Childbirth: Caesarean section and Vaginal delivery

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Introduction:

Women should always make an informed decision about her childbirth choice. This is usually a joint decision between the patient and the obstetrician/midwife-and made after all issues have been mutually discussed. It is best to discuss the options early in pregnancy, although the decision might change during the course of the pregnancy. Pain relief should also be addressed for both vaginal (epidural, pethidine, aterax, entonox gas etc.) and caesarean section (e.g. spinal or general anaesthesia). Other points to consider or discuss with the obstetrician:

- Perineal tears,
- Need for episiotomy,
- Attendant paediatrician, anaesthetist
- Assisted delivery (forceps/ suction cup)
- Neonatal facilities
- No of days in hospital

Vaginal delivery:

If there are no problems noted during the antenatal period, then vaginal delivery is best. This can be anticipated anytime between 37-40 weeks of pregnancy. Early signs include vague lower back-ach, vaginal spotting/heavy show, rupture of membranes (water running down the legs), and regular contractions of the uterus that increases in
intensity and frequency. You need to get to your hospital as soon as possible so that you can be assessed and appropriate management can begin e.g. pain relief if needed, and a CTG (cardiotocograph) to assess the fetal heart rate and pattern.

If labour does not progress according to the partogram, i.e. a graph that is used to assess the progress of labour, then you might be advised to have a caesarean section. If all goes well the baby will be delivered with no problems and you may be discharged between 1-3 days later.

**Caesarean section (CS):**

CS might be elective i.e. planned or emergency. If you doctor plans a CS you need to ask the following:

- What is the reason for the CS?
- When will it be performed-at what gestational period?
- What does the procedure involve?
- Pain relief post caesarean section
- What are the associated benefits and risks?
- What are the implications for future pregnancies?

**Some reasons for a planned CS include:**

- Previous CS-the option of vaginal birth might be discussed, but note that there might be a dangerous complication called uterine rupture-where the womb can burst and this can be potentially fatal for both mom and baby
- Breech position (the head is at the top of the uterus) or other abnormal fetal positions (transverse/oblique lie)
- Twin pregnancy/ Multiple pregnancy
- Placenta praevia (the placenta partially or completely covers the cervix, thus preventing the baby form coming through)
- Genital herpes/HIV infection
Care after CS:

- Maintain good pain relief-take your medication timeously
- You must mobilise as well
- Stay well hydrated-because breastfeeding can dehydrate you if you do not drink enough
- Take a Calcium and Iron supplement
- Keep your wound clean and dry
- Do not carry heavy items and note the amount of vaginal bleeding
- Schedule your 6 week postpartum visit and discuss contraception with your doctor

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