

WHAT TO EXPECT IF YOU ARE HAVING A C-SECTION

Please go to the South Health Campus, Unit 76, on the 7th floor. Your C-section is scheduled for

(Patient Label)

What is a cesarean section?

A cesarean section (C-section) is a surgery to deliver your baby. With a C-section, the baby is taken out through an incision made in your abdomen and uterus.

Why do I need a C-section?

There are several reasons why a C-section may be chosen as the safest or only way to deliver your baby. In some cases, vaginal birth is not possible or would cause undue risk to you or your baby. C-sections may be planned or performed as an emergency if there are complications during labour. If you need a C-section, your doctor will explain why. Some common reasons for a C-section include

- Abnormal heart rate in the baby
- Abnormal position of the baby in the uterus, such as crosswise (transverse) or feet-first (breech)
- Developmental problems, such as hydrocephalus or spina bifida
- Multiple babies
- Active genital herpes infection
- Large uterine fibroids low in the uterus near the cervix
- HIV infection in the mother
- Previous uterine surgery, including myomectomy and previous C-section
- Severe illness in the mother, including heart disease, toxemia, preeclampsia or eclampsia

- Baby's head is too large to pass through mother's pelvis (cephalopelvic disproportion)
- Prolonged or arrested labour
- Very large baby (macrosomia)
- Problems with the placenta or umbilical cord
- Placenta attaches in abnormal location (placenta previa)
- Placenta prematurely separates from uterine wall (placenta abruptio)
- Umbilical cord comes through the cervix before the baby (umbilical cord prolapse)

Does a C-section affect the baby?

There is no evidence that there is any significant difference between a baby born by C-section and a baby born vaginally. There is no indication that your child will be any less healthy or strong, assuming that the baby is full-term and you have had an uncomplicated pregnancy.

How do I prepare?

At home the night before your surgery, have a light snack. You must not eat or drink anything after midnight or at least 8 hours before your C-section, unless told otherwise by your anesthetist.

That morning, have a shower before coming to the hospital. Please arrive at the hospital two-and-a-half to three hours before your scheduled surgery time.

Is it safe for me?

Risks associated with a C-section are rare, but a C-section is still major surgery. Some risks include

- Increased bleeding, which may require a blood transfusion
- Infection in the incision, in the uterus or in other nearby organs
- Reactions to medicines, including those used for anesthesia
- Injuries to the bladder or bowel
- Blood clots in the legs, pelvic organs, or lungs

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What type of anesthesia is used?

Your anesthetist (the doctor giving you the anesthetic) will discuss the available options with you.

There are two types of anesthesia used in C-sections:

Regional anesthetic (epidural or spinal) – This option will cause you to be numb from the stomach down, but you will be awake and alert. The medication is supplied through a needle inserted into your spine. This anesthetic does not pass through to the baby, so the baby will be more alert and wakeful.

General anesthetic – This type of anesthetic is supplied through an IV and through gases that you breathe in with a mask. With general anesthetic, you will be asleep through the delivery. You will not be aware of the delivery or remember anything. General anesthetic also passes through to your baby, so he or she may be sleepy or groggy after delivery. General anesthetics are often used in emergency C-sections.

Both types of anesthesia have some risks. You should discuss the risks with your doctor and anesthetist before making a decision.

Will I see, hear or feel anything?

If you are having regional anesthetic, drapes are raised to form a screen, so you will only see the anesthetist and your support person. The operation will not start until you are completely numb, but you will feel some pressure and pulling as the baby is being delivered. The doctors must push on your upper abdomen to assist the delivery of your baby.

Recovery time

It may take longer to recover from a C-section than from vaginal birth.

Some women find breastfeeding uncomfortable during recovery. If you would like to breastfeed, talk to your doctor or a lactation consultant about strategies that may help.

Taking pain medication will help your recovery and enable you to care for your baby while he or she is awake. Sleep when baby sleeps.

Source: www.nlm.nih.gov/medlineplus/ency/article/002911.htm