

Caesarean births

Planned and unplanned



the women's
the royal women's hospital

This fact sheet explains what to expect before, during and after a caesarean birth.

What is a caesarean birth?

A caesarean birth, also called a caesarean section, is a surgical operation to birth your baby.

A specialist doctor (an obstetrician) cuts an opening in your abdomen (belly) and uterus (womb) to lift your baby out.

A caesarean can be:

- planned (elective)
- unplanned (emergency).

Why a caesarean may be needed

Your healthcare team may recommend a caesarean before or during labour.

Common reasons for a planned caesarean include health conditions or concerns identified before or during your pregnancy.

Common reasons for an unplanned caesarean include:

- your labour is not progressing
- your baby is showing signs of distress.

If this happens, your healthcare team will explain why they think a caesarean is needed.

In Australia, a caesarean birth is common and generally safe. However, it is still major surgery. Like all surgery, there are possible risks for you and your baby. Your doctor will discuss these risks with you so you can make an informed decision.

Getting ready for surgery

Your caesarean will take place in an operating room. Your partner or support person is welcome to stay with you for the birth of your baby.

A midwife will help you get ready for the caesarean. An anaesthetist will also prepare you for surgery.

Most people have a spinal anaesthetic. This numbs the bottom half of your body so you don't feel any pain. You will be awake for the birth of your baby.

We will give your support person special clothes to wear in the operating room.

You can bring a camera to take photos of your baby.

Please ask the staff before taking photos or videos. You can also read our information about photography, filming and recording in the hospital on our website - thewomens.org.au/pv-recording

Your surgery

When you are ready for surgery, a midwife will:

- go with you to the operating room
- stay with you while we prepare your spinal anaesthetic
- help care for you and your baby.

Your support person will sit beside you during the surgery. A screen will be between you and your surgeon, so they will not see the operation.

During your surgery, we will keep checking your:

- blood pressure
- heart rate
- oxygen levels.

We will put a small tube called an intravenous (IV) drip into a vein in your arm so we can give you medicines. Once your anaesthetic is working, we will also place a thin tube (a catheter) into your bladder.

An uncomplicated caesarean usually takes about 40 minutes in the operating room. Your baby is usually born quickly. The rest of the time is spent on your stitches.

After your surgery

After your baby is born, you will be able to start skin-to-skin contact with them.

After your operation, we will move you to the recovery area. A midwife will help you start feeding your baby.

Most people stay in recovery for less than an hour before moving to their room on the postnatal ward. Your partner or support person may be able to stay with you and your baby during this time. A midwife will stay with you when you move from recovery to the ward.

Supporting your recovery

Eating and drinking

Try to drink small amounts within 4 hours after your surgery. Eat small amounts as soon as you feel able to. Start with light foods, then move to a small, hot meal when you feel ready.

You may feel sick after the birth and not interested in eating or drinking. Chewing gum can help stimulate your appetite. You can bring your own gum, or we can give you some.

Eating and drinking will help your recovery.

The catheter

The catheter in your bladder will usually stay in until the morning after your surgery. We may remove it earlier if you can move your legs normally and your pain is under control. After the catheter is removed, the midwife will make sure you can urinate (wee) easily.

Getting out of bed

Your midwife will help you get out of bed for the first time. This usually happens 6 to 8 hours after the birth, once your anaesthetic has worn off.

In the first 24 hours, aim to take at least 3 to 4 short walks of around 5 minutes.

Pain relief

Your healthcare team will give you pain relief medicine regularly. This will help you stay comfortable.

We will also give you a small supply of stronger pain relief medicine to take home for the first few days.

Going home

A doctor will see you before you go home. Most people go home 2 days after birth.

A midwife will visit you at home in the following days to see how you are recovering. They will arrange more visits if you need them.

You will need someone to take you home from hospital following your caesarean birth. It is also important to have someone at home to support you.

Planned caesarean births

Planned (elective) caesarean births usually happen at around 39 weeks of pregnancy. Your doctor will discuss the procedure with you. They will also go through the consent form with you and ask you to sign it to confirm you agree to have a caesarean.

Confirming the date of your surgery

We will send a letter confirming the date of your caesarean. It is usually not possible to change the date or time.

Blood tests

If you were asked to have a blood test before your caesarean, do this the day before your caesarean. If your surgery is on a Monday, have the blood test before the weekend.

We need to know your blood test results before your surgery.

The day before surgery

We will send you a text message with

- fasting information (fasting means not eating or drinking)
- the time to come to the hospital.

Please keep your phone nearby in case we need to contact you about changes to your surgery time.

Try to rest and look after yourself before your surgery. Being fit and well rested can help you recover and help you care for your baby in the first few days after surgery.

Make a plan with family or friends or relatives so you have support at home.

The night before surgery

- Eat a meal high in carbohydrates to help your recovery. Good sources of carbohydrates are:
 - fruits and vegetables
 - breads and grain products
 - dairy foods.

- Remove nail polish from your fingers and toes. Nail polish can affect oxygen monitoring equipment.
- Don't use creams or lotions on your abdomen (belly) during or after showering.

On the day of surgery

- Do not wear makeup.
- Leave valuables at home.

Fasting before surgery

If your doctor has given you an antacid medicine such as omeprazole, take it as instructed.

Your fasting times will depend on the time of your surgery. Please follow the instructions in your text message carefully.

You can drink clear fluids until 2 hours before your admission time.

Clear fluids include:

- water
- clear juice (without pulp)
- cordial
- tea and coffee without milk.

Do not drink fizzy drinks.

When you arrive at the hospital

Go to the Perioperative Day Stay Area on level 3 (opposite the stairwell) at the time we tell you.

A midwife will:

- meet you when you arrive
- help you get ready for your caesarean
- stay with you during the surgery
- support you after your baby is born.

Unplanned caesarean births

Sometimes you may need a caesarean during labour because it is the safest option for you or your baby. This is an unplanned caesarean birth.

Your doctor will explain why you need a caesarean, talk with you about the risks, and ask for your consent. You can ask questions, so you understand what is happening and make an informed decision.

Most caesarean births use a spinal anaesthetic, but sometimes a general anaesthetic is needed.

If you have a general anaesthetic, you will be asleep during the surgery, and your support person can't be in the operating room.

We know this can be disappointing, and we'll support you through it.

Because you will be asleep during the surgery, we will talk with you before the birth about where your baby will stay until you wake up a short time later.

In most cases, your baby can stay with your support person. We will support skin-to-skin care as soon as it's safe, either with your support person, or with you when you wake up.

If your baby needs extra medical care, we may move them to our Special Care Nursery (SCN) or Neonatal Intensive Care Unit (NICU). If this happens, we'll explain what's happening and help you stay connected with your baby.

For more information

If you have any questions or concerns about planned or unplanned caesarean birth, please discuss these with your healthcare team.

The Women's fact sheets

- Going home after a caesarean birth thewomens.org.au/health-information/fact-sheets#going-home-after-a-caesarean-birth
- Midwife visits to your home after your caesarean thewomens.org.au/health-information/fact-sheets#midwife-visits-to-your-home-after-your-caesarean
- Pain medicine after your caesarean section thewomens.org.au/health-information/fact-sheets#pain-medicine-after-your-caesarean-section
- Regional anaesthetic (spinal or epidural) for caesarean section thewomens.org.au/health-information/fact-sheets#regional-anaesthetic-for-caesarean-section

Do you need an interpreter?



Interpreter

You can ask for an interpreter if you need one.

Family Violence Support

1800 Respect National Helpline

You can get help if you have experienced sexual assault, domestic or family violence and abuse.

You can call any time of day or night.

1800 737 732

1800respect.org.au

Disclaimer: This fact sheet provides general information only. For specific advice about your or your baby's healthcare needs, you should seek advice from your health professional. The Royal Women's Hospital does not accept any responsibility for loss or damage arising from your reliance on this fact sheet instead of seeing a health professional. If you or your baby require urgent medical attention, please contact your nearest emergency department.
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