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C-SECTION

What you need to know

You are going to have a baby.

Learn what you need to know about C-section.

What is a C-section?

The traditional way to give birth is through the vaginal passage, the natural way. There are several benefits to having a vaginal birth:

- reduces blood loss
- reduces risk of injury and infection
- eliminates complications associated with surgery
- requires a shorter hospital stay
- involves a more rapid recovery
- is less painful

However, you may need a caesarean, also called C-section. Caesarean is when your baby is delivered through a surgical opening in the lower belly area instead of the vagina.

Why is a C-section done?

Sometimes a caesarean section is the safest way to care for the health of the mother and her baby.

You can often make an informed decision with your doctor on whether a C-section is beneficial in advance. Sometimes, during labour your health professional may recommend a caesarean as the safest approach to deliver your child. Babies are born by caesarean for many reasons.

Reasons related to the baby:

- the birth process is slow or difficult
- the contractions that expand the cervix do not open it enough for the baby to pass through
- labour is too long and the opening of the uterus is inadequate for a safe delivery
- the baby has an abnormal heart rate for a period of time and is in distress
- one baby or multiple babies may be awkwardly positioned in the uterus
- the baby is too large to pass through the vagina
- some breech births (the baby is positioned in the uterus to be born feet first or crosswise, instead of head first)

In some cases, the breech position of the baby is abnormal. There are mixed views on whether it is safer to deliver breech babies by C-section. Discuss this with your health provider.

Reasons related to the mother:

- the mother has had a previous caesarean birth (under ideal circumstances, a vaginal birth is still possible)
- the mother is HIV positive or has an active herpes outbreak
- the mother's placenta is implanted so low in the uterus that it blocks the baby's path through the vagina (placenta previa)



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Is a C-section safe?

C-section is a common procedure, but every surgery has its risks. In Canada, nearly one in four births is by caesarian section. The recovery from a C-section is longer than vaginal birth, so you can expect to stay in the hospital for a longer time. There is also an increased risk of some complications and infections.

Complications that may affect babies

- in the case of a premature birth, the baby is more likely to develop a breathing problem, such as abnormally fast breathing for a few days after birth
- very rarely, the baby's skin can accidentally be nicked during surgery

Complications that may affect the mother

- infection of the wound where the incision is made
- infection and inflammation of the uterus lining (endometritis)
- risk of blood clots is three to five times higher than vaginal delivery
- increased bleeding, up to twice as much as vaginal birth
- urinary tract infection
- bowel function may decrease after any abdominal surgery
- once a woman has had a C-section, she is much more likely to require repeat C-sections for any future pregnancies
- increased likelihood of health risks in future pregnancies
- reactions to anesthetics

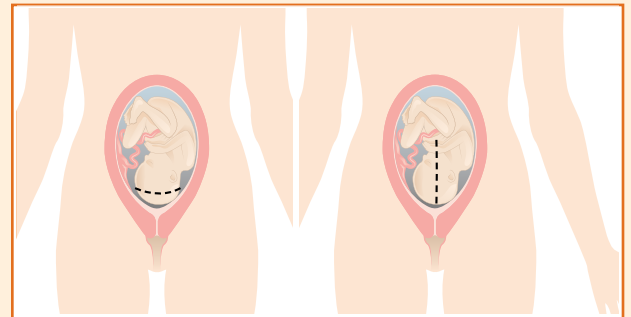
What will happen during a C-section?

Preparations

For planned C-sections, the preparation time may be a couple of hours. In emergency situations, it may happen much faster. A health professional, usually a nurse, may shave the area just above the pubic hair line where the incision will be made.

A catheter tube is placed in your bladder to keep it drained throughout the surgery. An intravenous (IV) line is placed inside a vein from your arm or hand. This provides you with fluids and medications to relieve pain if they are needed. You will receive a medication so you feel no pain during the surgery. More commonly, pain relief is provided by an epidural block or a spinal block, so the lower half of your body is numb and you can stay awake. In emergencies, you may need to be put to sleep under a general anesthetic.

You may also be given medication to reduce the amount of acid in your stomach, and to prevent these acids from entering your lungs and causing problems.



Surgery

Your partner can usually stay with you in the operating room while you are giving birth, but this depends on the urgency of your caesarian and whether you will be asleep during the procedure. During the surgery, a sheet is held in front of you so you do not see what is happening.

Once you are numb, the baby is delivered through the incisions the obstetrician/gynaecologist will make. The first incision goes



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through the skin just above the pubic hairline, the fatty tissue, and the wall of the abdomen. The muscles of the abdomen rarely need to be cut. A second incision is made in the wall of the uterus. Both these incisions may be horizontal (transverse) or vertical (midline). A horizontal incision in the uterus is always preferable since it results in less bleeding and heals better.

Once your baby is delivered, the umbilical cord is cut and the placenta is removed. Your uterus is closed with stitches that dissolve in the body. Your skin is closed up with stitches or staples.

After delivery

After giving birth, expect to stay in the hospital for longer than if you had a vaginal birth. You can probably spend time holding your baby after you deliver, if you are awake. Otherwise, your partner can hold the baby. A nurse can help you with breastfeeding your baby right away.

After surgery, the catheter is removed from the bladder. You will continue to receive IV fluids until you are able to eat and drink. The incision in your abdominal area will be sore for at least a few days.

Give yourself the time to heal by taking it slow and avoiding strenuous activities. Abstain from sexual intercourse and do not place anything in your vagina for a few weeks. During recovery, it is common to experience mild cramping, bleeding or discharge for 4-6 weeks. But if you experience heavy bleeding, a fever, or the pain gets worse, go to the emergency department of the nearest hospital.

Can I still have a traditional delivery?

Many women who have previously given birth through caesarean section can still safely give birth to a child through a traditional vaginal delivery. Attempts at vaginal birth after having a past caesarean have a high success rate and many benefits. Occasionally, medical history or circumstances can make a vaginal birth a poor choice for a woman – a repeat caesarean section would be recommended in this case. Talk to your health-care professional for help with deciding what is best for the health of you and your baby.

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