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Caesarean section

The purpose of this leaflet is to give information to patients on the indications for and course of a caesarean section and its potential risks.

During a caesarean section, the baby is removed from the uterus through an incision made in the anterior abdominal wall and the uterus. A scheduled caesarean section is usually performed after 39 weeks of gestation. Normal pregnancy lasts for around 40 weeks. Spinal anaesthesia (an injection to the back) is usually administered to ensure a painless procedure. Occasionally, general anaesthesia is also used. With spinal anaesthesia you will be awake, but will not feel any pain. With general anaesthesia you will be fast asleep.

Most children in Estonia are born vaginally (through the vagina). Around 20% of children are born with a caesarean section.

A caesarean section may be a scheduled as well as an emergency procedure.

Indications for a scheduled caesarean

- You have previously had two or more caesarean sections, one caesarean section with a T-shaped incision or an operation on your uterus that involved opening your uterine cavity.
- Your baby is not positioned head-down.
- You have acute genital herpes or a HIV infection that does not respond to treatment well or is untreated.
- In the case of having twins, the first baby is not positioned head-down.
- You are expecting twins with one placenta and one amniotic sac, or triplets.
- You have placenta previa. The placenta delivers oxygen and nutrients to the foetus and removes waste. In the case of placenta previa, the placenta is preventing your baby from entering the birth canal (vagina). This makes it impossible for the baby to be born naturally.

Indications for an emergency caesarean

- Your baby's life is in danger (e.g. changes in the heartbeat of the foetus).
- Your life is in danger (e.g. bleeding caused by placental abruption; acute preeclampsia – increase in blood pressure during pregnancy accompanied by formation of protein in the urine).
- The delivery is not progressing as it should, regardless of the use of medicinal products and epidural analgesia.

Some women wish to have a caesarean section without any medical indications. If there is no obvious medical need, a caesarean section is not performed as it involves serious risk.

Having previously had one prior caesarean section does not mean that you will have to give birth by caesarean section for each following pregnancy. Most women can give birth vaginally under favourable conditions.

Overview of the course of a caesarean section

You cannot eat for six hours or drink for four hours before the operation.

You will first be subjected to spinal anaesthesia and, in rare cases, general anaesthesia to make sure you feel no pain.

- Once the anaesthesia takes effect, the doctor will make an incision in your abdomen. The incision is usually 10-15 cm horizontally, 2-3 cm above the pubic hair. In rare cases, an incision is made vertically below the navel, until the pubic hair starts.
- Once the abdominal wall is opened up, the doctor will open your uterus and remove the baby. Then the doctor will cut the umbilical cord and remove the placenta from the uterus.
- Once the doctor has taken the baby from your stomach, the baby is handed over to the midwife who will dry, measure and weigh the baby. If you and your baby are in good condition, the baby is placed onto your chest until the end of the operation to ensure skin-to-skin contact, provided that your condition allows this.
- The procedure ends with the doctor closing up your uterus and stomach.

The duration of the operation may vary depending on the circumstances. It most cases it takes less than an hour.

The father of the child or a support person may be present during a scheduled caesarean, if desired. No accompanying person is permitted during an emergency caesarean.

Risks involved with a caesarean section

Compared with vaginal delivery, a caesarean section may more often involve:

- greater than normal bleeding (normal blood loss during vaginal delivery is up to 500 ml);
- injuries to the bladder, blood vessels, intestine and other organs in close proximity;
- infection in the uterus or the surgical wound;
- thrombosis (clotting that blocks blood vessels);
- breathing difficulties in the newborn. The baby may need to be monitored and treated in a paediatric intensive care room.

After a caesarean section, contact between you and the baby may occur later and recovery after childbirth may take longer.Uterine and placental problems can sometimes occur during subsequent pregnancies.

Recovery from a caesarean section

You can start to move around, eat and drink a few hours after having a caesarean section. Most women leave the hospital after three days. After the operation, you will be given regular pain medication that is safe to use during breastfeeding. You can take a shower the day after the operation.

For a few weeks, you may experience mild to medium abdominal pain, some vaginal bleeding and pain around the place of the incision.

At home, you can take paracetamol 1000 mg 3-4 times a day and/or ibuprofen 400 mg not more than 3 times a day to manage the pain. If you weigh under 66 kg, the amount of paracetamol taken must be reduced to 750 mg (1.5 pills). Taking this amount of paracetamol is allowed for up to six days as of the day of the operation.

You must take a shower at least once a day and wash the wound with running water and soap or shower gel.

For 6-8 weeks, it is not recommended to lift items heavier than your baby; it is also not recommended to be sexually active, use tampons, take baths or go swimming during this time.

You should turn to Emergency Medicine Centre (e.g. the Women's Clinic of East Tallinn Central Hospital at Ravi 18) if:

- you develop a temperature over 38 degrees;
- the abdominal pain grows stronger and the pain medication is not helping;
- vaginal bleeding intensifies; or
- the surgical wound starts aching, turns red or starts excreting blood or other discharge.

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