

Cesarean Delivery

Considering the option to deliver by C-Section? Fearful of vaginal delivery? Discuss to your doctor first before you made up your mind

Cesarean delivery — also known as a C-section — is a surgical procedure used to deliver a baby through an incision in the mother's abdomen and a second incision in the mother's uterus.

Why it is done

Sometimes a C-section is safer for you or your baby than is a vaginal delivery. Your health care provider might recommend a C-section if:

- Your labor isn't progressing.
- Your baby isn't getting enough oxygen.
- Your baby is in an abnormal position.
- You're carrying twins, triplets or other multiples.
- There's a problem with your placenta.
- There's a problem with the umbilical cord.
- You have a health concern.
- Your baby has a health concern.
- You've had a previous C-section
- On your request for C section that you want to avoid normal labour

What are the risks of C-Section

C-Section is largely safe but it is not completely free from risk, so as vaginal birth. The overall risk of complication at C-section is low. Recovery from a C-section takes slightly longer than does recovery from a vaginal birth.

Risks to your baby include:

- **Breathing problems.** Babies born by C-section are more likely to develop transient tachypnea — a breathing problem marked by abnormally fast breathing during the first few days after birth. C-sections done before 39 weeks of pregnancy or without proof of the baby's lung maturity might increase the risk of other breathing problems, including respiratory distress syndrome
- **Surgical injury.** Although rare, accidental nicks to the baby's skin can occur during surgery.

Risks to you include:

- **Inflammation and infection of the membrane lining the uterus.** This condition — known as endometritis — can cause fever, foul-smelling vaginal discharge and uterine pain.
- **Increased bleeding.** You're likely to lose more blood with a C-section than with a vaginal birth. Transfusions are rarely needed, however.
- **Reactions to anesthesia.** Adverse reactions to any type of anesthesia are possible. After an epidural or spinal block — common types of anesthesia for C-sections — it's rare, but possible, to experience a severe headache when you're upright in the days after delivery.

- **Blood clots.** The risk of developing a blood clot inside a vein — especially in the legs or pelvic organs — is greater after a C-section than after a vaginal delivery. If a blood clot travels to your lungs (pulmonary embolism), the damage can be life-threatening. Your health care team will take steps to prevent blood clots. You can help, too, by walking frequently soon after surgery.
- **Wound infection.** An infection at or around the incision site is possible.
- **Surgical injury.** Although rare, surgical injuries to nearby organs — such as the bladder — can occur during a C-section.
- **Increased risks during future pregnancies.** After a C-section, you face a higher risk of potentially serious complications in a subsequent pregnancy — including bleeding and problems with the placenta — than you would after a vaginal delivery.

What you can expect

During the procedure

An average C-section can usually be done in less than an hour.

- **At home.** It is encouraged that you shower or bathe with an antibacterial soap the night before and the morning of the C-section. This helps reduce the risk of infection.
- **At the hospital.** Before your C-section, the nurse will place a tube (catheter) into your bladder to collect urine. Intravenous (IV) lines will be placed in a vein in your hand or arm to provide fluid and medication. You will be given an antacid to reduce the risk of an upset stomach during the procedure.
- **Anesthesia.** Most C-sections are done under regional anesthesia, which numbs only the lower part of your body — allowing you to remain awake during the procedure. A common choice is a spinal block, in which pain medication is injected directly into the sac surrounding your spinal cord. In an emergency, general anesthesia is sometimes needed. With general anesthesia, you won't be able to see, feel or hear anything during the birth.
- **Abdominal incision.** The doctor will make an incision through your abdominal wall. It's usually done horizontally near the pubic hairline (bikini incision).
- **Uterine incision.** After the abdominal incision, the doctor will make an incision in your uterus. The uterine incision is usually horizontal across the lower part of the uterus (low transverse incision).
- **Delivery.** If you have spinal anesthesia, you'll likely feel some movement as the doctor gently removes the baby from your uterus — but you shouldn't feel pain. The placenta will be removed from your uterus, and the incisions will be closed with sutures. If you have regional anesthesia, you'll be able to hear and see the baby right after delivery.

After the procedure

After a C-section, most mothers and babies stay in the hospital for about three days.

Soon after your C-section, you'll be encouraged to get up and walk. Moving around can speed your recovery and help prevent constipation and potentially dangerous blood clots.

While you're in the hospital, the doctor will monitor your incision for signs of infection. They'll also monitor your movement, how much fluid you're drinking, and bladder and bowel function.

Discomfort near the C-section incision can make breast-feeding somewhat awkward. With help, however, you'll be able to start breast-feeding soon after the C-section. The nurse or the hospital's lactation consultant will teach you how to position yourself and support your baby so that you're comfortable.

When you go home

It takes about two to four weeks for a C-section incision to heal. Fatigue and discomfort are common. While you're recovering:

- **Take it easy.** Rest when possible. Try to keep everything that you and your baby might need within reach. For the first few weeks, avoid lifting from a squatting position or lifting anything heavier than your baby.
- **Support your abdomen.** Use good posture when you stand and walk. Hold your abdomen near the incision during sudden movements, such as coughing, sneezing or laughing. Use pillows or rolled up towels for extra support while breast-feeding.
- **Drink plenty of fluids.** Drinking water and other fluids can help replace the fluid lost during delivery and breast-feeding, as well as prevent constipation.
- **Take medication as needed.** Most pain relief medications are safe for women who are breast-feeding.
- **Avoid sex.** You don't have to give up on intimacy in the meantime, though. Spend time with your partner, even if it's just a few minutes in the morning or after the baby goes to sleep at night.

Make the call to your doctor if you experience:

- Any signs of infection — such as a fever higher than 100.4 F (38 C), severe pain in your abdomen, or redness, swelling and discharge at your incision site
- Breast pain accompanied by redness or fever
- Foul-smelling vaginal discharge
- Painful urination
- Bleeding that soaks a sanitary napkin within an hour or contains large clots
- Leg pain or swelling