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Choosing a Category 3 Caesarean Section



Patient information

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Category 3: Caesarean Section – what to expect

What is happening and why

A Category 3 Caesarean Section (C-section) means there is no immediate threat to you or your baby's life. This decision often follows a failed induction of labour (IOL). This is where attempts to start or progress labour have not succeeded or for Maternal Choice to opt out of/ stop IOL.

Unsuccessful Induction of Labour

Induction of labour means starting labour artificially using medications or mechanical methods.

An unsuccessful induction means that labour has not progressed as expected despite these measures. Your team may recommend a Category 3 C-section to avoid risks associated with prolonged or unsuccessful labour.

Why this is being recommended?

A Category 3 C-section is advised when it is safer to deliver your baby by surgery rather than wait for labour to progress or the mother has decided this is the best option for herself.

This allows time to prepare safely without rushing, while preventing potential complications for you or your baby.

What the procedure involves

You will discuss the plan with your maternity team, including benefits, risks, and anaesthetic.

Preparation includes monitoring, stopping induction medicines, and preparing for theatre. Your partner can usually stay with you unless general anaesthesia is needed.

Benefits and Risks

Benefits

- Controlled Birth.
- Reduces risk of complications from delayed labour.
- Allows preparation for you and your baby.

Risks

- Surgical risks such as infection, bleeding, and blood clots.
- Longer recovery than vaginal birth, usually up to 6 weeks.
- Potential breathing difficulties for the baby if delivered before 39 weeks.
- Future pregnancies may have higher risks (e.g. placenta complications, uterine rupture or the opening of previous caesarean incision).

Alternatives

If you choose to continue induction or wait for vaginal birth, your team will continue monitoring you and your baby's wellbeing. However, prolonged induction may increase risks such as infection, exhaustion, and emergency (higher category) caesarean.

What to expect

1. Consent and discussion — you'll discuss reasons, anaesthetic, and your preferences. You have the right to choose how your baby is born and we will need your consent through the birth planning process.
2. Preparation — Because there is no immediate risk to you or your baby when opting for a category 3 CS, you may be told to be nil-by-mouth for a period while waiting to go to theatre. We must prioritise babies who are in immediate danger. This means your slot may move, but we will keep you safe while you wait. This may be a couple of hours, sometimes it can take one or more days. We may need to change expected time slots, if delivery suite needs the theatre team to be available for labouring women that need immediate birth. This is for everyone's safety. While frustrating, the midwives on the ward should communicate with you if your C-section has been stood down temporarily until the lead consultant feels it is safe to proceed. You may be recommended to eat in this instance; however, you must note a minimum of 6 hours nil-by-mouth is needed to take you to theatre after this.
3. Operation — IV Cannulation (the siting of an intravenous cannula into one of your veins in your hand / arm), catheterisation (the passing of a urinary catheter through the urethra to empty your bladder and avoid damage to it) and skin preparation (using antiseptics to reduce the risk of infection) happens in theatre. Your baby will be delivered through a small cut in your abdomen and womb. You may still opt-in for delayed cord clamping and Skin to Skin with your baby in theatre, providing it is safe to do. We will support you with the skin-to-skin contact if this is your wish.
4. Recovery — monitored closely, encouraged to mobilise early and supporting you with infant feeding on Katherine ward.
5. After discharge — wound care, pain relief, and follow-up advice.

Frequent questions

- Why is the C-section a category 3 not higher? – Because you are not in labour and therefore the risk of your baby not being born within a restricted timescale will not impact the safety of yourself or baby. Should your circumstances change, women actively labouring where risk is increased will be deemed category 2 or category 1 in severe urgencies.
- What type of anaesthetic will I have? – We routinely will offer a spinal anaesthetic unless it is unsafe to do so, this can be discussed with the anaesthetist.
- What happens if I continue with induction? – We will offer discussions with midwifery and obstetric staff for clarification on what continuing IOL would look like for yourself as every woman has individualised care.
- What are my options for future births? – Future births can often present very differently, you will have very similar options to what you have already, vaginal births after C-section are very common and specialist care will be offered to you throughout the next pregnancy to discuss birth options and what is right for you and your family.

What if I have any questions?

If you have any questions or concerns, please speak to the midwife or doctor caring for you.

Useful contact telephone numbers

Consultant Led Unit, Watford Hospital ☎ 01923 217371 or 01923 217920

Victoria Ward ☎ 01923 217377

Maternity Triage, Watford Hospital ☎ 01923 217343

How to contact us

Department name

[Watford General Hospital](#)

Vicarage Road

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Hospital switchboard: 01923 244366

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