

Notes: Summary of the effects of CS compared with vaginal birth for women and their babies (source: NICE guidelines)

Increased with CS

- Abdominal pain
- Bladder injury
- Ureteric injury
- Need for further surgery
- Hysterectomy
- Intensive therapy/high dependency unit admission
- Thromboembolic disease
- Length of hospital stay
- Readmission to hospital
- Maternal death
- Antepartum stillbirth in future pregnancies
- Placenta praevia
- Uterine rupture
- Not having more children
- Neonatal respiratory morbidity

No difference after CS

- Haemorrhage
- Infection
- Genital tract injury
- Faecal incontinence
- Back pain
- Dyspareunia
- Postnatal depression
- Neonatal mortality (except breech)
- Intracranial haemorrhage
- Brachial plexus injuries
- Cerebral palsy

Reduced with CS

- Perineal pain
- Urinary incontinence
- Uterovaginal prolapse

Further notes: CS

Risk of uterine rupture for VBAC

- Spontaneous labour = 1/200
- IOL (non-prostaglandin) = 1/100
- IOL (prostaglandin) = 1/50

Postoperative monitoring

- Recovery area – one-to-one observations until the woman has airway control and cardiorespiratory stability and can communicate
- Then, half-hourly observations (respiratory rate, heart rate, blood pressure, pain and sedation) for 2 hours,
- Then hourly if stable
- Intrathecal opioids – hourly observation of respiratory rate, sedation and pain scores for 12 hours for diamorphine and 24 hours for morphine
- For epidural opioids and patient-controlled analgesia with opioids – hourly monitoring during the CS, plus 2 hours after discontinuation