

Caesarean

A caesarean can either be:

Elective – planned during pregnancy

Emergency – decision taken during labour (although very few are real emergencies)

Why might a caesarean be necessary (or offered)?

- Fetal distress
- Baby in breech or transverse position (malpresentation)
- Pre-eclampsia
- Prolapsed cord
- Antepartum haemorrhage
- Cephalopelvic disproportion
- Placenta praevia
- Multiple births
- Failure to progress in labour
- Poor obstetric history

What will happen?

- You'll be given anaesthetic - epidural, spinal, or general. With epidural and spinal the woman is awake and the father can be present, but with a general the woman is unconscious and the partner is not usually present.
- Upper edge of pubic hair shaved, catheter inserted into bladder, drip in arm
- Incision made just below line of pubic hair
- Baby will be delivered within approx 10 mins but the whole operation can take an hour
- Placenta is delivered through the incision after injection of syntometrine
- Incision is closed with stitches or clips

There will usually be a large number of people in the room.

After the operation you:

- Will experience some pain
- Can't drive or lift for 6 weeks
- May feel very tired as you're recovering from major surgery
- Might find it difficult to move around and attend to your baby
- May be at risk of wound infection
- Will most likely stay in hospital for 3-5 days after your operation

Ways to help you:

- Get help at home when possible (family/friends/partner)
- Try to rest as much as you can
- Feed the baby whilst lying down
- Debrief your birth experience (after a caesarean some women feel negative about the birth, as if they failed or events became out of their control. Writing down or talking about the experience can help to release any negative feelings)