

Caesarean section

A caesarean section, or C-section, is an operation to deliver your baby through a cut made in your tummy and womb.

The cut is usually made across your tummy, just below your bikini line.

Recovering in hospital

Most women can leave hospital 1 or 2 days after having a caesarean section.

While in hospital:

- you'll be given painkillers to reduce any discomfort
- you'll have regular close contact with your baby and can start breastfeeding
- you'll be encouraged to get out of bed and move around as soon as possible
- you can eat and drink as soon as you feel hungry or thirsty
- a thin, flexible tube called a [catheter](#) will remain in your bladder for at least 12 hours
- your wound will be covered with a dressing for at least 24 hours

When you're well enough to go home, you'll need to arrange for someone to give you a lift as you will not be able to drive for a few weeks.

Looking after your wound

Your midwife should also advise you on how to look after your wound.

You'll usually be advised to:

- gently clean and dry the wound every day
- wear loose, comfortable clothes and cotton underwear
- take a painkiller if the wound is sore – for most women, it's better to take paracetamol or ibuprofen (but not aspirin) while you're breastfeeding
- watch out for signs of infection

Non-dissolvable stitches or staples will usually be taken out by your midwife after 5 to 7 days.

Your scar

The wound in your tummy will eventually form a scar.

This will usually be a horizontal scar about 10 to 20cm long, just below your bikini line.

In rare cases, you may have a vertical scar just below your bellybutton.

The scar will probably be red and obvious at first, but should fade with time and will often be hidden by your pubic hair.

On darker skin, the scar tissue may fade to leave a brown or white mark.

Controlling pain and bleeding

Most women experience some discomfort for the first few days after a caesarean, and for some women the pain can last several weeks.

You should make sure you have regular painkillers to take at home for as long as you need them, such as [paracetamol](#) or [ibuprofen](#).

Aspirin and the stronger painkiller [codeine](#) present in [co-codamol](#) is not usually recommended if you're breastfeeding.

Your doctor will be able to advise you on the most suitable painkiller for you to take.

You may also have some vaginal bleeding.

Use period pads rather than tampons to reduce the risk of spreading infection into the vagina, and get medical advice if the bleeding is heavy.

Returning to your normal activities

Try to stay mobile and do gentle activities, such as going for a daily walk, while you're recovering to reduce the risk of [blood clots](#). Be careful not to overexert yourself.

You should be able to hold and carry your baby once you get home.

But you may not be able to do some activities straight away, such as:

- driving
- exercising
- carrying anything heavier than your baby
- having sex

Only start to do these things again when you feel able to do so and do not find them uncomfortable. This may not be for 6 weeks or so.

Ask your midwife for advice if you're unsure when it's safe to start returning to your normal activities.

You can also ask a GP at your [6-week postnatal check](#).

When to get medical advice

Contact your midwife or a GP straight away if you have any of the following symptoms after a caesarean:

- severe pain
- leaking urine
- pain when peeing
- heavy vaginal bleeding
- your wound becomes more red, painful and swollen
- a discharge of pus or foul-smelling fluid from your wound
- a cough or shortness of breath
- swelling or pain in your lower leg

These symptoms may be the sign of an infection or blood clot, which should be treated as soon as possible.

Risks of a caesarean

A caesarean is generally a very safe procedure, but like any type of surgery it carries a certain amount of risk.

It's important to be aware of the possible complications, particularly if you're considering having a caesarean for non-medical reasons.

Possible complications include:

- infection of the wound or womb lining
- [blood clots](#)
- excessive bleeding
- damage to nearby areas, such as the bladder or the tubes that connect the kidneys and bladder
- temporary breathing difficulties in your baby
- accidentally cutting your baby when your womb is opened

Future pregnancies after a caesarean

If you have a baby by caesarean, it does not necessarily mean that any babies you have in the future will also have to be delivered this way.

Most women who have had a caesarean section can safely have a vaginal delivery for their next baby, known as vaginal birth after caesarean (VBAC).

But you may need some extra monitoring during labour just to make sure everything is progressing well.

Some women may be advised to have another caesarean if they have another baby.

This depends on whether a caesarean is still the safest option for them and their baby.

What happens after a C-section?

In the hospital

In the recovery room, nurses will watch your blood pressure, breathing, pulse, bleeding, and the firmness of your uterus.

Usually, you can be with your baby while you are in the recovery area. In some cases, babies born by cesarean will first need to be watched in the nursery for a short time. Breastfeeding can start in the recovery area, just as with a vaginal delivery.

After 1 or 2 hours in the recovery area, you will be moved to your room for the rest of your hospital stay.

As the anesthesia wears off, you may get pain medicine as needed. This can be either from the nurse or through a device connected to your IV (intravenous) line called a PCA (patient controlled analgesia) pump. In some cases, pain medicine may be given through the epidural catheter until it is removed.

You may have gas pains as the intestinal tract starts working again after surgery. You will be encouraged to get out of bed. Moving around and walking helps ease gas pains. Your healthcare provider may also give you medicine for this. You may feel some uterine contractions called after-pains for a few days. The uterus continues to contract and get smaller over several weeks.

The urinary catheter is usually removed the day after surgery.

You may be given liquids to drink a few hours after surgery. You can gradually add more solid foods as you can handle them.

You may be given antibiotics in your IV while in the hospital and a prescription to keep taking the antibiotics at home.

At home

You will need to wear a sanitary pad for bleeding. It's normal to have cramps and vaginal bleeding for several days after birth. You may have discharge that changes from dark red or brown to a lighter color over several weeks.

Don't douche, use tampons, or have sex until your healthcare provider tells you it's OK. You may also have other limits on your activity, including no strenuous activity, driving, or heavy lifting.

Take a pain reliever as recommended by your healthcare provider. Aspirin or certain other pain medicines may increase bleeding. So, be sure to take only recommended medicines.

Arrange for a follow-up visit with your healthcare provider. This is usually 2 to 3 weeks after the surgery.

Call your healthcare provider right away if any of these occur:

Heavy vaginal bleeding

Foul-smelling drainage from your vagina

Fever or chills

Severe belly (abdominal) pain

Increased pain, redness, swelling, or bleeding or other drainage from the incision

Leg pain

Trouble breathing, chest pain, or heart palpitations

Your healthcare provider may give you other instructions, depending on your situation.