Caesarean section during labour

Caesarean section decided during labour — given together with the sheet on vaginal birth

01 What is it?

A caesarean section delivers the baby through an opening in the abdomen and the uterus, when the condition of the mother or the baby does not allow a vaginal birth. Here, it is decided during labour.

This sheet, given to you by Dr Gatri, is intended to supplement the explanations given during your consultation. Do not hesitate to ask her if you have any questions.

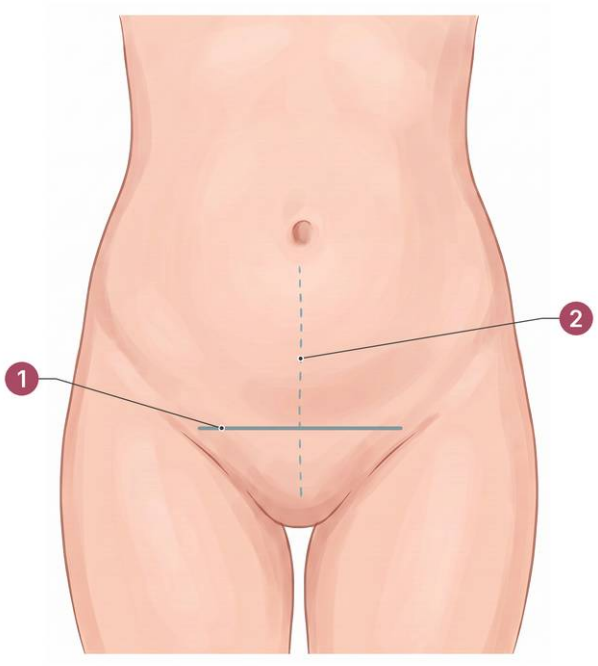

FIGURE 1 — Opening the abdomen (diagram, front view).

1. Most often: horizontal incision
2. Sometimes: vertical

Front view: the right of the image is the patient's left side.

Diagram Wagram Clinic, 2026.

As no one can know in advance whether your birth will end this way, this sheet is given to you together with the one on vaginal birth, so that you can read it before the decision.

This sheet is based on a patient information sheet of the CNGOF (2017), adapted to the practice of the clinic.

02 Why this procedure?

During labour, the situation can change: labour stops progressing, the baby does not tolerate the contractions well, the baby's position prevents a vaginal birth, or an event makes it necessary to act quickly. The team then decides in the delivery room and explains it to you at the time.

03 How does the procedure take place?

The operation takes place in the obstetric operating theatre of the maternity unit. It is performed under an epidural or spinal anaesthesia, which reduce the risk of the stomach contents passing into the lungs.

The abdomen is opened, most often through a horizontal incision, sometimes a vertical one depending on your history or the circumstances. The uterus is then opened to deliver the baby, who is cared for by the midwife or the paediatrician; the uterus and then the abdomen are closed with stitches. The operation lasts about 45 minutes to 1 hour.

04 What the procedure does not guarantee

No way of giving birth guarantees that there will be no complication.

A caesarean section does not prevent you from having other children; it is better to wait a year before a new pregnancy. The next time, a vaginal birth usually remains possible, except in certain cases.

05 Risks and complications

In most cases, this common operation is straightforward.

During the operation, an organ near the uterus, such as the bladder, the urinary tract, the bowel or a blood vessel, may exceptionally be injured, then repaired by appropriate surgery. Bleeding from the uterus that could endanger life is exceptional: it may require a transfusion and, very exceptionally, if other treatments fail, removal of the uterus in order to stop the bleeding.

Afterwards, the first day is often painful. A haematoma or an abscess of the scar sometimes occurs; local care is usually enough. A urinary infection is not uncommon and is usually mild. The risk of phlebitis, a clot in a vein of the leg, and of pulmonary embolism is higher than after a vaginal birth: to reduce it, anti-thrombosis stockings are put on on the day of the operation and kept on for at least seven days, and an anticoagulant treatment may be added depending on your situation. In the following days, heavy bleeding or a severe infection may, exceptionally, require particular treatment, or even a further operation.

Very exceptionally, as after any surgery, life may be endangered or serious after-effects may persist.

06 Alternatives

The only other possibility is to continue labour, sometimes helping the birth with a ventouse (vacuum cup), forceps or spatulas. This is only possible if it remains safe for you and your baby; otherwise, there is no other way. Doing nothing is not an option: the baby must be born.

07 Contraindications

There is no contraindication: it is the situation that makes the caesarean section necessary. Your health, your history or a medicine you are taking may, however, increase certain risks: the team must know your personal and family history, your treatments and your allergies.

08 Before the procedure

The pre-anaesthetic consultation carried out during pregnancy has prepared for this possibility. During labour, do not eat: a caesarean section may become necessary and anaesthesia is safer when you are fasting (8 hours).

A final obstetric examination is generally carried out before the anaesthesia; a drip is set up, then the anaesthesia is given.

09 After the procedure and your instructions

- You are monitored for a few hours in the delivery room or the recovery room before returning to your room.
- The urinary catheter and the drip are usually removed within the first twenty-four hours; the team checks that you are passing urine normally. A small drain is sometimes left for a few days in the wall of the abdomen.
- You get up from the first day, with the team's help, and start eating again quickly. Painkillers are given routinely for the first few days; if you are breastfeeding, paracetamol is the first choice.
- Breastfeeding and caring for your baby are the same as after a vaginal birth. The hospital stay is a little longer. You go home 4 days after the caesarean section.
- Moderate bleeding is usual and may last up to three weeks; wait until it has stopped before resuming sexual intercourse. Showering is

possible after a few days, bathing after three weeks.

- Maternity leave takes the place of time off work. The follow-up consultation takes place 3 to 4 weeks after the operation.
- If you do not want another pregnancy soon, start effective contraception no later than 21 days after the birth; contraception containing oestrogen is not used before six weeks.

10 When to seek medical advice without delay

Once you are back home, inform your doctor without delay in case of heavy bleeding, fever, pain, vomiting, a scar that is red, painful or discharging, a painful or red breast, pain in a calf, breathlessness, severe headaches, problems with your vision, difficulty passing urine, or if sadness and anxiety do not go away.

11 Your questions for Dr Gatri

This information sheet probably cannot answer all your questions. In any case, do not hesitate to ask your doctor any question that comes to mind, either orally or in writing.