

Caesarean section

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

One in six children is born via caesarean section. Approximately half of caesarean sections are elective, meaning they are 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. The most common reasons for an elective delivery by a caesarean section before start of labour include:

- abnormal foetal presentation (breech, oblique lie, transverse lie)
- prior uterine surgeries (2 prior caesarean sections, a large scale myomectomy operation)
- other reasons: placenta that covers the cervix, large foetal size, narrow pelvis, maternal or foetal illness.
- tokophobia, or fear of childbirth

The most common reasons for a caesarean section after the labour has started include:

- prolonged labour / arrest of labour (the reason for which can include abnormal foetal positioning, weak uterine contractions, cephalopelvic disproportion)
- suspected foetal distress
- infection during childbirth (in combination with slow progression of 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 estimated to be more significant than the risks associated with a caesarean section. In Finland, the most common complications are bleeding, incision site infections and inflammation of the uterus (endometritis). Rare but serious complications include blood clots, and increased risk of uterine rupture and placental disorders in subsequent pregnancies.

Preparing for a 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 Outpatient Clinic.

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

A preoperative blood sample will be taken to determine your blood type. Go to the laboratory before the day of your operation. You will receive more detailed instructions regarding the laboratory tests during your appointment at the Maternity Outpatient Clinic when your C-section is scheduled.

Shower the evening before your procedure. Wash your hair as well. Due to a risk of infection, do not shave your stomach or pubic area at home.

On the day of the operation, put on the **compression stockings you received from the hospital** at home immediately after you awake. The stockings have small holes in the tips of the foot; these should be positioned under the balls of your feet. Leave all jewellery at home, including piercings.

Eating and drinking

- Do not eat after midnight on the night before the procedure.
- Drink the ProvideXtra drink you received from the hospital 2 hours before the appointed time when you should arrive at the hospital. The drink helps you keep your energy levels up during the fast.
- If you wish to, you can drink a maximum of 2 decilitres of fluid during the night. The fluids must be clear and transparent (for example water, clear juice, tea or coffee, NO milk). Do not drink fluids on the morning of the operation after 6 am (besides ProvideXtra).

You must not use any **tobacco products** at least 2 hours before arriving at the hospital.

Arrive at the hospital at the appointed time.

Operation preparations at the hospital

- You get a patient ID wristband
- You are interviewed for the anaesthesia
- We will check on the baby
- You will get a warming blanket to keep the body temperature stable
- An intravenous cannula and monitoring equipment is inserted in the operating room
- Body hair is removed, if necessary

- The vagina is washed with a sterile gauze ball dipped in iodine solution
- A urinary catheter is inserted
- Your stomach is washed with a disinfecting cleaning solution.

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 necessary. A spouse or a support person can be present 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 a dose of intravenous antibiotics to prevent infections at the start of the operation. The stomach and vagina are cleaned using antiseptic solutions before the sterile surgical drapes are placed. A urinary catheter is inserted so that the bladder remains empty during and after the procedure, when you cannot yet empty your bladder yourself due to the anaesthetic. 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 instead. The operating physician will let you know how they plan to perform the operation.

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 a vitamin K 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 are closed layer by layer: uterine incision, peritoneum, muscle layer, fascia, hypodermis, and skin. Depending on your anatomy and previous scars, all of the layers might not be closed separately. The skin is 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.

Postoperative pain can be managed by administering pain medication either into the epidural space, intravenously, into the muscle, or by taking pain medication by mouth.

In the recovery room, the new-born can continue to be in skin-to-skin contact with you or your spouse or support person. Usually, if the observation period proceeds normally, you will be transferred into the Family and Neonatal Ward after approximately two hours of observation. If the baby requires treatment at the Neonatal Intensive Care Unit, the mother is also treated at the same ward.

Recovering from a caesarean section is different from person to person. At the Family and Neonatal Ward, postoperative pain can be managed by administering pain medication into the epidural space and by taking pain medication by mouth regularly. The epidural infusion is usually continued for two days. Moving your feet when you are lying down and early mobilization are important for speeding up your recovery, and help to activate your bowels and prevent 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 2 to 4 days after the operation. You receive a prescription for pain medication and other possible necessary medications when you are discharged. The possible pain medication does not prevent breastfeeding. You receive separate instructions about wound care and stitch removal when you are discharged. Avoid heavy lifting until your postpartum examination. The postpartum examination is usually carried out at your maternity and child health services clinic 8 to 12 weeks after delivery.

Future pregnancy and delivery

If your pregnancy progressed normally and the caesarean section was not carried out due to a long-term illness or for another recurring reason, your next pregnancy will be monitored as usual at your maternity and child health services clinic and you can deliver vaginally. However, after two consecutive caesarean sections, the delivery method will usually be a caesarean section in future pregnancies, 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 ____ ____ 20____ . You will receive a call from a midwife the day before your operation who will give you more detailed arrival time.

On the day of the operation, sign in at:

Emergency services during pregnancy and labour

TYKS Lighthouse hospital, B elevators, 3rd floor, the door diagonally on the left from the elevators.

Please make sure you reserve enough time to find suitable parking.

For more information please read more on the caesarean section at your own **digital care pathway**.

You can also find more information from:

[the Duodecim article on caesarean sections](https://www.terveyskirjasto.fi/dlk00873) (<https://www.terveyskirjasto.fi/dlk00873>) (Please note: only available in Finnish)

[the Women's Hub at the Healthvillage.fi](https://www.terveyskyla.fi/naistalo/synnytys/is%C3%A4n-puolison-rooli-synnytyksess%C3%A4/sectio-eli-keisarinleikkaus-ja-muut-synnytyksen-erityistilanteet)

(<https://www.terveyskyla.fi/naistalo/synnytys/is%C3%A4n-puolison-rooli-synnytyksess%C3%A4/sectio-eli-keisarinleikkaus-ja-muut-synnytyksen-erityistilanteet>)

(Please note: only available in Finnish and Swedish)

TYKS Department of Obstetrics and Gynaecology • Urgent care during pregnancy and labour 02 313 1000 • These instructions are intended for patients under our care.
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