Planned Caesarean Section

A complete guide for women planning a c-section

Whether your caesarean has been recommended for medical reasons or is something you have chosen yourself, it's completely normal to feel nervous or to have lots of questions. Many women tell me that what they find most daunting is not knowing what to expect. This guide explains what happens before, during and after a planned caesarean section, so you can feel informed, reassured and better prepared for your baby's birth.

What is a planned caesarean section?

A planned caesarean refers, as the name suggests, to a caesarean section that has been scheduled and arranged in advance, rather than one which happens in an emergency.

Why would you have a planned caesarean section?

There are a number of reasons why you might have a planned c-section rather than a vaginal birth.

Medical:

- Placenta praevia (the placenta is very close to or covering the exit of the uterus)
- Previous caesarean sections
- Certain medical conditions (such as heart or neurological conditions)
- Some breech presentations
- Some twin pregnancies
- Previous birth complications where the risk of reoccurrence is significant

Maternal choice:
There may be many reasons why women choose a planned c-section without medical indication, for example:

- Fear of childbirth
- Previous traumatic birth

Women who choose a c-section without a medical indication should expect to have a discussion with their obstetrician to explore the reasons behind their request. But, if after an informed decision, they still choose a c-section, this should be supported.

Most planned c-sections happen at around 39 weeks of pregnancy, in daylight hours, in a scheduled operating theatre.

39 weeks is considered late enough to reduce the risk of baby having breathing difficulties when they are newly born, and early enough to reduce the risk of you going into spontaneous labour before the c-section.

Preparing for a planned caesarean section

It is normal for the following things to happen before you have a planned c-section:

- You will speak to an obstetrician about the reason for your planned caesarean section
- Depending on your clinical circumstances you may also have a discussion with an anaesthetist and or a neonatal doctor
- Your midwife will take some blood samples from you
- Your hospital will tell you exactly when to stop eating and drinking. This varies depending on whether your operation is scheduled for the morning or afternoon

On the day of the planned caesarean section

- You will arrive at the hospital at the time you have been asked to – remember to bring your **hospital notes** and your birth plan, if you have one

Before going to theatre

- You will be seen by a midwife who will make sure that you have taken your pre-operation medications and that you have not eaten recently
- Your midwife will help to prepare you for theatre: this involves giving you a hospital gown, ted stockings (to reduce your risk of blood clots), and your hospital wristbands. You midwife will also probably do your observations and may listen in to your baby's heartbeat
- Your birth partner will be given scrubs to wear in theatre
- You will meet your obstetrician and anaesthetist who will be with you in theatre, they will make sure that you have a signed consent form ready to take with you into theatre

... top tip
Bring your fully charged phones into theatre so that you can take photos as baby is being born and shortly afterwards. (There is generally no filming allowed in theatre, so expect to take photos only).

Arriving in theatre:

- When you arrive in theatre there will be a whole theatre team waiting for you (this includes healthcare assistants, scrub nurses, anaesthetic nurses, as well as the obstetrician and anaesthetist, and your midwife will also remain with you). It can feel like a lot of people, and be a slightly alien place to be, but try not to worry, everyone there has a specific role to keep you and your baby safe
- You will be assisted to sit on the theatre table
- The anaesthetist will put at least one cannula into your hand or wrist, and they may give you a dose of antibiotics to guard against infection
- The anaesthetist will then give you your spinal anaesthetic to make sure you are comfortable during the operation

When the spinal is being administered:

- You will be sitting on the theatre table
- The anaesthetist will talk you through the procedure
- Local anaesthetic is first used to numb the skin before the spinal anaesthetic is inserted. A spinal anaesthetic numbs the body from chest downwards
- When the spinal is injected, **you may feel a warm feeling spreading through your body**, or you may have tingly or heavy legs
- The aim is that you remain awake throughout the birth, but if the spinal anaesthetic doesn't work, you will be offered a general anaesthetic

Having the c-section:

- Once the spinal is in and working, your midwife will insert a urinary catheter to make sure that your bladder remains empty during the surgery. This shouldn't be painful, but you may feel touching or pressure.
- Once the anaesthetist is happy that the spinal anaesthetic is working well, the obstetricians can start the operation.
- During the operation, a screen is usually placed across the chest so you and your birth partner do not see the surgery itself. You might feel pressure and pulling sensations, but you shouldn't feel any pain. The anaesthetist will stay with you throughout the operation, so communicate with them if you think you are starting to feel pain rather than pressure.
- **Your baby is usually born within around 15 minutes of the operation starting.**
- If baby is well, delayed cord clamping for about 60 seconds is standard for babies born via c-section. The cord is then clamped and cut and the baby can be passed to you for immediate skin to skin, or taken to the resuscitaire where your midwife will weigh and check your baby, depending on your preferences and how your baby is doing

... top tip
You are also often able to play your own music in theatre, so have a think about whether you want to put together a playlist for theatre.

After the c-section:

- It may take the team about 40 minutes to finish the operation once baby is born
- During this time, the midwife will be doing baby's checks (weighing and measuring your baby, giving the vitamin K if this is what you have asked for, and making sure that they have transitioned well from being in your uterus to being in the outside world)
  Whilst the midwife is helping your baby in this way, your birth partner can be alongside them observing, and your baby will be passed back to you as soon as possible
- Whether you are planning to breast or formula feed, it is often possible to get the first feed done in theatre. Again, let your midwife know if you would like this so that they can factor it into the plans

Once the operation is completed, you will be transferred to a 'recovery' ward for a short amount of time (usually 30 minutes to 2 hours) before you then go to the postnatal ward.

Recovering from a planned caesarean section

After a caesarean section it is normal to feel less mobile, and you are likely to need more physical help during the first few days and weeks.

- Take regular pain relief – being pain free will ease your recovery and allow you to mobilise more quickly
- Although getting out of bed can feel uncomfortable at first, early mobilisation is encouraged because it helps reduce the risk of blood clots and supports recovery
- Your dressing will stay on for at least 24 hours (sometimes longer depending on the dressing). Usually you can shower as soon as the dressing comes off
- Scars usually heal well on their own with time
- You will probably be given a course of blood thinning injections after your c-section to reduce your risk of developing blood clots
- Generally, for the first 6 weeks you are not able to drive, or to pick up anything heavier than your baby, but recovery is very individual and it may be longer for some women
- Remember to rest – you have had major abdominal surgery, so it is important to rest and recover gradually
- Stitches are usually dissolvable, but if they are not, they will usually be removed on day 5 (this isn't painful)

- Watch out for signs of scar infection: heat, redness, oozing or discharge from the wound, ongoing pain, swelling or throbbing, a raised temperature.
  Your scar may feel numb or tingly for several months after the operation.
- Your scar usually sits below your bikini line and becomes flatter and paler over the following months

... top tip
If you have a standard dressing on your c-section wound, try taking it off in the shower as it will be less painful that way

Benefits vs Risks of a planned caesarean section

No mode of birth is completely risk free, a planned caesarean avoids some risks associated with labour and vaginal birth but introduces the risks of major abdominal surgery.

Benefits of a planned c-section:

- A planned and predictable birth date
- Avoids labour pains (but there will be pain associated with recovery)
- Lower risk of perineal tears and pelvic floor trauma
- Lower risk of urinary and faecal incontinence related to vaginal birth
- Lower risk of birth trauma associated with difficult vaginal births
- Can be the safest option for certain maternal or fetal medical conditions
- May reduce anxiety for women who have experienced previous birth trauma or have a fear of childbirth

Risks of a planned c-section:

- A planned c-section is major abdominal surgery with a longer recovery than most vaginal births
- Increased risk of infection (in the wound and the uterus)
- Higher risk of bigger blood loss and the need for a blood transfusion
- Small risk of injury to nearby organs such as the bladder or bowel
- Increased risk of developing blood clots
- Usually a longer hospital stay and recovery period
- Temporary limitations on lifting, driving and physical activity in the recovery period

It is also worth considering future pregnancies, because c-sections do increase the risk of a number of complications in future pregnancies, including

- Placenta praevia (where the placenta is low lying in the uterus)
- Placenta accreta (where the placenta grows too deeply into the wall of the uterus)
- Uterine rupture in a future labour

- Adhesions (internal scar tissue), which can make future abdominal surgery more complex
- The likelihood of requiring another c-section birth, although many women are suitable candidates for a vaginal birth after caesarean (VBAC)

Remember that these are population-level risks. Your own balance of benefits and risks may be different depending on why your caesarean is being recommended.

A planned caesarean section is one of the most commonly performed operations in the UK and is generally very safe. For some women, it is the safest way to give birth. For others, both planned vaginal birth and planned caesarean birth are reasonable options. Understanding the benefits and risks of each can help you make the decision that feels right for you, alongside guidance from your healthcare team.

When to seek medical advice

Contact your midwife, GP or maternity unit if:

- Your wound becomes increasingly red, swollen or painful
- There is discharge or an unpleasant smell from the wound
- You develop a temperature above 38°C
- Your pain is getting worse rather than better
- You have heavy vaginal bleeding or large clots
- One leg becomes swollen, painful or red
- You develop chest pain or shortness of breath

Call 999 immediately if you develop chest pain or sudden shortness of breath.

A note from the labour ward:

Whilst what is described above is all standard practice, much of it can be tailored to your preferences (depending on your clinical circumstances). It is worth talking to your team beforehand about those ways you might like to personalise your experience.

Things to consider might be:

- Who would you like with you in theatre – whilst it is commonly your partner, it could also be your mum, your friend, or whoever you feel would be the most support
- Would you like music in theatre? You can put together a playlist that can be plugged into the theatre speakers
- Would you like the drapes to be dropped as baby is born so that you see them being born, or for baby to be lifted over the drapes once they are born?

- If the sex of your baby is a surprise, who would you like to announce the sex? It could be you, your birth partner, your midwife or your doctor
- Would you like immediate skin to skin with baby, or for the checks on baby to be completed first before skin to skin?
- Would you like to try to have the first feed in theatre or later on in recovery?

You may have heard the term ‘gentle caesarean’. This does not describe a different operation, rather it refers to the ways (as outlined above) that your planned c-section can feel more personal.

About the author

I'm Perdy, founder of Perdy Maternity Care and a practising NHS midwife. I have supported hundreds of women and families through pregnancy, birth and the postnatal period. I created these guides to provide the evidence-based information and reassurance that I know many parents wish they had more time to receive during routine appointments.

My aim is to provide evidence-based education that helps you feel informed, confident and prepared for whatever your birth may bring.

If you found this guide helpful, and you're looking for personalised antenatal education, birth preparation or postnatal support, I'd love to help:

- One-to-one antenatal sessions
- Birth preparation packages
- Postnatal support at home
- Evidence-based advice tailored to you

Learn more at www.perdymaternitycare.co.uk

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