Caesarean births

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

A caesarean can be:

- planned (elective)
- unplanned (emergency).

Why you might need a caesarean

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.

Risks

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 talk with you about these risks and answer your questions. This will help you make an informed decision.

Risks for you

All births involve some blood loss. Blood loss is usually greater during a caesarean birth than a vaginal birth.

In some cases, heavy bleeding (postpartum haemorrhage) may require a blood transfusion.

Other possible risks include:

- Infection of the wound. This may develop while you're in hospital or several weeks after your caesarean. You may need antibiotics to treat the infection.
- A bladder infection that may need treatment with antibiotics.
- Blood clots in your legs (deep vein thrombosis or lungs (pulmonary embolism).
- Damage to nearby organs, like the bladder or bowel, which might need more surgery to repair.
- Problems related to the anaesthetic, such as low blood pressure.
- A slower recovery compared to a vaginal birth.
- Internal scar tissues (adhesions) forming in the abdomen. Adhesions can cause pain and make future abdominal surgery more complicated.
- Very rarely, the uterus may need to be removed (hysterectomy).

Having a caesarean birth can also increase your risks of problems in future pregnancies, such as:

- the placenta attaching to the wrong place in the uterus
- difficulty becoming pregnant again
- very rarely, a future pregnancy may implant in the caesarean scar.

There is also a very small chance that the scar on your uterus could open during a future pregnancy, most often during labour. This is called a uterine rupture. It happens in 1 in 100 to 1 in 200 pregnancies. Your healthcare team will monitor you during pregnancy and labour to help keep you and your baby safe.

These risks are higher if you have other health conditions, are overweight, or have had previous caesarean births.

Risks for your baby

Babies born by caesarean are more likely to have breathing difficulty after birth and need help breathing. Most babies recover quickly and can remain with their parents. Some babies may need extra support in the neonatal nursery.

Other possible risks include:

- A small cut to the baby's skin during surgery. This happens in about 1 in 100 caesarean births. The cut is usually minor and heals without treatment.
- Bruises to the baby's head or body if forceps are needed to help guide the baby through the surgical opening.
- Delays in skin-to-skin contact and starting breastfeeding.

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, but you will feel pressure and touch.

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.

We will give you antibiotics and use an antiseptic solution on your belly to reduce the risk of infection.

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. Most people need stronger pain relief for 1 to 2 weeks after a caesarean birth. We can give you a prescription to take home.

You may feel uncomfortable when you use stairs, stand for a long time, or walk long distances while your body heals.

Preventing blood clots

We will give you injections to help prevent blood clots while you are in hospital. Depending on your risk of developing blood clots, you may need to continue these injections for up to 6 weeks after the birth.

Going home

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

We will arrange a follow up visit with a midwife 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.

Wait at least 2 weeks before driving. Only drive when you've stopped taking strong pain medicine. If you're not sure, ask your GP.

Check with your insurance provider before driving again, as some insurers only allow driving after 6 weeks.

Your wound

Your wound will heal over the next few weeks and months. You might feel mild cramping, pain and numbness in the skin around your scar. Most people feel better by 6 weeks, but some numbness and pain can last for several months. If this continues, talk to your GP.

Surgical scar after caesarean

Planned caesarean births.

Planned caesarean births usually happen at around 39 weeks of pregnancy,

Sometimes it needs to happen earlier if there are concerns about your health or your baby's health. It may also happen later than 39 weeks if we need to change the schedule.

Your healthcare team will discuss the planned timing of your caesarean birth with you.

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, 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 may sip up to 200ml of clear fluids each hour until your procedure.

Please use a hospital cup to measure how much you have had to drink.

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.

Future pregnancies

Many people have a vaginal birth after a previous caesarean birth. Talk with your healthcare team about whether this is a safe option for you.

If you plan a vaginal birth in your next pregnancy, about 3 in 4 people have a vaginal birth and about 1 in 4 have another caesarean birth.

Your chance of having a vaginal birth is higher if you have had a vaginal birth before.

Your medical team will explain the benefits and risks and help you decide what's right for you.

It is recommended you wait at least 18 months before getting pregnant again. This gives your body time to heal.

For more information

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

Do you need an 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

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
- My last birth was a caesarean: What are my options?
  thewomens.org.au/health-information/fact-sheets#my_last_birth_was_a_caesarean_What_are_my_options
- 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

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

- Caesarean section
  ranzcog.edu.au/wp-content/uploads/Caesarean-Section.pdf