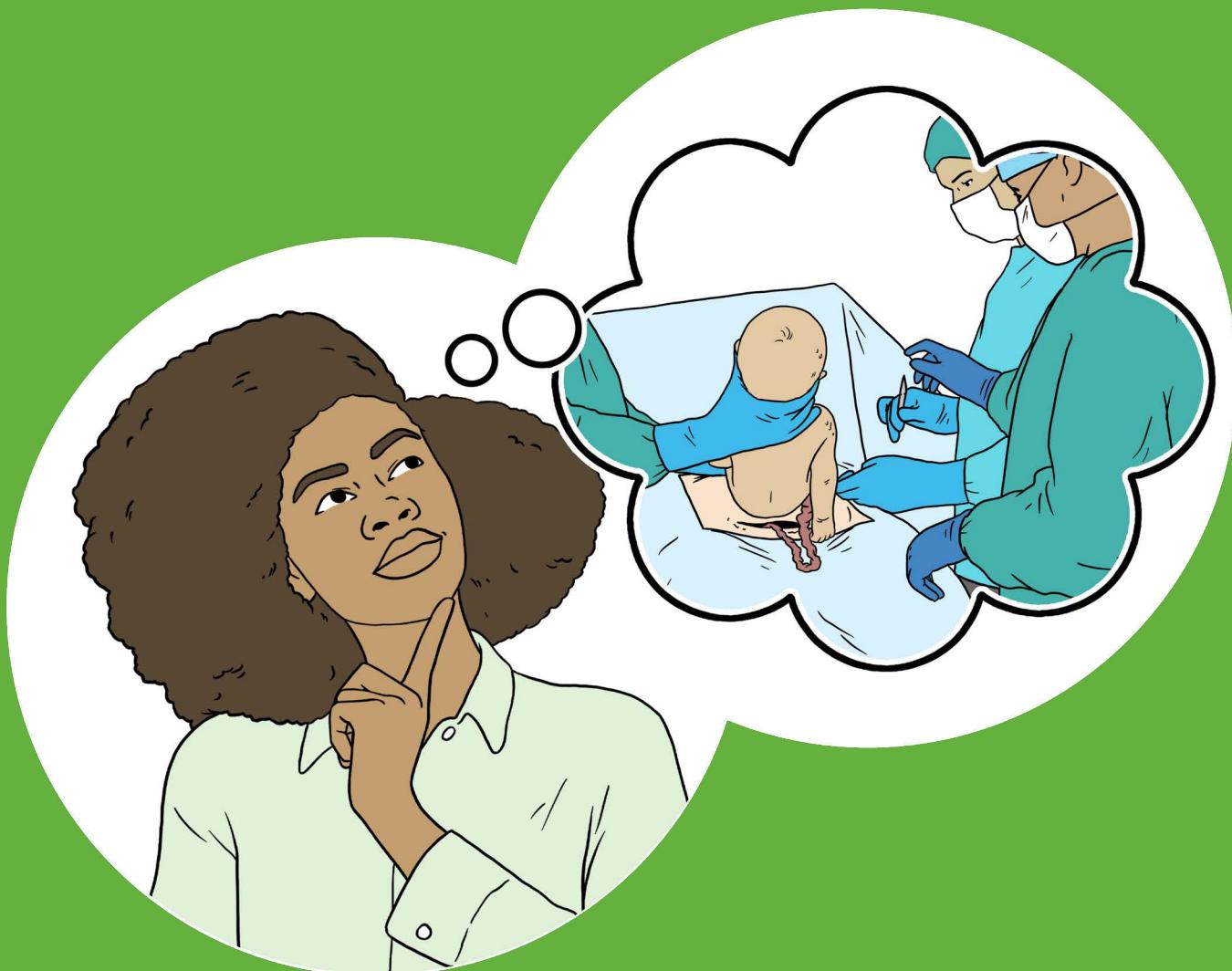




Information for you

Thinking about a planned caesarean birth



easy read

About this information



This information is for anyone that wants a planned **caesarean** birth, this is also known as a **C section**. We will use the term C section in this document.



A **caesarean section** or **C section** is a way of giving birth through **surgery** instead of pushing the baby out through the vagina. This is called a **vaginal birth**.



A **surgery** or operation is when doctors remove, replace, or fix something inside your body.

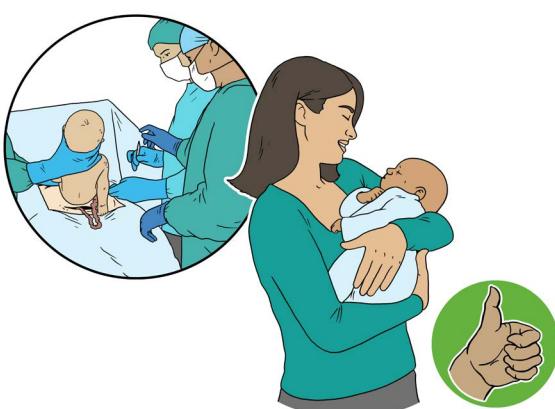


If you have had a C section before, or have been recommended one for health reasons, your healthcare team will talk with you about what this means for you.

When would a C section be recommended?



Most people in the UK have vaginal births, recover well and have healthy babies.



Most people that have planned C sections, recover well and have healthy babies.



However a C section is a serious surgery with risks, and takes longer to recover from than a vaginal birth.



Because of this your healthcare team will only recommend a planned C section if you have health reasons that make it safer for you.

Who should I talk to about a planned C section?



You should tell your healthcare team that you are thinking about a planned C section as early as possible.

They can talk to you about what birth options are best for you and help you with any worries you are having about giving birth.

Everyone is different, you should look at all the information and think carefully about what birth options are right for you.

Why do some people want a planned C section?

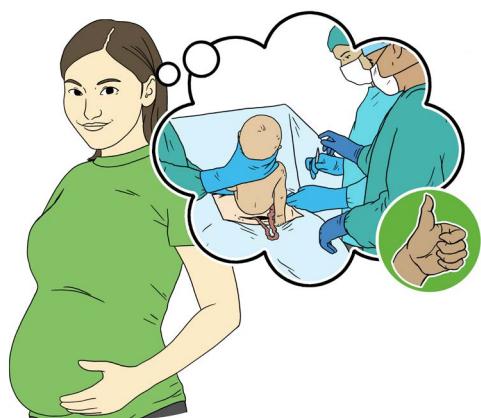


There are many reasons for why someone may want a planned C section. These could be:

- having a difficult vaginal birth in the past



- being worried about having a vaginal birth for the first time



- thinking that a planned C section will be safer and easier for you and your baby



- thinking that a vaginal birth will remind you too much of something bad that happened to you in your past



- being worried about needing an emergency C section anyway

This could be because many of your family have also needed emergency C sections in the past.



- you have carefully thought about it and have decided that it is the best option for you.

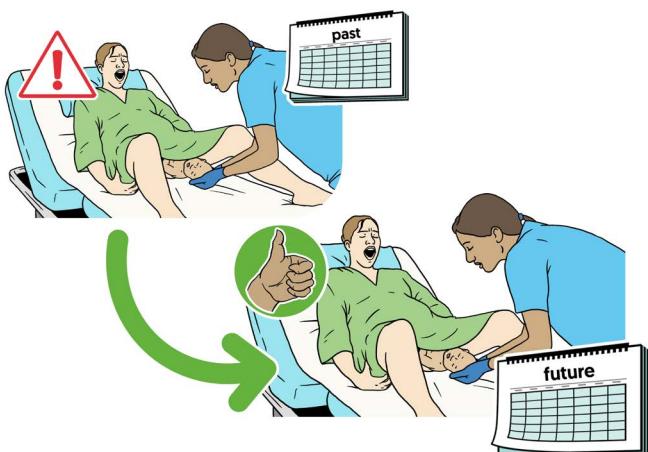


If you are worried about giving birth, your healthcare team can talk through your worries and may be able offer more support.



It may also be helpful to talk about what birth options you have.

This could be about what help with pain you could have and about how you can give birth.



Most people that have had a difficult time giving birth in the past, go on to have problem free births in the future.

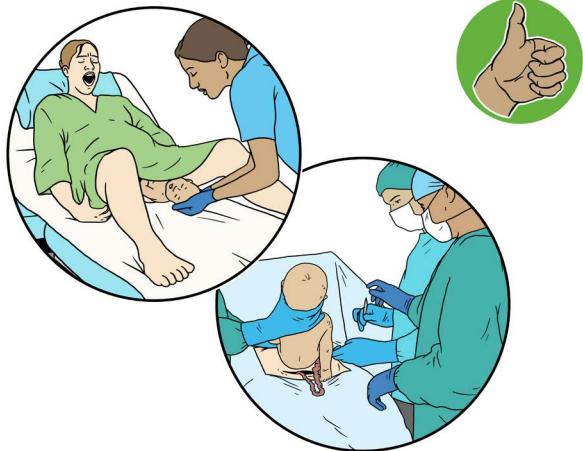


If you are worried about not being able to plan when you give birth, you can talk to your healthcare team about planning an **induction of labour**.

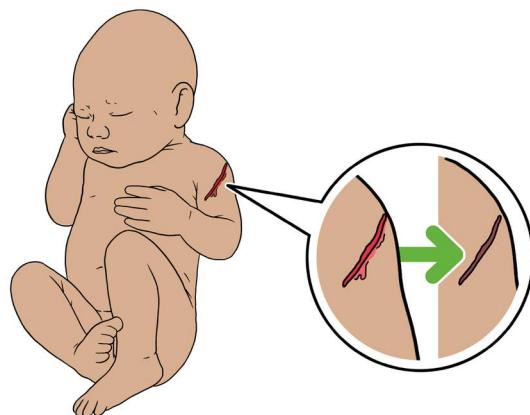
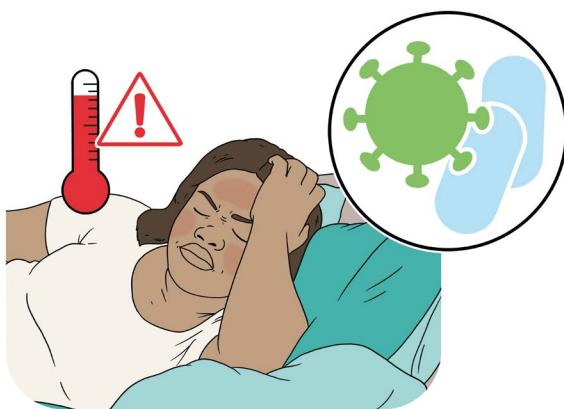
An **induction of labour** is when your healthcare team use medicine to try to get the baby to come.

Different places offer different support, you should ask your healthcare team what support options you can get where you live.

What is the safest way for my baby to be born?



For most people it is safe if you have a vaginal birth or a C section. You can talk to your healthcare team about what is safest for you and your baby.



Babies born through a vaginal birth or a C section have similar risks of things like **infection** or needing to stay in the hospital for some time.

An **infection** is when your body is attacked by bacteria or virus. Infections cause you harm.

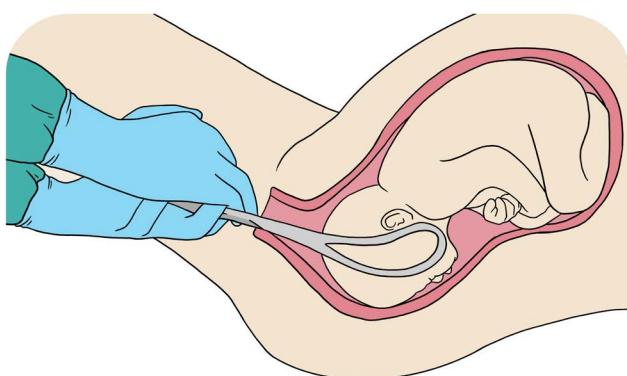
But there is a small chance that your baby may get a cut when you have a C section. This cut is normally small and heals easily.

What if I have been offered an induction of labour but I do not want it?



If you do not want an induction of labour, you will be able to choose between waiting for the baby to come and a planned C section.

What will having a vaginal birth mean for me?



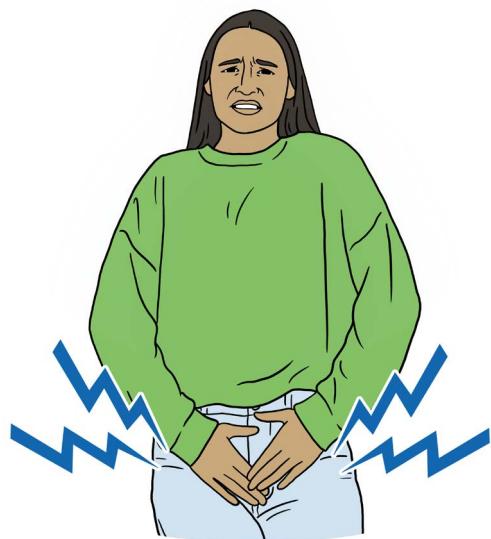
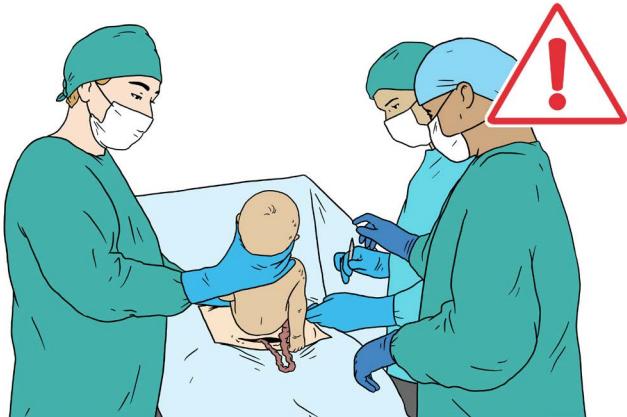
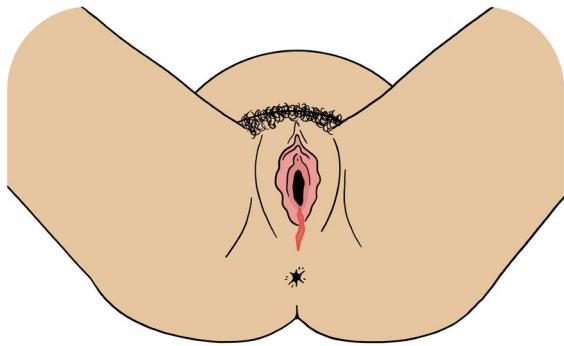
What is good about having a vaginal birth?

- you will normally be able to go home from the hospital sooner
- you should also recover quicker and get back to everyday activities sooner
- if you have another vaginal birth in the future, it should be quicker and a little easier.

What are the problems with having a vaginal birth?

- you may need help from your healthcare team to give birth

This could be by using tools like forceps or a suction cup to help pull the baby out. This is called an **assisted birth**.



- you may tear the muscle below the vagina when giving birth

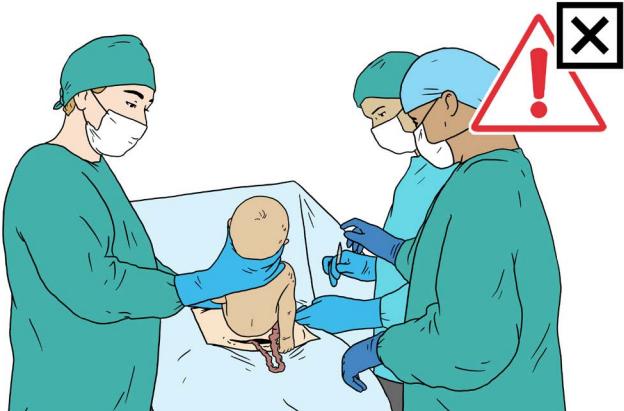
This is a common risk in all vaginal births.

- you may need to have an emergency C section

- after a vaginal birth, you are likely to feel sore and uncomfortable around your vagina.

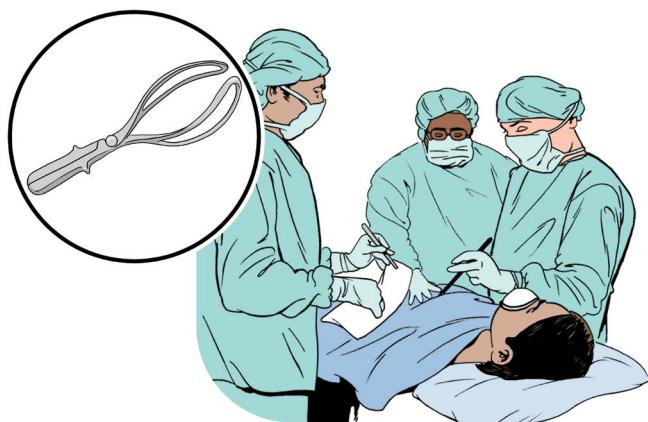
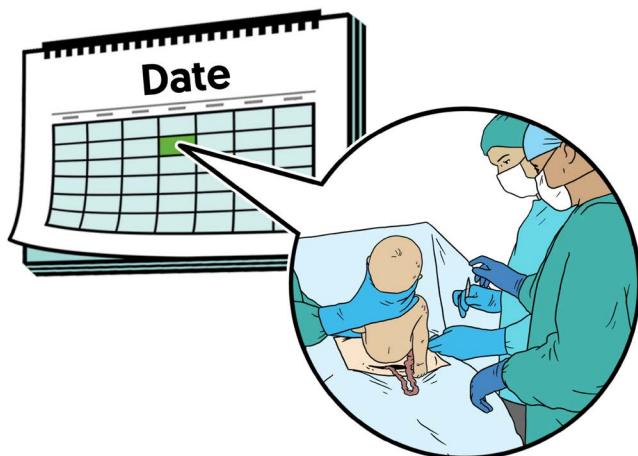
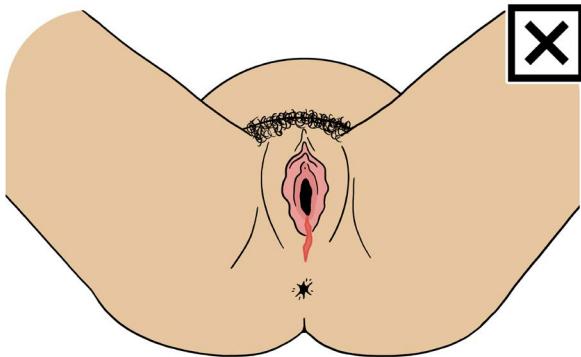
This is very likely if you tear the muscle below the vagina.

What will a C section mean for me?



What is good about having a C section?

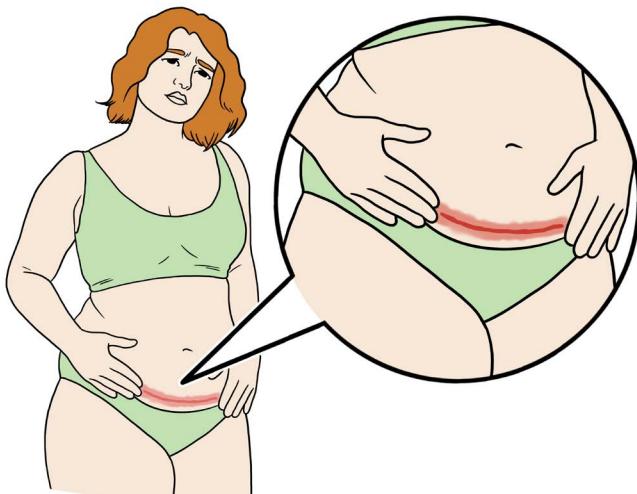
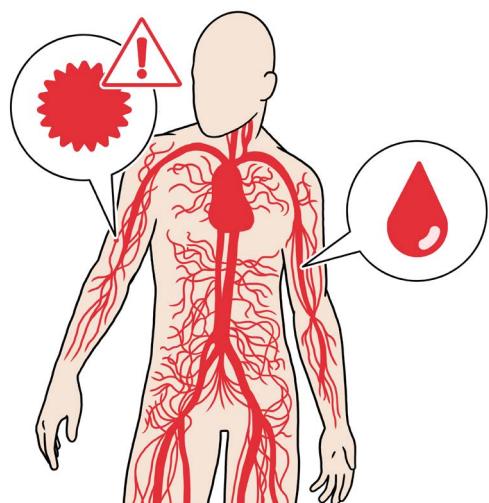
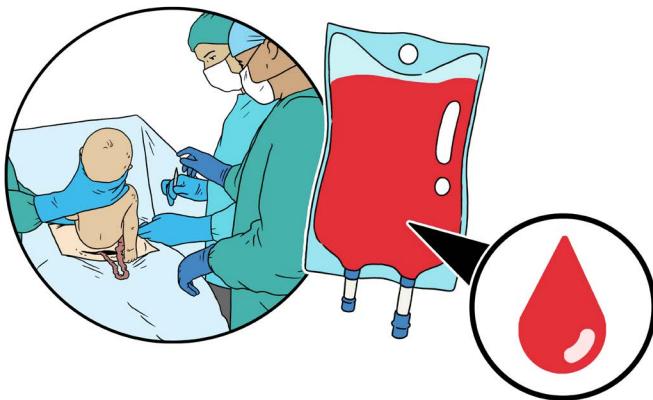
- you are less likely to need an emergency C section



- you will not tear the muscle below the vagina when giving birth
- having a planned date to give birth can help if you are worried about when your baby will come.

What are the problems with having a C section?

- your doctor may still need to use forceps to help pull the baby out
- your baby can have some breathing problems when they are first born



- you may need to be given blood

- you may get a **blood clot**

This is when your blood comes together to make a blob called a clot that can move around your body and cause serious health problems.

- A C section is a serious surgery. The cut the doctors made will hurt and take a long time to fully recover from.

- you may get an infection that can make you unwell for a long time



a C section can cause scarring inside your body as well as the scar you can see on your stomach

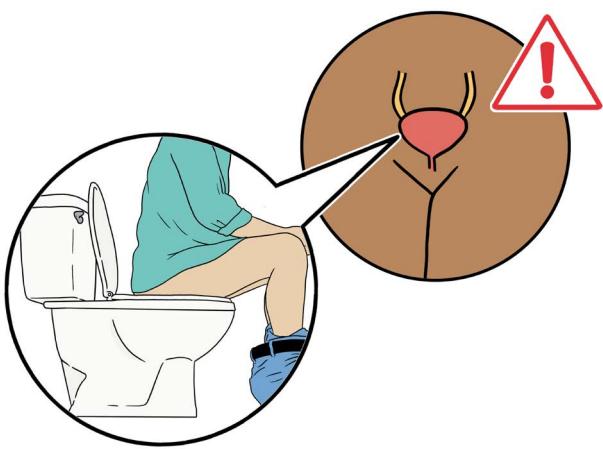
This scarring is called **scar tissue**, it can make having another surgery slower, more difficult to do, and can cause other problems.

Could serious problems happen?



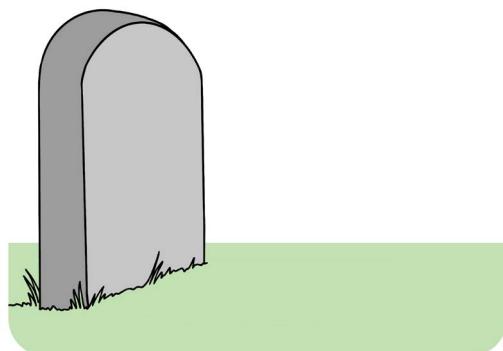
Serious problems are rare and not likely to happen. They are even less likely to happen if this is your first C section or stomach surgery, and if you are fit and healthy.

Some of these serious problems are:



accidental damage to your other organs like your **bladder**.

Your **bladder** is the organ that holds your wee.



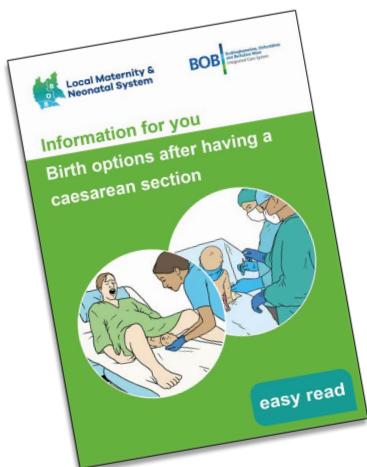
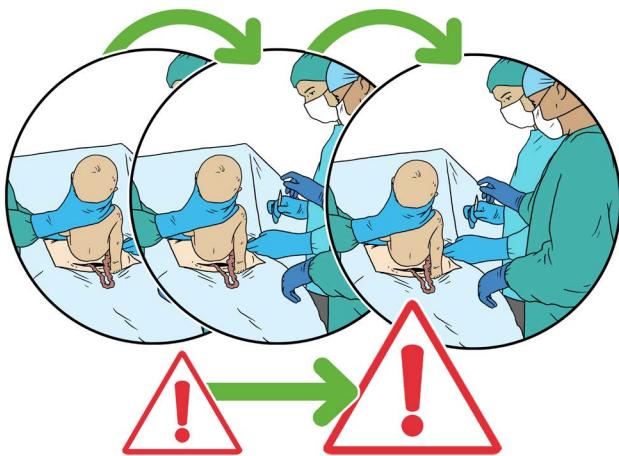
- your womb may need to be removed

This will mean that you can not get pregnant again.

- there is a chance that you could die

This is very rare but is more likely than with a vaginal birth.

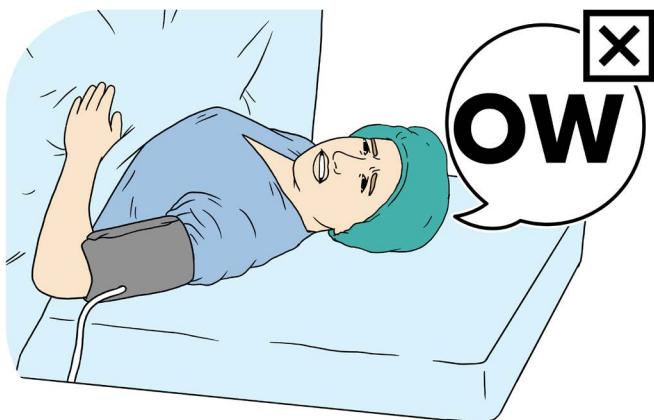
What if I need to have a C section in the future?



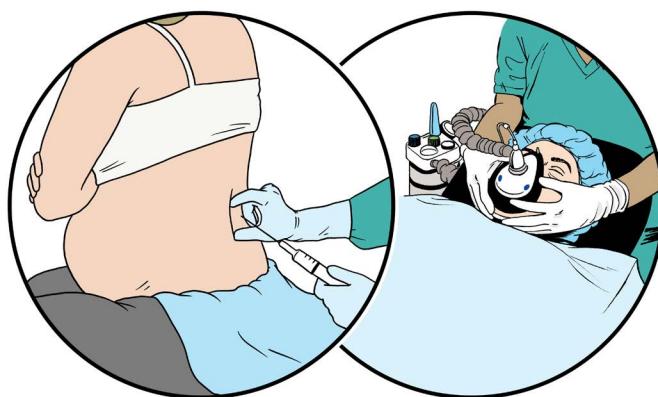
The more C sections you have, the more likely it is that a problem could happen in the surgery.

You can read more about giving birth again after having a C section in our booklet Birth options after a caesarean section.

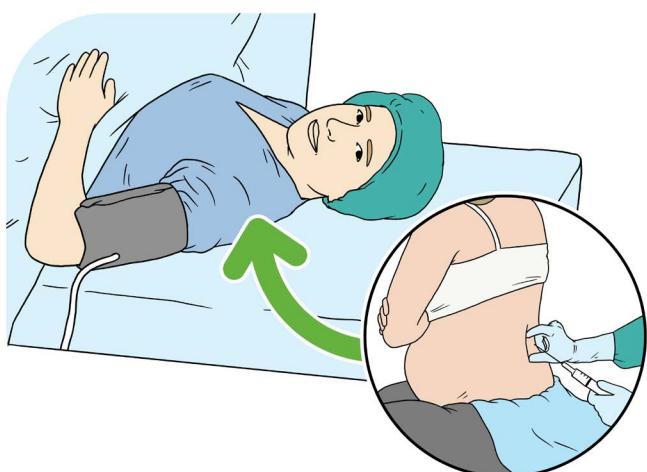
Will I be awake for my C section?



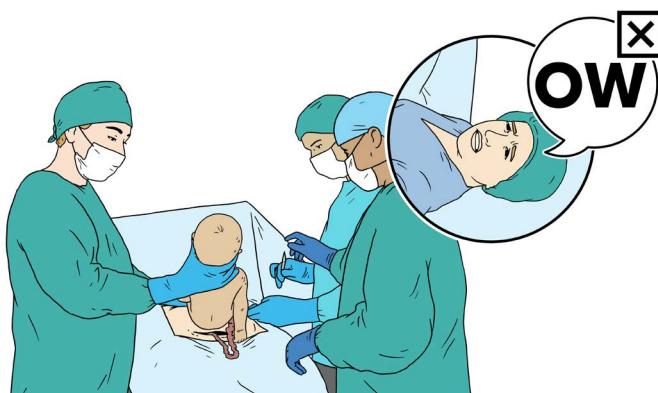
When you have a C section there are two types of **anaesthetic** you could have. **Anaesthetic** is the name for the medicine you are given so that you do not feel any pain in your surgery.



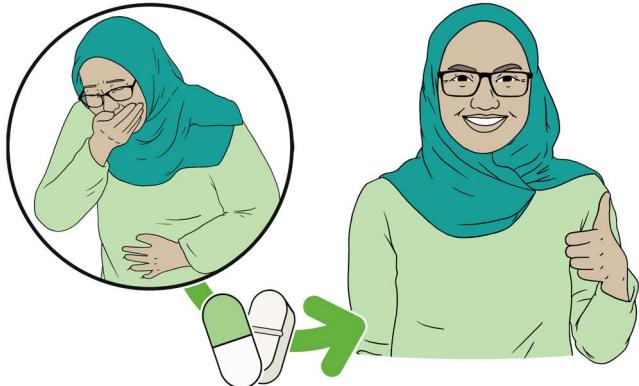
You can have a regional anaesthetic where you are awake or a general anaesthetic where you will be asleep.



Most people have a regional anaesthetic and are awake for their C sections.



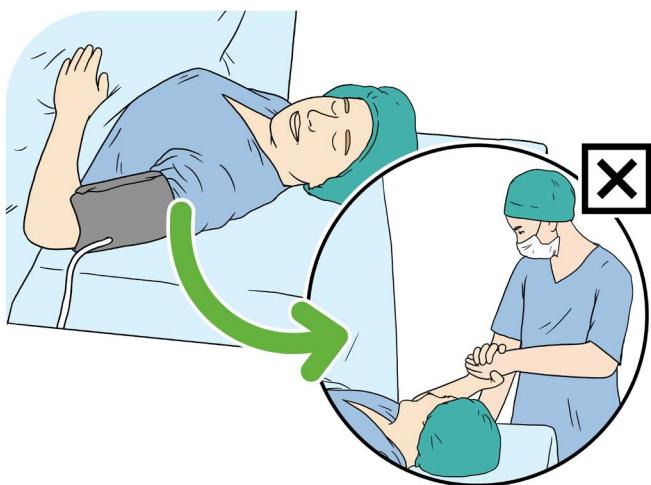
If you are awake, you will not feel any pain, but you may feel the doctors getting your baby out. This can feel like tugging.



You may also feel or be sick. Your healthcare team can give you medicine to help with this.



A regional anaesthetic is normally safer for you and your baby and allows your partner to be with you when you give birth.

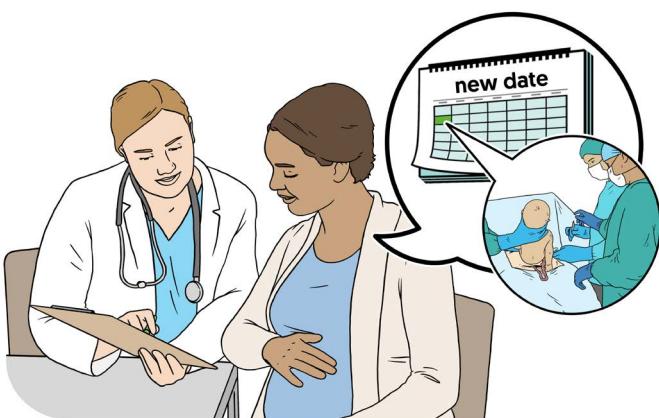
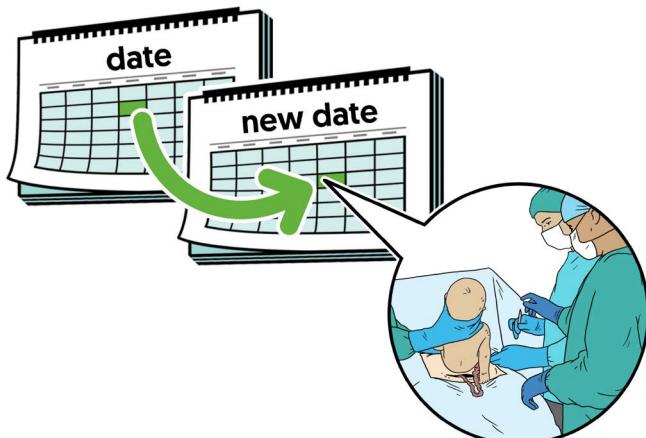
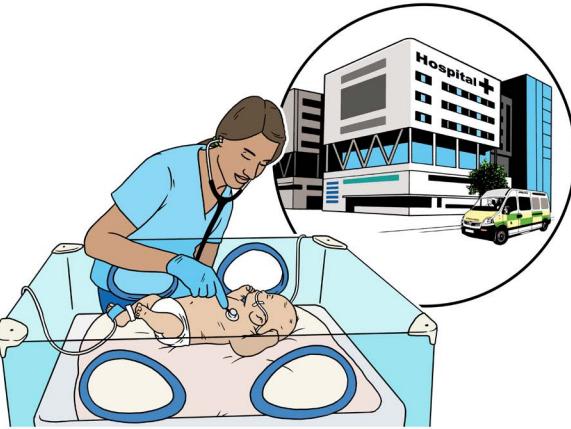


Your partner is not allowed to be with you if you have a general anaesthetic and are asleep.

If I choose to have a C section, when will it be done?



Your C section will normally be planned for after you are 39 weeks pregnant.



This is because babies born earlier often need to stay in the hospital for some time and get extra care.

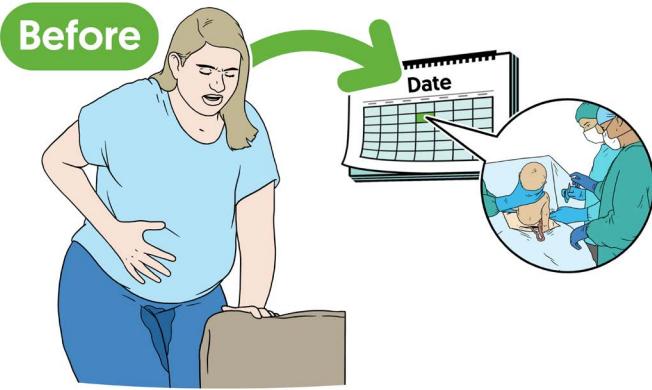
There are times that the planned date for your C section may have to change but this is not likely.

Your healthcare team will plan a new date with you as soon as possible if it does need to change.

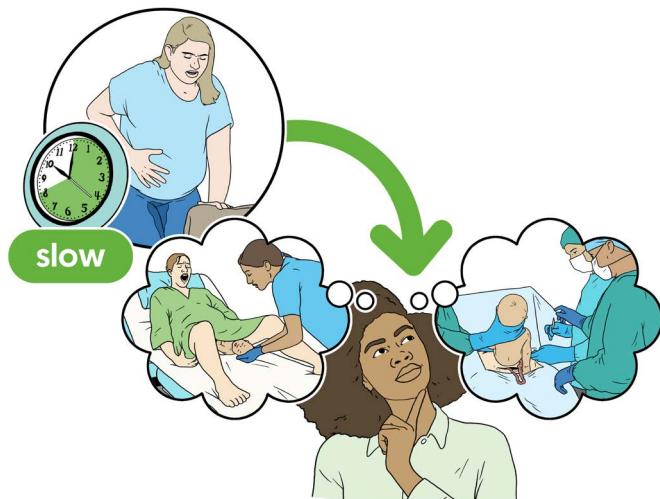
I have thought about it and I want to plan a C section



If you have thought carefully about your options and understand the risks of a C section, you will be able to have one.



There is a chance your baby will start coming before the planned date for your C section.



If this happens and your baby is coming slowly you may be given the choice between an emergency C section and a vaginal birth.



But if the baby is coming very soon, it may be safer to have a vaginal birth.



Your healthcare team will talk to you about what options you have and what is safest for you and your baby.

Making a choice

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 to ask and bring it to your appointment.

If you are asked to make a choice about your healthcare, these are 3 questions you should ask:

1. What are my other choices?
2. What is good about the options, and are there any risks?
3. What support can I get to help me make this choice?

Sources and acknowledgements

This information has been developed by the following organisations: Birthrights, Birth Trauma Association, Caesarean Birth, National Birth Trust, RCOG Patient Information Committee, Royal College of Midwives and the RCOG Women's Network.

It is based on NICE guideline [NG192] Caesarean birth published in 2021, www.nice.org.uk/guidance/NG192, with supplemented data accessed from the NHS Digital Maternity Services dashboard and Rashid TG et al.; on behalf of the British Association of Urological Surgeons, Caesarean bladder and ureteric injuries in the UK (Journal of Clinical Urology 2014.)

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