Caesarean section and subsequent births for women

A caesarean section (also sometimes referred to as ‘caesarean’) is an operation where a cut is made into the mother’s abdomen in order to deliver the baby. Women are over four times more likely to have a caesarean birth now than 30 years ago. It can be a life-saving operation and it is the most common major operation performed on women worldwide. If you have to have this operation, research shows that being given information before the operation will make you feel better prepared and help you to view the experience more positively.

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This leaflet is based on the best available research evidence and is one in a series of 25 Informed Choice topics
This publication is designed to help you make the right choices for you and your baby.

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Why the caesarean rate has increased

Caesareans (C/S) are much safer now than they were 60 years ago, which is why doctors, when balancing the risks during labour, choose to perform a C/S where there is concern about the health of the mother and/or her baby.
This concern may arise when the mother becomes ill, or when the conditions inside the womb become unhealthy for the baby.

One reason why there has been an increase in the number of C/S is the success of intensive care in saving the lives of premature and very low birth weight babies. This means that doctors are more likely to perform a C/S for premature labour (labour that starts too early), cases of severe pre-eclampsia (high blood pressure in pregnancy) or where there are problems with the baby’s growth and development.

There has also been publicity that the increasing rate of caesarean births is due to the fact that this operation is now seen as a consumer ‘choice’ – where some women choose to opt for one where there are no obvious medical reasons. Little research has been carried out on the actual numbers of women requesting caesarean section but evidence suggests that women who request it are more likely to have had a previous caesarean and/or wish to avoid a difficult situation in their next pregnancy.

Vaginal birth versus caesarean birth

A vaginal birth has always been safer than a caesarean and this remains the case. Despite improved techniques, maternal death from caesarean section is still five times higher than from vaginal birth. For emergency (unplanned) caesareans, this figure increases to 12 times higher, and even for planned (elective) caesareans the rate is twice that for vaginal birth. One reason for this increased rate is where there are other pre-existing problems with the health of the mother, rather than it all being as a result of the pregnancy.

Reasons for having a caesarean birth

For women having their first baby, the main reasons for having a C/S are:

- concerns that the baby is not coping with labour, is becoming distressed and needs to be born without delay
- failure to progress in labour, where the baby is too big to pass through the mother’s pelvis or is in a position that makes vaginal birth more difficult
- breech presentation where the baby is in the bottom down, rather than head down position. For more information see the Informed Choice leaflet if your baby is in the breech position, what are your choices?

Where women have already given birth, either vaginally or by C/S, the main reasons are:

- their last birth was by caesarean section
- previous failure to progress in labour or where the baby was too big to pass through the mother’s pelvis, or the baby was in a position that made vaginal birth more difficult
- previous fetal distress
- previous breech baby.
Medical reasons for caesarean birth can also be because the placenta is positioned over, or near to the neck of the womb (cervix). This is called ‘placenta praevia’. This could prevent the cervix from dilating, and would mean a risk of greater blood loss.

In multiple pregnancies (twins, triplets or more), there might be concerns about the condition of the babies or that the position they are in may not be a good one for vaginal birth. Twins account for about one in 80 births in the UK. Many twins and most triplets are now born by C/S although not all doctors agree that this is the only or best option. It is usually safe for twins and triplets to be born vaginally, but a C/S might be needed for delivery of the second twin after a vaginal delivery of the first.

Women who are overweight are more likely to deliver by C/S, but the reason for this is unclear, although research has suggested that where the mother is overweight, this may affect the way the womb (uterus) contracts in labour.

There are other conditions that would lead the obstetrician to advise you to have a C/S because of the need to deliver the baby at the best time to avoid further problems for either your or your baby’s health. These conditions include maternal diabetes, high blood pressure (hypertension), and a rare blood disorder in the baby (haemolytic disease of the newborn). For more information see the Informed Choice leaflet Information for women who are Rhesus negative.

Non-medical reasons for having a caesarean

- Maternal choice – for some women who have had a previous experience of sexual abuse, this might be their preferred option for giving birth

- Medical interventions are thought to increase the likelihood of having a C/S, especially one that has not been planned. These include the use of electronic heart rate monitoring in labour, artificial rupture of the membranes (ARM), induction of labour, and epidurals. Alternatively, research has found that where midwives rather than doctors attend to and support women in labour, there are fewer caesarean births.

For more information about these topics, please see the Informed Choice leaflets Listening to your baby’s heartbeat during labour, Epidural pain relief in labour, When your baby is overdue, and Support in labour.
How can a caesarean section affect you?

If you have a C/S it may take you longer to recover than women who have had a vaginal birth. This is because you are recovering from a major operation and have an abdominal wound, meaning it is more painful to move about, to get comfortable and to look after your baby as quickly as you would like to. You may also find that you have some feelings of disappointment about your overall birth experience. This is more common if you had an emergency C/S and you felt you didn’t have sufficient information or time to prepare for the operation. Some women have found it took them more time to feel close to their baby and to feel that their baby was really theirs as they felt excluded from the birth. Having a C/S can also cause some problems getting started with breastfeeding in the first few days, when you might need some extra help and support.

Women who have had a caesarean birth are more likely to be re-admitted to hospital after they have gone home following the birth. Compared to women who have had a vaginal birth, women who have had a C/S are also more at risk of the following:

- infections in the womb (endometritis)
- low blood count (anaemia) that may require a blood transfusion. For more information see the Informed Choice leaflet Anaemia – preventing, detecting and treatment in pregnancy and beyond.
- a chest infection (pneumonia)
- a delay in getting pregnant again
- having an ectopic pregnancy (where the egg (ovum) is fertilised in the fallopian tube)
- a low-lying placenta (placenta praevia) in a future pregnancy.

How can a caesarean section affect your baby?

The majority of babies born by elective caesarean do not need help with breathing (resuscitation) at birth. Where the C/S was unplanned and performed because of problems in the labour, these babies may need help to start them breathing normally. A specialist team will be on hand to give your baby any help needed at the time. A small number of babies do develop breathing problems after a C/S and may need to be admitted to a specialist neonatal unit.

Helping to make caesarean birth a more positive experience

There is concern about the high numbers of C/S births, which means the maternity services and health professionals are trying to ensure that caesarean sections are only performed when necessary. Receiving adequate information can help you adjust to something that was unexpected – whether this is information about a planned C/S, or one that is unplanned at the point of or during labour. Having a birth partner present when you have your caesarean has also been found to help make the whole birth experience more positive.
Vaginal birth after caesarean (VBAC)

In the past, once a C/S had been performed it was almost automatic that the method of delivery for any future births would also be by C/S. This was because the placement of the cut meant there was a risk of the womb tearing if the woman went into 'normal' labour. A change in the place where the cut is now made (it is referred to as an LSCS – a lower uterine caesarean section) means that this risk is now much less. Research shows that VBAC is safe for the majority of women who have had an LSCS, and that undertaking repeat caesareans where there is no obvious medical reason, may not offer any advantages for the mother or baby.

VBAC, therefore, remains appropriate for some women; for instance women who have delivered vaginally before a caesarean are more likely to achieve VBAC, as are women who have had a previous caesarean for breech. A successful VBAC is also associated with fewer side effects compared to a repeat C/S, with less risk of postnatal illness including fewer blood transfusions, reduced infection rates and shorter hospital stays.

Risks from repeat caesareans

The risks associated with having a C/S were set out earlier in this leaflet. There are some additional risks where the body has already suffered some damage from the previous surgery, which might cause complications when another operation is performed. These risks are rare, but they should still be discussed with you, alongside the reason why you have had a C/S in the past, as all of this is important information that you need in order to understand what choices are available to you.

They include:

- potential damage to the bladder
- an increased risk of needing a blood transfusion
- developing an illness in the weeks after the birth
- a slightly increased chance of a serious illness leading to death
- an increased chance of your baby becoming ill.

The risks associated with having a C/S increase with the number of caesareans a woman has undergone, which is why decisions regarding VBAC versus a repeat caesarean need to include your future plans for more children.
Vaginal birth after two or more caesareans

There is very little research that has looked at women’s success in having a vaginal birth after they’ve had two or more caesarean sections. Some research suggests that the rate of successful VBAC is no worse for women who have had two or more previous caesareans than those who’ve only had one.

Other studies have concluded that vaginal birth after two or more caesareans is less successful and the risks greater. However, if you have a history of two or more previous caesareans you should not be discouraged from attempting VBAC. Your doctor will discuss the advantages and disadvantages with you and may describe aiming for a vaginal birth as being a ‘trial of labour’. This is where you start in labour and your progress and the baby’s condition are monitored frequently and if problems arise, a decision to proceed to a C/S is made.

What we know

Your midwife and doctor will be able to discuss the safety of VBAC with you and a number of factors have been found that will affect the success or failure of VBAC:

- You are more likely to have a successful VBAC if you have had a previous vaginal birth (including previous VBAC).
- The reasons for your previous caesarean can go against VBAC.
- The number of caesareans you have previously undergone can affect the success of VBAC.
- A previous caesarean for a breech baby means you are more likely to achieve VBAC.

- VBAC has been found to be more successful where women have given birth to a premature baby (born too soon); therefore while women who have gone over their dates should be offered VBAC, there is more likelihood of this being unsuccessful.
- You can achieve VBAC with a twin pregnancy, although women with twins tend to be less likely to attempt VBAC.

Contraindications for VBAC

- VBAC appears to be less successful in women over the age of 35 who have not previously given birth vaginally.
- VBAC is more likely to be unsuccessful where women are overweight.
- Women with raised blood pressure in pregnancy (pre-eclampsia) are more likely to fail at VBAC.
- Research has suggested women who need to have their labours induced are more likely to be unsuccessful in achieving VBAC.

It is also advised that:

- VBAC is only performed in hospitals with appropriate facilities
- during labour women are monitored closely by a team of midwives and doctors.

To find out more about your options, please discuss this leaflet and any questions you may have with your midwife or doctor. More detailed information can be found in the professionals’ version of this leaflet.
Questions you may want to ask

After reading this leaflet there may be some things you are still not sure about. You can use this space to write down any questions you may have and any things you would like to discuss with your midwife or doctor

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