

INFORMATIONAL DOCUMENT ON CESAREAN SECTIONS

(Sources: HAS, CNGOF)

The aim of this document is to supplement the information provided orally by your doctor to explain the practical details, advantages and drawbacks of a cesarean section.

WHAT IS A CESAREAN SECTION?

It's a surgical procedure enabling the delivery of a baby through incisions in the abdomen and uterus. This technique is used when the mother and/or the baby do not meet the criteria for a safe vaginal birth.

This technique is frequently used, but is not without risk.

A cesarean delivery might not be what you were expecting.

HOW IS THE OPERATION DONE?

It can be an emergency procedure or scheduled in advance.

A planned cesarean can be replaced by an emergency procedure if you go into labor before the scheduled date of surgery.

You will be admitted to the hospital either the day before or the day of the procedure.

In general, the person of your choice may accompany you in the operating room, with the consent of the medical team. He or she will be given the appropriate attire.

In most cases, the procedure is performed under regional anesthesia (epidural or spinal block). However, general anesthesia is sometimes necessary.

The abdomen is usually opened up through a horizontal incision.

Sometimes a vertical incision is preferable, because of your antecedents or particular circumstances. Once the uterus is opened up, the baby can be delivered and entrusted to the midwife or pediatrician. The uterine walls are then closed with sutures.

WHAT HAPPENS AFTER A CESAREAN?

The recovery and length of hospital stay are a little longer than with a vaginal birth. However, you can breastfeed and take care of your baby just like you would after a vaginal delivery.

A cesarean section does not prevent you from getting pregnant again, but it's safer to wait at least one year. In general, a vaginal birth after a C-section is possible.

WHAT ARE THE RISKS AND DRAWBACKS?

Although cesarean deliveries are increasingly safe, there is still a greater risk for the mother's health compared to a vaginal birth.

Some of these risks vary in degree depending on your condition, your medical history and your treatments.

The risks of regional anesthesia are low, but in rare cases the procedure may fail, or cause a drop in blood pressure, headache or local pain where the needle was inserted.

If general anesthesia is required, it will be given at the last minute once preparation for the cesarean is completed, in order to limit anesthesia transfer to your baby.

During a cesarean, lesions may exceptionally occur in the organs near the uterus such as the bladder, intestines or blood vessels. But more often than not, the procedure is straightforward.

Following the operation, you will be monitored in the recovery room for a few hours before returning to your room.

The most commonly observed post-operative complications include hematoma, wound abscess and difficulty resuming normal bowel function.

Anticoagulants may be prescribed following the procedure.

You will generally be discharged from the hospital between the 4th and 7th days following the operation.

Beware that smoking increases the surgical complications of any surgical procedure. Quitting smoking six to eight weeks prior will limit this risk.

The main risks associated with a new pregnancy after a cesarean are uterine rupture (tearing of the uterine scar in 0.5 to 1% of cases) or a poorly positioned placenta with abnormal attachment of the placenta to the uterine scar (placenta accreta).

WHAT IF I WANT A PLANNED CESAREAN?

Discuss it as early as possible with your doctor, who will provide personalized guidance. The goal will be to determine the specific reasons for your request (fear of vaginal birth, pain or failure, or previous traumatizing experiences), in order to suggest a pathway appropriate to your personal situation.

Once you are fully informed of all obstetric, pediatric and anesthesia-related aspects, your conversations about the benefits and risks of a planned cesarean should lead to a “joint decision” between you, your doctor and the maternity team. Your file will be systematically presented to the obstetric-pediatric staff at the maternity.

I have read and understand the information in this document. Date:

Married name

Maiden name

First Name

Date of birth

Signature