

Giving Birth by Caesarean Section

The caesarean section

A caesarean section is major surgery and is carried out under anaesthetic in a hospital operating theatre.

Some women choose and plan to have their baby by caesarean section. A planned section is known as an elective caesarean.

A section that is not planned is called an emergency caesarean. An emergency caesarean is usually carried out when labour does not go as expected and urgent intervention is needed to protect the life or health of the mother or baby.

There are always risks in any major surgery. You should also know that giving birth by caesarean section may make future pregnancies and births more painful and complicated. Your midwife can give you the information you need to make the right decision for you and your baby.

Before the operation

Before you have your surgery, you will meet your obstetrician. He or she will tell you what happens in the operating theatre and will explain the risks of surgery. Your questions are welcome – please ask whatever you want to know about the surgery.

The obstetrician will ask you to sign a consent form. Signing the form means that you understand the risks of the surgery and accept them.

You will also meet your anaesthetist. He or she will make sure you are free from pain during the operation and will explain to you how this is done. In most cases, pain relief is given in the form of an epidural or spinal anaesthetic. This allows you to stay awake during surgery so that you can see your baby as soon as it is born. If you have a general anaesthetic, you will sleep throughout your surgery.

Getting ready for surgery

If you are having an elective caesarean, you must not eat or drink anything after midnight on the night before surgery.

In the hospital, you will change into a theatre gown. For your safety, you must remove any jewellery, glasses or contact lenses, make-up and nail polish and any dentures or removable braces.

Hospital staff will give you a tablet to settle your stomach. A blood sample is taken. A small plastic tube called an intravenous cannula is inserted in a vein in your hand or arm, and a bag of fluid is attached to it. The tube stays in place up to 24 hours after surgery – it's the most effective way to give you fluid, medicine and pain relief. Staff will help you put on support stockings that help the blood flow in your legs and will shave some of your pubic hair. A tube called a catheter is inserted into your bladder to keep it empty during surgery and while you are recovering.

In the operating theatre

If you are having spinal or epidural anaesthesia and will be awake during surgery, you may choose to have your partner or one other supporter with you in the operating theatre. Please note that photography is not allowed in the operating theatre.

If you are having a general anaesthetic and will be asleep during surgery, your supporters will be asked to wait outside the operating theatre.

Your SAMCL midwife will not be present in the operating theatre.

If you have spinal or epidural anaesthesia

You will be asked to sit or lie on your side on the operating table. A sterilising solution will be painted on your back. You will feel a small injection in the middle of your back. The injection numbs the skin, making the rest of the procedure painless. Anaesthetic is injected, and you begin to lose feeling from your chest down. Your legs may seem heavy and tingling at first.

Now you lie on your back. Theatre staff will check your baby's heart rate.

Surgery starts when you have no feeling in your belly. If the anaesthetic does not work and there is still some feeling left, you will be given a general anaesthetic to send you to sleep.

A screen prevents you seeing the surgery.

During surgery, the doctor makes a cut through your belly and uterus so the baby can be lifted out. You may hear a sucking noise when the water around the baby is removed. When the doctor lifts the baby out, you may feel tugging or pulling or pressure, but no pain.

You will see the baby as soon as it is born. The baby is dried and checked – very quickly – and then handed to you.

The doctor then removes the placenta (the afterbirth or whenua) and sews up the wound made by the cut.

The recovery room

When surgery is over, you will be taken to the recovery room.

If you had a general anaesthetic and were asleep during surgery, you will wake up in the recovery room. You will see your baby for the first time when you go to the maternity ward. If you had a spinal or epidural anaesthetic and were awake during surgery, your baby and your partner or supporter will come with you to the recovery room and stay with you until you are ready to go to the maternity ward.

If you had a general anaesthetic, you may feel sleepy for several hours after surgery and your throat may feel dry and sore.

It is common to start shaking when you are recovering from a spinal or epidural anaesthetic. This will soon stop. You will begin to get some feeling back in your body and legs.

Although you have given birth by caesarean section, you will bleed from the vagina just as in vaginal birth - the blood comes from the site of the placenta.

Staff in the recovery room will regularly check your temperature, blood pressure and pulse.

An emergency section may be stressful for both mother and baby. Whether you had an elective or an emergency section, you will feel tired and weak afterwards, and the wound on your belly will become sore. Staff in the recovery room will show you how to use a pump that lets you control the amount of pain relief you use.

In the maternity ward

You, your midwife and the hospital staff now have two goals – the health of your baby and your complete recovery from major surgery.

Hospital staff will check the wound on your belly and keep you informed about the healing process. They will keep an eye on your general health, watch for any unexpected problems and teach you exercises you can do to help in recovery and healing. Before you leave, they will show you how to care for the wound at home.

You should be able to get out of bed and move around between 12 and 24 hours after surgery.

Breastfeeding your baby

Most mothers who have a caesarean section can breastfeed their baby as soon as they wish. The mother's milk comes in in the same way it does after a vaginal birth.

If you were awake throughout the surgery, you and your baby will both be alert, and breast feeding may begin exactly as it would if after a vaginal birth.

If you had a general anaesthetic, you and the baby may feel sleepy and the baby may not want to feed immediately.

At home

Rest is important for every new mother, but it matters even more to a woman who has given birth by caesarean section.

It takes about 10 days for the skin over the wound to heal, but the deeper layers inside take much longer. The wound will be tender for several weeks and numb for several months. Tell your midwife or your family doctor immediately if you see any sign of infection in the wound – swelling, redness, pus coming from the wound, a nasty smell, opening of the wound, increasing pain – or if you feel unwell or your milk supply seems to have dropped.