

# Information for you

Published in July 2015 (next review date: 2018)

## Choosing to have a caesarean section

### About this information

This information is for you if you are thinking about having your baby by a 'planned' or 'elective' caesarean section when there isn't a 'medical' reason to do so. If you are a partner or relative of someone in this situation, you may also find it helpful.

This information is *not* for you if you have a complicated pregnancy, because the balance of benefits and risks will be different. If you are in that situation, your obstetrician and midwife will talk with you about your options for birth. If you have had a caesarean section in the past, please see the RCOG patient information *Birth after previous caesarean*. ([www.rcog.org.uk/en/patients/patient-leaflets/birth-after-previous-caesarean](http://www.rcog.org.uk/en/patients/patient-leaflets/birth-after-previous-caesarean)).

### Why isn't caesarean section recommended for every woman?

Most women in the UK give birth vaginally, recover well and have healthy babies.

Most women who have a planned caesarean section will also recover well and have healthy babies. However, there are risks for both you and your baby and it may take longer to get back to normal after your baby is born. Having a caesarean section also makes future births more complicated.

Doctors will not recommend a caesarean section unless it is necessary for medical reasons.

### I am thinking about having a caesarean section. Who should I speak to?

Talk to your midwife about why you would like a caesarean section. You may also wish to talk to other members of your healthcare team, such as your obstetrician or an anaesthetist.

It is important that you tell your midwife as early as possible in your pregnancy. This is so that there is time to talk about your concerns and wishes and to arrange appointments with other health professionals who may be able to help.



Feel free to be honest about your feelings and concerns so that your midwife and obstetrician can give you the support you need to make a decision.

## Reasons why you may be thinking about having a caesarean section

It is important that you explore the reasons why you are thinking of a caesarean section. There may be other options to consider, such as in the examples below:

- You may have had a complicated vaginal birth in the past. Talk to your midwife and obstetrician about your birth experience. They can explain that not all labours are the same. Going through your notes with someone and talking through what happened last time can help you make up your mind.
- You may believe that it is safer to have a caesarean section or have concerns that vaginal birth is more likely to damage your pelvic floor. You can find more information about the risks involved below.
- You may have anxieties about having a vaginal birth for the first time. Often talking through what happens during labour and birth, your choices for pain relief and hearing what support you will have may be enough to reassure you to think about a vaginal birth.
- You may have concerns about when you are likely to have your baby. For example, if your partner works away from home for long periods, you may think your only option is a caesarean section. In this situation you could consider having your labour started (which is known as being induced) instead. If you choose this option, your doctor or midwife will talk to you about the implications for you and your baby.
- You may have a fear of having a vaginal birth (tokophobia) or vaginal examinations. You may have had a previous traumatic experience such as rape or child abuse. You should have the opportunity to talk to a specialist who will help you manage your anxiety and therefore increase your ability to cope if you wish to try for a vaginal birth. These skills can be used to help you feel more in control.

Your obstetrician or midwife will explain the risks and benefits of caesarean section compared with a vaginal birth. They will ensure that you have the right support to help you choose the right birth for you and your family.

## What will a caesarean section mean for me and my baby?

It is important that you consider the risks and benefits carefully. People view risk differently and how you view risk depends to a large extent on your own circumstances and experience. You can find out more information on risk from the RCOG patient information *Understanding how risk is discussed in healthcare* ([www.rcog.org.uk/en/patients/patient-leaflets/understanding-how-risk-is-discussed-in-healthcare](http://www.rcog.org.uk/en/patients/patient-leaflets/understanding-how-risk-is-discussed-in-healthcare)).

### For you

Having a planned caesarean section may make you feel more in control and avoid the anxieties and uncertainties of going into labour naturally. However, it is surgery and can have complications. It will also affect your future pregnancies (see below).

Although you should not feel any pain during the caesarean section (because you will have an anaesthetic), the wound will be sore for the first few days. One in 10 women will experience discomfort for the first few months.

The main risks when having a caesarean section include:

- wound infection – this is common and can take several weeks to heal

- blood clots in the legs that can travel to the lungs (deep vein thrombosis and pulmonary embolism) – these are more common with a caesarean section; see RCOG patient information *Diagnosis and treatment of venous thrombosis in pregnancy and after birth* ([www.rcog.org.uk/en/patients/patient-leaflets/treatment-of-venous-thrombosis-in-pregnancy-and-after-birth](http://www.rcog.org.uk/en/patients/patient-leaflets/treatment-of-venous-thrombosis-in-pregnancy-and-after-birth)) and *Reducing the risk of venous thrombosis in pregnancy and after birth* ([www.rcog.org.uk/en/patients/patient-leaflets/reducing-the-risk-of-venous-thrombosis-in-pregnancy-and-after-birth](http://www.rcog.org.uk/en/patients/patient-leaflets/reducing-the-risk-of-venous-thrombosis-in-pregnancy-and-after-birth))
- bleeding more than expected.

These risks are increased if you are overweight.

Serious complications are rare if it is your first caesarean section and it is planned in advance, as long as you are fit and healthy and are not overweight. However, serious complications become more common if you have repeated caesarean sections. See the section below on future births.

If you develop any complications, your recovery and stay in hospital will be longer.

## For your baby

The most common problem affecting babies born by caesarean section is temporary breathing difficulty. Your baby is more likely to need care on the neonatal unit than a baby born vaginally.

There is a small risk of your baby being cut during the operation. This is usually a small cut that isn't deep. This happens in 1 to 2 out of every 100 babies delivered by caesarean section, but usually heals without any further harm. Thin adhesive strips may be needed to seal the wound while it heals.

Babies born by caesarean section are more likely to develop asthma in childhood and to become overweight.

## What about the effect on future births?

If you choose to have a caesarean section, any future births are more likely to be by caesarean section as well. You should consider the size of the family you want because the risks increase with the number of caesarean sections you have. Two caesarean sections do not appear to have a higher complication rate, but three or more carry serious risks which include the following:

- Damage to your bowel or bladder (1 in 1000 women) or ureter (the tube connecting the kidney to the bladder) (3 in 10000 women).
- Extra procedures that may become necessary during the caesarean section such as a blood transfusion or emergency hysterectomy, particularly if there is heavy bleeding at the time of your caesarean section. A hysterectomy would mean you are unable to have any further children. The risk of needing to undergo a hysterectomy at the end of a subsequent pregnancy increases with each caesarean section but overall is still very low.
- If you have had two caesarean sections before and have a low placenta in your third pregnancy, you have a higher chance of a serious complication called placenta accreta. This is where the placenta does not come away as it should when your baby is delivered. If this is the case, you may lose a lot of blood and need a blood transfusion, and you are likely to need a hysterectomy. The risk of placenta accreta increases with each caesarean section.
- For reasons we don't yet understand, the chances of experiencing a stillbirth in a future pregnancy are higher if you have had a caesarean section (4 in 1000 women) compared with a vaginal birth (2 in 1000 women).

## How does a vaginal birth compare?

Having a vaginal birth is usually straightforward, particularly if you have had a vaginal birth before. It is normal for the area between your vagina and anus (perineum) to feel sore and uncomfortable for a while after you have given birth. This is because this area will have stretched as your baby is born and you may have stitches.

Complications can also happen, especially with first births. These include the need for forceps or ventouse to help deliver your baby (for more information, see RCOG patient information *An assisted vaginal birth (ventouse or forceps)* ([www.rcog.org.uk/en/patients/patient-leaflets/assisted-vaginal-birth-ventouse-or-forceps](http://www.rcog.org.uk/en/patients/patient-leaflets/assisted-vaginal-birth-ventouse-or-forceps))), vaginal tears and an emergency caesarean section.

Heavy bleeding in the first few days is more likely with a vaginal birth than with a caesarean section. However, there is generally more blood lost with a caesarean section overall.

## What are the benefits of having a vaginal birth?

If you do have a vaginal birth, it is worth remembering that:

- you are more likely to be able to have skin-to-skin contact with your baby immediately after birth and to be able to breastfeed successfully
- your recovery is likely to be quicker; you should be able to get back to everyday activities more quickly and you should be able to drive sooner
- if you have had a vaginal birth with your first baby, future labours are usually much shorter and the risks are very low to you and your baby.

## I've thought about it carefully and I still want a caesarean section

If you are certain that you do not want a vaginal birth and understand the risks of a caesarean section and the impact on future births, you can ask for a caesarean section. If your obstetrician does not feel that he or she can support your decision to have a caesarean section, you can ask to be referred to another consultant to discuss this. There are maternity units that do not offer caesarean section on request and therefore you may be referred to a different maternity unit.

## If I choose a caesarean section, when will it be done?

You will usually be offered a date after 39 weeks of pregnancy. Babies born by caesarean section earlier than this are more likely to need to be admitted to the neonatal unit for help with their breathing.

The planned date might have to be changed, if someone else's need is more urgent. If this is the case, the doctors and midwives will arrange a new date with you.

## What anaesthetic will I have?

There are two types of anaesthetic. You can be either awake (a regional anaesthetic) or asleep (a general anaesthetic). The majority of women having a planned caesarean section will have a regional anaesthetic (a spinal anaesthetic or an epidural, or a combination of the two). This is where you are awake and will not feel pain although you may feel pulling or pressure in your lower body. It is usually safer for you and your baby than a general anaesthetic and allows you and your partner to experience the birth together.

You will have an opportunity to discuss your anaesthetic with an anaesthetist. For more information on the different types of anaesthetic and risks of each, see [www.labourpains.com](http://www.labourpains.com), which is the public information website of the Obstetric Anaesthetists' Association.

# Can I still have a caesarean section if I go into labour before the planned date for my operation?

One in 10 women go into labour before the date of their planned caesarean section. If there is no 'medical' need for a caesarean section, you are likely to be offered the chance to continue in labour and aim for a vaginal birth, particularly if labour is advanced. Your midwife and doctor will discuss this with you at the time.

If you still decide to have the caesarean section as planned, it will be performed as soon as possible.

## Key points

- Most women in the UK give birth vaginally, recover well and have healthy babies.
- Although there are risks with a vaginal birth, if you have had a vaginal birth with your first baby, future labours are usually much shorter and the risks are very low for you and your baby.
- Most women who have a planned caesarean section will also recover well and have healthy babies but there are risks for both you and your baby and it takes longer to get back to normal after your baby is born.
- Having a caesarean section may make future births more complicated.

## Making a decision

### Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



### Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

\* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<http://www.advancingqualityalliance.nhs.uk/SDM/>

## Further information

NHS Choices – Caesarean section: [www.nhs.uk/Conditions/Caesarean-section/Pages/Introduction.aspx](http://www.nhs.uk/Conditions/Caesarean-section/Pages/Introduction.aspx)

NICE guideline on caesarean section: [www.nice.org.uk/guidance/cg132/informationforpublic](http://www.nice.org.uk/guidance/cg132/informationforpublic)

## Sources and acknowledgements

This information has been developed by the RCOG Patient Information Committee. It is based on the NICE 2011 Clinical Guideline *Caesarean Section*, which you can find online at: [www.nice.org.uk/guidance/CG132](http://www.nice.org.uk/guidance/CG132), and the RCOG 2009 Consent Advice No.7 *Caesarean Section*, which you can find online at: [www.rcog.org.uk/en/guidelines-research-services/guidelines/consent-advice-7](http://www.rcog.org.uk/en/guidelines-research-services/guidelines/consent-advice-7).

This leaflet was reviewed before publication by women attending clinics in Sunderland, Liverpool, Edinburgh, Leeds and Birmingham, and by the RCOG Women's Voices Involvement Panel.

The RCOG produces guidelines as an educational aid to good clinical practice. They present recognised methods and techniques of clinical practice, based on published evidence, for consideration by obstetricians and gynaecologists and other relevant health professionals. This means that RCOG guidelines are unlike protocols or guidelines issued by employers, as they are not intended to be prescriptive directions defining a single course of management.

A glossary of all medical terms is available on the RCOG website at: [www.rcog.org.uk/en/patients/medical-terms](http://www.rcog.org.uk/en/patients/medical-terms).

### A final note

The Royal College of Obstetricians and Gynaecologists produces patient information for the public. The ultimate judgement regarding a particular clinical procedure or treatment plan must be made by the doctor or other attendant in the light of the clinical data presented and the diagnostic and treatment options available. Departure from the local prescriptive protocols or guidelines should be fully documented in the patient's case notes at the time the relevant decision is taken.

All RCOG guidelines are subject to review and both minor and major amendments on an ongoing basis. Please always visit [www.rcog.org.uk](http://www.rcog.org.uk) for the most up-to-date version of this guideline.