

- ▼ The baby is having abnormal foetal heart rate patterns.
- ▼ You have severe pre-eclampsia (high blood pressure caused by pregnancy).
- ▼ You have a vertical scar on your uterus from a previous operation.
- ▼ You have a growth in the uterus (fibroid) that is blocking the birth canal.

In addition, some of the pain of labour may be avoided, and it may be possible to schedule the time of the delivery.

What are the risks associated with this procedure?

There are some risks when you have general anaesthesia. Discuss these risks with your doctor.

- ▼ A regional anaesthetic may not numb the area quite enough and you may feel some minor discomfort. Also, in rare cases, you may have an allergic reaction to the drug used in this type of anaesthesia. In most cases, regional anaesthesia is considered safer than general anaesthesia.
- ▼ A blood vessel may rupture or be cut and bleed internally.
- ▼ A piece of blood clot may break off, enter the bloodstream, and damage the lungs.
- ▼ The cut in the wall of the uterus may leave a weak part in the wall.

- ▼ Any future children may need to be delivered by caesarean section, depending on how this caesarean section was done.
- ▼ You may develop an infection or bleeding.
- ▼ You should ask your health care provider how these risks apply to you.

When should I call my doctor?

If you have just had a caesarean section, call your doctor immediately if:

- ▼ You develop a fever.
- ▼ You have drainage from, or separation of, the incision.
- ▼ You have heavy bleeding from the vagina.
- ▼ You become dizzy or faint.
- ▼ You have leg pain, especially if you also have swelling and redness.
- ▼ You experience nausea and vomiting.
- ▼ You have chest pain.
- ▼ You become short of breath.

Call your doctor during office hours if:

- ▼ You have questions about the procedure or its result.
- ▼ You want to make another appointment.

Information contained in this booklet is meant for informational purposes only and should not substitute the visit to your doctor nor his/her advice for your health care.

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Caesarean Section (OVERVIEW)



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Cesarean Section: Overview

What is a caesarean section?

A caesarean section is an abdominal operation performed to deliver a baby when delivery through the birth canal (vagina) is not possible or safe. The doctor makes a cut in the mother's abdomen and uterus to remove the baby. The uterus is the muscular organ at the top of the vagina from where babies develop and menstrual blood comes from.

This procedure is also called a C-section. In the U.S. 15% to 25% of all births are by caesarean section. You and your doctor should discuss C-section delivery during your pregnancy so you are prepared if it becomes necessary.

When is it used?

A caesarean section may be performed before labour begins if there are medical reasons for not having labour or a vaginal delivery. For example, the health of the mother or the baby may be in danger if the pregnancy continues or vaginal delivery might be impossible or unsafe.

A caesarean section may also be done when labour begins or during labour if certain problems occur. For example, if at the time of delivery the lowest part of the baby is the face, brow, shoulder, or buttocks (breech), instead of the head, a caesarean section is usually necessary.

For many women in labour, the cervix begins

to dilate and then stops before it is fully dilated. Oxytocin may be given to make the contractions stronger. Despite this drug, however, many women do not dilate fully and cannot deliver vaginally. Other women may dilate fully but may not be able to push their babies far enough down the birth canal for a safe vaginal birth. This may happen because the baby is too large for the woman's birth canal. A caesarean section may be performed in these situations.

At any time during labour a baby may develop problems that cause the baby's heartbeat to slow down. These problems may indicate that the baby cannot tolerate further labour and a caesarean section may be necessary.

How do I prepare for a caesarean section?

Plan for your care and recovery after the operation, especially if you are to have general anaesthesia. Allow for time to rest and try to find other people to help you with your day-to-day duties.

Follow instructions provided by your doctor. If you are to have general anaesthesia, eat a light meal, such as soup or salad, the night before the procedure. Do not eat or drink anything after midnight and the morning before the procedure.

Do not even drink coffee, tea, or water.

If you go into labour, call your doctor.

What happens during the procedure?

You are given a regional or general anaesthetic. A regional anaesthetic numbs part of

your body, preventing you from feeling pain while you remain awake. A general anaesthetic relaxes your muscles, puts you to sleep, and also prevents you from feeling pain.

The doctor makes a cut below your bellybutton and into the lower part of the uterus to remove the baby. The doctor removes the baby, placenta, and birth sac. The doctor then sews the uterus and abdomen closed.

What happens after the procedure?

You may stay in the hospital about 2 to 4 days, depending on your condition.

Avoid heavy lifting for 6 weeks. After 6 weeks you may begin an exercise program to regain abdominal muscle tone. Ask your doctor what other steps you should take and when you should come back for a check-up.

What are the benefits of this procedure?

Caesarean sections can save the lives of newborns and their mothers or prevent the potential complications of a delayed vaginal birth. Delivering the baby by caesarean section may be safer for you or the baby when:

- ✦ *Labor is abnormal or ineffective.*
- ✦ *You have herpes virus infection in the genital area.*
- ✦ *The baby is in an abnormal position.*

