to care for your wound.

Caring for yourself

You should have a daily shower or bath and keep your wound clean and dry. You should also change your sanitary towel frequently. You may find that your blood loss is light and appears to stop quickly, however the more you do the more blood loss you will have. This is normal.

Going home

If you make a normal recovery you can expect to go home after 2 - 3 days. You must make sure that you have lots of help at home for at least the first 2 weeks.

Once you are home you should continue to rest and take any prescribed medication that you have been given so that you can recover properly. The community midwife will visit you the next day and will explain the routine of home visiting for you and your baby. Your midwife will ensure that you are healing well and are coping at home.

Returning to normal activities

You may start to do your usual activities at home when you feel more like yourself. There are no time restrictions as everyone is different; however, remember you have had a serious operation and should rest more frequently. You should leave heavy tasks such as vacuuming, standing to iron for long periods and heavy housework until 6 weeks after your caesarean. You should avoid driving for at least 6 weeks after your caesarean, and will need to contact your insurance company for more information about when you can return to driving.

Sex

You can have sex again when you feel ready. There is no right time but most women wait until their wound has healed and the blood loss has stopped. You must use contraceptives at all times if you do not want to have another baby quickly, as you can conceive anytime after the birth.

Follow-up

Your GP will be notified that you have had a caesarean section and of your discharge home. You will be given an appointment at the surgery with your GP 6 weeks after your baby's birth. The GP

will check how you have recovered, will ask you questions about your recovery and discuss with you the reasons why you needed a caesarean. They will also offer you any health advice you may need and advise you about future pregnancies.

Symptoms to report

Please contact your midwife, GP or maternity triage as soon as possible if you experience any of the following after your caesarean section:

- Feeling unwell
- Feeling hot and feverish
- Pain that is new or becoming worse
- Signs of a wound infection: redness, swelling or oozing from the wound

Please contact your midwife, GP or maternity triage urgently if you experience any of the following:

- Swelling and tenderness in the back of your leg(s)
- Shortness of breath
- Pain in your chest when breathing

Contact details

Maternity Triage

0121 507 4181

Further information

If you have any questions or concerns about having a caesarean section please speak to your consultant or midwife.

For more information about pregnancy, childbirth and our maternity services please see the maternity pages of our websites www.swbh.nhs.uk and www.swbhengage.com, follow us on Twitter @SWBHnhs and like us on Facebook www.facebook.com/SWBHnhs.

Sources used for the information in this leaflet

- National Institute for Health and Clinical Excellence, CG132 'Caesarean section', November 2011
- Royal College of Obstetricians and Gynaecologists, Consent Advice 7 'Caesarean Section', October 2009
- Levine et al, Morrison et al and Richardson et al (1995 – 2005), cited in Royal College of Obstetricians and Gynaecologists green top guideline 45 'Birth after previous caesarean birth', February 2007
- A.D.A.M Medical Images

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5420 or email: swb-tr.swbh-gm-patient-information@nhs.net



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