

Choosing caesarean birth

This information is designed to support you in making the right decision for you and help you make an informed choice about having a planned caesarean birth (C/B). Our aim is to provide a safe, personalised maternity care plan and encourage shared decision making. You have been given this counselling proforma as you have expressed your choice of a caesarean birth when there is no medical reason for a caesarean at this point in your pregnancy.

What is important to you / why might C/B be the right choice?

Most women and birthing people in the UK give birth vaginally, recover well and have healthy babies. Most women and birthing people who have a planned caesarean will also recover well and have healthy babies. However, there are risks associated with both modes of birth outlined below. This counselling tool highlights how a planned caesarean birth has been compared with planned vaginal birth for women and birthing people with an uncomplicated pregnancy and no previous caesarean section.

Planned caesarean section may reduce the risk of the following in women and birthing people:

- Avoiding chance of tears to the vagina and perineum (tearing is common during vaginal birth but the chance of long-term complications is small)
- Minimising chance of assisted birth or emergency caesarean
- Reducing chance of urinary incontinence although the chance of long-term incontinence is low and pelvic floor exercises can help whichever way you give birth.

Planned caesarean section may increase the risk of the following in women and birthing people:

- Wound pain
- Longer hospital stay after you have had the baby and recovery period (usually 6 weeks)
- Wound Infection 2-7 in 100 chance
- Developing scar tissue (adhesions internally) which can make future surgery more complex
- Chance of injury to bladder or abdominal organs which may require further surgery
- Having to undergo hysterectomy (removing the uterus) to control heavy bleeding (1 in 670)
- Maternal death (1 in 4200 after C/B compared with 1 in 25 000 after vaginal birth)
- Increased risk of repeat caesarean birth in future pregnancies
- Increased risk of placenta growing in an abnormal position in future pregnancies
- Higher risk of uterine scar rupture 1 in 98 for any future labours

Planned caesarean section may increase the risk of the following in babies:

- Baby being cut during caesarean (1-2 in 100)
- Very small increased chance of babies being born by caesarean developing asthma in childhood, becoming obese as a child and being more likely to die in first 28 days of birth (1 in 2000 compared to 1 in 3300)

Benefits of vaginal birth:

- Shorter stay in hospital after birth and recovery is likely to be faster
- Able to get back to everyday activities sooner (e.g. driving)
- Shorter future labours and likely more straightforward birth for subsequent babies

A vaginal birth may have risks of:

- Perineal discomfort after the birth
- Assisted birth with forceps or ventouse
- Vaginal tears – 3rd or 4th degree (6.1% for your first baby compared with 1.7% for any further babies)
- Emergency caesarean

Timing of planned caesarean:

A planned caesarean is usually offered from 39 weeks of pregnancy. Babies born by caesarean earlier than this are more likely to need admission to the neonatal unit due to breathing difficulties.

The planned date may have to be changed due to emergency situations but your healthcare team will keep you informed and arrange a new date as soon as possible.

Plan for labour prior to date of caesarean:

If you go into labour and would like to follow your birth plan of a caesarean birth, then an urgent caesarean will be performed when safe to do so. At times, there could be some delay due to high activity or emergencies in the unit. Provided there are no medical concerns to prompt immediate birth, the team will explain the risks and benefits to support the right choice for you and your baby depending on the clinical situation. In some circumstances if the labour has progressed, vaginal birth can be a much safer option both for you and your baby. If you present in spontaneous labour and would like to continue to aim for a vaginal birth, the maternity team will be happy to support you.

Information leaflet(s):	 RCOG leaflet	 Having a C/S at ENHT
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Do I have other options?

You may wish to discuss other options that would support you to choose vaginal birth as part of your personalised care plan you may wish to consider:

- Induction and timing of an induction
- Avoiding induction but aiming for vaginal birth in spontaneous labour
- Early epidural
- Discussing place of birth (homebirth or MLU)

You will be offered a birth options appointment to discuss alternative care outside of guidelines.

If you have had a previous traumatic experience, we offer a birth afterthoughts service and if you are scared or have anxiety around childbirth, we can support you on a tokophobia pathway alongside the mental health midwives.

If you are certain that you would like a caesarean birth and understand the risks of the surgery and impact on future births we will support your decision.

Risks and benefits discussed and understood	☐	Read RCOG leaflet	☐
Options for compromise offered	☐	Referred for obstetric review to consent / TCI	☐
Referred for birth options	☐	Referred to PMHWW / tokophobia support	☐
Discussion with midwife name:			
Discussion with obstetric consultant / registrar name:			