

ABOUT CAESAREAN SECTION

This leaflet aims to introduce you to the benefits and risks of Caesarean Section (CS) compared with vaginal birth as recommended by the National Institute for Clinical Excellence (NICE) guideline no.13 Caesarean Section. Pregnant women have the right to participate and make decisions about their care and treatment. To be able to do this you need to understand what is involved.

At present in our hospital, around 75% of women give birth vaginally. Around 25-30% have a CS. A CS is a major operation whereby an obstetric doctor makes an incision into the abdomen and uterus to deliver the baby. A CS may be planned in advance, or it may be done at short notice as an emergency because of complications developing during the pregnancy or during labour.

Approximately 40% of the Caesareans are planned (so called “elective” CS); the remainder are performed as emergencies. As we therefore do not always know which women may need a CS the doctors and midwives in this hospital have agreed that we should offer this information leaflet to **all** pregnant women planning to deliver at the Norfolk and Norwich Hospital.

Why might I be offered a caesarean section?

It may be that there is a known reason and so a CS can be planned, for example:

- Your baby is in the breech position (bottom first) at the end of your pregnancy and it is neither possible nor appropriate to gently attempt to turn the baby round.
- If you are expecting twins and the first twin is in the breech position.
- If the placenta (afterbirth) is low lying and covers all or part of your cervix.
- If you have certain viral infections e.g. HIV or a first infection with genital herpes in the last three months of your pregnancy.
- If you have had more than one CS previously your obstetrician may recommend another.

However, it may be that an emergency CS is required. Reasons for this can include:

- Concern that your baby’s health is compromised either during the pregnancy or labour.
- Your labour is not progressing normally.
- You have significant vaginal bleeding during pregnancy or labour.
- You go into labour before the date of your planned CS.

Can I request a caesarean section?

Yes you can but we would need to explore your reasons for making this choice and discuss the risks and benefits of CS compared to vaginal birth. A Caesarean Section is a major operation and we would need to explore your reasons for choosing to have one with you.

Can I minimise my chances of having a caesarean section?

Patient Information Leaflet for: About Caesarean Section

Author/s: Charles Bircher

Approved by: PIF

Available via Trust Docs Version: 3

Author/s title: Consultant Obstetrician

Date approved: 02/01/2018

Trust Docs ID: 4044

Review date: 02/01/2021

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Many CS are performed for the health and well-being of either the mother or the baby and sometimes for both, so not all CS can be avoided.

There is evidence that if you are healthy, have had an uncomplicated delivery before and there are no problems expected in your pregnancy, having your baby in a midwifery-led unit or at home may reduce the chance of needing a CS. If you are planning to give birth in the delivery suite having a birthing partner with you for support throughout your labour may also reduce the chance of having a CS. If your pregnancy goes more than 10 days overdue, induction of labour has been shown to be safer for the baby than continuing your pregnancy to become more prolonged and reduces the chance of CS.

What does a caesarean section involve?

If your CS is booked in advance you will be able to discuss this with a midwife and be given our separate information leaflet "Before your Caesarean Section".

As with vaginal births, your birth supporter can be with you throughout the CS if it is performed under an epidural or spinal anaesthesia as you are awake. It also means that you are able to see your baby immediately he/she is born. In the rare instance when the doctors have to deliver you quickly you may need a general anaesthetic, and your birth supporter will not be allowed to remain in the theatre.

You will need to have a catheter inserted into your bladder to ensure it remains empty and a drip in your arm to give you fluids and drugs as required. Once the epidural or spinal is effective and your abdomen is numb the doctor makes a small horizontal incision in your skin just above your pubic bone called a bikini line cut and then carefully cuts into the lower part of your uterus (womb). Your baby can then be lifted out. The anaesthetic takes away pain but you will have the feeling of movement. Most women cope very well with this.

You would usually have the opportunity to hold your baby shortly after it is born.

We have a separate information leaflet 'After Your Caesarean Section' to explain what happens once the CS has been performed.

Are there any complications or risks involved with a caesarean section?

As in other significant surgery there are risks involved, and although minor problems are common even after an elective operation, serious complications are rare. Wherever possible, steps are taken to minimize the risks of such complications, but they can never be eliminated. A small number of women develop an infection after the operation, which may involve the wound itself, the urinary system or the uterus (womb). All women receive antibiotics at the time of the operation in order to reduce the risk of infection.

Haemorrhage (bleeding) requiring blood transfusion can occur at the time of surgery, and afterwards. The risk of this occurring is less than 2% at the time of or after an elective CS, but 5-15% during or after an emergency operation.

Thrombosis (blood clots) in the veins and, more worryingly, in the lungs occur infrequently after

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any operation, but are more common in pregnant women. The risk associated with CS is 2%. We take specific steps to reduce this risk which include: keeping you adequately hydrated, using special stockings (or sometimes boots), we encourage early mobilization to reduce pooling of the blood in your legs, and also administering a drug (low molecular weight heparin) which helps prevent clot formation.

The risk of injury to other organs inside your abdomen, e.g. your bladder or bowel is about 1% and may be higher if you have had surgery to this part of your body before.

Anaesthetic complications are rare. If you want to talk about these further, please discuss this with your anaesthetist. If you have particular concerns it may be possible to see an anaesthetist at your hospital antenatal visit.

You are more likely to require a longer stay in hospital following a CS than if you had a vaginal birth.

Having had a CS you are slightly more likely to have placenta praevia in a future pregnancy (the placenta covers the baby's exit from the womb). There is also a slight increase of a stillbirth after 34 weeks if you have had a CS in a previous pregnancy. Tearing or rupture of the womb in a future pregnancy may also occur but again is very rare.

Your baby can also be affected by the CS. Breathing difficulty is the most common problem after CS affecting about 35 of every 1000 babies just after birth, compared with 5:1000 after vaginal birth. To minimize this risk, we make every effort not to perform a planned CS before 39 completed weeks.

Can having a Caesarean section affect any future pregnancies and my chances of having a vaginal birth in the future?

Having a CS does not necessarily mean that you must have a CS for all subsequent pregnancies. If you have already had a CS we will discuss with you whether it is necessary to plan another CS or a vaginal birth taking into account the following:

- Your preferences
- The overall risks and benefits of CS versus vaginal birth
- The risk of tearing the wall of your womb (known as uterine rupture), along the scar from the previous CS

Having had a CS means you are more likely to have rare complications to do with how the placenta develops in future pregnancies. These include placenta previa, where the placenta covers the babies exit from the womb, and placenta accreta, where the placenta becomes stuck to the womb. There is also a slight increase in stillbirth after 34 weeks if you have had a CS in a previous pregnancy.

We are here to help you; we want you to enjoy your pregnancy, have a safe delivery and a healthy baby. We are happy to talk to you about any issues raised in this leaflet.

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You can get further information from:

National Institute for Health Care and Excellence 'Caesarean section -[information for the public](https://www.nice.org.uk/guidance/cg132/resources/caesarean-section-pdf-239511516613)'
<https://www.nice.org.uk/guidance/cg132/resources/caesarean-section-pdf-239511516613>

