Caesarean Section

Increased Caesarean Births

In recent years, the caesarean became more popular and commonplace and the incidence of caesarean births had increased in South Africa. Such a delivery is either pre-planned (elective) or an on-the-spot decision when labour isn’t progressing satisfactorily.

Major Abdominal Surgery

In a caesarean birth, a doctor makes an incision into the mother’s abdomen and uterus (womb). He then extracts the baby. Despite its popularity, the mother should realize that she is having major abdominal surgery. A caesarean birth puts greater demands on her body and its recovery than if she had a vaginal delivery.

Even if a normal vaginal delivery is planned, unexpected complications necessitating an emergency caesarean delivery can arise.
Why a Caesarean?

Whether the caesarean is planned or carried out as an emergency procedure, it’s important to understand why it is being done. Reasons for caesarean sections include the following (also known as the rule of 4 P’s):

### Reasons for an Emergency Caesarean

An emergency caesarean is not an after-hour procedure, added onto the doctor’s operating list. An emergency caesarean is performed in response to a life threatening situation for the mother, baby or both. This emergency can occur before or during labour.
What are the signs of fetal distress?

With fetal distress:

- The baby's heartbeat dips significantly after each contraction.
- The baby has a first bowel movement in your “waters”, staining them greenish in color. This is called meconium-stained liquor.

Example of fetal distress

Having an elective Caesarean

Having a planned or elective Caesarean indicates that doctor will choose a delivery date a few weeks before the due date. He needs to explain the medical reasons for planning to deliver the baby this way, and mothers should not hesitate to ask as many questions as necessary. She will be given a date to go into hospital and an approximate time for the operation, although the time may change if an emergency caesarean section needs to take priority.

What are the risks of a Caesarean Section?

A caesarean section is a major operation, so clearly it carries a higher risk than vaginal delivery. But the mother needs to remember that a large hospital may carry out more than 1,000 Caesareans safely each year.

The most likely complications are wound infection and blood clots, but these risks are low. Also, the mother will take significantly longer to recover and the baby has an increased risk of initial breathing difficulties. However, all this has to be off-set by the fact that, when labour hasn’t been straightforward, the risks for vaginal delivery also rise.
Which is better: Epidural or Spinal Block?

The choice of anaesthesia depends on a number of factors and the doctor or anaesthetist will have a good reason for preferring the one to the other in a particular case. The mother herself may prefer one anaesthetic to another. The time element could also be a risk deciding factor.

Most elective caesareans are done under an epidural or spinal anaesthetic, rather than a general. With an epidural or spinal you can remain conscious throughout the operation and see the birth of your baby with your partner. You can also hold your baby as soon as he is born.

Both offer pain relief and the chance to be awake during the delivery. A spinal block is a single injection of anaesthetic into the spinal liquid and wears off within a few hours. It works adequately within 5 minutes or so. A spinal is usually chosen for a caesarean section because of the time limitations in the operating room.

The Procedure

Whether an elective or emergency caesarean is performed, the procedure will be the same- an incision is made in the lower abdomen and the uterus is opened to that the baby can be born.

A team of two midwives, an obstetrician, an assistant doctor, a paediatrician and an anaesthetist will be present

• A screen is placed over the tummy to prevent the mother from seeing the incision

• The tummy will be swabbed with antiseptic to kill any bacteria near the wound site.

• The obstetrician will check that the whole tummy is completely numb before he makes the incision, cutting through the lower abdominal wall and uterus.

• The amniotic sac is ruptured and the fluid sucked out.

• The obstetrician then eases out the baby’s out with his hands or forceps and the umbilical cord will be cut and the placenta delivered through the incision
• The paediatrician will check the baby over and may suction away any mucus from his nose and mouth to help his breathing. The mother will then be able to hold him for the first time.

• Next, stitches will be inserted. This can take over an hour.

Recovering from the Caesarean Section

Along with any pain from the abdominal incision and any side effects from the anaesthesia, the mother will now start to experience many of the same postpartum discomforts as a mother who has had vaginal birth, such as uterine contractions and draining of Lochia.

<table>
<thead>
<tr>
<th>WHAT SHOULD THE MOM DO TO SPEED UP THE RECOVERY?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DO</strong></td>
</tr>
<tr>
<td>Walk as soon as you can; this will speed up your recovery.</td>
</tr>
<tr>
<td>Sleep when you can; during the day, take naps on the sofa and get help with everything that isn’t baby related.</td>
</tr>
<tr>
<td>Adapt your home to make life easier. Minimise stair climbing by having places downstairs where you can change and dress your baby.</td>
</tr>
<tr>
<td>Use lavender water in the bath (not bubbles) to guard against infection.</td>
</tr>
</tbody>
</table>
What post-operative discomfort can the mother expect?

Pain at the site of the incision:

• Ask for pain medication
• The stitches may pull but the discomfort will decrease considerably when they are removed. (after 7 – 10 days)
• Mild pain may be experienced for 2 – 3 weeks after surgery, but will decrease with time
• The incision may feel numb, itch or ooze for a while
• The incision will heal in 2 – 3 weeks. However, the uterus takes up to 2 months to recover.
• The incision will be covered with a waterproof dressing on the second day, to allow you to shower.

Lack of mobility:

• Due to the drip ensure fluid balance, pain and discomfort, you will need special help to mobilize. Sponge baths may be given for the first day after the operation.
• Remember, mobility improves lung function: While you are confined too bed, cough or do deep breathing exercises to clear secretions from your lungs.
• Do foot exercises to encourage good circulation
• The sooner you manage some degree of movement, the easier feeding your baby will be

Uterine Contractions:

• A well-contracted uterus is less likely to bleed or become infected. A nurse will check the height of the uterus daily
• Mild contractions may be experienced during breastfeeding

Infection/fever:

• Some mothers develop mild fever, which do not necessarily indicate infection.
• Antibiotics are usually administered
Shoulder Pain:

- A slight shoulder pain may be experienced due to the accumulation of air and blood under the diaphragm.

Wind:

- Gas pains may occur around the third or fourth day due to the anaesthetic, exposure of the intestines to air and handling, inability to move freely.
- Physical activity helps to release gas – so walk as often as possible, even if it hurts
- Medication may alleviate the discomfort,
- Avoid fizzy cool drinks

Constipation:

- Drink more fluid and move around as much as possible to return your normal bowel function
- If you are severely uncomfortable, a gentle laxative may be given
- Eat plenty raw fruit and vegetables
- Take 2 tablespoons of 100% bran cereal each day
- Start exercising as soon as possible

Helpful Hints

- If you are a smoker and are scheduled to have a C/section, stop smoking 2 – 3 days beforehand. This increases the amount of oxygen available to your baby and yourself.
- Fruit juice or water ice cubes as a satisfying thirst quencher after the operation
- You will still have a vaginal discharge and sanitary towels must be worn.
- Avoid sudden or jerky movements
- Don’t be surprised if you feel cheated of the birth giving experience. Remember that one does not become pregnant to experience a vaginal birth, but to have a healthy baby.
- Rest a lot and follow your doctor’s instructions. They may include the following:
  - Not driving for at least 4 weeks
  - No sex for 6 weeks – but then we are not robots, so take precautions by using a condom
  - Not lifting anything heavier than a teacup or the baby
  - Getting help around the house the first 6 weeks.
Being at Home

If your caesarean was planned, you will probably have had time to organize things at home before going into hospital. If however, it was an emergency operation, you may need to rethink your plans for few weeks at home.

Whichever type of delivery you had, you will be tired and sore at first. It always takes time to settle into a routine with a new baby, and this can take even longer because you have the additional discomfort of having had an operation.

- Make yourself a nursing corner.
- Try and rest as much as possible.
- Try to limit visitors in the first weeks.
- Be kind to yourself because you will tire easily.
- You may also feel frustrated that everything you do seems to take long. You need time to recover, so don’t expect too much from yourself.
- Allow yourself plenty of time when dealing with your baby. Don’t rush your daily routines, as they are an important part of your new relationship.
- Expect to feel tired, overwhelmed at times, and sore.
- You may experience feelings of inadequacy due to the fact that you are not as mobile, or feeling as energetic, as you would like. This is natural and perfectly understandable.

When to seek medical advice:

- If bleeding from the incision stops and then starts again, or if it soaks more than one dressing every hour, or turns bright red
- If the area becomes painful, red or swollen
- When the Lochia smells bad
- If feelings of anger or resentment persist