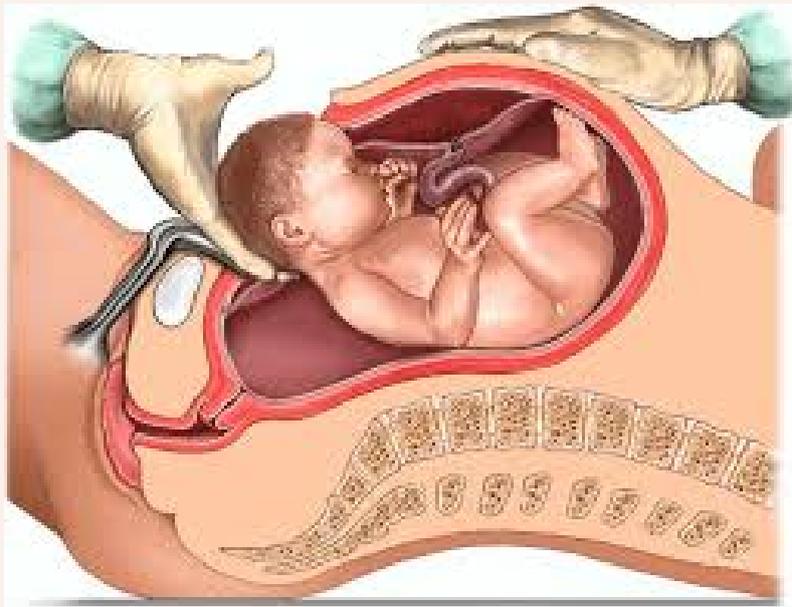


# CAESAREAN SECTION (CS)

## Why do I need a caesarean?

There are situations where the safest option for you and/or your baby is to have a caesarean birth. Your health care team & obstetrician will explain why a caesarean birth is recommended for you and discuss with you any possible risks and side effects. **Do not hesitate to ask questions as it is important to make an informed decision.**

A caesarean birth planned in advance is an **elective caesarean**. An unplanned or emergency caesarean birth may be necessary if complications develop and the birth of your baby needs to happen quickly.



## Caesarean Section Rates in Australia

Overall Rate (2024):

- Around 36–39% of all births in Australia are by C-section, up from about 25% in 2004.

First-Time Mothers (2023):

- 36% had a C-section, rising from 25% in 2004.

Public vs. Private (2023):

- 48% in private hospitals vs. 33% in public hospitals for first-time mothers.

## Common reasons for a planned CS:

Not all women have or need to have caesareans in these circumstances. The decision will be based on a combination of your particular situation and, in some cases, your preferences.

- You have previously had a caesarean section.
- Your baby is positioned bottom or feet first (breech) and can't be turned.
- Your cervix (opening to the womb) is blocked by the placenta (this is known as placenta praevia).
- Your baby is lying sideways (transverse) and is not able to be turned by the doctor.
- You have a twin pregnancy, with your first baby positioned bottom or feet first.
- You are having 3 or more babies.

## Common reasons for an emergency CS:

- Your baby shows signs of distress (typically seen in their heart rate).
- Your baby's head does not move down through your pelvis during labour.
- Your labour does not progress at the expected rate - it may be perceived that your cervix is not dilating fast enough.
- Cord prolapse - the umbilical cord, which provides important nutrients and oxygenated blood to your baby, has fallen down (prolapsed) through the cervix and into the vagina after your waters have broken.
- You have a large bleed during pregnancy or labour, or the placenta is beginning to come away too soon, compromising your baby's health.
- A maternal health problem, such as high blood pressure, is making labour riskier for you and your baby.

# What are the risks of a CS?

## Potential risks for the mother

- increased blood loss
- wound infection and breakdown
- blood clots in your legs (DVT)
- pulmonary embolus (a blood clot that moves from your leg to your lungs and is very dangerous)
- potential damage to organs near the operation site, including your bladder
- increased likelihood of needing a caesarean with your next baby slower recovery due to having a major operation.

## Potential risks for the baby

- breathing difficulties – this is significantly reduced if your baby is born after 39 weeks
- being cut with scalpel during the operation (very rare)
- bruising to the face or head due to the use of forceps, if required.

## Potential risks for future pregnancies

- increased likelihood of needing a caesarean with your next baby
- placenta being low (praevia) and/or placenta grows into the uterus (accreta); this would require a repeat caesarean section for the next delivery and blood transfusion may be needed.
- the scar on your uterus may rupture in future pregnancies or in labour. This may require your uterus to be taken out (hysterectomy) as a life saving measure.

# Process of the CS

The actual surgery typically takes between 30 and 60 minutes if there are no complications.

- If you are awake your partner/ support person will be in the room with you
- You will be given a form of anaesthetic (see options below)
- A drape is placed in front of you and your partner/ support person so you cannot see the surgery
- The doctor will make a cut in your abdomen and your uterus (both about 10 cm long)
- Your baby will be lifted out through the cut. Sometimes the doctor may use forceps to help lift out your baby's head. You will be shown your baby over the drape
- Your baby will have 60 seconds of delayed cord clamping if they are well (if this is not routine in your hospital, you can ask for this)
- The umbilical cord will be cut long for your partner/ support person to shorten in later
- Your baby will be carefully checked, weighed, measured and offered post-birth medications/ injections
- You will be able to hold your baby soon afterwards (within 5-10 minutes once checks are completed). Skin-to-skin contact can strengthen your early bond with your baby and make breastfeeding easier
  - Some hospitals offer immediate skin to skin or maternal assisted caesarean section in planned CS only, you can ask your provider about this
- If you cannot hold your baby in the operating theatre because you are feeling unwell, your partner/ support person will most likely be able to hold your baby instead.
- Your placenta removed. You can look at this with your midwife or take it home if you are interested (there may be a delay if it needs to be tested)
- Medication will be given to make your uterus contract and to minimise bleeding.
- Antibiotics will be given to reduce the risk of infection.
- The layers of muscle, fat and skin will be stitched back together and a dressing will be applied over the wound.

# After a Caesarean Section

- You will be cared for in the recovery room until you are ready to go to the ward. Your baby will be with you
- If you have had a general anaesthetic, you will most likely wake up in the recovery room. You should be able to see your baby once you are awake.
- You will be encouraged to breastfeed if this is how you have chosen to feed your baby. The earlier you start to breastfeed, the easier it is likely to be for both you and your baby. Having a caesarean section can make breastfeeding harder to start, so ask for all the support you need.
- Tell your midwife or doctor when you are feeling pain so they can give you something to ease it. Pain-relieving medication may make you a little drowsy.
- You may have a drip for the first 24 hours or so, until you have recovered from the anaesthetic.
- You can start to drink as soon as you feel able.
- The midwife or doctor will tell you when you can eat again. In some cases, early eating and drinking is encouraged and chewing gum is offered to help with your appetite.
- Your catheter will stay in until the anaesthetic has worn off and you have normal sensation in your legs to walk safely to the toilet. This may not be until the next day.
- Walking around can help with recovery. It can also stop blood clots and swelling in your legs. A midwife will help you the first time you get out of bed.
- You may also have an injection to stop blood clots.
- You may need antibiotics after the operation.
- You may have trouble with bowel movements for a short time after the operation. It should help to drink plenty of water and eat high-fibre food. The doctor or midwife can give you more advice.
- When your dressing is taken off, you will be instructed to keep the wound clean and dry. This will help it to heal faster and reduce the risk of infection.

# FAQS

## How to optimise healing of my scar after a CS?

- If the wound dressing remains intact with no peeling, best healing suggesting leaving it on for 4-6 weeks post birth (if you are public it will likely be removed at 7 days due to limited ability of follow up)
- Consider [CS scar tissue massage](#)
- Consider seeing a myotherapist or acupuncturist to assist with scar healing, especially if you are prone to keloid scarring
- Consider medical-grade silicone strips or gel for the first 3 months

## What type of anaesthetic will I have?

- spinal or epidural anaesthetic – you will be awake for the operation, but should not feel any pain; although you may feel some pressure and pulling or tugging
- general anaesthetic – you will be asleep during the operation.

## Can I have a support person with me?

Yes, if you are awake your support person will remain with you. If you have a general anaesthetic, your support person will go to a waiting room until your baby is born and be with your baby in recovery until you are ready.

## How long does a CS take?

It typically takes 30-60 minutes if there are no complications. If you are awake, the doctors and midwives will talk to you and tell you what is happening. You can ask for as much or as little detail as you like.

## Can my support person take photos?

Your support person can take photos, but you must discuss this with your doctor before the surgery and ask permission of the staff that may be included in any of the images. Filming is not generally allowed in hospitals.

## Will I be separated from my baby?

If your baby is well, you should remain together. If your baby needs NICU, your support person can usually go with them. Sometimes your midwife will take your baby and partner to wait in recovery while your surgery is being finished. This is often due to the thought of operating theatres being cold and impacting your baby. If your baby remains skin-to-skin and with enough warm blankets, usually their temperature remains normal. It is an option to stay with your baby the whole time, but you will likely need to ask for it. If their temperature is normal, this is not a reason for separation.