Caesarean birth

By Dr David Moore, 3 February 2014

Giving birth by caesarean section

Many expectant mums plan on delivering their babyby a natural birth. Other women choose to have an "elective" caesa benefits in their particular situation. For others, acaesarean section becomes necessary due to complications in pregnan birth, or thereason, the aim is always *to deliver your baby safely into your arms*.

What is a caesarean section?

A caesarean section is a surgical procedure where the baby is delivered through an incision inthe mother's abdomina surgical operation and isgenerally very safe; however, it remains a major operation with known risks, and the decision to an informed and measured one, after consideration of the safety of bothmother and her baby, and the mother's wishes.

Why would I need a planned caesarean section?

Sometimes, a caesarean section is clearly needed to preserve the health of the mother or the baby, such as:

- Placenta praevia - a condition where the placenta covers the opening of the womb, preventing a safe vaginal birth.
- If you are carrying more than two babies (e.g. triplets).
- Medical conditions that prevent a mother from "pushing" (e.g. some heart or neurological conditions).
- Conditions affecting baby that make vaginal birth toorisky (e.g. some malformations, fetal bleeding disorders).

In other cases, a caesarean section may be chosen over attempting a higher-risk vaginal birth, where risk factors

- Previoussurgeryto the uterus (e.g. previous caesarean sections, previous fibroid surgery).
- Previous significant tearingduring childbirth.
- Where the baby is thought to be very large, especially in the setting of diabetes in the mother.
- Where the baby is presenting bottom-first, or "breech".
- Twin pregnancy, when conditions are not favourable for vaginal birth.
- Medical conditionspre-existing in the mother, where high physical stress needs to be avoided (e.g. heart or lung conc
- Medical conditions that develop during pregnancy, where delivery of baby needs to be expedited before induction of

Why would I need a caesareansection after labour has begun?

There are essentially threereasons why a caesarean section may become the safest mode of delivery after labour has sta

1. **Baby:** when thereis concern for thebaby's well-being, and vaginal birth is not imminent (e.g. "fetal distress").
2. **Mum:** when there is concern for the mother's well-being, and vaginal birth is not imminent (e.g. heavy bleeding, bloo
3. **Labour:** when, despite a healthy mother and baby, the progress is labour has stalled and cannot be safely enhanced and *obstructed labour* is diagnosed.

Sometimes, more than one of these reasons may be present. Part of"the Art of Obstetrics" is managing risks so thateve without over-reliance on caesarean section-while, at the same time,making confident and timely recourse to caesarean se

What happens during a caesarean section?

Caesarean sections take place in the Operating Theatre of a Maternity Hospital.These theatres are necessarily well-lit, things run as safely as possible: the obstetrician, the anaesthetist, the paediatrician, the midwife,the surgical assistant, th and additional nursing and theatre support persons (!).This can, understandably, be a little daunting, and every attempt is on, keep you calm and relaxed, and to preserve your dignity during the procedure. Your husband/partner or support process.

The Anaesthetist administers anaesthesia to ensure you are comfortable during the procedure. This "block" is check incision is made. A tube ("catheter") is placed into your bladder to deflate the bladder, keeping it safe during the opera cleaning solution, and a sterile drape is placed on your tummy which is raised above your chest. The obstetrician makes through the layers of the abdominal walluntil the uterus (womb) is reached.Your abdominal muscles are *not* cut. An delivered carefully by the obstetrician, with the assistant helping by pushing downwards on the top of your tummy. The s baby is welcomed into the world -and there is plenty of time for photos!

The cord is clamped and cut long, and baby ispassed to the midwife and paediatrician for a quick assessment of how v Dad oryour support person is able to come and watch this process, and usually cuts the cord a second time, to trimd

wrapped and passed to your chest while the operation is completed. The obstetrician and assistant close the layers with applied to the skin.

What are the risks of a caesarean section?

The risks of this procedure would be thoroughly discussed prior to obtaining your consent to proceed. In brief, some poss

- Bleeding, rarely requiring blood transfusion.
- Wound infection, usually treated with antibiotics.
- Difficultmoving bowels after the operation.
- Clotting in veins ("deep vein thrombosis").
- Damage to bladder or bowel (intestines),which may require further surgery.
- Minor skin cuts to baby, usually treated with a band-aid.
- Next pregnancy: scarring or adhesions may make future caesarean sections more complex, and it is possible, in futu the scar on the uterus, which can cause further problems.

What happens after my caesarean?

Post-delivery

In most cases, women choosing to breastfeed are able to do so immediately after their caesarean, in the Recovery Bay. the following morning, after which time your are encouraged to mobilise as much as is comfortable. Pain is usually mana a Physiotherapistwho willteach you techniques to safely mobilise, and to help your abdominal muscles regain their stren gradually improve, and by the time of leaving the hospital (often Day 5), most women are managing on simple pain medic

Recovery

Recovery after a caesarean section is often quoted as taking "six weeks". While this is a useful guide, the reality is that every woman is different, and the definitions of "recovery" vary.Most women find Day 2 the most painful - when they start to becomemore active. Discomfortgradually fades over the next two weeks, and women are able to resume most normal activities. Tenderness around the site of the incision, however,may remain for much longer. Often, the sensation in the skin around theincision is altered, and it may beseveral months before this goes back to feelingcompletely "normal".Driving is usually safe after atwo or threeweeks, but this should always be discussed with your obstetrician on an individual basis, and it is also a good idea to check with your car insurance company to ensure there are no clauses that may related to recent caesarean section.

Next pregnancy

After a caesarean section, an obstetric specialist should review the circumstances, indication, and outcome of your caesarean, to help you determine the optimum mode of delivery in your next pregnancy. Some women may choose to have a pre-labour caesarean section in their next pregnancy, while others opt to attempt a vaginal birth after caesarean (VBAC). Although there are some associated risks, in the right circumstances and with support and expert management, an attempted VBAC can be a successful and fulfilling experience.

David is a strong advocate ofwomen'sinformed choicein their health care, and supportssafely attempted VBAC.

About Dr David Moore

David is a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, a
Queensland. He is highlyskilled in the management of complex and high-risk pregnancies, and has specia
endometriosis, pelvic floor and incontinence surgery. David has completed a Master of Reproductive Medi
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