

Caesarean Section (C.S)

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Obstetric & gynecological nursing

Objective

- By the end of this lecture the student will be
- able to
- Define the S/C
- List the types of S/C
- Explain the indication of S/C
- Discuss the nursing intervention

DEFINITION

CAESAREAN SECTION

- is the removal of a child through an incision in the abdominal wall of an intact uterus.
- An operative procedure to deliver a viable foetus or more (i.e. after 28 weeks) through an abdominal and uterine incisions.

Indications

- **Divided into**

1. Maternal indicators.

2. Fetal indicators.

Maternal indications

- Contracted pelvis .
- Pelvic tumours especially if impacted in the pelvis or cancer cervix.
- Antepartum haemorrhage . e.g placenta previa.
- Hypertensive disorders with pregnancy .
- Abnormal uterine action .
- Dystocia.

Maternal indications

- Previous uterine scar as hysterectomy .
- Previous repair of vesico-vaginal fistula.
- Previous caesarean section .
- - History of puerperal infection after the previous section.
- - Vaginal bleeding during current labor.
- Associated conditions as ante partum hemorrhage or malpresentations.

Foetal indications

- Malpresentations and malposition .
- Prolapsed pulsating cord or foetal distress before full cervical dilatation.
- Bad obstetric history as recurrent intrauterine foetal death in last weeks of pregnancy or repeated intranatal foetal death.
- Foetal distress.

Contraindications

1-Dead foetus: except in;

- - Extreme degree of pelvic contraction.
- - Severe accidental haemorrhage.

2- Disseminated intravascular coagulation: to minimise blood loss.

3- Extensive scar in the abdominal wall e.g. in burns.

Types of Caesarean Section

(A) According to timing:

- **1-Elective caesarean section:** The operation is done at a pre-selected time before onset of labour, usually at completed 39 weeks. is most commonly arranged for medical indications which have developed before or during the pregnancy,
- **2-Selective caesarean section or an emergency :** The operation is done after onset of labour.

(B) According to the site of uterine incision:

1- Upper segment caesarean section (classical C.S.): The incision is done in the upper uterine segment and it is **always vertical**.

2- Lower segment caesarean section (LSCS) : It is the common type.

The incision is done in the lower uterine segment and may be **transverse** (the usual)

Types of Caesarean Section



- **Advantages of elective C.S:**

- Pre - operative good preparation as regard sterilization and antiseptic measures, fasting and bowel preparation.
- The risk of puerperal sepsis is minimised.
- The operation is scheduled and working is ease.

- **Disadvantages of elective C.S:**

- The risk of immaturity of the foetus .
- Higher incidence of respiratory distress syndrome.
- Postpartum haemorrhage .
- Imperfect drainage of lochia as the cervix is closed .

Complications of Caesarean Section

Operative:

1- Primary maternal mortality is 4 times that of vaginal delivery which may be due to:

i- shock .

ii- An aesthetic complications .

iii- Hemorrhage .

2- Injuries to the bladder or ureter.

3- Foetal injuries.

Complications of Caesarean Section

(II) Post-operative:

(A) Early:

Thrombosis and pulmonary embolism.

Acute dilatation of the stomach and paralytic ileus.

Wound infection, puerperal sepsis .

Chest infection.

(B) Late :

Rupture of the uterine scar.

Nursing management

Preoperative care:

- A nursing assessment and history of a pregnant woman.
- the procedure must be explained in a language that the woman understands.
- For the skin preparation, shaving away abdominal [hair](#) and washing the skin over the incision site with soap and water could reduce the bacteria on the skin.

- Insert urinary catheter is prescribed before the surgery to reduce [bladder](#) size and keep the [bladder](#) away from the surgical field.
- Check the results of investigations and blood taken from the patient and sent to: Blood bank for group and cross-matched .
- Nil by mouth
- IV infusion continued and fluids administered as prescribed .
- Pre-operative medications are administered as prescribed

Preoperative care

- Dress in operating room gown .
- Finger nail polish Rings removed .
- Continue to monitor maternal vital signs.
- Continue to monitor fetal heart rate.
- Emotional Support .
- Documentation .

- **Postoperative Care**

- divided into two: immediate recovery period and extended postpartal period.
- Assess level of consciousness Record BP, temperature and pulse .
- analgesia administered, for pain as prescription .
- Oxygen administration as prescription if necessary .
- Patency of urinary catheter, colour and amount of urine.

- Wounds for ooze.
- Amount of lochia.
- Intake and output chart .
- Encourage deep breathing, coughing and leg exercises.
- Begin ambulation within 6 – 12 hours.
- Introduce ice and sips of water as tolerated by the woman . Introduce diet as allow by doctor .
- Assist with baby cares and feeding