



Caesarean Section

Caesarean section is a fairly common form of delivery in this day and age as it has become very safe, with very little risk to mother and baby. The usual reasons for a Caesarean section include breech presentation, delayed progress in labour, delayed progress with pushing, fetal distress, preterm labour, multiple pregnancy and various medical problems in pregnancy such as, diabetes and hypertension.

Caesarean section is offered to women up front if they do not want to labour. Women chose this option for various reasons including the ability to book a time and date for the delivery or to minimise the risk of incontinence and prolapse following delivery. Whatever the reason, the pros and cons of Caesarean section and vaginal delivery are discussed, to allow women to make an informed choice. In private maternity hospitals, Caesarean section rates can reach up to 75%. My personal Caesarean section rate is approximately 25% and 5% of women are choosing to have a Caesarean section up front.



Depending on the urgency of the Caesarean section, most women have their procedure done either under a spinal anaesthetic or an epidural anaesthetic. In rare cases, a general anaesthetic is needed due to fetal distress. A spinal or epidural allows the woman to be awake for delivery of her baby and also allows a support person to accompany her in theatre. Once the anaesthetic takes effect, a urinary catheter is inserted, your abdomen is prepared with antiseptic and sterile drapes are applied. A curtain of drapes is placed between you and the operative field so you cannot see the operation. The curtain is slightly lowered as baby is born. Photos can be taken at this point.

It can be quite daunting arriving in theatre for a Caesarean section as there are many people around, but I can assure you, they all have a job to do. There is usually an anaesthetist with their anaesthetic technician, a scrub sister with 1-2 scout nurses, theatre orderlies, a paediatrician and a midwife to look after the baby, and of course the surgeon and the surgical assistant. Each person does their job in a professional and caring way.

Usually once the baby is delivered it will be transferred to the neonatal resuscitation area for a check-up by the paediatrician. If the baby is well, it will normally be returned to the mother where it is placed skin to skin on her chest. Some babies even look to breastfeed at this early stage. This is easily done whilst the surgeon is finishing your operation. As the end of the operation nears, the baby and your support person will be taken to the recovery area while you are being cleaned up and then you will also be transferred to the recovery area. You will normally spend approximately 30 – 60 minutes in the recovery area and once your condition is stable you will be transferred to the ward.

On leaving the recovery room, you should expect to have an intravenous (IV) drip and a catheter in your bladder. You will also have stockings and often pneumatic cuffs on your legs to prevent clot formation. The IV drip, pneumatic cuffs and urinary catheter are removed the following morning. It is important for you to mobilise as soon as possible after a Caesarean section to avoid clot formation.

If you have any further queries, please contact us at info@ghealth.com.au