

Cesarean section

You are about to have an elective caesarean section, also known as a C-section. This information leaflet provides information about the caesarean section and the Turku University hospital's treatment practices. You will receive postoperative home care instructions after you are discharged from the maternity ward.

One in six children is born via a caesarean section in the Hospital District of Southwest Finland. Approximately half of caesarean sections are elective, i.e. planned beforehand. Maternal or foetal complications during a vaginal delivery can result in an urgent caesarean section.

There are many reasons for a caesarean section

Caesarean section is the most common surgical procedure for women. For example, the decision to deliver by a caesarean section can be made because of one of the following reasons

- Maternal illness or pregnancy complication
- Foetal problems: malposition, large size, significant placental insufficiency, or foetal abnormalities
- Non-progression of labour during vaginal delivery
- Suspected foetal distress during vaginal delivery
- Infection during labour

All surgical procedures carry risks. When a decision to deliver by a caesarean section is made, the risks associated with a vaginal delivery are evaluated to be more significant than the risks associated with a caesarean section. In Finland, the most common complications are bleeding, infection of the incision site and uterine infection (endometritis). Blood clots are a rare but serious complication.

Preparing for your caesarean section

When your operation is planned, you are given instructions on how to prepare for the caesarean section during your appointment at the maternity clinic.

A preoperative blood sample will be taken to determine your blood type.

Eating and drinking

- Do not eat after midnight on the night before the procedure.
- If you need to, you can drink a maximum of 2 decilitres of clear, transparent fluids (water, clear juice, tea or coffee, NO milk) during the night. Juices that have added sugar will also give you energy in addition to the fluids.
- 2-3 hours before appointed time drink ProvideXtra -juice which was given to you from the hospital. Do not drink any other fluids on the morning of the procedure after 6 AM.
- Do not use any tobacco products at least 2 hours before arriving to the hospital.

On the day of the operation, put on the compression stockings (which you received from the hospital) at home immediately after you awake. Leave all jewellery at home, including piercings.

Arrive at the hospital at the appointed time.

The delivery ward is a medical unit which provides treatment for patients in need of acute care. Sometimes elective procedures may have to be postponed, at times with very short notice, so that mothers who need acute care can be treated. You will be kept informed about any possible changes to the schedule.

Preoperative preparations at the hospital

- Patient ID wristband
- Interview for the anaesthesia
- Checking on the baby's presentation, the location of the placenta etc.
- Warming blanket to keep the body temperature stable
- Inserting the intravenous cannula and monitoring equipment in the operating room
- Body hair removal if necessary (performed at the hospital due to the risk of infection)
- Inserting the urinary catheter

During the surgery

There is a large team of staff in the operating room (an anaesthesiologist, a nurse anaesthetist, surgical instrument technicians, obstetrician(s), a midwife, and a paediatrician if required). A spouse or a support person can be in the operating room if you are awake. In urgent or problematic situations, the operating physician can suggest that the support person waits outside the operating room.

The operation is usually carried out under spinal anaesthesia. An anaesthetic is injected into the so called cerebrospinal space, and often a thin catheter is inserted into the so called epidural space as well to help with postoperative pain management. Your lower body will become numb from the chest down.

You will receive an intravenous dose of antibiotics to prevent infections. The surgical incision is usually made horizontally on your lower abdomen, above your pubic bone. In rare cases,

vertical midline incision to the lower abdomen can be made. The operating physician will tell you what the plan is.

The baby is born a few minutes after the operation has started. After the umbilical cord has been cut, the midwife will inspect the baby in the operating room, dry and diaper them, and administer the K-vitamin injection, which prevents bleeding. Your spouse can help the midwife with cutting and clamping the umbilical cord if they so choose. The baby will be placed on your chest for skin-to-skin contact if your and the baby's health allow this. Alternatively, your spouse can hold the baby in skin-to-skin contact in the operating room. Our goal is to give you a moment as a family during the first hour after the birth.

The operation continues after the baby has been born: subcutaneous tissues will be closed layer by layer, and the skin will be closed using either subcuticular or non-absorbable sutures.

After the surgery

After the surgery, you will be transferred into the recovery room with your new-born for observation. The anaesthesia will wear off gradually during the observation period at the recovery room. Postoperative pain can be managed by administering pain medication into the epidural space, intravenously, into the muscle or by taking pain medication by mouth.

In the recovery room, the new-born can be in skin-to-skin contact with you or your spouse. Usually you will be transferred into the maternity ward after approximately two hours of observation.

Recovering from a caesarean section is different for every person. On the maternity ward, postoperative pain can be managed by administering pain medication into the epidural space, intravenously, into the muscle and/or by taking pain medication by mouth. Usually the recovery will start to progress quickly the day after the procedure, when the epidural catheter is removed. Moving your feet when you are lying down and early mobilization are important for speeding up your recovery, helping to activate your bowels and preventing blood clots. To minimize the risk of blood clots, women who are at a higher risk can be administered subcutaneous unfractionated heparin for 1 to 2 weeks. Mothers who have undergone a caesarean section are usually discharged 3 to 5 days after the operation. If needed, you can use over the counter pain medication at home (paracetamol, ibuprofen). Pain medication does not prevent breastfeeding. You will receive separate instructions about wound care and stitch removal when you are discharged. The postpartum examination is usually carried out at your local health centre (neuvola) 8 to 12 weeks after the delivery.

Future pregnancy and delivery

If your pregnancy progressed normally and the caesarean section was not carried out due to long term illness or other recurring reason, your possible future pregnancy will be monitored as usual at your local health centre (neuvola) and you can deliver vaginally. However, in future pregnancies, after two caesarean sections the delivery method will usually be a caesarean section, because the risk of uterine rupture increases after repeat operations. If you want to opt for a permanent birth control method and wish that a sterilization is performed during your caesarean section, fill and sign sterilization forms together with your doctor before the surgery.

An appointment for a caesarean section has been booked for you on _____

You can find out more information about a caesarean section from [Terveyskirjasto](#) and from the “Naistalo” digital hospital ([video](#), [HUS](#)) (Please note: only available in Finnish and Swedish.)

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This instruction is intended for our patients who are in a care relationship.