

Emergency Caesarean Section

What to expect when a caesarean section happens unexpectedly

An emergency caesarean is, by its very nature, unplanned and unexpected.

This guide helps to explain why a caesarean section might be recommended, and what happens during an emergency caesarean section.

What is an emergency caesarean section?

An emergency caesarean section is unplanned. It can happen antenatally, or in labour, and is usually recommended when you or your baby are at risk.

There are different classifications of emergency caesarean section:

- **Category 1** caesarean means that the baby should be delivered within about 30 minutes of the decision being made (because there is immediate life-threatening risk to the mother and/or the baby)
- **Category 2** caesarean means that the baby should be delivered within about 60 minutes of the decision being made (because there are health problems affecting the mother and/or the baby but they are not an immediate urgency)
- **Category 3** caesarean means that the baby needs to be born earlier than planned, but there is no immediate danger to mother or baby

(A category 4 caesarean is also called a planned or elective caesarean section, and it is not an emergency).

Common indications for an emergency caesarean section

An emergency caesarean section can be recommended antenatally as well as during labour.

Common indications for a category 1 caesarean section include:

- Umbilical cord prolapse
- Sustained fetal bradycardia (where baby drops their heartrate and rather than coming back up again it stays low)
- Uterine rupture (where a hole develops in the muscle of the uterus)

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- Placental abruption (the placenta detaches from the wall of the uterus before the baby is born)
- Severe fetal hypoxia (the baby is suspected to have very compromised oxygen levels)

Common indications for a category 2 caesarean section include:

- Slow progress in labour
- Suspected fetal distress (concerning changes in the baby's heart-rate on CTG monitoring)
- Unsuccessful induction of labour
- Severe maternal illness such as acute pre-eclampsia

Common indications for a category 3 caesarean section include:

- Going into labour before a planned elective caesarean section
- Declining an induction of labour and opting for a caesarean section instead
- Baby being in a breech position in labour

... top tip

Your birth partner is often still able to join you in theatre even during an emergency caesarean section – this is only not possible if you require a general anaesthetic.

What happens during an emergency caesarean section?

Having an emergency caesarean section can be very frightening – lots of things are happening all at once, and it can be overwhelming. This is what to expect if an emergency caesarean section is recommended, and you accept the recommendation.

Before moving to theatre

- The obstetric doctor will talk to you to explain why they recommend an emergency caesarean section, and will ask you to sign a consent form
- The anaesthetic doctor will talk to you about how they will manage your pain relief for the emergency caesarean section (commonly this will be topping up an epidural if you have one already, a spinal anaesthetic or a general anaesthetic)
- The midwife will prepare you for theatre by getting you into a gown, giving you some pre-operation medications, removing your jewellery and giving you wristbands
- The midwife will call the baby doctor to attend theatre so that they are present for the birth of the baby, should baby need any support with their breathing

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Once you are in theatre

- Your anaesthetist will ensure you have good anaesthetic on board (by topping up your epidural or giving you a spinal anaesthetic). These options mean that you can be awake and pain free for the surgery. (However, if these do not work, or if the doctors are concerned about time, then you will need a general anaesthetic and will be asleep for the operation)
- Your baby will probably continue to be monitored with CTG monitoring until the doctors start the operation
- Your midwife will put in a catheter (if you don't already have one in), so that your bladder remains empty for the surgery
- A curtain or drape will be put up between your chest and your lower body so that you cannot see the operation ongoing

When baby is born

- Baby is usually born within 15 minutes of starting the operation
- You may feel a tugging or pulling sensation when baby is being born, and you may also feel lots of pressure on your tummy
- When baby is born, the drapes may be lowered, or baby may be lifted over the drapes so that you can see them straight away
- The cord will be clamped and cut after 60 seconds by the obstetric doctor (it may be done sooner than this if there are concerns about how well baby is)
- Baby is then usually taken by the midwife to the resuscitaire where the baby doctor is waiting – together they will assess the baby and give them any support that they might need. Your birth partner can be alongside them observing this.
- Once baby has had their checks, they can be passed to you or your birth partner for skin to skin in theatre

Finishing the operation

- The rest of the operation can take another 40 minutes
- From theatre you will be transferred to a 'recovery' area, where you will be monitored by nurses for about an hour. Your baby, birth partner and your midwife will also stay with you
- From recovery, you will be transferred to the postnatal ward for the rest of your hospital stay. Most women stay in hospital for a few days after an emergency caesarean section, depending on their recovery and individual circumstances

... midwife's insight

Needing an emergency caesarean section does not mean you have failed. Labour and birth can be unpredictable, and sometimes caesarean birth becomes the safest option for mother or baby. It can be helpful to talk through your birth afterwards with your midwife, obstetrician or birth partner, especially if the experience felt unexpected or difficult to process.

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Recovering from an emergency 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.

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 clot

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- 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:

Having an emergency caesarean section can be a frightening experience. You may find that afterwards you have lots of questions about what happened, why decisions were made, or whether things could have been different.

Many women find it helpful to have a birth debrief or birth reflection following an emergency caesarean. This gives you an opportunity to talk through your experience with a midwife or doctor, ask questions and look back at your maternity notes together so that you can better understand what happened and why.

It is also completely normal to have mixed feelings about your birth. You may feel relieved that you and your baby are safe, while also feeling disappointed, upset or overwhelmed by how your birth unfolded.

If your birth is something you are finding difficult to process, speak to your midwife or maternity unit about what support is available to you.

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



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