



Caesarean Birth

A caesarean birth involves the birth of a baby through an incision in the abdomen and uterus. It should only be done for a medical reason.

Sometimes a caesarean birth will be planned in advance and other times labour will begin first.

You may need a planned caesarean birth if:

- Your baby is in a position where it would not be possible for you to give birth vaginally.
- Your placenta is covering the opening to your cervix.
- Your placenta is not functioning well and would not manage the stress of labour.
- You are going to give birth to multiple babies.
- You have genital herpes and have symptoms.
- You are HIV positive and have a high viral load.
- Your blood pressure or blood sugar is too high for the process of labour.
- You had a previous caesarean birth, and you have made an informed decision that you will not try vaginal birth after caesarean (VBAC).
- You had a caesarean birth less than 18 months before your current due date

You may need to have a caesarean birth after your labour begins if:

- The health of your baby is at risk.
- Your health is at risk.
- Your labour is not progressing.
- Your baby is unable to be born vaginally

It is important to understand why a caesarean birth is needed. Fully understanding the reason, benefits, and risks will help you make an informed decision that is right for you and your baby.

Risks associated with a caesarean birth for you include:

- Nausea and vomiting after the surgery.
- Difficulty moving around easily after the surgery.
- Developing blood clots that could travel to your lungs or brain.
- Pain that lasts days to weeks after the birth.
- Re-opening of the surgical wound.
- Infection.
- Scarring of the uterus, which can cause complications in future pregnancies and births.
- Accidental cuts to your bladder or bowel.
- Complications from the anesthetic.
- Bleeding. If uncontrollable, in rare circumstances your uterus may need to be removed.
- Death (extremely rare with today's advanced technology and care processes).

Risks associated with a caesarean birth for babies include:

- Less skin-to-skin time immediately after the birth.
- Difficulty breastfeeding related to late initiation or difficulty with positioning.
- Accidental surgical injury.
- An increased need for ventilation or resuscitation at the time of birth.
- Being born preterm if the estimated gestational age was incorrect. A preterm newborn can face many complications.

You can take the following steps to reduce your chances of having a caesarean birth by:

- Attempting to have a breech baby turned.
- Delaying hospital admission until your labour is well underway.
- Being patient with labour.
- Having continuous labour support.
- Changing positions often and moving around during labour.

A caesarean birth must be done in a hospital setting. If you are planning a home birth you and your midwife will discuss plans for anything unexpected that may happen during your labour and birth. It is important to have a plan in case it becomes necessary to go to the nearest hospital.

Certain preparations are needed before a caesarean birth.

Before a caesarean birth you will:

- Meet with the doctor doing the operation and possibly the doctor who will be managing your anesthesia. You will be able to ask them questions about the risks and benefits of the operation and give them your informed consent.
- Have a sample of blood taken. This is done to check your blood type, hemoglobin level, and platelet level. Other blood tests might be done depending on your health. If your caesarean birth is planned, this may be done the day before the birth.
- Not eat or drink for six to eight hours before if it is a planned caesarean birth.

Right before the operation you will likely:

- Need to remove any jewelry or nail polish and put on a hospital gown and hair covering.
- Have an intravenous (IV) line inserted. Antibiotics and medications for nausea and pain may be given through the IV.
- Drink a liquid antacid. This can make general anesthesia safer if you need it during birth.
- Be taken to an operating room and asked to sit or lie on an operating table.
- Be given a spinal or epidural anesthetic to numb the lower part of your body. Both are inserted by a needle in your lower back. When these methods are used, you are awake and can see your baby right after the birth. If you already have an epidural, this can be used.
- Have a catheter inserted into your bladder to keep it empty.

Spinal or epidural anesthetic is used more often as you can stay awake for the birth, and it is better for breastfeeding. If your caesarean birth is urgent, or if you cannot have spinal or epidural anesthesia, you may be given a general anesthetic that puts you to sleep. A general anesthetic also makes your baby sleepy. It is used because it works quickly, but you will be asleep for the actual birth.

A team of people will be present during your caesarean birth. Each person will have their own role.

Your support person may be with you for the birth if you have spinal or epidural anesthesia. They will sit beside you at the head of the operating table. A team of doctors and nurses will work together to keep you and your baby safe during the operation. One doctor will take care of the anesthesia. If you have a midwife, they can also be part of this team.

The time needed for a caesarean birth can vary.

The incision for a caesarean birth is normally made across the lower abdomen and then your uterus. You should not feel pain when the incision is made. You may feel some tugging or pressure when the baby is born. If you or your support person are feeling anxious, try deep breathing, visualization, holding hands, talking gently, and focusing on the birth. The baby is often out in the first few minutes of a caesarean birth. The rest of the time is used to remove the placenta, to make sure everything is well, and to repair the incisions in your uterus and abdomen.

Your uterus will be closed with dissolvable sutures. Either staples or dissolvable sutures will be used to close your skin incision. You may feel sleepy or start shivering during the repair. Both are normal reactions to surgery. The nurse caring for you will warm you up with blankets.

It is best for your baby to be placed skin-to-skin with you after a caesarean birth.

Your baby will be checked by a health care provider right after birth. After this check the best place for your baby to be is skin-to-skin with you. If you are not able to hold your baby skin-to-skin your support person can do this. If your baby needs medical care, or if you are not awake, you may not be able to hold your baby right away. You will be able to hold your baby skin-to-skin once you are both stable. Many of the benefits of skin-to-skin can still occur later.

Recovery following a caesarean birth takes time. You can expect to stay in the hospital for a few days following a caesarean birth.

Following a caesarean birth, you and your baby will be moved to a recovery room, or to your postpartum care room. Nurses will help you as you may not be able to move your legs right after the birth.

Following the birth, a health care provider will:

- Check you regularly for signs that you are recovering.
- Press on your abdomen to check the firmness of your uterus, check the amount of bleeding from your vagina, and check the bandage covering your incision regularly. Tell your health care provider if you notice any increase in bleeding from your vagina or incision.
- Give you medication to make sure that your uterus stays firm and that you do not bleed too much. If needed, you may get medication for nausea or pain.
- Help you feed your baby soon after birth. You may find some breastfeeding positions easier than others after having a caesarean birth.
- Remove your catheter approximately 12 – 24 hours after birth.

You will be able to drink and eat small amounts of food after the birth if you had spinal or epidural anesthetic. Eating small amounts of food at a time and gradually increasing the amount will help prevent nausea. Try to avoid the use of straws as this can create gas pain. You will be encouraged to get out of bed as soon as you are able. Your nurse will help you the first time you are up. Walking around can help reduce the risk of blood clots, help you have a poop, and help you feel better. Chewing gum can also help your bowels work sooner.

Understanding Your Care

Before leaving the hospital, your health care provider should talk about your caesarean birth and future birth options. For future pregnancies, they should give you a written report that includes:

- Why you had a caesarean birth.
- How many weeks pregnant.
- During labour, any interventions or problems for you or any problems with the baby's heart rate or position.
- What kind of scar is on your uterus.
- Any reason why you should not have a vaginal birth in the future.

Learn how to care for your incision at home.

While in the hospital, a health care provider will take off the bandage to look at your incision. If it is healing well, it will usually be left uncovered. It is okay to get your incision wet in the shower. Always make sure that the incision is dry after you shower, as bacteria can accumulate and cause infection if the area is left wet. If you have staples, your health care provider will remove them in a few days. To prevent your incision from re-opening at home, avoid the following activities in the first six weeks or until your health care provider says that it is okay.

- Lifting anything heavier than your baby.
- Carrying your baby in a car seat.
- Climbing stairs a lot.
- Running, jogging, jumping, or any other high-energy activities.
- Sit-ups or other activities that may cause you to strain your abdominal muscles.
- Sexual intercourse.
- Driving.

At home, you will be a new parent as well as recovering from surgery. You may need extra help and support in the first few weeks.

Seek help if you notice any signs of infection.

If you notice any signs of infection, see your health care provider as soon as possible.

Signs of infection include:

- Redness, pain, foul-smelling discharge, or heat at the site of your incision.
- Fever.
- Vaginal discharge or an increase in the amount of vaginal bleeding.
- Nausea and/or vomiting.
- Generally feeling unwell.

After a caesarean birth, you may need to take over-the-counter pain medication or pain medication prescribed to you by your health care provider.

Take pain medication as recommended by your health care provider. It will make it easier to care for yourself and your baby. If the medication is making you or your baby drowsy, ensure that your baby is safe and contact your health care provider.

Take time to process an unplanned caesarean birth.

Mixed emotions following a caesarean birth are normal especially if surgery wasn't part of your birth plan. When you are ready, talk to your support person, health care provider, or a friend about your feelings. Seek help if negative feelings persist and impact how you feel about being a parent.

Community Services

For more information on caesarean birth:

- Talk to your health care provider.
- Call Health Connection, Simcoe Muskoka District Health Unit 1-877-721-7520.
- Call Telehealth 1-866-797-0000.
- Visit SOGC Pregnancy Info: Caesarean Section www.pregnancyinfo.ca/birth.
- Visit SMDHU: Pregnancy www.smdhu.org/pregnancy
- Visit Provincial Council for Maternal and Child Health: Patient Reference Guide Vaginal Birth After Caesarean www.pcmch.on