

# Caesarean Sections - everything you need to know.

Most people hope for a short labour and delivery with no complications — manageable contractions, some pushing, then a beautiful baby. But it doesn't always work out that way. Some babies need to be delivered via caesarean section (C-section). Whether you are having an elective or an emergency C-section, the surgical operation is generally the same.

Elective does not necessarily mean that the woman has chosen or wants the caesarean; more so, that it's safer for reasons identified prior to labour, for either the person and/or baby to be born via a caesarean section. An emergency or unplanned caesarean is because they had not been planned and the reason for them 'emerged' before or during labour.

## What are the reasons for an elective caesarean? A few factors that might necessitate this include:

- Medical conditions. You have a chronic condition like heart disease, diabetes, high blood pressure or kidney disease that makes vaginal delivery high risk
- Infections
- Your baby's health. An illness or a congenital condition might make the already tricky journey through your vagina even more treacherous for your baby
- Breech position
- Multiples. The likelihood of the procedure increases with the number of babies on board, especially if one or both babies are not facing head down
- Placental problems. If the placenta is partly or completely blocking the cervical opening (placenta previa) or has separated from the uterine wall (placental abruption)
- Fibroids or pelvic injury. If you have a large fibroid that blocks the birth canal or a past pelvic injury
- A previous C-section. A first caesarean raises your risk of subsequent ones, but vaginal birth after C-section, or VBAC, is frequently successful and preferred if the cause for your first C-section is not a repetitive one.

On the other hand — and, in fact, far more frequently — the need for a caesarean isn't obvious until a woman is in labour. A few of the common reasons for an emergency caesarean include:

- Labour doesn't start. Or if your labour just can't seem to get moving in the first place (your cervix isn't dilating even though you're having contractions) and other options have been tried.
- Labour stalls or slows considerably over a long period. You might sail right through the early stage of labor (dilation to 4 to 5 centimeters), only to grind to a halt (bugger!)
- Exhaustion or fetal distress
- A prolapsed umbilical cord. If the umbilical cord slips into the vagina before the baby does, which may cut off their oxygen supply
- Uterine rupture

## What happens during a C-section?

Most hospitals strive to make a caesarean delivery as family-friendly as possible, with you awake (but appropriately numb), your partner or support person in the room and a chance to meet, greet, cuddle and possibly breastfeed baby (if you so choose) right after delivery if there's no medical reason not to.

Fortunately, this is a fast operation, with the procedure itself lasting just 10 minutes or less, followed by another 30 minutes or so to stitch you back up.

Whether it's a scheduled surgery or a last-minute decision, the typical caesarean is straightforward and follows a tightly scripted game plan. Here's a play-by-play of what you can expect.

## **Preparation and anesthesia.**

A caesarean section begins with a routine IV and anesthesia — usually an epidural or spinal block, so the lower half of your body will be numb but you'll stay awake. Then you'll be prepped by having your abdomen washed with an antiseptic solution. The operating room staff will insert a catheter into your bladder and place sterile drapes over your tummy. Your partner or support person will be outfitted in sterile scrubs and allowed to sit near your head and hold your hand (if you want).

A short screen blocking your vision of your abdomen will be placed near the top of your chest, so the field remains sterile and you can't see what's happening. A spinal block or epidural anesthesia will be administered, checks will be done by the anesthetist to ensure you are numb and ready for the caesarean to start.

If you're having an emergency C-section, there might not be time to numb you, in which case (and fortunately this is rarely the case) you'll have general anesthesia for the duration of the procedure.

Once you're either totally numb or fully asleep, the Obstetrician (Ob) will make a small incision in your lower abdomen just above your pubic hairline. This cut ( a low-transverse incision), is across the lower part of the uterus, is used in 95 percent of caesareans, because the muscle at the bottom of the uterus is thinner (which results in less bleeding), and is also less likely to tear during subsequent vaginal deliveries. The Ob will then make another incision in the lower part of your uterus, the amniotic fluid will be suctioned out and right after that your baby will be brought into the world. Because the excess mucus in their respiratory tract wasn't squeezed out during a journey through your vagina, some extra suctioning may be needed to clear those little lungs.

## **Meeting your baby.**

After the umbilical cord is cut, the Ob will remove your placenta and quickly do a routine check of your reproductive organs. Then you'll be stitched up with dissolvable stitches in your uterus (the kind that won't later need to be removed) and stitches for the abdominal incision.

You may receive IV antibiotics (to minimise infection risk) and oxytocin (to control bleeding and help contract your uterus). Your blood pressure, pulse, rate of breathing and amount of bleeding will be checked regularly. And then you'll have time to get to know the newest person in your life, Yay!

## **What are possible caesarean section complications?**

While caesareans are extremely safe, very rarely, complications happen. For women, these can include reactions to medications or anesthesia used during the procedure, blood loss and infection (which is why it's so important to carefully follow your post-op care instructions).

Blood clots in the legs, pelvic organs or lungs can also occasionally occur. While the Ob and your LMC will take steps to prevent this from happening, you will be encouraged to walk around after surgery as soon as you're able (likely after 24 hours). Very rarely, the lining of the uterus becomes inflamed or irritated (called endometritis). So, if you notice increasing pelvic pain, unusual discharge or fever after birth, call your LMC right away.

As for babies born by a caesarean section, they may be at a higher risk of rapid breathing caused by leftover fluid in the lungs. While the condition sounds frightening, it usually only lasts for a day after delivery and then goes away on its own (your baby will be closely monitored).

## Caesarean recovery tips

Keep in mind this is major surgery, so don't expect to be up and doing your normal routine straight away. Remember, slow and steady wins this race! If you give yourself a realistic timeframe to recover, you'll be better off.

- Lower your expectations. In addition to the incision soreness, you may feel, you'll be dealing with virtually the same suite of symptoms during your recovery as you would from a vaginal delivery: postpartum fatigue (from the operation and sleep deprivation), after-pains (as your uterus contracts), postpartum bleeding or discharge (lochia), perineal pain (especially if you tried to deliver vaginally before going into surgery), breast engorgement and (yup — there's more!) raging hormones.
- Be cautious. Expect your scar to be sore for at least a few weeks, so forgo holding and carrying anything heavy (except your baby), this includes washing, wood, groceries etc.
- Give yourself a break. Yes, you have a new baby to care for, but you need to take care of yourself, too. Have other people (your partner, your in-laws, friends) bring your baby to you instead of getting up and say "YES" to meal offerings and laundry help etc. - it's one less thing you have to worry about!
- Keep an eye on your incision. Speed the healing of your incision by keeping the wound clean and dry. Wearing loose tops and pants that don't chafe your belly. Itching and pulling sensations around the incision as well as numbness are all normal and will pass. If you have a fever, feel a lot of pain, or the wound gets red or oozy, check with your LMC as it could be a sign of infection.
- Medicate. Take the pain-relieving drugs your LMC provides immediately after the surgery.
- Take off the pressure. Gas buildup can lead to discomfort by causing your intestines to put pressure on the incision, and anesthesia can slow activity in your bowels. You can avoid it by steering clear of foods or drinks that you know make you gassy.
- Keep regular. Constipation after pregnancy is another symptom that can crop up no matter what your birth experience was, so try to relax (no pushing when you're on the toilet), eat fiber-rich foods (whole wheat bread, vegetables and fruits) and drink plenty of fluids. Chat with your LMC if you're having problems.
- Nourish yourself. Keep healthy snacks and water nearby to maintain your strength and energy.

## Sex after a caesarean section:

You may not feel ready to have sex again until you have fully recovered from your caesarean section. This may take about 6 weeks. How long you wait will depend on how you feel physically and emotionally.

Your GP will talk to you about your contraception options at your 6-week check. But you can speak to your LMC, health provider or GP at any time about contraception.

## Driving after a caesarean section:

You can start driving again once your LMC or GP has told you that it's safe for you to do so. This will probably be about 6 weeks after your caesarean section. Check the policy of your car insurance company because some companies won't cover you if your LMC or GP hasn't cleared you to drive.

**Just like with any surgery, your body needs time to heal afterward. Expect to stay in the hospital for up to three to four days after your delivery (longer if there are complications), and give your body up to six weeks to heal. Be gentle and kind to yourself, don't expect too much too soon.**