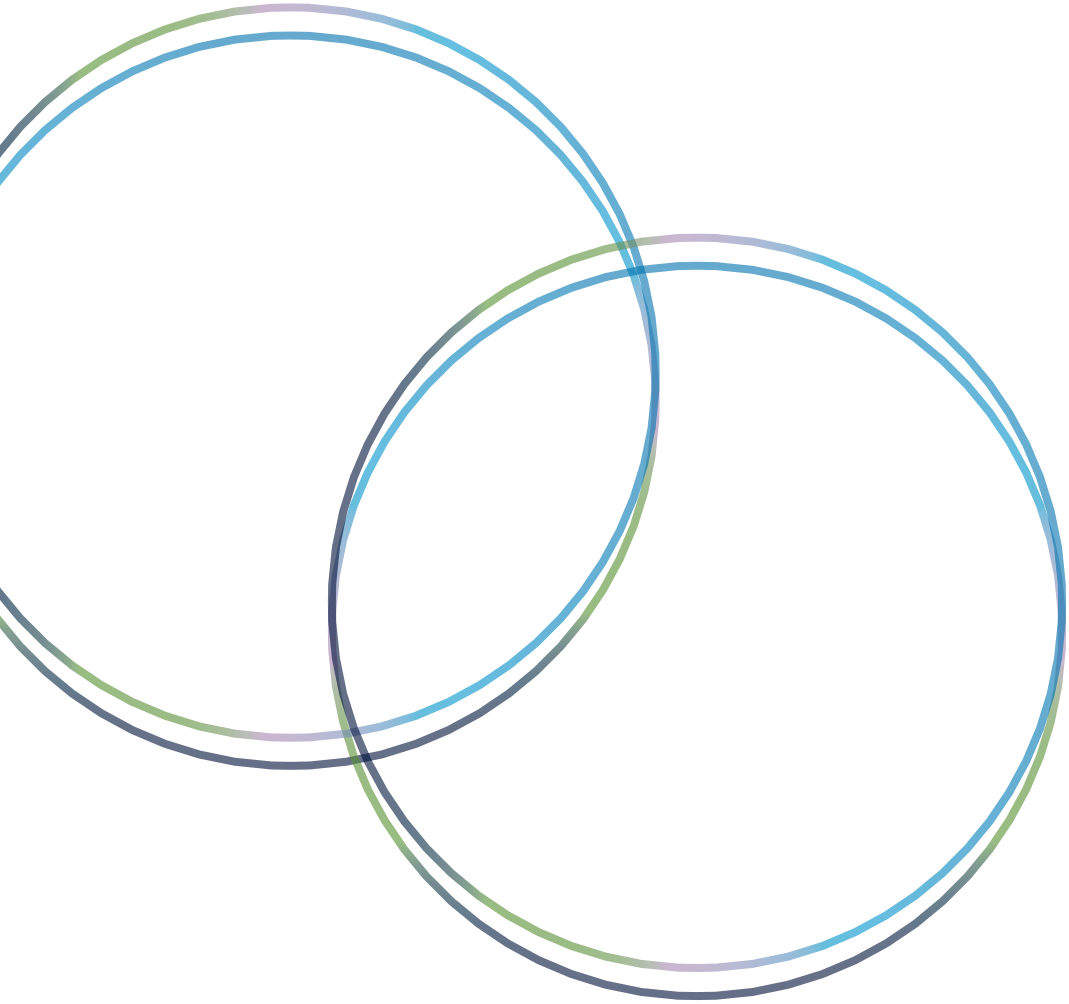
Oxford University Hospitals
NHS Foundation Trust

Giving Birth: What are my options?

(planned caesarean or vaginal birth)

Information leaflet



Why am I being given this leaflet?

You are being given this leaflet as during your pregnancy you may want to consider whether you would like to plan a vaginal birth or a caesarean birth. It is important that you have all the information needed to make decisions that you feel are right for you. It may also prompt thoughts, questions, and feelings that you would like to explore. Thinking about this earlier in pregnancy is important as it allows time to receive information, consider your options and make a fully informed decision.

The information in this leaflet is for those considering a planned caesarean for reasons other than a physical or medical health need.

This leaflet may not be as helpful if you have already been offered a caesarean birth because of specific reasons in your pregnancy, as the benefits and risks will likely be different. If you are in this situation, your healthcare professional will discuss your options for birth with you. If you have had a caesarean birth in the past, please see the patient information leaflet ***"Birth after caesarean – choices for birth"***.

If you are planning a vaginal birth and would like to know more about your options for place of birth, please see the patient information leaflet ***"Birth place options in Oxfordshire"***.

Decision making – using the BRAIN acronym – how can this help?

The BRAIN acronym is a decision-making tool that will help you gather the information you need to make informed decisions about your and your baby's health. We will include the BRAIN acronym throughout this leaflet to help you consider some of the decisions you may need to make about your care options later in your pregnancy.

B – Benefits

What is the benefit of having this procedure/intervention?

R – Risks (or disadvantages)

What are the risks of this process for me and my baby?

A – Alternatives

What is the alternative to this procedure – is there a different care pathway?

I – Instinct

What do you feel is right for you, what feels safest, what does your gut instinct tell you?

N – Nothing

What happens if I do nothing or if I need more time to decide?

What are the different ways people give birth?

The purpose of this leaflet is to give you some background information on different ways of giving birth. Feedback from women and birthing people has shown that better understanding of options and informed choice around birth helps lead to a more positive birthing experience. We would like to support you in having a safe and positive birth and will accommodate your individual preferences wherever possible. Our aim is for you to feel heard and be involved in the decisions concerning you and your baby's care.

Vaginal birth

Spontaneous vaginal birth

A spontaneous vaginal birth is a physiological birth, where a baby is born through the vagina. The baby is born by the physiological process of labour which occurs by the birthing woman or person pushing with contractions to move the baby through the birth canal. You are supported throughout by midwives and the birth happens without the use of medical aids such as forceps or ventouse.

Birth with forceps or ventouse (sometimes called assisted vaginal birth)

An assisted vaginal birth is when an obstetrician (pregnancy doctor) uses specially designed instruments to help you give birth to your baby. It may be recommended if there is an unexpected delay in a baby's birth during the second stage of labour (the pushing stage), or if there are any concerns about you or your baby's wellbeing.

Ventouse

A ventouse (suction cup) is an instrument that uses suction to attach a plastic cup on to your baby's head. During a contraction, you and your doctor will work together to help the baby be born. The doctor will assist with the ventouse whilst you push your baby out.

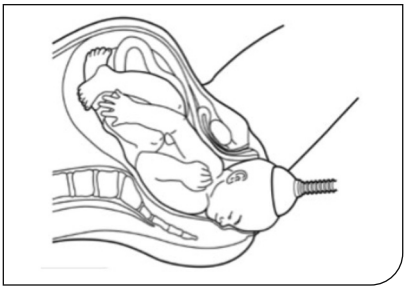


Figure 1: This is a picture of an assisted vaginal birth of a baby using a ventouse cup.

Forceps

Forceps are smooth, curved metal instruments. They are made to carefully fit around your baby's head. You and your doctor will work together to help the baby be born. The doctor will assist with the forceps whilst you push your baby out.

Your healthcare professional will recommend the method most suitable for your individual situation.

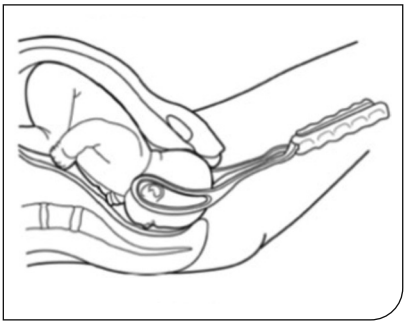


Figure 2: This is a picture of an assisted vaginal birth of a baby using forceps.

Overall about 1 in 8 to 9 births in the UK are assisted vaginal births but are much less common than this in people who have given birth vaginally before (regardless of whether the first birth was assisted or unassisted).

If you have someone supporting you throughout your labour you are less likely to need an assisted vaginal birth, particularly if the support comes from someone you know, in addition to your healthcare professional. Assisted vaginal births are less likely if you do not have any complications in your pregnancy and plan to have your baby in a midwife-led unit or at home. Using upright positions or lying on your side after your cervix is fully open in labour can reduce the need for an assisted vaginal birth (regardless of whether the first birth was assisted or unassisted).

Having an epidural for pain relief in labour may increase the chance of you needing an assisted vaginal birth. You may be advised to wait until you have a strong urge to push, or to try and delay pushing by 1 to 2 hours as this may reduce the chance of needing an assisted vaginal birth.

For more information on assisted vaginal births see the RCOG information leaflet 'Assisted vaginal birth (ventouse or forceps)': www.rcog.org.uk/for-the-public/browse-our-patient-information/assisted-vaginal-birth-ventouse-or-forceps

Caesarean birth

Unplanned caesarean birth

In a caesarean birth, the baby is delivered through a surgical cut made in the woman or birthing persons's abdomen and uterus (womb). A caesarean birth which is not planned or performed at short notice is known as a unplanned caesarean. Unplanned caesareans may be recommended if there is a complication during labour such as if the mother is unwell, labour is not progressing or there are signs that baby is not coping with labour. There may be factors that are identified in pregnancy which mean there is a higher chance of needing an unplanned caesarean. If you are found to be in a higher chance group, we will recommend that your antenatal care is shared with an obstetrician. You will be offered an appointment to discuss your individual chance of needing an unplanned caesarean, and to make a birth plan that you are happy with.

Planned caesarean birth

In a caesarean birth, the baby is delivered through a surgical cut made in the woman or birthing person's abdomen and uterus (womb). A caesarean birth is sometimes planned in advance – this is explored in more detail further on in this leaflet.

Why do some women and birthing people consider a planned caesarean birth?

- anxiety or fear of giving birth vaginally
- feeling that a planned caesarean birth gives you a better sense of control
- a previous traumatic experience
- after considering the benefits and risks, a caesarean birth is the preferred choice.

Understanding the reasons for considering a caesarean helps your healthcare professional to provide information and support which is right for you.

For example, if you had a difficult vaginal birth previously, discussing the experience with a healthcare professional may help to understand what happened. Many complications that happen during one birth may be unlikely to happen again. For example, if you had a previous birth with forceps or ventouse (suction cap) in your first pregnancy, and are worried about this happening again, it has been found that your chance of having an unassisted vaginal birth next time is more than 9 in 10 (90%).

Discussing your options for pain relief might be helpful. Safe and effective options for pain relief, including epidural analgesia are available. For more information about pain relief during labour see the Labour Pains website (labourpains.org) from the Obstetric Anaesthetists' Association. You may wish to talk about your options with an anaesthetist.

We may also be able to offer you care from a small group of midwives that will look after you throughout your pregnancy, during labour, and post birth. Building a relationship with the same midwives who will look after you in labour may give you more confidence.

If you are anxious about having a vaginal examination or about any other aspect of birth, your healthcare professional may offer ways of caring for you in labour that may be more acceptable to you. There is a chance that vaginal examinations may be needed even after a caesarean birth (for example if you have heavy bleeding afterwards).

What can I expect if I am considering a caesarean birth?

A planned caesarean birth is the preferred mode of birth when the risks of vaginal birth are considered to outweigh the possible benefits of vaginal birth. Most people in the UK give birth vaginally have healthy babies and recover well. Most people who have a planned caesarean birth will also have healthy babies and recover well. However, it is important to acknowledge that there are short and longer term risks associated with a planned caesarean birth that must considered so that a fully informed decision can be made. Having a caesarean birth is a major operation with risks that should be compared with your risks of a planned vaginal birth. If a caesarean birth is your preferred option, we will do our very best to support you with this choice.

Your maternity team will support your decision-making by following national guidance (sometimes known as NICE guidelines). The NICE acronym stands for the National Institute for Health and Care Excellence. NICE guidance recommends that where caesarean birth is requested by a woman or pregnant person, without medical reason we should:

- offer to discuss and explore the reasons for the request
- ensure they have balanced and accurate information by discussing the overall benefits and risks of caesarean birth compared with vaginal birth
- offer to discuss alternative birth options (for example, place of birth, continuity of midwifery care where available, pain relief options), which may help address concerns they have about the birth
- offer discussions with a consultant midwife or senior midwife, in a birth choices clinic
- offer discussions with an obstetrician and other members of the team (for example, an anaesthetist) if necessary or requested by the woman or pregnant person
- If a woman or pregnant person requests a caesarean birth because they have a severe fear of birth or other severe anxiety about childbirth (for example, a previous traumatic event), offer referral to a healthcare professional with expertise in mental health support to help with their anxiety.

However you choose to give birth, our aim is to support you to have a positive experience and safe birth

Here are some quotes from people who have used our service.

"Amazing midwife (30 years experience) and apprentice. They were extremely kind, helpful, made me feel at ease, confident. I delivered a 99% percentile baby on weight and still managed to deliver the baby with no tears. The team helped me so much with breathing techniques etc."

"The care was excellent, in particular the midwives in the delivery suite who kept a caring, relaxed and calm environment through labour, and helped me and my birth partner to make informed decisions on the next steps when the induction process didn't go as planned. The theatre staff were friendly and positive during my unplanned Caesarean, which made the procedure seem much less scary."

"Caesarean section team were amazing before, during and immediately after my planned procedure."

Considerations when thinking about how to give birth (vaginal or caesarean birth)

At around 16 weeks of pregnancy, your midwife will ask you some questions about how you feel about giving birth. You may want to consider your thoughts, feelings and any current preferences in advance of this appointment.

You may want to consider and talk about:

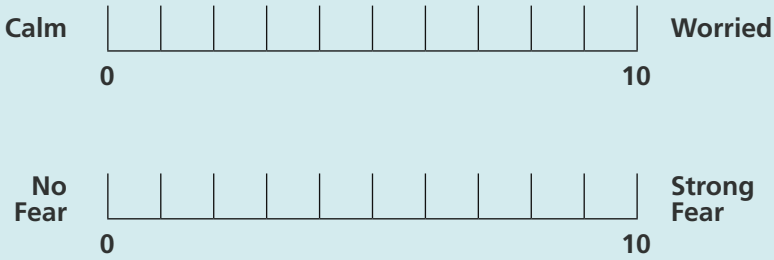
- How do you feel about the pregnancy?
- What are your feelings towards the baby?
- How are you feeling about giving birth?
- If you have given birth before, how was your previous experience?
- Do you have any birth preferences?

You will be asked about you level of fear and anxiety around birth by completely the 'Fear of Birth Scale' with your midwife.

Fear of Birth Scale

How do you feel right now about the approaching birth?

Please mark with an X on the lines below. This should be your initial/instinctive reaction if possible.



If you are experiencing a high level of fear of birth, we will offer to refer you to a psychological support service such as **Maternal Mental Health Service** or **Oxfordshire Talking Therapies**. Please let your midwife know if you already accessing psychological support/counselling - either privately or with the NHS.

The **Maternal Mental Health Service** is a small, specialist, psychology-led service which may be offered in addition to discussions about how you give birth. It works specifically with fear of birth (also known as Primary or Secondary Tokophobia) and aims to support your psychological wellbeing and identify if there are techniques or strategies which can reduce your fear or anxiety.

Oxfordshire Talking Therapies can offer a wide range of evidence-based therapies for many different difficulties. If your current fear of birth is in the context of historical anxiety or low mood, they may be more able to help. They offer Perinatal Priority meaning you can access support more quickly.

It is your choice to accept or decline any referral.

Pathway of Care

Booking

- Your community midwife will provide written information on a range of topics at your booking appointment and ensure you are aware of options around how and where you give birth.

16 weeks

- During your 16 week appointment, your community midwife will ask you to consider what is important to you and offer a discussion about your birth choices including place of birth and mode of birth.
- We will ask you some questions about how you feel about giving birth including taking a 'Fear of birth score'. If you have high levels of fear we will offer you referral to a support service called the Maternal Mental Health Service.
- If you are considering a caesarean birth, we will refer you to a specialist clinic (either the Birth Choices Clinic or your obstetric antenatal clinic).

20 to 24 weeks

- Women and birthing people considering a planned caesarean without medical indication will be seen in a specialist clinic and detailed information about vaginal birth and caesarean birth will be discussed.
- After this appointment you will have some time to consider your options, and access helpful resources and information to help you decide.
- If you decide you would like a vaginal birth you will continue seeing your community midwife. If you decide you would like a planned caesarean birth - you will be referred to the see an obstetric doctor.

28 to 34 weeks

- If you decide you would like a caesarean birth, you will have a follow up appointment in the obstetric antenatal clinic where you will have an opportunity to ask the obstetric doctor any questions.
- After 34 weeks of pregnancy, we are unable to make referrals or arrange a caesarean birth without a medical indiction. This is to ensure that all the birthing women and pregnant people we care for have access to the care they need.

39 to 41 weeks

- A planned caesarean birth is scheduled between 39 and 41 weeks of pregnancy.
- Throughout your pregnancy we will talk to you about considering a 'plan B' if labours starts before the date of your planned caesarean.

How can I request a caesarean birth?

If you are considering choosing a caesarean birth, please let us know as early as you can so that we be able to provide you with all the information you may need and if necessary, refer you to the most appropriate services. Your midwife or obstetrician will refer you to the Birth Choices Clinic to discuss your personal care and support plan.

Birth Choices Clinic

At this appointment a Consultant Midwife or Birth Choices Midwife will explore your individual needs and unique circumstances that have led you to consider a caesarean birth. This is to enable us to better understand your view of birth and to better understand what is important for you and your family. It is a two-way conversation to plan your care and to communicate the outcome of the meeting with everyone involved in your care.

It may be worth writing down any questions you may have prior to any consultations you have with either the Consultant Midwife or Consultant Obstetrician.

During this appointment you may like to explore your choices including options around place of birth, support in labour or pain relief options.

Once you have been seen in the Birth Choices Clinic, you will have some time to consider the information provided and your options, access helpful resources and information to help you decide how you would like to give birth. If you feel a caesarean birth is the right choice for you, a further meeting is arranged with a Consultant Obstetrician who will discuss the birth with you and arrange the caesarean.

These appointments should ideally be completed by 32 to 34 weeks of pregnancy, and for this reason early contact or referral is appreciated. If referrals are made after 34 weeks of pregnancy, we may be unable to accommodate a planned caesarean. This is because it takes time to receive and consider the information provided, and for us to arrange this operation.

A planned caesarean birth at maternal request is usually performed after 39 weeks of pregnancy, and by the end of the 40th week of pregnancy, as this allows time for the baby's lungs to mature. Babies born by caesarean earlier than this are more likely to need admission to the Neonatal Unit for help with their breathing (1 in 24 babies born at 38 weeks of pregnancy will need breathing support compared to 1 in 56 babies born after 39 weeks of pregnancy). This is why your healthcare professional will recommend planning for your caesarean to take place after 39 weeks of pregnancy, unless there are other reasons why your baby may need to be born earlier.

What happens if I go into labour prior to a planned caesarean?

Some women and pregnant people will go into labour before the date of their planned caesarean birth. If this happens, you should contact the **Maternity Assessment Unit** on **01865 220 221**. You will, speak to a midwife and be invited into the maternity unit for an assessment.

Your midwife and doctor will discuss the options of either continuing in labour and aiming for a vaginal birth or having a caesarean in labour. These options may be influenced by how advanced your labour is and by the capacity with the maternity unit at the time. There are occasions when it may not be possible to perform a caesarean in labour. Therefore it is important for you to consider this and how we can best support you if this happens (such as thinking about the pain relief you would prefer). We will try to accommodate your preferred choices wherever possible.

Benefits and risks of planned caesarean birth for me and my baby

It is important that you consider the risks and benefits of planned caesarean birth carefully. People view risk differently and how you view risk will mostly depend on your own circumstances and experience.

Benefits of caesarean birth

- Having a planned date for the birth and reducing the uncertainties of going into labour naturally.
- Minimising the chance of needing an assisted vaginal birth or an unplanned caesarean birth.
- If you have specific concerns about your baby needing to be born with the help of ventouse or forceps, you can find out more from the RCOG patient information Assisted vaginal birth (ventouse or forceps) (www.rcog.org.uk/for-the-public/browse-our-patient-information/assisted-vaginal-birth-ventouse-or-forceps). Forceps may also be used during a caesarean birth.
- Avoiding the chance of tears to your vagina or perineum. Perineal tearing is common during a vaginal birth and tears will heal well for most women. The chance of long-term complications following a tear is small. There are measures which reduce the chance of a significant tear such as perineal massage in pregnancy. Please speak to your midwife for more information.
- Reducing the chance of you having urinary incontinence (leaking urine). Up to 1 in 4 (28%) women who have a baby born by caesarean experience urinary incontinence compared to up to 1 in 2 (49%) women who give birth vaginally. The chance of longer term urinary incontinence is lower whichever way you give birth and pelvic floor exercises can help. This can depend on your personal circumstances such as how any previous babies you have had. The UR CHOICE Pelvic Floor Disorders calculator is a tool that you can access online to help you understand the chance of complications for you. You can access this at: https://riskcalc.org/UR_CHOICE and you may also want to discuss this with your midwife or doctor.

Most common risks of caesarean birth

- Pain – Although you should not feel any pain during the caesarean (because you will have an anaesthetic that provides complete pain relief), the wound will be painful while you recover after the operation. You will be given pain relief in hospital and to take home. 1 in 10 women will experience discomfort for the first few months. The recovery period after a caesarean birth is usually about 6 weeks, but this can vary.
- Infection – This can be of your wound or your uterus (womb). It is common (2 to 7 in 100 women) and can take several weeks to heal. The chance of infection is higher in people that have a higher body mass index. This may mean you need to be readmitted to the hospital for further treatment of the infection.
- Developing scar tissue (adhesions) internally when you heal from the operation. This can cause pain and can make any operations you might need later in life more difficult.
- A longer stay in hospital after your baby is born.
- A longer recovery post birth. Women having a caesarean birth are advised to allow 6 weeks for physical recovery and not to plan to drive during this time.

Less common, more serious complications of caesarean birth

- The chance of needing to undergo a hysterectomy (removal of your uterus) because of heavy bleeding at the time of your caesarean birth increases with each operation, but overall this chance is low (about 1 in 670 after caesarean birth compared with 1 in 1250 after vaginal birth).
- Rarely there is the chance of bladder injury or injury to other abdominal organs during a planned caesarean. This may require further operations to repair any injury that occurs. The organs/structures that are most commonly injured includes (but are not limited to) the urinary bladder/bowel/ureters (the tubes that carry urine from kidneys to bladder on each side), blood vessels or nerves (1 in 1000). Your healthcare team will discuss with you the chance of this happening as it will depend on your individual circumstances.
- Chance of Maternal death – 1 in 4200 after caesarean birth compared with 1 in 25 000 after vaginal birth.
- Chance of needing further surgery at a later date, 5 in 1000 (uncommon).
- Chance of needing admission to the Intensive Care Unit – 9 in 1000 (uncommon).
- Chance of developing blood clots in the legs that can travel to the lungs (deep vein thrombosis and pulmonary embolism) – these are more common (five times higher) following a caesarean birth. Women and birthing people at higher risk of developing clots are offered preventative medication.

Risks of caesarean birth for baby

- There is a small chance of your baby being cut during the operation. This is usually a small cut that isn't deep. This happens in 1 to 2 out of every 100 babies delivered by caesarean birth, but usually heals without any further harm. Thin adhesive strips may be needed to seal the wound while it heals.
- Around 1 in 100 babies may require breathing support after caesarean. There may be small chance of the following problems, particularly following a planned Caesarean Birth:
  - Increased chance of developing asthma later on in life (1 in 55 compared with 1 in 67 after a vaginal birth).
  - Increased chance of becoming obese as a child (1 in 22 compared to 1 in 25 after a vaginal birth).
  - The reason for above are not entirely clear, however, it may be that babies born by caesarean birth are not exposed to the healthy bacteria (commensal bacteria/ bacteroides) that occur during labour/a vaginal birth. Instead, they are exposed to opportunistic bacteria such as Enterococcus and Klebsiella which circulate in hospitals. Babies born vaginally get most of their gut bacteria from their mother whereas babies born by caesarean birth have more bacteria associated with hospital environments in their guts. This may affect their immune system in later life.
  - Increased chance of dying in the first 28 days of birth (1 in 2000 compared to around 1 in 3300 after vaginal birth).

Impact of caesarean birth in future pregnancies

If you choose to have a caesarean birth, future births are more likely to be caesarean births. You should consider the size of the family you would like, as the risks increase with the number of caesarean births you have.

Once you have had a caesarean birth:

- You have a higher chance of a serious complication called placenta accreta in any future pregnancy. Placenta accreta is where the placenta does not come away as it should when your baby is born. If this happens, you may lose a lot of blood and need a blood transfusion, and you are likely to need a hysterectomy. The chance of placenta accreta increases with every caesarean birth. See RCOG patient information Placenta praevia, placenta accreta and vasa praevia (www.rcog.org.uk/for-the-public/browse-our-patient-information/placenta-praevia-placenta-accreta-and-vasa-praevia).
- If you have a vaginal birth in the future, there is a higher chance of having a uterine rupture. This usually only happens if you go into labour and is less likely to happen if you plan another caesarean birth. It is an uncommon but serious complication that can lead to very heavy bleeding.
- There may be a higher chance of stillbirth in a subsequent pregnancy but current evidence on this is limited.

If you find it useful to see this information in a comparative side-by-side table please see below:

The following information is from the research evaluated by the National Institute of Care Excellence (NICE) Appendix A of the NICE guideline on Caesarean birth [NG192]:

For women	Planned caesarean birth	Planned Vaginal birth
Third or fourth-degree perineal tears	0 per 10,000	56 per 10,000 (about 1 in 179)
Urinary incontinence more than 1 year after birth	2752 per 10,000 (about 1 in 4)	1,960 per 10,000 if unassisted (about 1 in 5) 730 per 10,000 if assisted (1 in 14)
Faecal incontinence more than 1 year after birth	780 per 10,000 (about 1 in 13)	No difference if unassisted. If assisted: 1510 per 10,000 (about 1 in 7)
Urinary tract injury	About 1 per 1000*	0 per 1000
Uterine rupture in any future pregnancy	20 per 10,000 (about 1 in 500)	Less than 1 per 10,000 (about 1 in 14,300)
Emergency hysterectomy	20 per 10,000 (about 1 in 500)	10 per10,000 (about 1 in 1000)
Placenta accreta in a future pregnancy	10 per 10,000 (1 in 1000)*	3 per 10,000 (about 1 in 3,300)
Maternal death	25 per 100,000 (about 1 in 4000)	4 per 100,000 (about 1 in 25 000)
Length of hospital stay	About 4 days on average	About 2 and a half days on average

For baby	Planned caesarean birth	Vaginal birth
Asthma	181 per 10,000 (about 1 in 55)	150 per 10,000 (about 1 in 67)
Dying within 28 days of birth	6 per 10,000 (about 1 in 1700)	3 per 10,000 (about 1 in 3300)

* Numbers for planned and unplanned caesarean births.

What anaesthetic will I have during a planned caesarean birth?

There are two types of anaesthetic. You can be either awake (with a regional anaesthetic) or asleep (with a general anaesthetic). The majority of women and birthing people having a planned caesarean birth will have a regional anaesthetic (a spinal anaesthetic or an epidural, or a combination of the two). You will not feel pain although you may feel nauseous (sick) or experience vomiting (being sick), and you are likely to feel a pulling sensation or pressure in your lower body during the actual birth of the baby. There are medicines that your anaesthetist can give you to help with discomfort or nausea during the procedure.

A regional anaesthetic is usually safer for you and your baby than a general anaesthetic and allows you and your partner to experience the birth together. Your partner will not be able to be with you in the operating theatre if you have a general anaesthetic. You will have an opportunity to discuss your pain relief options with an anaesthetist. For more information on the different types of anaesthetic and risks of each, see: **www.labourpains.org**

Will I be offered an induction of labour? Is this the right option for me?

In the UK, around a third of women have their labour induced. If you have been offered an induction of labour for a specific reason and you would prefer not to have this, you should discuss this with your health care professional. You can choose to wait for natural labour or consider planning a caesarean birth. Speak with your healthcare professional as early as possible to discuss your options.

For more information please see the Oxford University Hospitals information leaflet: www.ouh.nhs.uk/maternity/resources/. Search: "*The Induction of Labour Journey – Your Options* "

How to contact us

If you have any further questions, please contact your community midwife.

Useful resources information

- The Royal College of Obstetricians and Gynaecologists patient information leaflet (opens in a new tab)
- 'Procedure for Elective Caesarean Section' via YouTube (Anaesthetic procedure for elective caesarean section (C section) (youtube.com): www.youtube.com/watch?v=TtKd-iR9Oo8
- UR CHOICE calculator: https://riskcalc.org/UR_CHOICE
- For more information about pain relief during labour see the Labour Pains website: www.labourpains.org from the Obstetric Anaesthetists' Association.
- NHS Choices – Caesarean section: www.nhs.uk/conditions/caesarean-section
- NICE guideline on caesarean section: www.nice.org.uk/guidance/cg132/informationforpublic
- Royal College of Obstetricians and Gynaecologists – Consent Advice No. 14 Planned Caesarean Birth: www.rcog.org.uk/ca14

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

We would like to thank the Oxfordshire Maternity and Neonatal Voices Partnership for their contribution in the development of this leaflet.

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