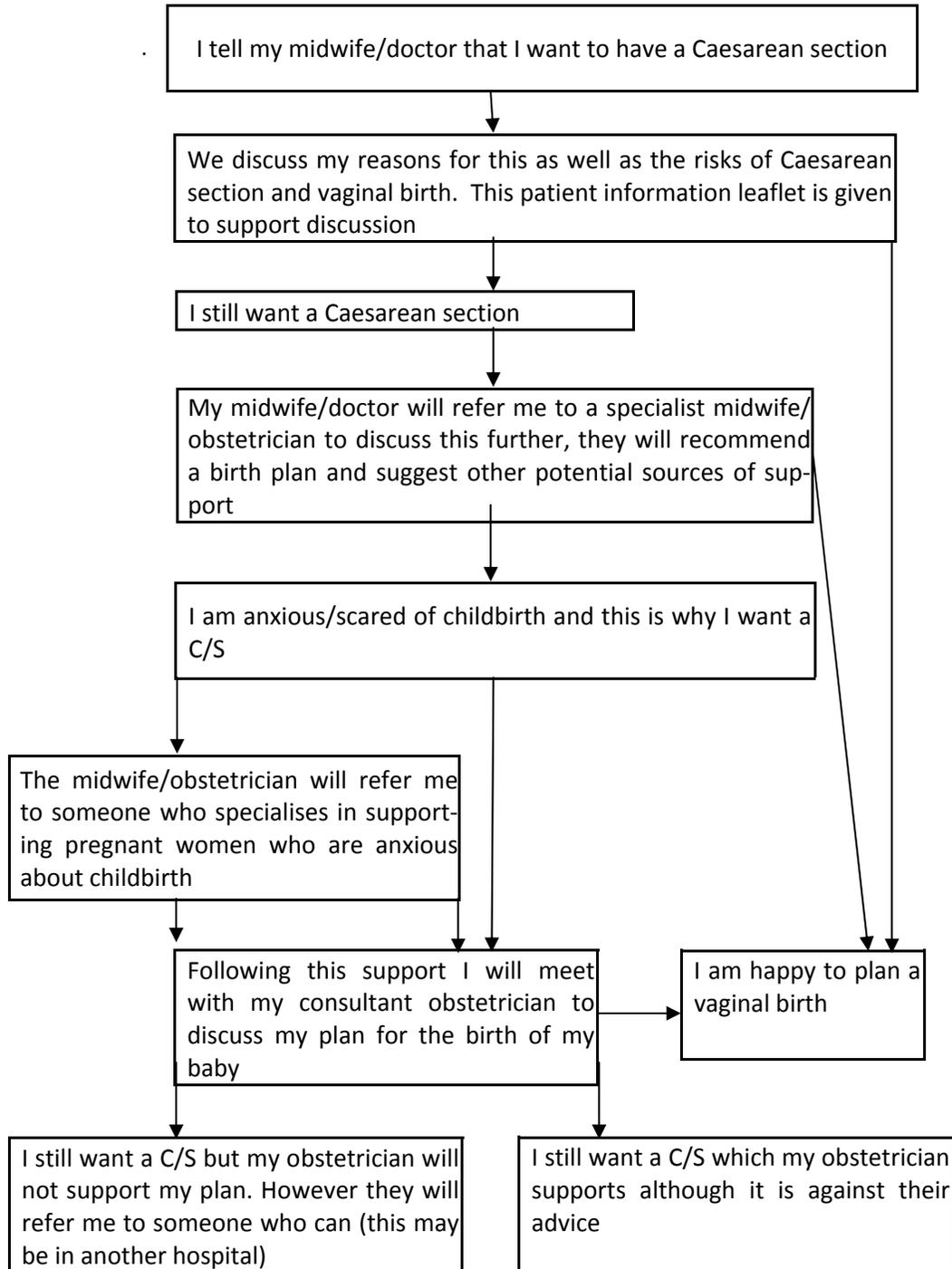


What happens when I request a Caesarean section (C/S)?



# I am anxious about giving birth and want to know more about Caesarean Section



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# I am anxious about having a vaginal birth and Caesarean section feels like the right option for me.

## How can you help me?

This leaflet has been written to give you information about your choices and how we can support you in making an informed decision about how you give birth to your baby

For the majority of women who feel anxious about labour and birth, the support offered by a specialist midwife or obstetrician, with/without support from other agencies, enables them to feel more confident about planning for a vaginal birth.

If, after this meeting, you feel you would like to have a vaginal birth you can be given help to write a birth plan which can help to inform the midwives who care for you in labour of your concerns and suggested ways of supporting you.

Please ask your midwife or doctor to refer you early in pregnancy as it is helpful to meet you as early as possible to work with you to arrange the right support

# Why might my obstetrician be unwilling to perform a Caesarean section?

The majority of women have a good chance of having a vaginal birth, especially if they have had one before. Therefore many obstetricians will not support this option due to the risk factors associated with the operation (please see centre pages). They are not trying to be difficult or obstructive, they just don't want to put you at risk of potential harm .

The General Medical Council dictates that patients must be able to trust doctors with their lives and their health. In order to justify that trust, doctors must protect and promote the health of patients and the public. Therefore your doctor may feel that putting you through unnecessary surgery and its potential complications is not fulfilling their duty as your doctor.

## Why if one obstetrician won't support me, another one will?

Some obstetricians believe that if you have all the information to make an informed choice, then they will support you although it is against their professional recommendation.

## What do I do now?

Talk to your midwife and obstetrician about what you have read and how you feel about the birth of your baby. They will ensure that you have the right support to help you choose the right birth for you and your family

General Medical Council, Regulating doctors, ensuring good medical practice

[www.gmc-uk.org/guidance/good\\_medical\\_practice/duties\\_of\\_a\\_doctor.asp](http://www.gmc-uk.org/guidance/good_medical_practice/duties_of_a_doctor.asp) (accessed 2013)

**I don't feel that I need support with anxiety...**

**I just know I want a Caesarean section.**

## **Perhaps you have read this in NICE:**

*“For women requesting a Caesarean section, if after discussion and offer of support (including perinatal mental health support for women with anxiety about childbirth), a vaginal birth is still not an acceptable option, offer a planned Caesarean section”*

## **So can I have a Caesarean section?**

**Yes**

**(however you may be referred to another obstetrician or hospital)**

Your obstetrician will discuss your decision with you in order to understand why you have made this choice. They may support your decision or they may feel it is not in your best interest. If they are unwilling to perform the operation, they will refer you to someone who can support your request.

*“An obstetrician unwilling to perform a Caesarean section should refer the woman to an obstetrician who will carry out the Caesarean section”*

## **How can you help me prepare for a vaginal birth?**

What do National guidelines say?

National Institute for Clinical Excellence, November 2011, [www.nice.org.uk](http://www.nice.org.uk)

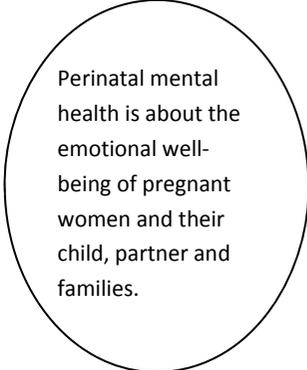
*“When a woman requests a Caesarean section **because she has anxiety about childbirth**, offer referral to a health care professional with expertise in providing perinatal mental health support to help to address her anxiety in a supportive manner”.*

If you are worried about having a vaginal birth, your midwife can put you in touch with a team of health professionals who specialise in supporting women during pregnancy and after the birth of their baby.

They can help you to manage your anxiety and therefore increase your ability to cope in stressful situations. These skills can be used in labour to help you feel more in control.

The combination of these skills and a structured birth plan have helped many women feel more confident and in control of their labour and birth experience.

Please discuss what is available locally with your midwife.



Perinatal mental health is about the emotional well-being of pregnant women and their child, partner and families.

# Vaginal birth is the safest option for the majority of women and their babies.

## Why? What are the risks of a planned Caesarean section?

### Could it affect my baby?

If you have a Caesarean section, your baby is at double the risk (14 in 100) of being admitted to the neonatal intensive care unit due to problems with their breathing, temperature control and low blood sugar when compared to a planned vaginal birth.

There is also a small risk that the baby may be cut during the operation.

### How will this affect me and my family?

Your hospital stay can be longer than for a vaginal birth.

It can take longer to recover and get back to normal activities, including driving.

If you develop any complications your recovery and stay in hospital can be even longer.

### Will it affect my next pregnancy?

You may experience difficulties getting pregnant and if you do the risks during your next pregnancy are higher and increase with each Caesarean section.

There is double the risk (4 in 1,000) of having a stillbirth in your next pregnancy if you had a Caesarean section compared to vaginal birth (2 in 1,000).

There is also a risk of problems with the placenta either lying low which can cause bleeding during the pregnancy or from its attachment to your womb which complicates the next Caesarean section and increases the risks to your health (4-8 women in 1000).

Royal College of Obstetricians and Gynaecologists, 2009, Caesarean section Consent Advice No.7, October.

### What about me?

The common risks of Caesarean section are: continuous wound and abdominal discomfort in the first few months after surgery (9 women in 100); infection (6 women in 100); and readmission to hospital (5 women in 100).

There are also rarer but more serious complications associated with Caesarean section. These are: admission to intensive care unit (9 women in 1000); emergency hysterectomy due to severe bleeding (7 women in 1,000); need for further surgery at a later date (5 women in 1000); excessive bleeding (5 women in 1000); blood clotting problems (1 in 1000); bladder injury (1 in 1000); heart attack (19 women in 10,000); injury to your womb (3 women in 10,000); and death (1 woman in 12,000).

Although these risks seem low, if they do happen to you it can be very serious for you and your family.

## What about the risks of a vaginal birth?

### Pain

Studies have shown that women who have had a vaginal birth find that the pain in their abdomen and perineum is slightly worse than women who have had a Caesarean section (5.2 vs 4.5).

### Incontinence

Some women experience incontinence of urine:

- before pregnancy
- during pregnancy or
- following birth. (although it is more common following a vaginal birth it can still occur after a Caesarean section)

It is normally temporary and in the majority of cases it can be resolved with pelvic floor exercises.

### Vaginal tear

Approximately 85 in 100 women who have a vaginal birth have a tear to their vagina and 1 in 100 have a more serious tear (the majority of these heal without any problems).

### Bleeding (haemorrhage)

Some studies suggest that early heavy bleeding is more likely with a vaginal birth than with a Caesarean section. However there is generally more blood lost after a Caesarean section.

This information booklet is designed to give you information to make an informed choice. For further information please contact your midwife and/or doctor.

Suggested further reading:

NICE 2011 Clinical Guideline: Caesarean section [www.nice.org.uk](http://www.nice.org.uk)

RCOG [www.rcog.org.uk](http://www.rcog.org.uk)

Fullerton G, Danielian PJ, Bhattacharya S 2013 Outcomes of pregnancy following postpartum haemorrhage; BJOG;120;621-27.

Wilson PD, Herbison RM, Herbison GP 1996 Obstetric practice and the prevalence of urinary incontinence 3 months after delivery; BJOG; 103;154-61.