

Having a Caesarean Section

What is a caesarean section?

A caesarean section is the delivery of your baby through a cut to your tummy (abdomen) and womb (uterus) in a situation where the anticipated risks of vaginal delivery are greater than caesarean section.

There are two types of caesarean section: Planned and Emergency.

A Planned Caesarean Section is sometimes called an Elective Caesarean Section.

An Emergency Caesarean Section is performed if any complications occur before or during labour.

Common reasons for a planned (elective) caesarean section.

Medical History / Conditions

Occasionally, there may be a medical reason or condition that would cause your Doctor to recommend a caesarean birth for you. These are rare, and they would be discussed with you during your pregnancy.

Malpresentation

Your baby needs to be in a position that will ensure that they will pass safely through the pelvis and birth canal. If the baby is lying in a different position, for example; feet, shoulder, brow or limbs coming first, your baby will not be able to come through your pelvis as safely.

Placenta Praevia

Occasionally, the placenta may be low down and cover the neck of the womb. This can sometimes cause bleeding in pregnancy. Placenta praevia is measured by scan:

- If the placenta is less than 2cm away from the opening of your womb you are likely to be advised to have a caesarean section.

- If the edge of the placenta is more than 2cm away from the opening of your womb then you have a better chance of having a vaginal birth and this would be discussed with you.

Previous Caesarean Section

If you have had a previous caesarean section, it does not necessarily mean that you would be advised to have another. If there were complications during or after your surgery last time, or if there has been less than 6 months between your pregnancies, a further caesarean birth may be recommended.

Maternal Request

Sometimes, if there has been a previous difficult birth, you may wish to choose the option of elective caesarean section for subsequent pregnancies.

There are times when women for a variety of reasons choose to have a planned caesarean birth with their first baby.

This choice is supported at Liverpool Women's Hospital and you will be offered a separate antenatal appointment to discuss this in more detail.

What are the benefits of caesarean birth?

Caesarean sections largely offer a planned and predictable birth which may offer greater physical or psychological safety depending on your own unique circumstances.

What are the risks of caesarean birth?

Caesarean section is a major operation which carries possible risks to both you and your baby. There are typically more risks associated with caesarean section than vaginal birth.

There are more risks associated with an emergency caesarean, than planned (elective) caesarean. Listed are some of the possible risks:

- Chance of heavy bleeding either during or after the surgery.
- A higher risk of needing a blood transfusion, compared to vaginal birth.
- A small risk of hysterectomy.
- A 6% risk of getting an infection.
- A 5% risk of being readmitted after you have gone home. This is most often due to concerns with bleeding and / or infection.
- There is a very small chance of returning to theatre if there are ongoing concerns.
- A small risk of blood clots that may require daily injections in the early postnatal period.
- A small risk that the structures surrounding the womb can be cut or injured (bladder, bowel, ureters, blood vessels) during the caesarean.
- There is a small risk that your baby can experience a cut to his/her skin during the surgery.
- We do not recommend planned caesarean sections before 39 weeks as babies have a higher risk of being admitted to the special care baby unit for breathing support.

- Caesarean section will have implications for any future pregnancies that you may have. This is explained in more detail later in this leaflet.

Preparation for a planned caesarean birth

After you have received balanced counselling about your birth choices, if you wish to proceed with an elective caesarean section, you will be asked to sign an electronic consent form.

You will then have an appointment arranged in our Pre-op clinic and your caesarean will be listed at the recommended gestation. The pre-op appointment takes place approximately 1 week before your scheduled delivery time. We will give you some information on how to look after yourself before and after the caesarean, along with obtaining a sample of blood to check for anaemia and a skin swab to check for MRSA. More information about MRSA can be found on our website under Infection Prevention and Control > MRSA.

At the pre-op clinic, you will be given a medication called Omeprazole. This helps to reduce the amount of acid in your stomach and the volume of fluid in the stomach.

Planned caesarean section:

Morning surgery planned: Take 2 x 20mg capsules (40mg) at 10pm the night before and take 2 x 20mg capsules (40mg) at 6am on the morning of the planned caesarean section.

Afternoon surgery planned: Take 2 x 20mg capsules (40mg) at 6am and take 2 x 20mg capsules (40mg) at midday on the morning of the planned caesarean section.

The anaesthetic team will discuss the safest option of anaesthesia for you. It is most often recommended that you stay awake for your surgery by having a spinal anaesthetic. This means that you can have a support person to remain with you during your time in theatre.

A spinal anaesthetic is stronger than an epidural and makes you numb from the top of your tummy to your feet. You may be aware of some movement, but you should not feel any pain. The anaesthetist will remain with you at all times during your delivery and you can discuss any concerns that you have. After the spinal anaesthetic has been placed, your midwife will place a small tube into your bladder (bladder catheter). This will remain in place until you are up and about again after your caesarean.

You will have a drip placed in the back of your hand and given fluids to help keep you hydrated until you are eating and drinking again. Once you are eating and drinking the drip can be stopped. The cannula can be removed once the midwife caring for you is happy that you are safe and well.

Your birthing partner will be allowed to sit with you at the head end of the operating table. They will be given a theatre gown to wear over their own cloths to minimise the risk of infection. A screen will be put up so that neither of you can see the operation. This screen can be temporarily lowered at the point of birth if you wish. Please let us know if you would like us to do this.

If all is well, we usually offer delayed cord clamping and skin to skin as soon as possible following the birth.

The usual amount of time in theatre is approximately 60 – 90 minutes.

More information about your anaesthetic can be found on our website under Anaesthetics > Patient journey > Information leaflets.

Care following your caesarean section

Afterwards, you will be taken to a recovery room for at least 30 minutes. You can continue skin to skin during this time if all is well.

Once on the ward, your partner is permitted to stay 24 hours a day and will be asked to sign a visitors contract. There are additional visiting hours available for other friends / family who may wish to visit you.

Please bear in mind, that whilst we understand that this an exciting time, you have just undergone a major operation and having a quieter day following the birth of your baby is often more helpful for your recovery.

You will be offered different methods of pain relief on the postnatal ward and for your return home. Regular pain relief is recommended to aid your recovery and to keep you as comfortable as possible. There is often more pain associated with recovery from caesarean section than vaginal birth. Approximately 90% of people who have had a caesarean are pain free by 6 weeks. 10% of people will continue to experience pain for the next few weeks or months. You can watch a video or access a leaflet on the Liverpool Women's NHS Trust Internet page under Maternity/Maternity Patient Information Leaflets/Maternity Leaflets about your analgesia options.

We recommend staying in hospital for 24 – 48 hours after your caesarean section.

The midwives and support staff will help you to mobilise soon after your birth to prevent blood clots. Do not get out of bed for the first time without a member of staff to support you. Once you have been out of bed and feel confident walking, your bladder catheter can be removed.

The midwives will check on you regularly to ensure that you and the baby remain safe well.

The midwife caring for you on the ward will help and advise you on how to care for your wound/scar. The stitches are usually dissolvable, but we will provide specific advice following your birth, once on the postnatal ward.

Birth by caesarean section typically requires a longer recovery period than vaginal delivery. We recommend a recovery period of 4-6 weeks. During this time, we recommend that you don't lift or push heavy objects.

We recommend that you do not drive during this time. It is advisable to check your car insurance policy with your individual insurer.

Implications for future births

There is an increased risk that the placenta can be positioned lower in the womb (placenta praevia) in future pregnancies. The placenta can be very adhered to the lining of the womb, which makes delivering the placenta more difficult. This increases the risk of heavy bleeding next time.

There is a small chance that the scar on the womb can re-open during labour with subsequent pregnancies. The risk is approximately 0.5% or 1 in 200 times. This would only be a concern if trying for vaginal birth next time.

There is a slight increased risk of future stillbirth: 1- 4 per 1000 births.

You will be able to ask any questions you may have at any time throughout your stay.

For further information please ask your midwife. Other resources:

- RCOG Considering a caesarean birth.
- RCOG Birth options after a previous caesarean.

This information is not intended to replace discussion with either medical or midwifery staff. If you have any questions regarding the contents of this leaflet please discuss this with your midwife or obstetrician.

This leaflet can be changed into different languages and formats using the tools on the website. Please note when translating information into different languages via the website, some information may need clarifying for accuracy with a member of staff. This leaflet can be formally translated on request via our Patient Experience Team, although response times to have information translated can vary. To request formal translation services or if you would like to make any suggestions or comments about the content of this leaflet, please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

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