

What if I need an emergency caesarean section?

A Caesarean Section is an operation to deliver the baby through the abdomen.

Approximately 22% of all babies are born by caesarean section each year in England and Wales. In 2002 the rate was 24% here at Liverpool Women's Hospital.

There are two types of caesarean section, **planned** and **emergency**.

A **planned** caesarean section is sometimes called an **elective** caesarean section. A decision to perform an elective caesarean section is made by a senior doctor, usually during your pregnancy.

An **emergency** caesarean section is performed if any complications occur. This can be before or during labour.

Common reasons for needing an emergency Caesarean Section.

- **Progress:** Sometimes the progress of your labour slows down or may even stay at the same point, despite all efforts to help. This is the most common reason why you may need to have an emergency caesarean section, and it can happen in either during the early stage (before the neck of your cervix is 10 cm) or late stage of labour (after 10 cm). The doctor will discuss the need for caesarean section during this time. There is another leaflet called, '**What if my labour slows down**'.
- **Fetal Distress:** Your baby may become too tired and show signs of distress during labour. Here, your baby may need to be born quickly and a caesarean section may be the best option.
- **Medical History / Conditions:** Occasionally there may be a medical reason or condition that would cause the doctor to advise you to have a caesarean section.
- **Placenta Praevia:** Occasionally the placenta may be low down inside the uterus and may cover the neck of the womb; this can often cause bleeding during pregnancy. Placenta Praevia is measured by a scan:
 - If your placenta is **less than 2** centimetres from the opening of your womb you will be advised to have a **caesarean section**.
 - If the edge of your placenta is **more than 2 and less than 3** the way you give birth will need to be discussed with your consultant
 - If the edge of your placenta is more than 3 centimetres you have more chance of having a vaginal birth.
- **Abruption:** Is when you may have bleeding from the placenta (afterbirth). This may sometimes be visible (you will lose blood from the vagina). Sometimes it may be concealed (you will feel pain in your abdomen but will not lose any blood from the vagina). For the health and safety of both you and your baby a caesarean section may be needed.
- **Attempted forceps or instrumental delivery:** The doctor may attempt to deliver your baby with forceps or ventouse (suction placed on to the baby's head to help the baby be born). Very occasionally it may not be possible to

deliver your baby in this way despite the expertise and skill of the doctor. Therefore, the only option available is caesarean section.

- **Cord Prolapsed:** This is very rare and happens in 0.2% of births today. This happens when the umbilical cord slips down into the birth canal and comes before the baby's head. The cord is at risk of getting cold and going into spasm, (tightens up) this could reduce the blood supply to the baby. It is therefore vital that your baby is delivered as soon as possible.
- **Breech.** If the baby is found to be in the breech position (bottom first) during labour the doctor may suggest that a caesarean section should be performed. This depends on many factors and will be discussed at the time.
- **Planned caesarean section.** If a planned caesarean section has been arranged, labour may start before this time. If this happens the caesarean section will be performed as an emergency.

What alternatives do I have?

An emergency Caesarean Section is only performed when absolutely necessary, to ensure the well being of both mother and baby. This is because it is a major operation, which carries possible risks to both mother and baby. This will be discussed with you and your birthing partner at the time the decision is made. Further discussion regarding this decision will be available on request once your baby has been born.

If you do not want to have an emergency Caesarean Section, you may choose to wait for your baby to be born naturally or consider an instrumental delivery but these will put you or your baby at risk of complications.

Risks of having a caesarean section

There are more risks attached to having a caesarean section than if you have a vaginal birth. There are also more risks if you have an **emergency caesarean section** rather than a **planned caesarean section**. These risks may depend on whether you have a medical condition or complications and the reasons why you are having your caesarean section. Listed are some of the possible risks:

- There is an increased chance that you will take longer to recover, physically and emotionally after you have had a caesarean section.
- As with any major abdominal operation you will have an increased chance of bleeding afterwards and due to this you may have an increased chance of a blood transfusion.
- In **very rare** circumstances you may bleed so much you need to have a hysterectomy. This means that your womb may be removed.
- If you have your caesarean section under general anaesthetic (GA), there are risks of complications occurring due to the general anaesthetic.
- As with any operation there is a risk of a blood clot forming in your legs or lungs. However, this risk has fallen dramatically because we use heparin (a small injection under the skin). This helps to prevent any blood clots from forming.
- Again as with any operation there is the risk of possible infection following your caesarean section. We have reduced this risk by giving you antibiotics through your drip during your operation.

- There have been isolated cases of accidental injury to babies caused by the need for the baby to be born as quickly and safely as possible.
- In any future pregnancies you may have, there may be a small risk of rupture (tear) of your uterus (womb) during your labour, but again this is very rare.
- Occasionally you may experience some difficulty passing urine once your catheter has been removed. A catheter is a soft tube placed into your bladder, whilst you are in theatre, to allow urine to drain out more easily. In this case, the midwives will take the advice of medical staff about how to resolve this.

Side effects

- You will not be able to drive a car for 6 weeks (always check with your car insurer about this).
- You will be unable to lift heavy objects e.g. baby bath, pram, pushchair, car seats etc for 6 weeks.
- Heavy housework and hoovering should not be carried out for at least 6 weeks.

Preparation for emergency caesarean section

- If you need an emergency caesarean section, preparation for theatre will be done very quickly, things will be explained to you as they happen, and your written consent will be required before the operation can take place.
- You will need to have a drip put in your arm so that you can be given fluids this way during and after your operation.
- You may need to have your blood taken at this point in time.
- If you have an epidural that is working well this can **sometimes** be topped up to provide adequate anaesthetic throughout the operation; you can therefore stay awake.
- If you haven't had an epidural there may be time (depending on the situation) for the anaesthetist to give you a spinal anaesthetic. This is similar to an epidural but is situated higher in your back and you will be able to stay awake.
- If this can not be done you will have a general anaesthetic and you will be asleep during your operation.

Care following your caesarean section

- The operation usually takes between 1- 1½ hours and afterwards you will be in the recovery room for at least ½ hour before transferring to the postnatal ward.
- Your partner will not be allowed to stay with you in the recovery room because space is limited and you may be sharing this room with other women.
- Once you are on the ward you will be expected to observe the visiting hours.

- Following your operation you will usually be in hospital for 5 days. You will be in bed for the first day but up and about after that. This is because it is better for your blood circulation that you are up and moving about. There are usually fewer complications if you are active.
- You will also have a catheter put into your bladder (whilst you are in theatre), this is to allow urine to drain out easily whilst you are unable to move or get out of bed.
- You will also be in control of how often you have pain relief as you will have a P.C.A (Patient Controlled Analgesia). This is a small hand held device attached to your drip and as you press a button a tiny amount of pain relief will be administered. It is impossible to have too much, as the machine will only allow pre-set amounts to go through. **Further information is available in a leaflet called Patient Controlled Analgesia.**
- Your drips and catheter may be removed within 12-24 hours. The midwife will check your wound daily. The stitches may be dissolvable; otherwise you will have clips or stitches, which will be removed after 5 days by the midwife.
- Your midwife will give you advice on caring for yourself when you get discharged from hospital.
- You will be able to ask any questions you may have at any time throughout your stay.
- Please feel free to discuss any concerns you may have with your midwife who will be able to refer you to the appropriate person.

Vaginal birth follow a previous Caesarean Section

- It is possible for women to have a vaginal birth following a previous caesarean section. Approximately 70% of women who try a vaginal birth after one caesarean section succeed.
- Opportunity will be available for you to discuss this with a senior member of the medical team.

A separate information leaflet is available called **Vaginal Birth After Caesarean Section**

Retained tissue

Any tissue taken at the time of your operation will be sent for examination and your Consultant will be informed of the result. Following investigation the tissue will be disposed of in accordance with health and safety.

This information was generated from The Women's Information Network Group in the Liverpool Women's Hospital.

This information is not intended to replace discussion with either medical or midwifery staff. If you have any questions regarding the contents of this leaflet please discuss this with a midwife or obstetrician

For further information there is a list of useful web sites which can be found on the Liverpool Women's Hospital web site.

Go to

www.lwh.org.uk

Click on

Clinical Services

↓

Support & Information

↓

Useful organisations

If you require any advice about the information on the web sites please speak to a midwife or doctor at the hospital or a community midwife at the GP surgery

This leaflet may be available in different formats on request

Ref:Mat 05/03

Review date June 2005