

What if I need a planned 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 approximately 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 a planned caesarean section

- **Medical History / Conditions** Occasionally there may be a medical reason or condition that would cause the doctor to advise you to have a caesarean, this would be discussed with you during your pregnancy.
- **Malpresentation** the baby needs to be in a position that will ensure that he will pass safely through the pelvis and birth canal. If the baby is lying in an awkward position e.g. bottom, feet, shoulder, brow or limbs coming first, he will not be able to come through the pelvis.
- **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.
- **Previous Caesarean Section** If you have already had a Caesarean Section and had any problems at all then you may be advised to have another section, this depends on your previous birthing experiences.

What alternatives do I have?

A Caesarean Section is only performed when absolutely necessary. This is because it is a major operation, which carries possible risks to both mother and baby. Any alternatives to this surgery will be discussed with you by senior medical staff in the antenatal clinic

If you do not want to have an Elective Caesarean Section, you may choose to wait for labour to occur naturally or consider induction of labour, but these will put you or your baby at risk of complications.

Risks of 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. 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 urgency to deliver babies 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 a planned caesarean section

- You will be asked to attend a pre op clinic this will help us to assess you and you baby before your operation. At this clinic we will :
- Measure your blood pressure and your baby's heartbeat will be recorded on a CTG (cardiotocography) machine. This records your baby's heartbeat to ensure that all is well.

- An obstetric doctor and an anaesthetist will visit you. They will ask you some questions regarding your general health and your pregnancy and you will have an opportunity to ask your own questions if you have any.
- You will be given the time and date to return to the hospital. This will usually be the morning that your operation is planned for.
- You will have nothing to eat or drink after midnight the night before you come back into hospital, in case you need a general anaesthetic.
- The anaesthetists will discuss which type of anaesthetic is best for you.
- It is recommended that you stay awake during the operation by having a spinal anaesthetic. This is similar to an epidural, which is an injection into your back making your tummy, legs and feet feel numb. A spinal anaesthetic is a lot stronger than an epidural, and makes you completely numb from the top of your tummy to your feet.
- You may be aware of some movement but you will not feel any pain. If you do feel pain, please let your anaesthetist know and he will be able to give you a general anaesthetic.
- If you have a general anaesthetic you will be asleep during the operation.
- If you decide to have a spinal anaesthetic, you will be able to have your birthing partner with you in the operating theatre during the operation. If you have a general anaesthetic your birthing partner will be able to wait in the waiting room.
- Your birthing partner will be allowed to sit by the head of the operating table. They will be given green theatre clothes to wear; this is to minimise the risk of infection. A screen will be put up covering your body so that neither of you can see anything. As soon as your baby is born she/he will be lifted up so that you can see him/her. If all is well, you will be allowed to hold your baby within minutes
- You will have had a drip put in your arm to enable you to be given fluids until you are eating and drinking, which is usually within for 12-24 hours.

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. It may be useful to inform your visitors that the policy on visiting is there to help with your recovery following a major abdominal operation.
- 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.
- For further information please ask your midwife who may refer you to the appropriate person.

Vaginal birth follow a previous Caesarean Section

- It is possible for women to have a vaginal birth following 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 very 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 04/03

Review date June 2005