Information Leaflet for Women Undergoing Caesarean Section

Introduction

A vaginal delivery is the most common way to give birth. However, a caesarean section may be advised in certain circumstances. A caesarean section is when the baby is “delivered” through an incision (cut) in the abdomen (tummy). Caesarean section rates in Ireland are about 20% to 25%. Caesarean section may be planned in advance (elective caesarean section) or be performed at short notice, particularly if there are complications in labour (emergency caesarean section).

Some reasons for caesarean section include:

- you have placenta praevia (when the placenta is low-lying in the womb and covering part of the womb entrance).
- your baby is in the breech (botto) position.
- your labour fails to progress naturally.
- caesarean section is usually performed when a vaginal (normal) birth could put you or your unborn baby at risk.

The Procedure

1. Your caesarean section is usually performed under a regional anaesthesia, which numbs the lower part of your body but means you will be awake during your operation. This is safer for you and your baby than a general anaesthetic, when you are put to sleep. However sometimes it is necessary to give you an anaesthetic.

2. The regional anaesthesia will be given into your spine (called an epidural).
3. You will need to have a catheter (tube) inserted into your bladder to empty it, because with a regional anaesthetic, you may not be able to tell if your bladder is full and needs emptying. This will stay in for up to 12 hours after the surgery.

4. A caesarean section usually takes 30-45 minutes to perform. In an emergency situation the operation will be done faster.

5. A screen will be placed in front of you during the procedure so you do not have to watch the operation being done.

6. During the procedure, the operating table will be tilted slightly sideways to an angle of at least 15 degrees to take the pressure of your womb. This is to reduce your chance of getting low blood pressure and feeling sick during the operation.

7. A horizontal incision (cut) will be made to your lower abdomen at the top of your pubic bone (referred to as your bikini line). This allows another horizontal incision to be made in the wall of your womb to deliver your baby.

8. Once your baby has been delivered through the incision in your womb, the placenta soon separates and is also removed. The wall of your womb and abdomen will be closed with stitches that will later dissolve.

9. You will be given an injection of the hormone oxytocin once your baby is born, to encourage your womb to contract and help reduce blood loss. You may also be given a dose of antibiotic to reduce your risk of infection.

10. Your healthcare team will encourage you to have skin to skin contact with your baby as soon as possible.
What are the Risks of Having a Caesarean Section?

The following information is given to help you understand the potential complications that may arise from a caesarean section.

A vaginal birth is safer for you than a caesarean section, whether planned (elective) or carried out as an emergency. Women are twice as likely to die after an elective caesarean section as a vaginal birth and this risk is twelve times greater following an emergency caesarean. However, the risk is still very small. The risks increase with the number of caesareans a woman has.

The main risks to you when having a caesarean section include:

- **Infection of the wound:** antibiotics are routinely given at the time of the caesarean section to try to prevent this.

- **Haemorrhage (Bleeding):** which may require a blood transfusion in less than 1% of cases.

- **Thrombosis (blood clot) in your legs:** blood clots can be dangerous if part of the clot breaks off and lodges in the lungs. To avoid this complication heparin injections and/or special anti-embolic stockings may be required before and for some days after surgery.

- **Damage to the bladder:** during the surgery there is a small risk of damage to the bladder (1 in 100 cases) or to the ureter (1 in 500 cases) and even more rarely damage to the bowel (1 in 1000 cases). This is more likely if the procedure is complicated eg. if there has been previous surgery or massive haemorrhage during the surgery.

- **Scar Numbness:** After surgery, the patient may develop numbness around the scar.
• **Smokers:**
  women who smoke or who are overweight are more at risk of developing a chest infection and all other complications.

• **Removal of the womb:**
  Very rarely a hysterectomy (removal of womb) is necessary (1:1000 caesarean section).

• **Death:**
  Death is an extremely rare complication and occurs secondary to the complications of surgery, in particular, thrombosis or haemorrhage (in less than 1 in 5000 cases).

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### Risks to Your Baby

There is a small risk of complications to your baby. These complications are rare and affect less than 20 in 10,000 babies.

The most common problem affecting babies born by caesarean section is breathing difficulties. About 35% of every 1000 babies born by caesarean section have breathing problems at birth, compared with 0.5% out of every 1000 babies after vaginal birth. These babies will require admission to special care baby unit for monitoring and specialist care. Most newborns recover completely within two or three days.

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### Getting Back to Normal

In general it will take about six weeks for all your tissues to heal completely. Before this time, the basic activities of life, such as caring for your new baby and looking after yourself, should be possible.

However, you may not be able to do some activities straight away, such as driving a car, exercise, carrying heavy things and having sex. You should only start to do these things when you feel able to do so - ask your midwife for advice if you are unsure.
If you drive, check your insurance cover to see there are any restrictions about driving after a caesarean - some companies require your GP to certify you fit to drive. Most women do not feel fit to drive for a few weeks after a caesarean, and many wait until after the six-week check.

Future Pregnancies

If you have had a delivery by caesarean section, it does not necessarily mean you will have to have a caesarean again in the future. You can discuss all future pregnancy options with your Obstetrician, who should take account of:

- your preferences and priorities
- the overall risks and benefits of a caesarean section
- the risk of tearing the wall of your womb (uterine rupture) along the scar from your previous caesarean section
- the risk to you and your baby's life and health at the time of birth.

If the caesarean was carried out for an obstetric reason that will not change in your next pregnancy (for instance, if you have a very narrow birth canal), it is likely that a caesarean section will be necessary for each birth. If you want to have a vaginal birth, your healthcare team should support your decision but make sure you are aware of the serious complications you may be at risk of, including your scar tearing. During your labour you will be offered electronic fetal heart rate monitoring to keep a constant check on your baby.
For more information discuss with your health care provider

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June 2014