Preparing for a caesarean birth

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Your pregnancy is a highly personal experience and requires individualised care, specific to your own health and lifestyle needs.

In my private practice I provide bespoke and compassionate care to every patient to ensure you have the best pregnancy possible.

My practice is inclusive and welcoming to every patient.

Outside of my private practice, I am the Head of Diabetes and Pregnancy Clinic at the Royal Women's Hospital, providing advice and care for women with complex and high risk pregnancies.

I have delivered many thousands of babies in Australia and the UK and can assist with:

- Normal vaginal delivery
- High-risk or complicated pregnancy and birth
- Multiple births e.g. twins and triplets
- Vaginal Birth after caesarean also called (VBAC)
- Elective/Planned or Emergency Caesarean
- Same sex couples
- Surrogate Pregnancies

Caesarean Sections

There's a lot of discussion and opinion about caesarean births, and sometimes that information borders on negativity and inaccuracy. Preparing for your birth is important. It helps you to understand what is happening for you and your baby.

You should prepare for the birth of your baby regardless of the final delivery method. The baby's arrival into the world can be highly unpredictable, being prepared will help you to navigate a successful birth as best you can.

If an emergency caesarean is required, it can be much more stressful for patients who have not taken some time to understand what this process involves. Patients who are prepared for what might happen feel more in control.

Reasons for not having a vaginal birth are many.



Let's address some of the most common misconceptions first.

A caesarean birth is not the easy way to give birth

A caesarean birth IS still giving birth

You can still have a birth plan for vaginal delivery and have a satisfying and positive caesarean birth

This document will not cover the reasons why you might be expecting to have a caesarean birth, please discuss this directly with your healthcare provider.

However, some of the most common reasons are:

- You had a caesarean for your last birth and have decided to repeat this process
- Your obstetrician advises you that your baby appears too large for your pelvis
- You have a breech presentation and have decided on elective caesarean section
- Your obstetrician feels there may be a risk to your baby or your own health from labour due to a specific medical concern
- You have chosen to have a caesarean section for personal reasons



Why is it called an Elective or Planned caesarean?

The word **elective** can be frustrating for some patients.

It can sound as though you elected to have a caesarean by choice. Medically, we use these terms to indicate that this is the best birth plan for you and your baby and to differentiate from an emergency caesarean section.

Elective can also refer to a patient making this decision for personal reasons, or because your healthcare team has reason to believe that a vaginal birth is a risky option for you.



Before your birth

Be Involved

Your pregnancy and birth are highly individual to your personal circumstances. What happened during someone else's pregnancy and birth is not likely to be the same for you.

Involve your partner/ support person.

Your birth partner will be a great support to you during your birth. Vaginal or Caesarean birth can be enhanced when your support partner is also involved. This can include having a tour of the hospital and knowing where to go in advance. Some people don't like to see blood. Equally vaginal or caesarean birth can be confronting for people who are not normally in a medical environment. Discuss this together and how your partner might like to manage aspects of your support.

Ask Questions

Birth is complex. If there are decisions being made and you don't fully understand what or why they are about, ask your medical team. If you still don't feel comfortable with the answer, you can ask them to explain it again. If you still aren't satisfied during the antenatal period, requesting a second opinion may help clarify things for you.

Rest and relaxation.

Pregnancy and birth requires energy and effort. In the weeks leading up to your birth, rest and relax when you can. Surround yourself with supportive and positive people. A positive outlook can help you have an empowering and satisfying birth experience. Maintain regular modest physical exercise. For example a simple walk each day in the fresh air during the last few weeks is ideal.

The day of your birth

Time:

If you are having an elective caesarean, your theatre time will be scheduled.

Typically you will be admitted to hospital about two hours prior to the operation time.

Fasting

You will need to fast for a minimum six hours prior to the operation time. It is very important for your safety that your stomach is empty prior to surgery.

Medications

If there are any regular morning medications that you take, please take them with a glass of water up to two hours before surgery. It is sensible to check with your doctor first.

Arrival

Allow plenty of time to get to hospital, and please, whoever is driving: don't rush!

Paperwork

Check if there was any paperwork e.g. your operation consent or pregnancy medical record that needs to be in your hospital bag to give to the staff.

Who will be in theatre?

In theatre there is a big team assembled, all of whom have a specific role to help look after you. You will see your obstetrician and their assistant, the anaesthetist and anaesthetic nurse, the scrub nurse and the scout nurse, theatre technician, paediatrician and of course a midwife. As you can see, you will be well looked after!

What's a catheter and do I need one?

This is a soft drain tube that empties urine continuously from your bladder to a drainage bag. When you have an anaesthetic, this is inserted (you won't feel it) and stays usually until the next morning. This means your bladder stays empty making you more comfortable until you are up and about out of bed.

During your birth

How much will I see? Can I see my baby instantly?

As you are lying flat and your full pregnant tummy is in the way, you won't directly see the surgery, which for most people is a good thing! If you wish to see the baby being born, you can have a mirror held to show you. As soon as the baby emerges from your body, he/she will be held up for you to see.

Will my arms be strapped down?

The answer is definitely no.

Where will my partner be?

Your partner will usually be seated at the head end of the table right next to you. They will be seated just before the obstetrician starts the operation and can stay with you until the surgery is completed.

Music - can I still have my play list?

Yes, you are most welcome to bring this with you. If you don't have one, many anaesthetists have their own tunes, usually very appropriate to the setting. If you prefer peace and quiet and no music, just let us know.

Photos!

There are lots of opportunities for photos during your birth and you can also ask someone in the theatre team to take more photos for you. This can be a great way to make sure you get lots of shots of your baby arriving, as sometimes, partners can be busy supporting or talking to you in that exciting moment.

How much do you want to know?

Some patients like to know exactly what is happening with a medical description along the way. But many prefer not to have a running commentary. You can choose what you'd like to know.

Can my partner still cut the cord?

Yes and no. The obstetrician will cut the cord as this is within the sterile field of the operation. However, the cord will need to be cut again closer to the baby after the paediatrician does a check. Your partner will have an opportunity to perform this.

After your birth

Your baby has arrived!

You will see your baby instantly and if you don't know already, you'll learn the gender of your baby.

What happens next?

Exactly what happens next will depend on the reasons for your caesarean section birth.

If there are concerns about the health of your baby, the paediatrician and midwife will attend to the baby's needs. This is in the same room as you, you will be able to hear and discuss everything that is happening. Your support person can also be beside your baby.

Care and support after a caesarean birth

It is important to remember that you have just given birth and had surgery. Your body will need time to heal and recuperate.



Common Questions

Will this impact being able to breastfeed my baby.

If you are planning to breast feed, this will be encouraged and supported. Usually after labour and delivery it takes around 72 hours for your milk to come in (referred to as 'let down". After elective caesarean section it may take an extra day sometimes to establish a good supply of milk

How long will I be at the hospital?

This depends on the hospital you are attending. Typically, in private hospitals your stay will be for four nights. In the public hospital system this is more likely to be two nights.

When can I move around?

If you have a morning procedure you can sit out of bed that evening. Your intravenous line and urinary catheter will typically be removed early the following morning before breakfast.

How long can until I can walk?

We encourage patients to gently mobilise within 1-2 days of surgery for short walks on the flat. Within a week of surgery, you should be able to go for 5-10min walk on the flat with someone for company with you. After two weeks most of the pain will be gone and you may gradually increase the distances you go.

How long will it take for the scar to heal?

Six weeks until the scar has full strength

When can I exercise?

After six weeks you can resume formal exercise such as yoga, pilates, gym, swimming etc.

Common Questions

Will I be able to eat after surgery and the days following?

It's a good idea to stick to oral fluids or a very light diet the evening after surgery. The following day you can resume a normal diet. All the nice antipasto type food you had to stay away from in pregnancy is back on the menu!

What is the most weight I can lift?

No more than 10kg.

Will I have to have another C-section if I have another baby?

That depends on the indication for the caesarean section. You should discuss this with your doctor. Some reasons for caesarean are called non-recurring, allowing you a choice of mode of birth next pregnancy.

How long do I need to wait until I can have sex again?

After six weeks the abdominal scar is well healed and you may resume sex. Remember that when breast feeding it is normal to have vaginal dryness, so have a personal lubricant handy

Will this affect the number of children that I can have?

No. In general there is no absolute number of caesareans that a woman is limited to.

How long should I wait if we want to get pregnant again?

I recommend waiting for 12 months.

Knowing the risks

Knowing the risks:

There's a good reason we don't advocate for every woman to have a caesarean birth.

There are risks involved with every surgery and you should be informed about them, especially if you are deciding to have an elective c/s for personal not medical reasons.

Speak with your healthcare team so that you understand the procedure, the reasons it might be necessary and any risks involved for you and your unborn baby.



OF PREGNANCY FREE BOOK

During your pregnancy, you might hear many words and phrases you've never heard before. You might also feel different as your baby grows.

The A-Z of Pregnancy eBook is written to provide you with the answers to the most common questions that are asked during pregnancy, but also to help share information about some of the less known things you might encounter throughout your pregnancy and birth.

The A-Z of Pregnancy is free for anyone to download to assist them during their pregnancy.

You can download the book at my website:

www.drpeterengland.com.au/the-a-z-of-pregnancy/



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