

Information Protocol on Cesarean Section

Name:

First name:

Date of birth:

This page should provide you with information, not worry you. It is only part of the information you will receive. The planned intervention will be discussed with you in person. Please ask about anything that is unclear or seems important, and don't hesitate to say if you would prefer not to know too much about the forthcoming procedure.

Reasons for a birth with Cesarean section may include the following:

- abnormal presentation (for example, transverse and breech presentation or irregular implantation of the placenta);
- multiple pregnancy, preterm birth, status post Cesarean section, very large child;
- problems during pregnancy (e.g., fetal growth retardation, maternal hypertension);
- problems during childbirth (e.g., insufficient progress of labor, unsuccessful induction of labor, signs of fetal distress);
- Concerns of the mother about physical and/or psychological stress during childbirth, labor pain, possible injury to the child during labor, injury to the pelvic floor with impairment of the sphincter muscles of the bladder and intestine, and/or impairment of sexuality. Medicine knows various prevention and treatment options for these problems. In a personal conversation, the woman giving birth and the person accompanying her are given information about options for pain relief including "partial anesthesia" (epidural and peridural anesthesia), treatment options for pelvic floor damage and the monitoring and gentle development of the child. After a Cesarean section, the absence of the experience of a natural birth may also be felt as a burden; the importance of the birth experience for the child's development is unclear.
- Other personal reasons

Operation method: The uterus is accessed via a transverse abdominal incision above the pubic hair. After the abdominal cavity has been opened, an incision is made in the uterus to remove the infant and the placenta. The procedure is usually done under so-called partial anesthesia, sometimes under general anesthesia.

Risks and complications for the mother: Despite flawlessly performed surgery, complications may occur. Especially in difficult situations and in the presence of adhesions, adjacent organs (bladder, ureter, intestine) can be injured during the procedure. Despite precautionary measures (antibiotics, blood thinning) and advances in medicine, infection, wound healing disorders (possibly bulging scar formation, so-called keloids) and formation of blood clots (thromboses) can never be entirely ruled out. Because it is necessary to empty the bladder via a catheter during the procedure, bladder infection may occur. However, these problems can easily be treated in the days after the procedure. Flatulence and cramps are due to temporary intestinal symptoms; they are typical for an abdominal operation and not signs of complications. Serious complications with fatal consequences are extremely rare. In later pregnancies, the placenta may settle in the scar area and possibly lodge itself deep in the uterine muscle. This can on rare occasions lead to dangerous bleeding at birth, which may require blood transfusions or even removal of the uterus. These risks must be compared with those of natural birth (including painful scarring after episiotomy or perineal tear, and involuntary discharge of urine or faeces, which may be prolonged or permanent in case of injuries to the pelvic floor). Despite proper patient positioning and correct equipment connection, pressure-related and other damage to nerves and soft tissues can occur as very rare complications. Only rarely do these leave permanent symptoms (e.g. numbness, painful sensations) or scars.

Risks and complications for the child: The planned Cesarean section is a safe delivery method for the child; the risk of injury to the child is smaller than during natural birth. A child may rarely be injured by a surgical instrument. However, because there are more respiratory problems with Cesarean sections, the child is occasionally treated in an incubator and may possibly require ventilation. For this reason, a planned Cesarean section is usually scheduled no earlier than 7-10 days before the calculated due date.

After the procedure: After the procedure, bleeding is expected as after a natural birth. Later pregnancies will not necessarily require Cesarean section again. However, there is a very small risk of incisional hernia of the uterus during natural birth after Cesarean section, which would be countered by emergency Cesarean section. Breastfeeding is the same as after normal birth.

Cost: Cesarean section is a mandatory service of the health insurance company. Without medical indication (in the opinion of the examining physician), the health insurance company may refuse to cover any costs above those of natural delivery. If you have additional insurance, carefully evaluate the benefits before hospitalization.

Your questions:

Explanatory consultation

Interpreter:

The pregnant woman and the physician have jointly decided that Cesarean section will be performed for the following reasons:

Operation outline:

Notes of the physician

Information for the pregnant woman and treatment order

I declare that:

- together with my doctor, I have decided to have a Cesarean section carried out;
- (for planned Cesarean section) I have had sufficient time to reconsider my decision;
- (if the Cesarean section is not performed solely out of obstetric necessity) the advantages and disadvantages of Cesarean section and natural delivery have been clearly explained to me, as well as the available methods for pain relief, and it is my conviction that I will not experience the lack of natural experience of the birth as a disadvantage now or in the future.

I request _____ to
implement the procedure.

Date: _____ Time: _____ Duration of explanatory consultation: _____

Place, date: _____ Pregnant Woman: _____

The text on the front page was discussed with the patient, the questions answered, and a copy of this explanation protocol was given to the patient.

Date, time: _____ Doctor: _____