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# A Good Start into Life!

## A brief guide to giving birth



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**Peter Hacker**  
Executive City Councillor  
for Social Affairs, Public  
Health and Sports

Dear Mother-To-Be,

The experience of pregnancy and childbirth is unique to every woman. Fortunately, we live in a city which offers you a variety of services and childbirth methods.

You will surely have a lot of questions regarding the birth of your baby. Therefore it is a good idea to learn more about the different birth options already during your pregnancy.

This will give you the best chance of creating a positive birthing experience. What you need for that purpose and which procedure you like best is entirely your own decision. However, Vienna's qualified health care professionals, ranging from doctors to midwives, will support and assist you during all stages of your pregnancy.

The following pages provide you with an outline of the most relevant information on childbirth to help you plan this important event according to your needs and requirements. We hope that this booklet will answer a few open questions and provide a basis for discussion with your obstetrician or midwife.

**We wish you all the best for your pregnancy and birth and for the time with your baby!**



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**Mag. Kristina Hametner**  
Women's Health  
Commissioner of the  
City of Vienna

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## Giving birth: How will my baby be delivered?

Your doctor has calculated a due date for your baby. However, only a few babies are born exactly on this date. Some babies are born earlier, some are born later.

There are different ways of giving birth. The following pages will provide you with detailed information on the different methods.

Which method is best for you and your baby depends on medical indications and your needs and requirements. Discuss with your doctor and your midwife which method of giving birth is right for you.

- 4 A midwife is trained in delivering babies.

Do not hesitate to ask if there is anything you do not understand!

If there is anything you do not agree with, tell your doctor and/or midwife.

## Spontaneous vaginal delivery

This means that

- ▶ the pregnant woman goes into labour by herself, i.e. spontaneously, without the use of labour-inducing medication
- ▶ the baby is delivered naturally through the vagina; this is also called “vaginal”
- ▶ no surgery is needed to deliver the baby

What happens during a spontaneous vaginal delivery?

Numerous factors affect the process of delivery. For this reason, each delivery is unique for every woman and baby.

Childbirth is divided into several stages.

These stages will be explained on the following pages.

## Early signs of labour

### Pre-labour or practice contractions

Pre-labour contractions may already occur during your pregnancy.

They are also called practice contractions.

During pre-labour the uterus contracts.



Pre-labour contractions are irregular and stop on their own.  
The abdomen may become hard.  
Pre-labour contractions feel like menstruation pains.



## The mucus plug comes out

During your pregnancy, the end of the uterus, the cervix, is blocked with mucus.

A few days or hours before the onset of labour, this mucus plug discharges.  
The mucus may drip out or may be tinged with blood and is discharged from your vagina.

## The birth starts: How will I know when I am in labour?

Signs that the birth may be on its way include

- ▶ the onset of **true labour**
- ▶ the rupture of the **amniotic membranes**; this is also called the breaking of the waters.

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## How will I know if I am experiencing true labour?

The contractions do not stop and increase in intensity.  
The intervals between contractions become shorter.  
The contractions open the cervix.

Look at your watch and write down the times.  
You are most likely experiencing true labour, if

- ▶ the contractions occur over a longer period of time, i.e. 1 to 2 hours
- ▶ the contractions occur at regular intervals of 5 to 10 minutes
- ▶ the contractions last between 30 seconds and 1 minute



## What is water breaking?

Your baby lies in the amniotic sac in your uterus.  
The amniotic sac is filled with amniotic fluid.  
The membranes of the amniotic sac may break at any time during the birth.  
The amniotic fluid may either trickle or gush from your vagina.

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## When is it time to go to the hospital?

Every birth is different. Nobody can say exactly when will be the best time to go to the hospital. Perhaps you are afraid of going too early or too late. Many women feel this way.

You should definitely go to the hospital if

- ▶ you feel your baby move less than usual
- ▶ your baby does not move at all
- ▶ you bleed from your vagina
- ▶ your waters break  
(Note: When your water comes out in a gush, lie down and call an ambulance!)
- ▶ you go into true labour
- ▶ you are worried for any other reason
- ▶ you feel that you will be better off in a hospital



## What happens at the hospital?

At the hospital, you will be taken to the delivery room. This is the room where you will give birth.

**Only one** person may accompany you into the delivery room and support you during the birth of your baby. This can be your partner, your mother, your sister, your friend or someone else close to you.

At the hospital, a gynaecologist will examine you and will listen to the heartbeat of your baby. For this purpose you will be connected to a device which monitors the baby's heart rate and the mother's contractions.

The gynaecologist will carry out a vaginal examination to see how far your cervix has dilated.

Discuss your needs and concerns with your midwife and your gynaecologist.

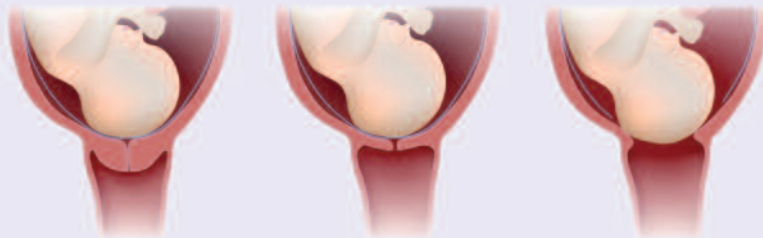


Please ask if there is anything you do not understand. Tell your doctor and/or midwife, if there is anything you do not want.

## The opening phase

### What is the opening phase? What happens during this phase?

The opening phase is the period of time from the onset of labour to the complete dilation of the cervix.



The contractions push the baby's head against the cervix. This helps to further dilate the cervix. When the cervix is 10 centimetres dilated, this is called "fully dilated".

The opening phase is the longest stage of childbirth.

### What may be necessary?

- ▶ If your contractions weaken, you may need to be put on an augmentation drip.
- ▶ Sometimes it may also become necessary to open your amniotic sac.

## The expulsion phase

### What is the expulsion phase and what happens during it?

The expulsion phase begins when the cervix is fully dilated.

During this stage the baby's head moves down through the cervix and vagina.

If the baby is head up, the baby's bottom has to pass through the cervix and vagina first.





Contractions are very strong at this point. You will feel your cervix and birth canal dilating.

When your baby's head has been born, the rest of the baby usually follows with the next contraction.

Now you have made it – your baby has been born!



## What kind of support can I get?

- ▶ Your midwife or gynaecologist will **push on your belly**. In this way they can help your baby move deeper into the pelvis.
- ▶ Choose an **upright birthing position**, if possible, such as standing or squatting, or kneeling on all fours. Other options include giving birth on a birthing stool or in the water.

If you are in an upright position, the baby's weight helps to push it downwards.

- ▶ During the expulsion phase you will feel your baby's head pressing against your bowel wall.

This will make you feel an urge to go to the toilet.

**This feeling is important.**

It tells you when you have to start pushing.

Your midwife will also tell you when to push.

- ▶ Shortly before the head of the baby is born, the pressure of the head often squeezes out a small amount of bowel contents.

This happens to many women and is absolutely normal.

**Let it happen.**

**You need to feel the pressure to push correctly!**

- ▶ An **episiotomy can prevent tearing**.

The perineum is the area between your vagina and rectum.

When your baby's head is born, the perineum stretches and occasionally tears.

Therefore, it is sometimes better to make an incision in the perineum area. You will hardly feel it.

The incision is stitched up after your baby is born.

You will be given a local anaesthetic, so you will feel no pain.



## How do I cope with contractions?

Every contraction brings you one step nearer the birth of your baby.

A positive attitude to labour pain is very important for giving birth.



### If thinking about contractions or pain scares you

- ▶ raise the issue at your antenatal class
- ▶ discuss it with your midwife
- ▶ discuss it with your gynaecologist
- ▶ discuss it with a psychologist at your hospital

Being afraid of pain during labour and delivery should not be a reason for a caesarean section!

Any medical intervention into the natural birth process may have side effects and consequences.

It is your right to have everything explained to you.  
It is your right to ask questions.

## What can I do to alleviate the pain?

- ▶ You can do a lot of things yourself:  
You can actively participate in the birth by using breathing and relaxation techniques.  
You will learn these techniques at your antenatal classes. Find out which position is best for you, for example walking around, squatting, lying down or lying in a bath tub.
- ▶ Have a massage from your birth partner.
- ▶ Some hospitals offer further coping techniques such as homoeopathy or acupuncture.  
Aromatherapy may also alleviate pain.
- ▶ You can also ask for painkillers.

## What is an epidural?

Painkilling drugs are passed into the small of your back via a fine tube. The tube is placed into your spine.

This is called epidural anaesthesia. It provides you with very effective pain relief.

However, it is important that you are still aware of your contractions.

In this way you can push on the last few contractions at the final stage of delivery.

It may take one or two hours after the birth to regain feeling in your abdomen, pelvis and legs. You may need to be given a catheter. A catheter is a thin tube used to drain urine from your bladder.





You can also get information on epidural anaesthesia from the anaesthesia department of your birthing hospital. Ask your hospital for the department's consultation hours.

## The afterbirth phase: What happens after your baby is born?

This stage may last between ten minutes and one hour. You and your baby will stay in the delivery room.

The baby will be examined by your midwife and your gynaecologist.

The placenta will peel away from the wall of your uterus. You may be told to do some gentle pushing.

The placenta is soft and comes out easily through your vagina.

If the placenta does not detach naturally, it has to be removed by your gynaecologist. You will be given a short anaesthesia or an epidural for this procedure.

If you had an episiotomy, the incision will be stitched up.

You will be given a local anaesthetic for this purpose.

You will still experience slight bleeding after the birth. This is called lochia.

The bleeding may last for about 4 to 6 weeks.

The first hours after the birth of your baby are very important for getting to know your baby and building your milk supply for breastfeeding!



## Getting to know your baby

Getting to know your baby during these first hours helps you develop a close relationship with your baby.



If you and your baby are well, your baby can lie on your naked chest right after the birth.

By having skin-to-skin contact, you and your baby can feel each other.

Your baby can smell you and hear your heartbeat.

Your baby knows your heartbeat from his or her time in the womb.

The well-known sound will soothe your baby.

## Breastfeeding

Shortly after the birth, milk builds up in your breast. Your midwife will show you how to offer your baby your breast. It will take some time for your nipples to get accustomed to breastfeeding.

It will take a few days until

- ▶ your nipples have adjusted to breastfeeding (It is common to have sore nipples in the first few days.)
- ▶ your breasts will build up a large milk supply
- ▶ your baby has enough practice and knows how to feed properly

Be patient!

The midwives, breastfeeding counsellors and paediatric nurses at your hospital will support you and help you with any problems you might have.

Breastmilk is the best food for your baby. Breastmilk contains infection-fighting antibodies.

This means it strengthens your baby's immune system.

However, breastfeeding is not always possible.

If you are not able to breastfeed your baby, the midwives, breastfeeding counsellors and paediatric nurses at your hospital will tell you how to bottle feed your baby.



## When can I leave the hospital?

When you will be ready to go home depends on how you and your baby are doing.

Usually there are **3 options**:

### 1. Ambulant birth

- ▶ This means that you can leave the hospital within the first 24 hours after birth.
- ▶ You have to stay at the hospital at least 6 hours after the birth of your baby for monitoring.
- ▶ You can also stay overnight.
- ▶ You need a private midwife who looks after you at home.
- ▶ You need to find this midwife before the birth of your baby.
- ▶ Your health insurance fund will pay for the midwife.
- ▶ In the first few days, your midwife will visit you every day.



- ▶ Your midwife will look after you and your baby.
- ▶ You also need to find a paediatrician before birth.
- ▶ You should visit the paediatrician within the first 3 days after your baby's birth.  
The doctor will examine your baby and check on your baby's development.

## 2. Leaving hospital after a natural delivery

- ▶ You can leave the hospital on the 3<sup>rd</sup>, 4<sup>th</sup> or 5<sup>th</sup> day after giving birth.  
This depends on how you and your baby are feeling.
- ▶ As with an ambulant birth, a midwife can visit you at home if you want.
- ▶ If you leave the hospital **before the 4<sup>th</sup> day** following birth, your health insurance fund will pay the cost of your postnatal care.
- ▶ If your baby was born prematurely, the length of your baby's hospital stay depends on his or her development.
- ▶ If you have given birth to twins or multiples, the length of your babies' hospital stay depends on their development.

## 3. Leaving hospital after a caesarean section

- ▶ You can leave the hospital on the 5<sup>th</sup>, 6<sup>th</sup> or 7<sup>th</sup> day after giving birth.
- ▶ As with the other options, a midwife can visit you at home if you want.
- ▶ If you leave the hospital **before the 6<sup>th</sup> day** following birth, your health insurance fund will pay the cost of your postnatal care.

## The postpartum period: What is important during this period of time?

The postpartum period, also called puerperium, is the 6 to 8 week period following birth.

This period of time is very important for you and your baby and also for your partner.

You and your baby will recover from birth. You will have time to get to know each other.

Your body goes through many changes during this period:

- ▶ Birth injuries need to heal
- ▶ Your uterus has to shrink back to its normal size
- ▶ Breastmilk production becomes fully established
- ▶ Your hormones change
- ▶ Your circulation changes

These processes need a lot of energy. You need a lot of rest and should not do anything strenuous.

This is a good time for your partner and other close family and friends to lend a hand and help you.

If you have any questions or feel insecure, get yourself support!

You will find all contact addresses at the end of this booklet.





## Ventouse delivery

A ventouse delivery is also called a vacuum delivery.

During a ventouse birth, a suction cup (ventouse) is placed on your baby's head to assist delivery.

About 7 births in 100 are assisted.

Very seldom, forceps are used instead of a ventouse. Forceps are used to grasp the baby's head and help the baby out.

### When is it necessary to assist delivery with a ventouse or forceps?

- ▶ When the baby does not get enough oxygen
- ▶ When the birth does not progress
- ▶ When you are too exhausted to push the baby out

### When is it possible to assist delivery with a ventouse or forceps?

A ventouse or forceps can only be used when the cervix is fully dilated and the baby's head is low enough in your birth canal.

## Caesarean delivery

A caesarean section (or c-section) is a surgical procedure used to deliver a baby.

The doctor makes an incision in the wall of the abdomen and the uterus and delivers the baby through this incision.

One third of all mothers deliver their babies in this way.

Sometimes a caesarean section is planned. However, some women may need an unplanned c-section.



## Planned caesarean section

A planned caesarean section is also called primary caesarean section.

A planned caesarean section is performed before the onset of labour.

There are a number of different reasons why a caesarean is **definitely needed**.

For example:

- ▶ When there are problems during pregnancy
- ▶ When the mother has a medical condition which makes a natural birth too dangerous
- ▶ When the baby has a medical condition which makes a natural birth too dangerous
- ▶ When the baby is lying across the womb or in another position which prohibits a natural birth
- ▶ When the mother has a history of previous caesarean deliveries
- ▶ When the placenta lies across the cervix and blocks the baby's way out
- ▶ For multiple pregnancies

However, there are also **other cases** in which a planned c-section is very likely, but there is still a chance for a natural birth.

For example:

- ▶ When the baby is lying bottom down  
This is called breech position.
- ▶ When the mother has had a previous caesarean birth
- ▶ When the mother is pregnant with twins, but there are no additional medical problems

The best time for your baby to have a planned c-section is during the 39<sup>th</sup> or 40<sup>th</sup> week of your pregnancy. If you and your baby are well, a planned caesarean section should not be performed before the end of the 39<sup>th</sup> week of your pregnancy (i.e. after 38 weeks and 6 days).

If you go into labour or if your waters break before your scheduled caesarean, you must go straight to the hospital.

## Can I deliver my baby naturally or do I need a caesarean section?

You do not have to make this decision at the beginning of your pregnancy.

Discuss your options with your gynaecologist.  
Discuss your options with your midwife.

Sometimes the need for a caesarean becomes apparent at a rather early stage of your pregnancy. Sometimes this need becomes obvious only at the end of your pregnancy.

There are also cases where a caesarean section seems to be necessary – for example, when your baby is lying across your womb. But the situation may change. When your baby turns around and is head down, you can have a natural delivery.

The decision for or against a caesarean section without medical indications also depends on whether you want to have more children in the future.

Every caesarean section increases the risk of problems with future pregnancies or your fertility.



## Unplanned caesarean section

An unplanned caesarean section is also called secondary caesarean section.

An unplanned caesarean section is performed after the onset of labour or after the breaking of the waters.

### Reasons for an unplanned caesarean birth:

- ▶ The baby does not get enough oxygen.
- ▶ Labour has stalled.
- ▶ The mother has severe bleeding.
- ▶ An umbilical cord prolapse occurs.  
This means that the umbilical cord lies in front of the baby's head.  
This presents a great danger to the baby.
- ▶ The placenta comes away from the uterus wall.

### Emergency caesarean section

An urgent emergency caesarean is required when there is an immediate risk to the well-being of mother and baby.

In this event, quick action is needed.

Sometimes the c-section is performed right in the delivery room and you will be given a general anaesthetic.

In this case, your birth partner will not be able to stay with you during your surgery.

## What happens during a caesarean section?

### Preparation

First, your gynaecologist will tell you everything about a caesarean birth.

An anaesthetist will ensure that you feel no pain during the operation. He or she will see you in advance to discuss which type of anaesthetic you will receive.

When you are discussing the matter with your doctors you can, of course, ask any questions you might have. The doctors will provide you with information on the effects a caesarean section or anaesthesia may have.

For this purpose, they will use a patient information sheet. This is a form which you will fill in together with your doctor.

By signing the form you give your consent to the surgery and anaesthesia.

### Before the operation

You need to have an empty stomach for the operation. This means that you are not allowed to eat or drink anything after midnight before your planned caesarean section.

It may be necessary to shave the area above your pubic bone.

You may also get a drip to prevent low blood pressure.

Afterwards, a doctor will give you an indwelling catheter. This is a thin tube which is inserted into your bladder



via your urethra. It drains the bladder, so that you will not have to get up to go to the toilet.

After the caesarean, the catheter will be removed only when you are well enough to go to the toilet on your own.



## The painkilling injection – regional anaesthesia

A regional anaesthetic only numbs a particular area of your body.

A general anaesthetic will be used only for emergency caesareans or when regional anaesthesia is not possible.

After you have been taken into the operating theatre, the anaesthetic will be injected through the small of your back. But there is no need to worry, this sounds worse than it is!

The insertion of the needle into your lower back may be slightly unpleasant. Your doctor will check to see if the anaesthetic is working and you are numb, usually by placing some ice on you.

Afterwards your belly and pubic area are thoroughly cleaned with antiseptic.



## Immediately before the operation

Your arms will be secured at your sides. It is safer when you move as little as possible during the operation.

You will get a drip to keep your circulation stable. You will also be connected to different devices which monitor your pulse and blood pressure.

Your body will be covered by a large, sterile sheet. Sterile means that the sheet is absolutely clean

During the operation, your partner may sit at your side, close to your head.

Neither you nor your partner will be able to see your belly, as your sight will be blocked by the sheet.

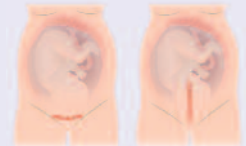
## The operation

Usually, your surgeon will cut across your tummy, so that the scar will be barely visible later.

On rare occasions, the surgeon will need to cut lengthwise up to the navel.

Since you were given a regional anaesthetic you will feel no pain during the operation. However, you may feel some pressure or a tugging or pulling sensation. This sensation may become stronger when your baby is lifted out of your belly. Your baby will be handed to your midwife who will wrap your baby in a warm towel.

A paediatrician or your midwife will check your baby to see if he or she is in good health.



It depends on the hospital whether you can cuddle and breastfeed your baby right in the operating theatre or in the recovery room.

In some hospitals you will have to wait until you are back on the maternity ward.

Your gynaecologist will remove the placenta from the uterus wall.



The uterus wall and all other layers up to the skin will be stitched up.

The skin wound will be closed with stitches or staples.

On the whole, a caesarean section takes about 20 to 35 minutes.

## After the caesarean section

You will stay in the recovery room for about 2 hours for monitoring.

Monitoring will include whether your uterus contracts and your bleeding is normal.

You will also get painkillers, if you need some.

If you were given regional anaesthesia, you will stay in the recovery room until the feeling in your legs returns.

If everything is fine you will be taken back to the delivery room or directly to the maternity ward. This depends on the hospital.

If your baby is well, he or she will be handed to you right after birth.

Some babies born via c-section have difficulty breathing for a short time and need support. If this is the case with your baby, he or she will need to stay at the baby unit

**30** for 1 or 2 hours for monitoring.

If your c-section was performed under general anaesthesia, you will not be able to cuddle your baby right after birth. It takes some time until you are fully awake.

During this time, your birth partner can hold and cuddle the baby.

## Getting to know your baby

Physical contact is very important for a newborn baby and strengthens the relationship between mother and baby. Intensive physical contact with your baby helps your body to produce breast milk and you will be successful at breastfeeding your baby.

This is particularly important after a caesarean delivery.

You may have problems breastfeeding, because you experience pain or are not able to move very well.

Sometimes you will need a lot of patience and support, until you are able to successfully breastfeed your baby after a caesarean section.

Your midwife or paediatric nurse will support and help you with any problems you might have.

Ask your midwife or doctor when you will be given your baby for the first time.





## The postpartum period after a caesarean birth

Usually, you will be able to get up 6 hours after your caesarean section.

But your mobility will be significantly reduced due to the pain and the after-effects of the anaesthetic.

Particularly in the first few days or weeks you will therefore need a lot of support, for example to help you get into a good breastfeeding position to feed your baby.

When you will be able to leave the hospital depends on how you and your baby are doing. You may leave the hospital as soon as you feel ready to go home.

The earlier you leave the hospital the more important it is that your family supports you at home. It is also important that a midwife looks after you and your baby at your home.

A caesarean section is an operation on your abdomen and you will need to take things easy for a relatively long time. You should not lift anything heavy and should not do any sports.

Strenuous activities are also off-limits.

It may take some time after a caesarean section until breastfeeding works properly for you and your baby – if this is the case, ask your midwife or paediatric nurse for assistance.



### Disappointed and sad?

Many women are disappointed and sad that they needed a caesarean section.

This is particularly so, if they had hoped for a natural birth, but it was just not possible.

This is absolutely normal.

Do not be afraid to speak openly about your feelings!

If this experience is troubling you, do not hesitate to seek assistance.

Who can help you?

- ▶ A psychologist
- ▶ A psychotherapist
- ▶ A midwife
- ▶ A gynaecologist

The last part of this booklet also provides you with contact addresses for counselling facilities.



## The effects of a caesarean section on future pregnancies and births

A caesarean section leaves a scar on the wall of the uterus. This involves a certain risk for future pregnancies and births.

For this reason, doctors advise many women to have another caesarean in their subsequent pregnancies.

Sometimes you may also be able to have a natural birth.

Whether you can have a vaginal delivery depends on different factors.

One important factor, for example, is the reason for your first caesarean section.

If you get pregnant again after a c-section, make sure to get all the information you need.

- ▶ What are the advantages and disadvantages of a vaginal birth?
- ▶ What are the advantages and disadvantages of another caesarean?

Discuss your options with your gynaecologist and decide together which procedure is best. You can also obtain a second opinion.

If you have already had three or more caesareans, any subsequent baby can only be delivered by caesarean section.



## Natural birth or caesarean section – a comparison of risks

First of all, if there is no medical indication for a caesarean section, a natural birth is better for you and your baby.

### Risks for you as a mother

Whether natural birth or caesarean section – the chances of dying in childbirth are very, very small in Austria. Every birth involves risks, but they are very small. Please ask your gynaecologist, if you have any concerns or if there is anything you do not understand.

### The following risks are equally small for natural births and caesarean sections:

- ▶ Risk of thrombosis: There are several measures to prevent the development of a blood clot.
- ▶ Postnatal depression
- ▶ Prolapsed uterus
- ▶ Sex life after birth

### Differences between natural birth and caesarean section:

- ▶ Establishing breastfeeding can take longer after a caesarean section.
- ▶ You can leave the hospital earlier after a natural birth.

- ▶ Anaesthesia-related infections and problems are less frequent in natural births.
- ▶ Women having a c-section often complain about pain in and around the scar area.
- ▶ Some women feel disappointed after a caesarean and are sad or upset that they did not have a natural birth.
- ▶ Bleeding or surgical complications occur less frequently in planned than in unplanned caesarean sections.



- ▶ Urinary incontinence: Leaking urine is less likely after a caesarean section. This difference between natural birth and caesarean section gets smaller with the increasing age and weight of the mother and if the mother has several children.

▶ Faecal incontinence: Some mothers are not able to control bowel movements or gas after birth. However, this only happens on rare occasions, for example after a difficult natural birth or an emergency caesarean.

## Risks for your baby

The risk of severe damage to the baby is generally extremely low.

Neonatal death or serious injuries such as brain haemorrhage or nerve damage occur very rarely – only in one of 1000 births.

Difficult natural births and emergency caesarean sections carry a slightly higher risk of these complications.

If the caesarean section was performed before the 39<sup>th</sup> week of the pregnancy, the baby is more likely to have difficulty breathing. In this event, the baby may have to be put into an incubator and taken to the neonatal intensive care unit.



## Risks for future pregnancies

Women who had a caesarean section generally have less subsequent pregnancies. However, it is not certain whether this can be really attributed to their caesareans or not.

Stillbirths occur slightly more frequently in early caesareans than in natural births. Nevertheless, stillbirths are very rare.

In pregnancies after an early caesarean the placenta may embed too deeply. This may cause bleeding or a premature birth. Sometimes it may be necessary to remove the uterus.



The following tables provide you with an **overview on potential risks** associated with natural births and caesarean deliveries.

## Risks associated with a natural birth or the time after

<b>Common:</b>	<ul style="list-style-type: none"> <li>• Bleeding</li> <li>• Labour pain</li> </ul>
<b>Rare:</b>	<ul style="list-style-type: none"> <li>• Nerve injuries to the baby</li> <li>• Urinary incontinence</li> <li>• Pain during sexual intercourse</li> </ul>
<b>Very rare:</b>	<ul style="list-style-type: none"> <li>• Uterine or vaginal prolapse</li> <li>• Postnatal depression – is also called postpartum depression</li> <li>• Pain in the perineum area</li> <li>• Injuries to the genital area</li> <li>• Brain haemorrhage in the baby</li> <li>• Retained placenta (when the placenta or a part of it stays inside the uterus)</li> <li>• Reduced fertility</li> <li>• Need for another intervention</li> <li>• Death of the mother</li> <li>• Death of the baby</li> </ul>



## Risks associated with a caesarean birth or the time after

<b>Common:</b>	<ul style="list-style-type: none"> <li>• Bleeding</li> <li>• Hurting wound and scar</li> <li>• Problems to establish breastfeeding</li> <li>• Another caesarean is needed in the next pregnancy</li> </ul>
<b>Rare:</b>	<ul style="list-style-type: none"> <li>• Infections</li> <li>• The baby is taken to the neonatal intensive care unit (neonatology unit)</li> <li>• Accidental cutting of the baby</li> <li>• Adaptation difficulties of the baby after birth</li> <li>• Damage to bladder or urethra</li> <li>• Low-lying placenta in the next pregnancy (Placenta praevia)</li> <li>• Ruptured uterus in the next pregnancy (Uterine rupture)</li> </ul>
<b>Very rare:</b>	<ul style="list-style-type: none"> <li>• Thromboembolism</li> <li>• Stillbirth in the next pregnancy</li> <li>• Injuries to the genital area</li> <li>• Brain haemorrhage in the baby</li> <li>• Potentially increased risk of diabetes mellitus and asthma in the child</li> <li>• Reduced fertility</li> <li>• Need for another intervention</li> <li>• Intensive-care measures after birth</li> <li>• Removal of the uterus</li> <li>• Death of the mother</li> <li>• Death of the baby</li> </ul>



## Which option is right for me?



There is no formula for a successful birth. Every woman needs to find her own way through childbirth. You cannot plan everything beforehand – you may have to make deviations and detours. Even if you have planned a natural birth, you may end up needing a caesarean section.

A birthing experience will be utterly positive and rewarding, if the future mother is well informed and prepared and not overly afraid of the delivery. This has been proven by numerous studies.

For this reason, preparing for childbirth is important.

### What can you do if you have questions?

- ▶ Contact an independent midwife.
- ▶ Contact the midwifery centre at your hospital.
- ▶ Discuss your questions and concerns with your gynaecologist.

## How do you make the right decisions about giving birth to your baby?

### Consider the following questions:

- ▶ What kind of birth do I want to have? Why?
- ▶ What advantages would this kind of birth have for me and my baby?
- ▶ What potential disadvantages would this kind of birth have for me and my baby?
- ▶ What advantages and disadvantages would another kind of birth have for me and my baby?
- ▶ Have I already made up my mind or am I still unsure?
- ▶ Which kind of birth was recommended to me?
- ▶ Does the recommended method match my preferences?
- ▶ Who has provided me with information and advice previously?
- ▶ Do I feel well informed? Or do I want to obtain a second opinion?
- ▶ Have I decided who will be with me during the birth of my baby?
- ▶ Have I obtained information on what's happening in the hospital?



## Where do I get help?

### Maternity units and hospitals

#### Allgemeines Krankenhaus der Stadt Wien – AKH

Währinger Gürtel 18–20  
1090 Vienna  
T: 01/404 00-285 30

#### Krankenhaus Nord – Klinik Floridsdorf

Brünner Straße 68  
1210 Wien  
T: 01/277 00-4700

#### Sozialmedizinisches Zentrum Ost – Donauspital

Langobardenstraße 122  
1220 Vienna  
T: 01/288 02-3850

#### Sozialmedizinisches Zentrum Süd – Kaiser Franz Josef-Spital

Kundratstraße 3  
1100 Vienna  
T: 01/601 91-4734 oder  
01/601 91-4750

#### Krankenanstalt Rudolfstiftung

Juchgasse 25  
1030 Vienna  
T: 01/711 65-4712

#### Krankenhaus Hietzing

Wolkersbergenstraße 1  
1130 Vienna  
T: 01/801 10-2299

#### Wilhelminenspital

Montleartstraße 37  
1160 Vienna  
T: 01/491 50-4710

#### St. Josefs Krankenhaus

Auhofstraße 189  
1130 Vienna  
T: 01/878 44-4426

### Midwives

#### Österreichisches Hebammengremium

Landesgeschäftsstelle Wien  
Am Mühlwasser 95  
1220 Vienna  
T: 01/260-5251  
www.hebammen.at

#### Hebammenzentrum – Verein freier Hebammen

Lazarettgasse 8/1B/1  
1090 Vienna  
T: 01/408 80 22  
www.hebammenzentrum.at  
E: freie-hebammen@hebammenzentrum.at

#### Familienhebammen und Hebammenstützpunkte der Stadt Wien – MA 15

www.wien.gv.at/gesundheit/  
beratung-vorsorge/eltern-kind/  
geburt/familienhebammen.html

#### Services:

- Free antenatal classes
- Individual counselling
- Baby Club
- Breastfeeding help and support and breastfeeding groups
- Postnatal exercises
- House calls for women with high-risk pregnancies

#### Midwifery centres:

Town Town  
Schnirchgasse 12/2  
1030 Vienna  
Entrance via  
Thomas-Klestil-Platz  
T: 01/4000-876 37

Geyschlägergasse 2–12  
1150 Vienna  
T: 01/982 25 00

Dresdner Straße 73  
1200 Vienna  
T: 01/331 34-202 79

Langobardenstraße 128/12  
1220 Vienna  
T: 01/285 45 37

### Services for pregnant women, mothers and parents

#### Frauengesundheitszentrum FEM Nord im Krankenhaus Nord/ Klinik Floridsdorf

Brünner Straße 68/A3/Top 14  
1210 Wien  
T: 01/277 00-5600  
Offers in: German, English, Farsi, Polish, Turkish  
www.fem.at

#### FEM Elternambulanz im Wilhelminenspital

Montleartstraße 37  
1160 Vienna  
T: 0650/546 30 66  
Offers in: German, Turkish, Farsi, Polish  
www.fem.at

#### Frauengesundheitszentrum FEM Süd im Sozialmedizinischen Zentrum Süd

Kundratstraße 3  
1100 Vienna  
T: 01/601 91-5201

Offers in: German, Turkish, Bosnian/Serbian/Croatian, Arabic, English, Farsi/Dari, Polish  
www.fem.at

## Familienzentren der Kinder- und Jugendhilfe

Service Hotline of Municipal Department 11:

T: 01/4000-8011

The addresses of the **family** centres are available at:  
[www.wien.gv.at/menschen/kind-familie/servicestellen/familienzentren.html](http://www.wien.gv.at/menschen/kind-familie/servicestellen/familienzentren.html)

### Services:

- Parenting classes
- Parent counselling
- Individual counselling
- Baby Club
- Parenting talks
- Medical counselling
- Vaccinations
- Physical examinations by paediatricians
- Physical examinations by general practitioners of Municipal Department 15

## NANAYA Zentrum für Schwangerschaft, Geburt und Leben mit Kindern

Zollergasse 37

1070 Vienna

T: 01/523 17 11

## Wiener Pflege-, Patientinnen- und Patientenanwaltschaft WPPA

Schönbrunner Straße 108  
1050 Vienna

T: 01/587 12 04

The telephone service is available from Monday to Friday from 8:00 a.m. to 4:00 p.m.  
E: [post@wpa.wien.gv.at](mailto:post@wpa.wien.gv.at)

## Beratung nach Kaiserschnitt Judith Raunig Klinische und Gesundheitspsychologin

T: 0699/1945 3010

[www.nach-dem-kaiserschnitt.at](http://www.nach-dem-kaiserschnitt.at)

E: [info@nach-dem-kaiserschnitt.at](mailto:info@nach-dem-kaiserschnitt.at) oder

[judithraunig@hotmail.com](mailto:judithraunig@hotmail.com)

Counselling for women after a caesarean birth by a clinical and health psychologist

### Services:

- Counselling on birth and caesarean section
- Seminars for women who feel traumatised by a c-section

## Young mothers

### Young Mum – Begleitung für schwangere Teenager

St. Josef Krankenhaus Wien  
Auhofstraße 185, 1130 Wien,  
1. OG

office hours:

Monday to Friday 8–13 clock

T: 01/878 44-7311

[youngmum@sjk-wien.at](mailto:youngmum@sjk-wien.at)

[www.young-mum.at](http://www.young-mum.at)

## Crisis support

### Sozial-Psychiatrischer-Notdienst

Social Psychiatric Emergency Service

T: 01/313 30

### 24-Stunden-Frauen-Notruf der Stadt Wien

24-Hour Women's Emergency Helpline of the City of Vienna

T: 01/717 19

## Help with baby problems

### Säuglings-Psychosomatik mit Schrei-Ambulanz im Wilhelminenspital

Montleartstraße 27

1160 Vienna

T: 01/491 50-2912

## Baby-care-Ambulanz

im Sozialmedizinisches Zentrum Süd – Kaiser-Franz-Josef-Spital

Kundratstraße 3

1100 Wien

T: 01/601 91-2680

Ambulance for nutrition-, breast-feeding-, screaming and sleepingproblems

## Spezialambulanz für peripartale Psychiatrie

Montleartstraße 37

1160 Wien

T: 01/491 50-8114

The specialist outpatient department for perinatal psychiatry provides help and support with psychological problems, such as postnatal depression.

## Legal and social issues

MAG Elf – Service Hotline of Municipal Department 11

T: 01/4000-8011

## Experts

The following experts have contributed to this brochure:

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**Media owner and responsible for the content**

Office for Women's Health and Health Targets

Vienna Women's Health Programme

At Municipal Department 24 – Strategic Health Care

Brigittenauer Lände 50–54/Stiege 2/5. Stock, 1200 Wien,

T: 01/4000-842 00

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**Edited for easy reading by:**

capito Wien

**Text check and quality seal:**



**Layout:** Gisela Scheubmayr / subgrafik

**Coverfoto:** © iStock, RealCreation

**Fotos:** Pages 4–19, 21, 23–25, 27–29, 31, 34, 37–39, 41: © shutterstock

Pages 28, 30, 32, 33, 36, 40: © iStock

**Printed by:** Print Alliance

Reprint and updated addresses – updated in 2019.



**Diese Broschüre unterstützt die Wiener Gesundheitsziele 1 und 5**

WGZ 1: Von Anfang an gesundheitliche Chancengerechtigkeit für Kinder und Jugendliche erhöhen



WGZ 5: Gesundheitskompetenz der Wiener Bevölkerung stärken

