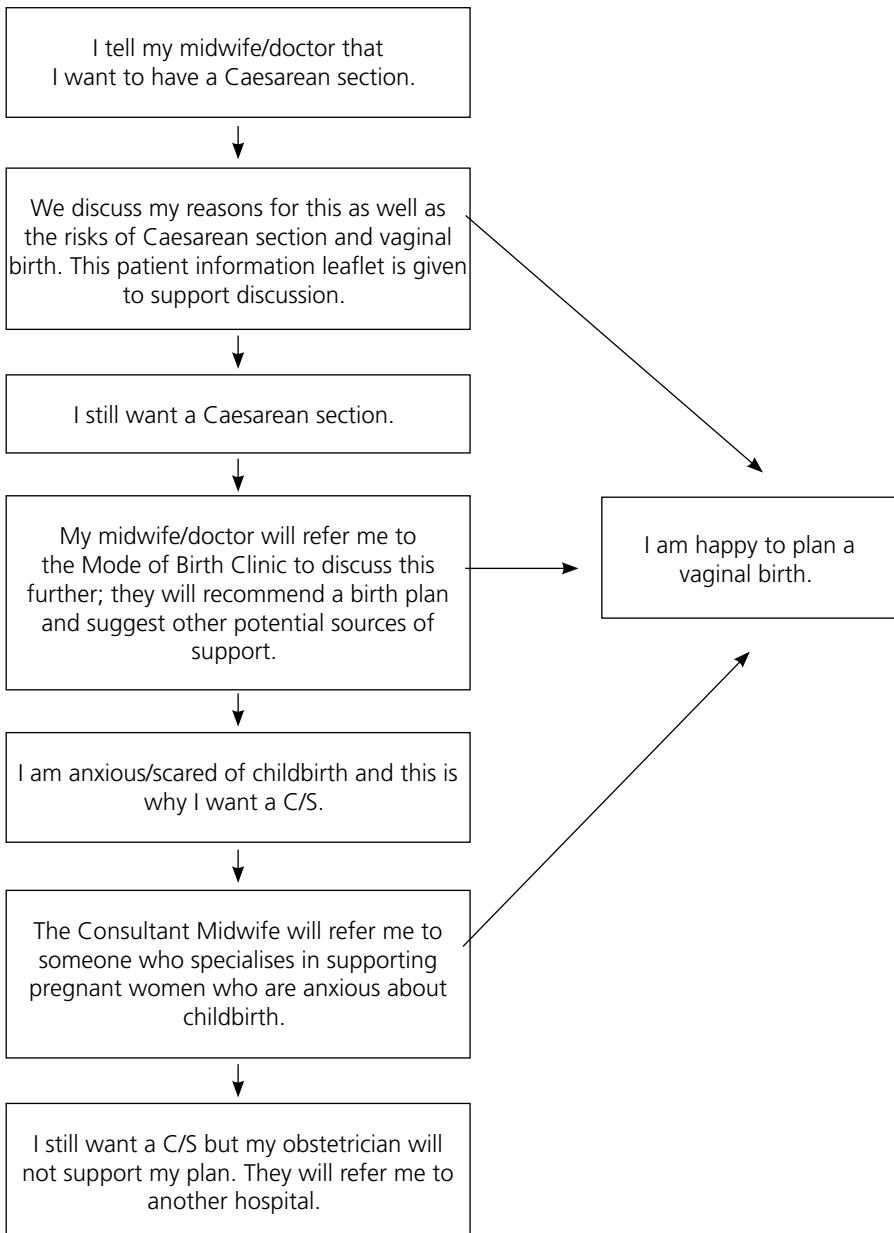


I am anxious about giving birth
and want to know more about
Caesarean section



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



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 can help them to feel more confident about planning for a vaginal birth.

If, after your meeting with them, you feel you would like to have a vaginal birth, we will help you to write a birth plan. This can help to inform the midwives who care for you in labour of your concerns. It can also include ways that they can support you.

Please ask your midwife or doctor to refer you to the Mode of Birth Clinic early in your 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. As there are many risks that come with having a Caesarean section, many obstetricians will not support the idea of you choosing to give birth in this way. They are not trying to be difficult or unhelpful; they just do not want to put you and your baby at risk of potential harm.

The General Medical Council says that patients must be able to trust doctors with their lives and their health. In order to earn that trust, doctors must protect and promote the health of patients. 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, will another one?

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.

'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 compared to a planned vaginal birth.

There is also a small risk that your baby may be cut during the operation when we make the incision (cut) across your stomach to deliver them.

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)
- needing to come back into 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)
- death (1 woman in 12,000)

Although these risks seem low, if they do happen to you it could have a big impact on you and your family.

How will having a Caesarean section 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 having a Caesarean section 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 have 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 bleeding from its attachment to your womb. These can both cause complications if you ever need another Caesarean section and also increase the risks to your health (4-8 women in 1000).

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 make sure that you have the support to help you choose the right birth for you and your family.

I do not 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, if I still feel that I want to, can I have a Caesarean section?

Yes - however you will be referred to another obstetrician in another hospital.

Your obstetrician will discuss your decision with you in order to understand why you have made this choice. They will then 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?

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 speak to your midwife to find out what support is available in your local area.

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 women vs 4.5 women).

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. However, the majority of these heal without any problems.

Incontinence

Some women experience incontinence of urine. This is more common following a vaginal birth but 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.

Excessive bleeding

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

Further information

We hope this booklet has given you helpful information to make an informed choice about how you want to deliver your baby. For further information and support please contact your midwife and/or doctor.

References

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

General Medical Council, Regulating doctors, ensuring good medical practice

www.gmc-uk.org/guidance/good_medical_practice/duties_of_a_doctor.asp
(accessed 2013)

NICE 2011 Clinical Guideline: Caesarean section www.nice.org.uk

RCOG www.rcog.org.uk

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

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

This leaflet has been developed from a consensus of obstetricians, midwives and women.

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALSJR@ouh.nhs.uk**

Wendy Randall, Consultant Midwife
June 2014
Review: June 2017
Oxford University Hospitals NHS Trust
Oxford OX3 9DU
www.ouh.nhs.uk/patient-guide/leaflets/library.aspx

