

**NHS Forth Valley**

# **About Caesarean Section**

**Patient Information Leaflet**

A decorative graphic at the bottom of the page consisting of two large, light blue, wavy shapes that resemble stylized waves or a landscape. The shapes are positioned on either side of a central vertical line, with their top edges curving upwards and their bottom edges meeting at a point in the center.

## What is a Caesarean Section?

A vaginal delivery is the most common way to give birth. However, a Caesarean section may be advised in certain situations. A Caesarean section is when the baby is “delivered” through an incision (cut) in the abdomen (tummy). The relative safety of Caesarean sections has seen a rise in the number of women delivering in this way; most maternity units in the UK deliver around 20 to 25% of babies by Caesarean section.

Caesarean section (C/S) may be planned in advance (elective Caesarean section) or be performed at short notice, particularly if there are complications in labour (emergency Caesarean section).

## Elective C/S

This will be planned for an arranged day. It is not normally done before 39 completed weeks of pregnancy.

Clinical reasons include:

- Baby lying in breech position (bottom down). ECV (turning the baby) is usually offered first and is generally a safe and simple procedure. Further information about this is available on request.
- Twin pregnancy where the first twin is not coming head first.
- If you are HIV Positive.
- If you have genital herpes for the first time in the last 12 weeks of pregnancy.
- If the placenta is covering the cervix (opening of the womb) or very close to it (known as placenta praevia).

- Medical problems such as certain types of maternal heart disease.

Sometimes it may be necessary to plan an urgent C/S (not emergency) for pregnancy complications such as severe pre-eclampsia or concerns about the wellbeing of the baby.

If you request a C/S as a matter of personal preference it should be noted that the reasons for your specific request will be explored and discussed during a consultation with your Obstetrician. If your reason for asking for a CS is because of fears about childbirth you should be offered an opportunity to discuss this with a trained counsellor. Maternal request for C/S is not on its own an indication to perform a C/S but if your request is refused you may ask for a second opinion.

## Emergency C/S

An unplanned CS may be suggested either before or during Labour if your Obstetrician feels that it is necessary for mother and/or baby.

A full discussion as to reason will take place if at all possible prior to the procedure being carried. However there are occasions when the safety of mother and baby are the prime concern and, although you will be given an explanation for the reason for C/S at the time, we appreciate that you may require a fuller explanation after recovery. You should always be asked to give your consent for the procedure.

The Obstetrician and Midwife will endeavour to ensure that you and your partner have a clear understanding of the reasons for the C/S before you leave hospital. Should you still be unclear as to the reasons for your C/S you may request a further meeting at a later date.

## Risks of Caesarean Section

A Caesarean section is a very safe operation both for the Mother and her baby. However, in common with any major surgery there are some potential risks. It should be noted however that the risks of the procedure are influenced by the reason for the C/S and it is often not possible to separate the effects of the C/S from the reasons for the procedure.

### Serious or frequently occurring risks

*The following occur in 1 woman per 100 (or less) who are undergoing CS;*

- Admission to Intensive care or high dependency unit (0.9%).
- Need for further surgery (0.5%).
- Placenta Praevia in a future pregnancy (placenta lying across the opening to the cervix).
- Infection in the wound or bladder after delivery. Antibiotics are routinely given at the time of CS to try to prevent it.

*The following occur in 1 woman per 1000 (or less) who are undergoing CS;*

- Thrombosis (blood clot) in the leg veins or lungs after delivery (0.1%). You will be offered medication to try to prevent this.
- Heavy bleeding at the time of surgery - this can, in rare occasions, require hysterectomy. This may be influenced by the reason for the C/S.
- Injury to other organs - most commonly bladder/ureteric injury.
- Stillbirth in future pregnancy.

*The following occur in 1 woman per 10,000 (or less) who are undergoing CS;*

- Maternal death. 82.3 women in every million will die after CS. This is FIVE times more likely than in women who have a vaginal birth (16.9 in every million).

*Compared to an uncomplicated vaginal birth, you are also MORE likely to experience;*

- Longer hospital stay.
- Readmission to hospital.
- Abdominal pain.
- C/S in future pregnancy.
- Newborn breathing problems.
- Accidental cut to the baby (2%).

*You are LESS likely to experience;*

- Perineal pain.
- Urinary incontinence at 3 months post delivery (beyond this time there is no significant difference).

There is NO significant difference in the incidence of cerebral palsy or neonatal mortality in those babies born by C/S compared to vaginal delivery (except when the baby is breech at term when the evidence is that C/S is safer).

## **Pregnancy and Childbirth following Caesarean Section**

After you have had one C/S your Obstetrician will discuss the type of delivery in a future pregnancy with you.

After 2 or more C/S they will usually recommend that that you should not attempt a vaginal delivery.

If you wish to have a vaginal birth after a C/S, you should be aware that you have overall a 70% chance of a successful vaginal delivery, though of course this will be influenced by the reason for your original caesarean section. You should be aware however that most women with both previous caesarean section and vaginal birth are more likely to give birth vaginally.

During labour continuous fetal monitoring will be advised, and you should plan to deliver in a unit where there is immediate access to an operating theatre and blood transfusion.

Because of your C/S scar you have a very small risk that your scar from your previous section could open up (this is rare - less than 5 per 1000). This is known as uterine rupture. This risk may be increased by the use of drugs to induce labour.

Women who have had one or more CS are less likely to have another baby than those who have had a vaginal birth. They are also more likely to have a future stillbirth although this risk is very low - similar to the risk of stillbirth with a first baby (less than 1 per 1000 women).

## Pre-Operative Assessment for planned C/S

- Normally you will visit the hospital before you come in for your operation. The midwife will see you and take a blood sample and will explain what to expect.
- You will be given a leaflet explaining what to expect with C/S.
- You will also be given some tablets to reduce the acid in your stomach and prevent sickness; you need to take one the night before the operation and one on the morning of the operation.
- It is important that you do not eat or drink for at least six hours before your operation. This is because vomiting under anaesthesia can be dangerous.

- In order to ensure your safety, your operation will be postponed if you do not follow these instructions. It may also occasionally be postponed in the event of an emergency in the labour ward.

## Anaesthesia for C/S

The majority of C/S are carried out under regional anaesthesia (either spinal or epidural anaesthetic) as this is the safest option for you and your baby under normal circumstances. If you already have an epidural catheter for pain relief in labour, then this may be topped up with stronger local anaesthetic.

Occasionally a general anaesthetic will be recommended. This means being put to sleep. This is usually only advised if the situation is very urgent, or your spinal or epidural has not been fully effective. You should have the opportunity to discuss the anaesthetic with the anaesthetist before your CS.

## Stay in Hospital

This is usually around 3 days, but if you are very well you may be able to return home sooner than this if you have plenty of support at home. Breast feeding after C/S is possible and you will receive help and advice about this from your midwife.

*Should you have any further questions regarding your C/S after reading this leaflet please do not hesitate to contact your team midwife.*

You can obtain the service of an interpreter or have this document translated in your own language by contacting the interpreting services on 0845 130 1170. These services are available free of charge.

ਤੁਸੀਂ, 0845 130 1170 ਤੇ ਦੁਬਾਸ਼ੀਆ ਸੇਵਾਵਾਂ (interpreting services) ਨੂੰ ਸੰਪਰਕ ਕਰਕੇ ਇਹ ਦੁਬਾਸ਼ੀਏ ਦੀ ਸੇਵਾ ਜਾਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਆਪਣੀ ਬੋਲੀ ਵਿਚ ਅਨੁਵਾਦ ਲੈ ਸਕਦੇ ਹੋ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

آپ 0845 130 1170 پر انٹریپرٹنگ سروس سے رابطہ کر کے کسی مترجم کی خدمات حاصل کر سکتے ہیں یا اس دستاویز کا ترجمہ اپنی زبان میں کرا سکتے ہیں۔ یہ خدمات مفت دستیاب ہے۔

您可以通過撥打翻譯服務熱綫 0845 130 1170 取得翻譯員服務或得到此文件的翻譯版本。 這些服務都是免費的。

Galite prasyti vertejo paslaugu arba gauti sita dokumenta isversta I jusu kalba kreipdamiesi I musu vertimo paslaugu biura skambindami 0845 130 1170. Sitos paslaugos yra nemokamos.

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**If you, or someone you know, would like this in an alternative format, such as audiotape or large print then please phone us free on 0800 456033, fax your request to 01786 470984 or email us at [yourhealthservice@fvhb.scot.nhs.uk](mailto:yourhealthservice@fvhb.scot.nhs.uk)**

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