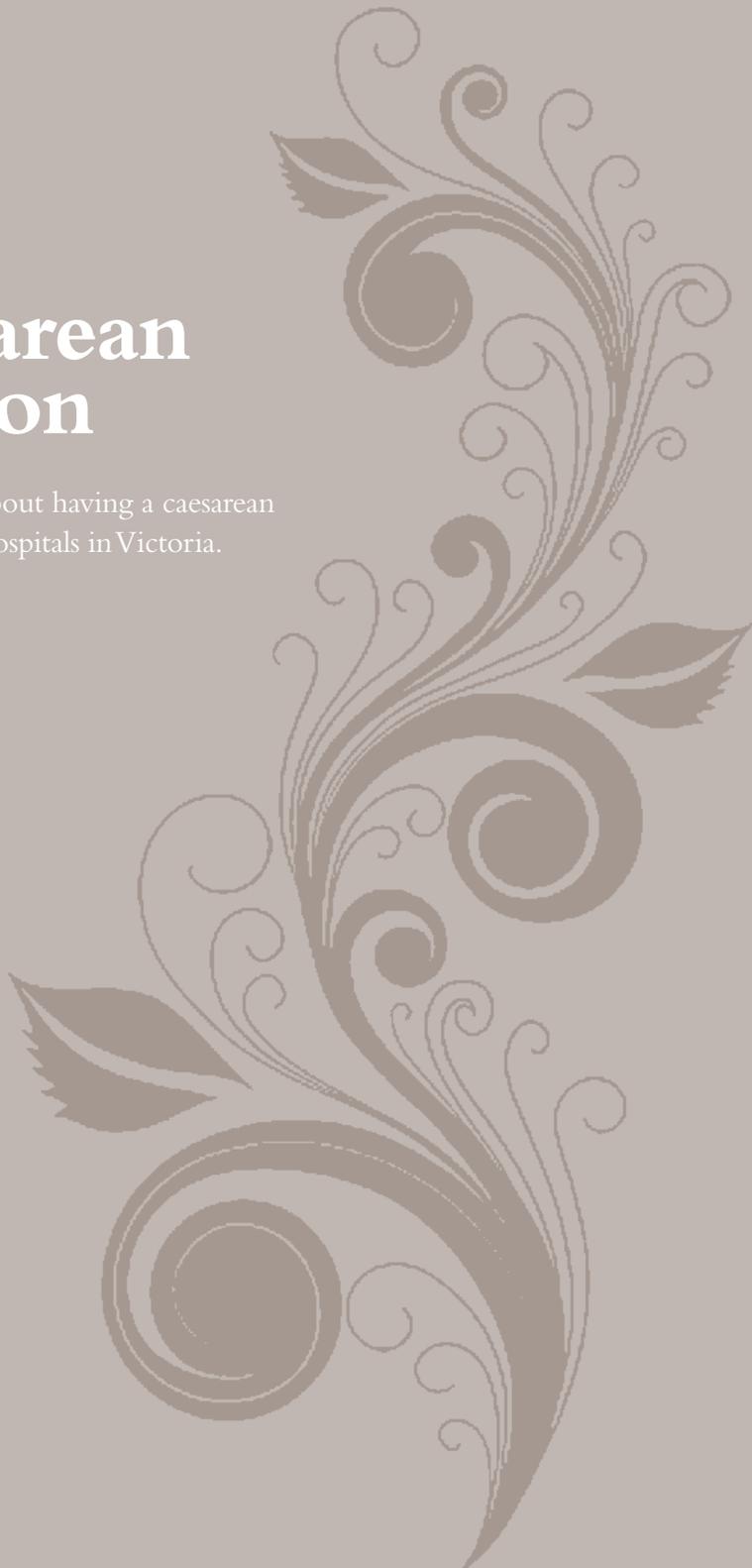


caesarean section

Information about having a caesarean
in maternity hospitals in Victoria.

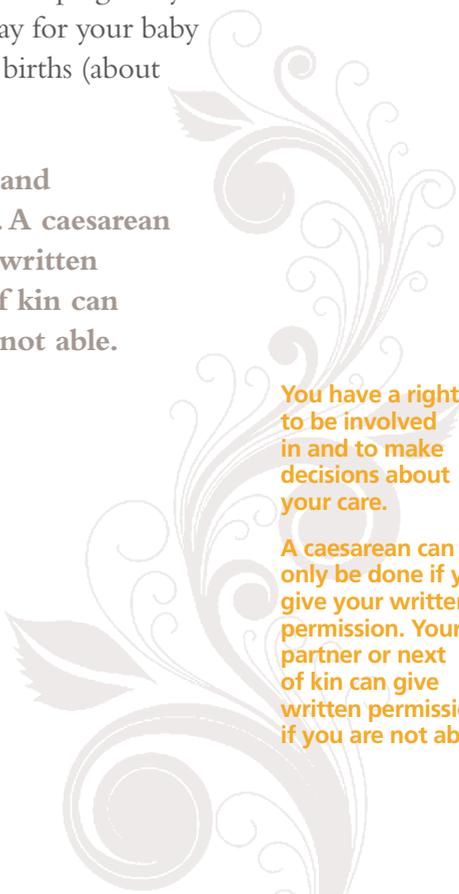


Caesarean section

A caesarean (section) is an operation to birth a baby. A doctor cuts an opening through the abdomen and into the uterus, so that the baby can be lifted out. A caesarean may be planned (elective) if there are signs that a vaginal birth is risky, or unplanned (emergency) if there are problems during labour.

If you have no serious problems with your pregnancy or labour a vaginal birth is the safest way for your baby to be born. Most women have vaginal births (about three in four¹).

You have a right to be involved in and to make decisions about your care. A caesarean can only be done if you give your written permission. Your partner or next of kin can give written permission if you are not able.

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Risks

In Australia, caesarean is a common and relatively safe procedure but it is still major surgery. As with any surgery, there are risks for you and your baby.

With caesarean births, you are more likely to have:

- above-average blood loss
- blood clots in the legs
- infection in the lining of the uterus
- a longer stay in hospital (3–5 days or 72–120 hours on average)
- pain around the wound (you will have pain killers)
- problems with any future attempts at a vaginal birth
- caesarean section for future births
- complications from the anaesthetic (these are listed further on).

Your baby is more likely to have:

- breathing problems and be admitted to the special care nursery for a period of time (they are usually ready to go home when you are).

About 35 in every 1000 babies have breathing problems after a caesarean birth (compared with 5 in 1000 babies following a vaginal birth)².

Reducing your risk of having a caesarean section

Things that can reduce your chance of needing a caesarean section include:

- having a support person with you in labour
- monitoring the progress of your labour
- involving an obstetrician in the decision about your caesarean
- not having an induction before 41 weeks gestation³
- taking a blood sample from your baby's scalp if your baby develops heart rate abnormalities during labour (not always available).

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Things that can reduce your chance of needing a caesarean section include...having a support person with you in labour

³ The Victorian standard for induction of labour <http://www.health.vic.gov.au/clinical_networks/downloads/maternity/victorian_standard_for_induction_of_labour.pdf>

Common reasons for a planned (elective) caesarean

The following is a list of common reasons why you and your obstetrician might decide on a caesarean. Not all women have or need to have caesareans in these circumstances. The decision will be based on a combination of your particular situation and your preferences.

The most common reasons for choosing a planned (elective) caesarean are:

- a previous caesarean section
- your baby is positioned bottom or feet first and can't be turned (breech)
- your cervix (opening to the womb) is blocked by the placenta (placenta praevia)
- your baby is lying sideways (transverse) and is not able to be turned by the doctor
- a twin pregnancy, with your first baby positioned bottom or feet first
- triplets, quintuplets etc.
- a health problem such as high blood pressure, making labour riskier for you and your baby.

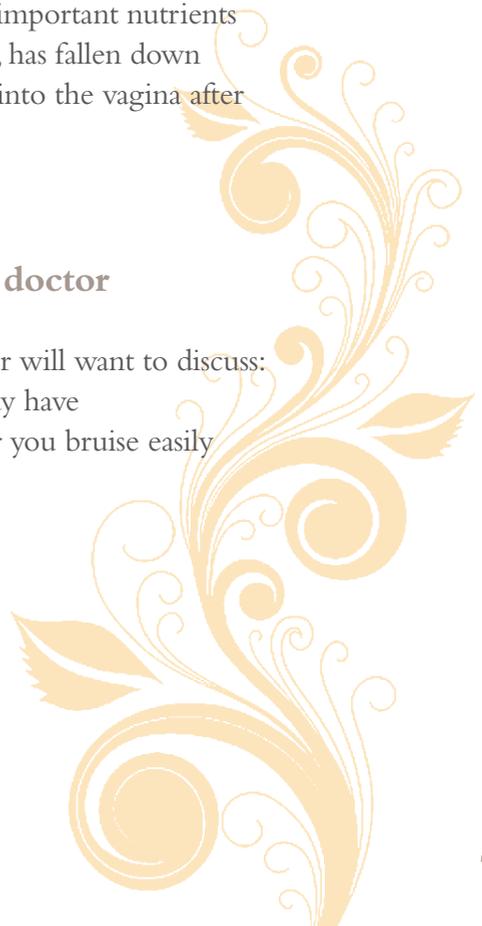
Common reasons for an unplanned (emergency) caesarean

- your baby's head does not move down or 'fit' through your pelvis during labour
- your labour does not progress – your contractions are not strong enough and your cervix opens too slowly or not at all
- your baby shows signs of being compromised
- the umbilical cord, which provides important nutrients and oxygenated blood to your baby, has fallen down (prolapsed) through the cervix and into the vagina after your waters have broken.

Important things to tell your doctor

Before you have a caesarean the doctor will want to discuss:

- any medications or allergies you may have
- any bleeding problems and whether you bruise easily
- any other health problems.



Types of anaesthetic you may have

You will have one of three types of anaesthetic so that you do not feel any pain during your caesarean.

- 1. Spinal anaesthetic:** This is the most common anaesthetic for a planned caesarean. A needle will be inserted between the bones in your spine and local anaesthetic injected through the needle. This will block the pain from your chest downwards. You will be awake and able to breathe normally. As your baby is being born, you may feel sensations – like tugging and pulling – but no pain.
- 2. Epidural anaesthetic:** Epidurals are often used to lessen the pain of labour. If you have already been given an epidural during labour, and it is working well, the epidural can be topped up for an emergency caesarean. The epidural is a plastic tube which will be inserted into a space around the lining of your spine. Local anaesthetic will be injected through the tube which will block any pain sensation from your waist down. You will be awake and able to breathe normally. As your baby is being born you may feel sensations like tugging or pulling, but no pain.
- 3. General anaesthetic:** This will only be given if for some reason you can't have a spinal or epidural anaesthetic. It might also be given if your baby needs to be born very quickly. You will breathe oxygen through a mask and you will be given medicine through a drip, which will make you drowsy and put you to sleep. You will sleep through the baby's birth.

Types of caesarean

The only difference between caesareans is where the cuts are made to the uterus. After your caesarean, ask the obstetrician what kinds of cuts were made. This will be useful information when you are making decisions about future births.

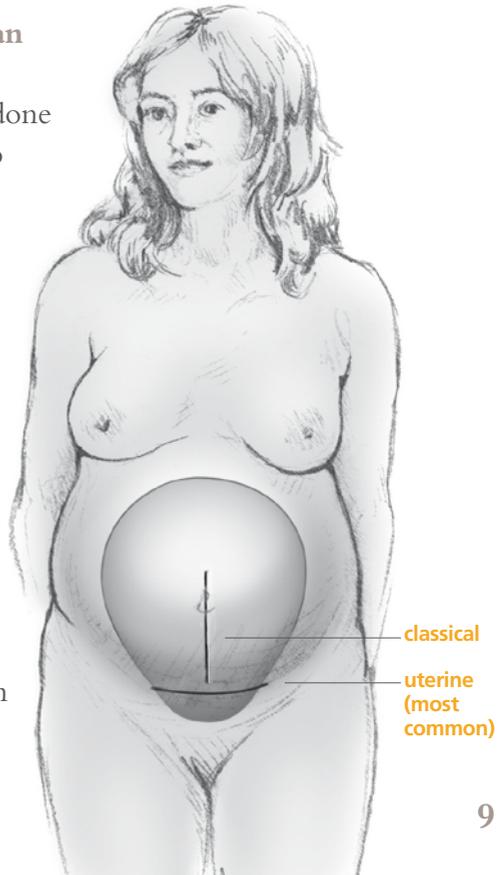
A lower uterine segment caesarean

This is the most common and involves a horizontal cut across the lower part of the uterus. These cuts heal better, are less visible and are less likely to cause problems in future pregnancies.

A classical vertical uterine caesarean

Involves a vertical cut on the uterus. This type of caesarean is usually only done in extreme emergencies. There are also some specific situations where it will be used: if the placenta is lying very low, or if your baby is very premature or lying sideways. This kind of caesarean can increase the chance of having problems in later pregnancies and births.

This illustration shows the cuts that are made on your uterus. The cuts on your skin might be different. For example, you may have a scar across your uterus because you have had a lower uterine caesarean but you may have an upward scar on your skin.



Preparing for your caesarean

You will need to fast – so no food or drink, including water – for six hours before a planned caesarean. If it is an emergency caesarean the doctor will ask you when you last had any food or drink so they know how to proceed with your operation.

You will have blood tests taken.

You may have a support person with you, unless there are serious complications or you need a general anaesthetic. It is generally possible for someone to take photos of your baby being born, so ask your support person to bring a camera if they have one.

Don't be afraid to ask questions or to tell the doctors or midwives if you are feeling worried. If you have any special preferences for your birth, please talk to your doctor or midwife beforehand so they can try to support your choices.

If the doctor believes you are at increased risk of blood clots, you may be measured for compression stockings to wear during the operation.

The theatre team will clean your abdomen with antiseptic and cover it with sterile cloths to reduce the risk of infection.

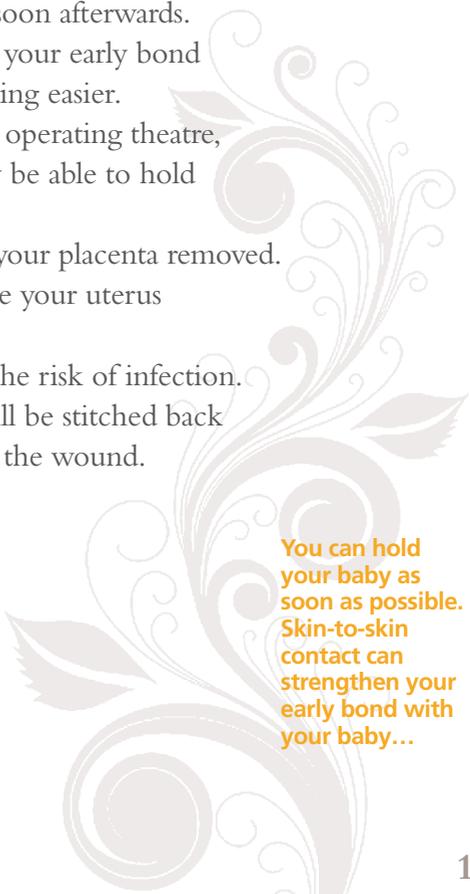
In many hospitals, the hair around the area to be cut is shaved so that it is clean and you are less likely to get an infection.

You will have a catheter (plastic tube) inserted into your bladder so that it remains empty during the operation.

Your caesarean

The actual operation usually takes 30–60 minutes.

- Your doctor will make a cut in your abdomen and your uterus (both about 10 cm long).
- Your baby will be lifted out through the cut. Sometimes your doctor may use forceps to help lift out your baby's head.
- Your baby will be carefully checked.
- You will be able to hold your baby soon afterwards. Skin-to-skin contact can strengthen your early bond with your baby and make breastfeeding easier.
- If you cannot hold your baby in the operating theatre, your support person will most likely be able to hold your baby instead.
- The umbilical cord will be cut and your placenta removed.
- An injection is usually given to make your uterus contract and to minimise bleeding.
- Antibiotics will be given to reduce the risk of infection.
- The layers of muscle, fat and skin will be stitched back together and a dressing applied over the wound.

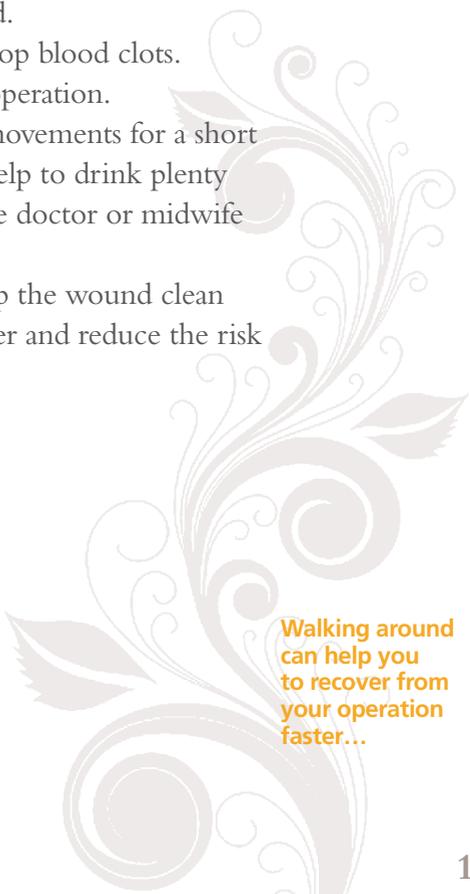
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You can hold your baby as soon as possible. Skin-to-skin contact can strengthen your early bond with your baby...

After your caesarean

- You will be cared for in the recovery room until you are ready go to the ward.
- If you have had a general anaesthetic you will most likely wake up in the recovery room. You should be able to see your baby once you are awake.
- The earlier you start to breastfeed, the easier it is likely to be for both you and your baby. Having a caesarean can make breastfeeding harder to start, so ask for all the support you need. Breastfeeding is the best possible food to help your baby grow healthy and strong, and midwives are keen to help you. Some hospitals encourage women to breastfeed their baby in the recovery room if there is a midwife to assist.
- It is important to tell your midwife or doctor when you are feeling pain so they can give you something to ease it. Pain relief medications may make you a little drowsy.
- You may have a drip for the first 24 hours or so, until you have recovered from the anaesthetic.
- You can start to drink after any nausea has passed.

- The midwife or doctor will tell you when it's okay to eat again.
- Your catheter will stay in until the anaesthetic has worn off and you have normal sensation in your legs to walk safely to the toilet. This might not be until the next day.
- Walking around can help with recovery. It can also stop swelling in your legs and blood clots. A midwife will help you the first time you get out of bed.
- You may also have an injection to stop blood clots.
- You may need antibiotics after the operation.
- You may have trouble with bowel movements for a short time after the operation. It should help to drink plenty of water and eat high fibre food. The doctor or midwife can give you more advice.
- Once your dressing is taken off, keep the wound clean and dry. This will help it to heal faster and reduce the risk of infection.

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**Walking around
can help you
to recover from
your operation
faster...**



Problems to look out for

Tell a nurse, midwife or doctor if you have:

- pain that is getting worse in your abdomen or wound, that doesn't go away after you take pain killers
- ongoing or new back pain especially at the epidural or spinal injection site (muscular aches and pains are normal)
- pain or burning when you pass urine
- leaking urine
- constipation
- increased vaginal blood loss or offensive smelling discharge from the vagina
- coughing or shortness of breath
- swelling or pain in your calf (lower leg)
- wound edges pulling apart or looking infected.

Special care

If your baby is premature or unwell they may need to go to the special care nursery. Your partner or support person can usually go with the baby.

When you are well enough and as soon as it is possible, the midwife or nurse will help you to see your baby. The midwives or nurses can help you with expressing breast milk for your baby.

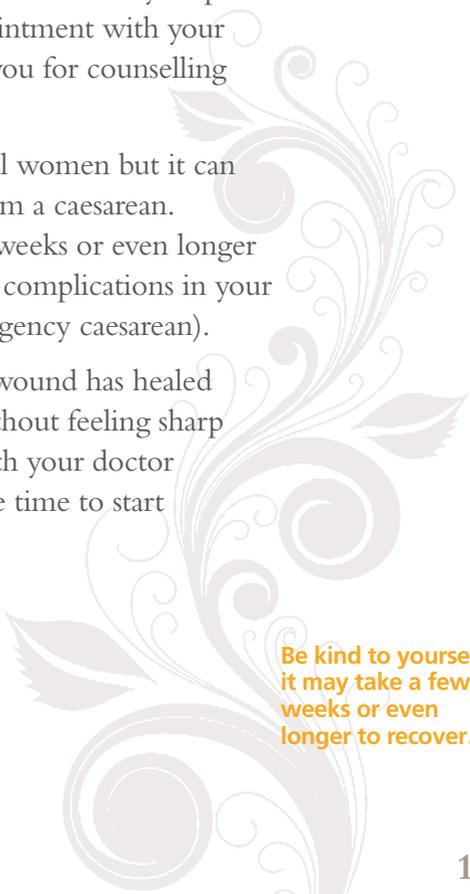
Going home and the first six weeks

After a caesarean, women usually stay in hospital for about three to five days. This can vary between hospitals or if there are problems with your recovery. In some hospitals you can choose to go home early and have your follow-up care at home. Ask the nurse about what your hospital offers.

Some women feel very positive about having a caesarean while others feel disappointed or sad. It can be very helpful to talk through any feelings of disappointment with your carers. The nursing staff can also refer you for counselling if you are feeling very low.

Looking after a new baby is hard for all women but it can be harder when you are recovering from a caesarean. Be kind to yourself, it may take a few weeks or even longer to recover, particularly if you have had complications in your pregnancy or birth (including an emergency caesarean).

You should not drive a car until your wound has healed and you are able to brake suddenly without feeling sharp pain (usually about six weeks). Talk with your doctor about when they think would be a safe time to start driving again.

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**Be kind to yourself,
it may take a few
weeks or even
longer to recover...**

Tips to help with recovery in the first six weeks

The following can help your recovery.

Get as much rest as you can. Ask family or friends to help out or organise paid help if possible. If you feel you need extra support at home, talk with your doctor or midwife or maternal child health nurse.

Do not lift any weight that is heavier than your baby. Be careful of your back when you lift and don't lift anything that causes you pain.

Take a gentle walk every day. This can have physical and emotional health benefits. (Hospital physiotherapists can help with appropriate exercise ideas as you start to recover.)

Eat a healthy, high fibre diet and drink plenty of water. Do this every day to avoid constipation.

Use warmth on your wound. Warmth can have a soothing effect. Try a wheat bag or hot water bottle.

Take pain relievers regularly to begin with to prevent pain. If you are breastfeeding, check that any medication you are using is safe for baby too.

Keep your wound clean and dry. Wear loose cotton clothing and look for signs of infection (such as redness, pain, swelling of the wound or offensive smelling discharge). Report these to your doctor or midwife.

Avoid sex until you feel comfortable. It is quite normal to for it to take weeks, even months, before you are ready to have sex. It is important to have sex when you feel ready.

Numbness or itching is normal around the scar.

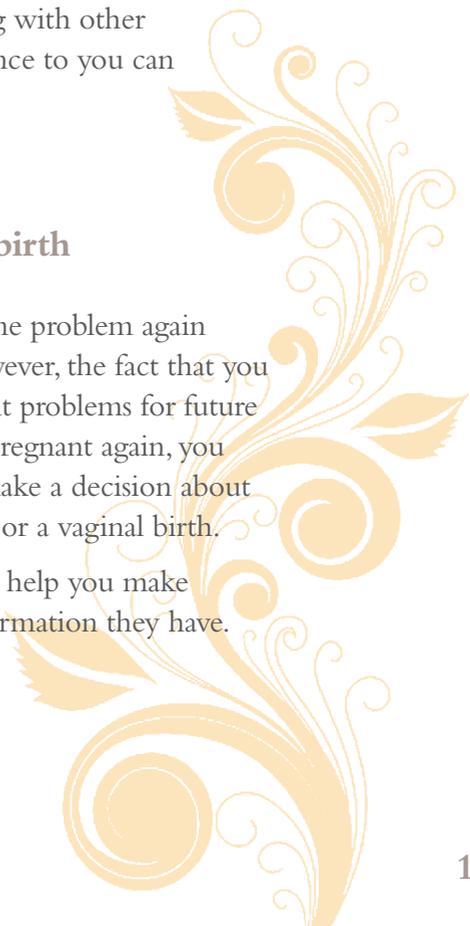
This can last a long time in some women.

Join a new mother's group. Talking with other mums who have had a similar experience to you can be very helpful.

Looking forward to the next birth

It is unlikely that you will have the same problem again with future pregnancies or births. However, the fact that you have had a caesarean can cause different problems for future pregnancies or births. When you are pregnant again, you will need to talk to your doctor and make a decision about whether your next birth is a caesarean or a vaginal birth.

There is good information available to help you make a decision. Ask your hospital what information they have.



Pregnancy and birth after sexual assault

One in five women in Australia has experienced a form of sexual assault since the age of 15. Survivors of sexual assault may need support throughout their pregnancy and birth. CASA House produce information for women and for health care providers, so that they can provide women with the very best care.

Contact CASA House on (03) 9635 3600 (within Melbourne) or 1800 806 292 and ask for the booklet *Pregnancy to Parenting*.

Who to call once you're at home

There are a number of services you can call if you need help or advice once you are at home. Including:

- Your local doctor.
- Maternal and child health nurse.
- Parentline: 132 289.
- Nurse-on-Call – for health information and advice (24 hrs, 7 days a week): 1300 606 024.
- Your local health service or hospital.
- The Australian Breastfeeding Association helpline: 1800 686 2 686 or (03) 9885 0855.
- Post and Antenatal Depression Association (PANDA) Support Line: (03) 9428 4600.
- Beyondblue: 1300 224 636 or www.beyondblue.org.au
- The social support services at your hospital (including an interpreter).

Further information

The Royal Women's Hospital Health Information page

www.thewomens.org.au/healthInformation

Childbirth Connection caesarean section homepage

www.childbirth.org/section/section.html

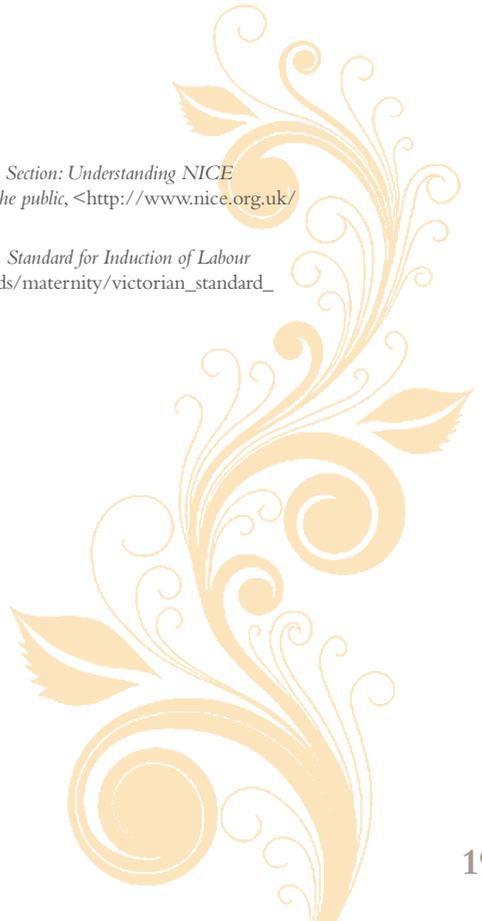
Having a baby in Victoria website

www.health.vic.gov.au/maternity/

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National Institute for Clinical Excellence 2004, *Caesarean Section: Understanding NICE guidance – information for pregnant women, their partners and the public*, <<http://www.nice.org.uk/nicemedia/live/10940/29336/29336.pdf>>

Maternal and Newborn Clinical Network 2010, *Victorian Standard for Induction of Labour* http://www.health.vic.gov.au/clinicalnetworks/downloads/maternity/victorian_standard_for_induction_of_labour.pdf



“Applying the best available evidence and expertise to maternity care in Victoria, Australia.”



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Mercy Hospital for Women
Monash Medical Centre
The Royal Women's Hospital

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