

ALL ABOUT CAESAREAN SECTIONS

A **Caesarean section**, also known as a “**C-section**”, is the delivery of the baby through surgery via a cut in the abdomen and uterus in the operating room.

In most healthy, uncomplicated pregnancies, vaginal deliveries are possible. However, there are a few reasons your health care provider may recommend delivery by C-section.

REASONS FOR PLANNED C-SECTIONS



- malpresentation of baby (e.g., **breech position**)
- **twins/triplets** where the first baby is not head down or if the second baby is predicted to be much larger
- two or more **previous C-sections**
- **one previous C-section within 18 months** (birthday to birthday)
- one previous C-section with a **vertical or inverted T scar**
- persistent placenta previa or low lying placenta
- previous uterine rupture
- specific previous uterine surgery (e.g., removal of fibroids through an abdominal incision or laparoscopic approach)
- medical problem that carries a **high risk for labour** (e.g., certain heart conditions)
- **active infection that could pass to baby** during vaginal birth (e.g., genital herpes simplex virus, HIV)

WHEN IS A C-SECTION NEEDED?

Caesarean sections can be “planned” or “unplanned” (i.e., decided before vs on the day of delivery).

REASONS FOR UNPLANNED C-SECTIONS



- labour is **too long or stops** completely *
- baby is showing **signs of distress during labour**
- failed **induction of labour**
- umbilical cord **prolapse** (i.e., the umbilical cord comes out before the baby)
- **baby is too big** to be delivered vaginally

* Please see our handout “**The Stages of Labour**” for more information on abnormal progression of labour.

Except for the rare event that you need to be put totally asleep for the surgery, a **partner or support person is typically welcome in the operating room with you.**

WHAT HAPPENS DURING A C-SECTION?



a **foley catheter** is inserted to drain your bladder to make the surgery safer

after several tests to ensure **pain control is adequate**, the obstetrician will make a cut across your belly, just **above your pelvic bone (“bikini line incision”)**

the **umbilical cord** is clamped and cut, and the **placenta** is removed



you get to meet your baby!

pain medication is administered through a needle in your back, to numb your abdomen/legs *

a **sheet** is hung over your chest to divide you/your support person from the ‘sterile field’ of the operation

the **baby** is taken out of the **uterus**

your **tissue** is **stitched** back together

* If you are having an unplanned C-section, your epidural will be ‘topped up’ for the additional pain control needed for surgery
* If there is a serious emergency, we may recommend general anesthesia (being put to sleep), because this can be done faster

Time to recover:

- You will usually be **in the hospital for 1-2 days** after the operation
- **It will take up to 6 weeks to recover**

Postoperative symptoms:

- You will have **pain in your belly** and typically need pain medication for 1-2 weeks after delivery
- You will likely have **vaginal bleeding** for several weeks

Important postoperative notes:

- When you go home you may shower as usual and **pat the incision so it stays clean and dry.**
- Be careful of lifting anything heavier than your baby and engaging in strenuous activity **while the incision heals.**
- Taking your pain medicine regularly for 1-2 weeks will help to control pain.
- **Walking, staying hydrated, and avoiding constipation** will be helpful in your recovery.
- **Return to the emergency department if you experience** severe belly pain, fever, chest pain, trouble breathing, vomiting that does not stop, heavy vaginal bleeding, swelling/pain/redness in one of your legs, or concerns about your incision.
- If you have Steri Strips (thin bandages) on your incision, take these off 7-10 days after delivery.

WHAT ARE THE RISKS?

Most people and their babies do well after C-sections. However, as it is surgery, there are associated risks, such as:



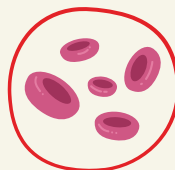
infection (e.g., to the wound, uterus, or urinary tract, or bloodstream)



bleeding



longer recovery time than vaginal delivery (48 hour hospital stay compared with 24)



blood clots in your legs or lungs



injury to the bowel (where you poo from), bladder (where you pee from), or urinary tract



more difficult recovery than vaginal delivery, including pain/tenderness of the abdomen

I HAVE HAD ONE C-SECTION PREVIOUSLY. DO I HAVE TO HAVE ANOTHER FOR FUTURE PREGNANCIES?

Not necessarily. **Some patients are candidates for a trial of labour after Caesarean section (TOLAC).** Patients are safest to try for TOLAC if they have only had 1 C-section before, if the C-sections are at least 18 months apart (birthday to birthday) and if there were no major complications or deviations from a normal C-section that would make an attempt at a vaginal delivery less safe.

Have a conversation with your health care provider about whether TOLAC is a good option for you, and refer to our handout **"Trial of Labour After C-Section (TOLAC)"**.

References

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