

Information for Women Having a Caesarean Section

Royal Hospital for Women

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What is a caesarean section?

A caesarean section is an operation where an incision is made into the mother's abdomen and uterus to deliver a baby or babies. Caesarean sections may be planned in advance (planned/elective) or done at short notice if complications develop with the mother or baby (unplanned/emergency).

What are the main reasons a woman may undergo a caesarean section?

A caesarean birth may be recommended if there are risks to the mother and/or risks to the baby's health. The reasons will be discussed with you by your obstetric medical team when the decision is being made to have a caesarean section. Specialist trainee doctors are supported in their clinical decision making by consultants 24 hours a day.

Who performs the caesarean section?

The caesarean section is performed by a member of the obstetric medical team. This may be a consultant, or specialist trainee (under appropriate supervision). You should ask your obstetric medical team as many questions as you wish.

What risks are there and how will these risks be prevented and treated?

- There are a small number of anaesthetic risks. The anaesthetist will discuss these with you at pre-admission clinic or on the day of your operation
- Wound infection: A dose of antibiotics is also given through a drip before the operation to help prevent infection. However, if a wound infection does occur, this can usually be effectively treated with antibiotics
- Injury to nearby organs: This is usually identified and repaired at the same time as the caesarean section. Sometimes further operations are required at a later date
- Excessive blood loss. You will receive a medication through a drip at the time of your operation that minimises blood loss. Rarely, you may require a blood transfusion.
- Deep vein thrombosis (a blood clot in your legs): A special device called a calf compressor is used in the operating theatre to help prevent this. In addition, you may need other forms of prevention such as elastic stockings or blood thinning medications after the operation. Inform the staff in hospital, or your GP once at home, if you feel breathless, or have leg or chest pain after the operation.
- Increased risk of breathing difficulties for your baby if you have a caesarean without any labour. This risk is small if the caesarean occurs after 39 weeks gestation.

When will I need to have the caesarean section?

Most planned caesarean sections are performed close to your due date depending on the reason. The date will be booked at your 36-week antenatal clinic visit. If you have a planned caesarean and have any concerns, or you go into labour, please contact the Delivery Suite on 0439 869 035. On your arrival, a midwife and a member of the obstetric medical team will assess you and if labour is confirmed and a caesarean is still necessary (or your preference) it will be arranged. Alternatively, labour may continue if it is deemed safe and you are comfortable with this choice.

What will happen at Pre-Admission Clinic?

You will be required to attend this clinic within a week of your booked caesarean date. Information that will be discussed includes:

- Past medical, surgical or anaesthetic problems
- Any allergies you have
- Any medications you are taking including herbal remedies

The date for admission for your caesarean birth will be confirmed at this clinic, and someone from the hospital will call you to confirm the time of admission on the business day before your admission.

What happens on the day of a caesarean birth?

You should not eat or drink anything for at least 6 hours prior to your planned operation.

Prior to arriving at hospital, remove all finger nail polish and artificial nails.

Before you go to theatre, the hair along your bikini line will be clipped, you will have a shower using an antiseptic wash, put on a hospital gown and put on compression stockings for your legs.

Can my partner be present at the caesarean birth and can we take photos?

You may have one support person present at the birth provided you do not require a general anaesthetic. You may wish to bring a still camera to take photos but video cameras are not permitted.

What kind of anaesthetic will be given?

A caesarean is performed under regional (spinal or epidural) anaesthetic as this is usually the safest option for you and your baby, occasionally under general anaesthesia. The anaesthetist will discuss your options and choices with you.

What will happen to me during the caesarean section?

- Once you have arrived in the operating theatre a drip will be inserted into your hand/arm.
- The spinal/epidural anaesthetic is then inserted into your back.
- Once you are on the operating table a catheter will be placed into your bladder to drain urine. Your abdomen will be washed with antiseptic solution. A sterile sheet will be hung as a screen across your chest. You are awake for the birth of your baby unless you need a general anaesthetic
- An incision will then be made into your lower abdomen, which is usually along the bikini line. The incision usually measures 10-15 centimetres. The layers of abdomen underneath are opened and an incision is made into the uterus. The baby is then delivered, sometimes with forceps.
- A midwife will receive your baby in warm blankets. If your baby is well, you are then given your baby to hold - skin to skin if possible. Sometimes your baby may need to be reviewed by a midwife or paediatric doctor in the room connected to your operating theatre and will be brought back to you as soon as possible.
- At the same time, the placenta is delivered through the same cut in the uterus.
- The uterus and other layers of the abdomen are then closed with dissolvable stitches. The skin is either closed with stitches or clips. Your obstetric medical team will tell you if the stitches/clips in the skin are the dissolving type or need to be removed, usually 5-7 days later.
- The operation takes approximately 1 hour.

What happens after the operation?

After the operation you will be moved to the recovery room where a nurse will monitor your health, check for bleeding and ensure you have enough pain relief. If you and your baby are well and there is a midwife available, we aim to keep you and your baby together in recovery. Unfortunately for theatre privacy reasons, your partner/support person is not allowed in recovery. If you have an epidural catheter in place, it will be removed in recovery.

After 30-60 minutes you and your baby will be moved to the postnatal ward for ongoing care.

The urinary catheter will be removed the next day and you will be encouraged to move around as soon as possible as this helps reduce complications.

Can I breastfeed after a caesarean section?

Yes, as long as you and your baby are well, you may be able to hold your baby skin-to-skin and begin breastfeeding. This is usually in the recovery room with a midwife present, or as soon as you arrive in your room on the postnatal ward. Midwives will support you and ensure that you feel comfortable during breastfeeding.

How much time does it take to recover from a caesarean section?

The recovery time after a caesarean section varies for each woman, but you will usually leave hospital about 3-5 days after the birth.

After a caesarean section, a woman requires plenty of rest and a physiotherapist will recommend some gentle exercises to help with your recovery.

If required, you will be given a prescription for pain relief medication to take home. You should avoid heavy lifting for 6 weeks (this includes toddlers). Most woman can drive after 3-4 weeks. If you have concerns about your recovery, you must see your doctor. You should eat a high fibre diet to avoid constipation, especially if you are taking certain painkillers which may cause this.

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