How can I help to reduce healthcare associated infections?

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming into and after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

www.buckshealthcare.nhs.uk
Follow us on Twitter @buckshealthcare

Planned Caesarean Section

Date of caesarean .............................................. AM

Please note that we may need to change this date due to clinical priorities. The date may be moved forward or later.

Pre-op clinic appointment on.............................. at ..............

Please come to Rothschild Ward at 7.15am on .........................

Please take Ranitidine 150mg tablet at 10.00pm on ..............

and at 6.00am on ................. with a sip of water.

Do not eat anything after 12.00midnight.

You may drink water until 5.00am.

Please bring your handheld notes with you.

Patient Information Leaflet

If you require a translation or alternative format of this leaflet please contact your community midwife

Author: H Beddall/H Warner
Issue date: November 2017
Review date: November 2021
Leaflet code: WZZ1082
Version: V5 no change

Approvals:

Divisional Board: V2 Nov 06, V3 Sep 2012, O&G SDU Sep 2014
Clinical Guidelines Subgroup: V2 May 08, V3 7 Feb 2013, V4 4 Dec 2014
MSLC: V2 Nov 06, V3 Sep 2012
Equality Impact Assessment: V2 Dec 07, V3 Jul 2012
Patient Experience Group: V2 Oct 06, V3 May 2013

Division of Women, Children & Sexual Health Services

www.buckshealthcare.nhs.uk
**Caesarean birth**
In general, a caesarean is recommended if labour presents a risk or problem to you or your baby. The benefits are always balanced against the risks and your own needs will be discussed with you by your obstetrician and midwife.

**Preparing for your caesarean in the Antenatal Clinic**
You should be given the following:
- A date and approximate time for your caesarean.
- This information leaflet.
- The completed consent form to keep in your maternity notes.
- A pre-op assessment.

**NB.** Please be aware that due to clinical needs it may be necessary to change the date of your caesarean section.

**Admission to the Ward**
When you are admitted to the ward on the day of your caesarean, you and your partner will be welcomed and shown to your bed. When you have settled in, the other facilities will be shown to you. The midwife will record your temperature, pulse and blood pressure and either listen to, or monitor, your baby's heart rate. You will be seen by one of the doctors and an anaesthetist prior to your operation, who will be able to answer any further questions you may have.

**Type of Anaesthetic**
We usually recommend a spinal anaesthetic for caesareans but an epidural or general anaesthetic may be needed. You will see the anaesthetist before your operation who will answer any anaesthetic questions you may have.

**Preparing for your Operation**
Before going to theatre your midwife will complete a checklist. Prior to your admission please remove jewellery and nail varnish and have a pubic shave. When you arrive on the ward please remove any contact lenses. You will be taken down to theatre either in a wheelchair or walking accompanied by your

---

**Useful telephone numbers**

**Stoke Mandeville Hospital:**
- Rothschild Ward 01296 316158/9
- Antenatal Clinic 01296 316227
- Labour Ward 01296 316103/4

**Wycombe Hospital:**
- Antenatal Clinic 01494 425569

We continually strive to improve the quality of information given to patients. If you have any comments or suggestions regarding this information booklet, please contact:

**Head of Midwifery**
Division of Women, Children & Sexual Health
Buckinghamshire Healthcare NHS Trust
Stoke Mandeville Hospital
Mandeville Road
Aylesbury
Buckinghamshire
HP21 8AL
- Your baby may have some minor breathing difficulty at birth caused by lung fluid.
- Accidental laceration (cut) to your baby.

**Going Home**

Your community midwife may be intermittently visiting you up to your 10th postnatal day and visiting days will be agreed with you. If necessary midwifery visiting can be extended.

Try to rest as much as you can at home as you may still feel quite tired. Please make time to do your postnatal exercises - see the Postnatal Guide. Avoid lifting heavy objects or sit-ups which might strain your abdominal muscles.

Remember to check with your insurance company before driving to confirm that you are insured.

Sexual intercourse should be avoided until the lochia (vaginal bleeding after birth) has settled and your wound feels comfortable. This is likely to be six weeks.

Please make an appointment with your GP for your postnatal check 6-8 weeks after your delivery. This check will include a general examination, possibly a cervical smear or a blood test to check your haemoglobin (iron) level, and advice on contraception. Please discuss any other concerns you may still have. If there have been any complications a hospital appointment may have been arranged by your obstetrician or GP.

**Please Note:**

This leaflet explains some of the most common side-effects that some women may experience. However, it is not comprehensive. If you experience other side-effects, want to ask anything else related to your treatment or require a translation or transcript of this leaflet, please speak to your community midwife.

partner and midwife. If you are having an epidural or spinal anaesthetic your birth partner will be allowed into theatre. We can only permit one birth partner coming into theatre with you and they will be asked to change into theatre clothes. If you are having a general anaesthetic your partner will not be able to come into the operating theatre, but can wait outside.

If there is an emergency on the labour ward your planned caesarean may have to be delayed by a few hours. Staff will keep you informed if this occurs.

Photographs are not allowed during the caesarean but you may take a photo of your baby soon after birth.

**The Operation**

In theatre you will meet several members of staff who are needed to ensure the smooth running of the caesarean section and care of your baby. You will have an intravenous infusion (drip) put into your arm which will remain for 12-24 hours. The spinal or epidural injection will be given in theatre. The anaesthetist will ensure the anaesthetic is working well before your operation. You will be able to feel touch but not pain. A catheter (tube) will be placed into your bladder to keep it empty; this is usually removed the next day. A screen will be placed across your chest so that you cannot see the operation being performed. A surgical checklist is completed before the operation starts. The caesarean will take about 45 minutes. An incision (cut) 15-22 cm long is made in the lower part of the abdomen within the “bikini line” area. The uterus (womb) is entered and your baby is delivered. As your baby is delivered, you will feel pushing on your tummy.

Following birth, your baby will be dried and wrapped and given to you. If you have a general anaesthetic your baby will be taken to your birth partner. Your wound will be closed by stitches in layers and the skin will be closed by a either a stitch with beads on either side, a dissolving stitch or metal staples. You may have a tube in the wound area to allow drainage of excess fluid. This is usually removed after 24 hours.
An antibiotic will be given into your drip during the operation to help prevent infection.

To help with pain relief a strong painkiller is given with your spinal or epidural anaesthetic. A suppository may also be placed into your back passage immediately after the operation. You will also be given regular painkilling tablets or injections as needed after the birth.

**Following your Caesarean**
You will be observed for some time after your caesarean in the recovery area and pain relief will be offered. Your baby and partner will usually be with you. You will then be transferred to the ward and during the first 24 hours you will be closely monitored. You will feel tired, so rest is essential. Please try to limit visitors to immediate family members at this time. You will normally be able to eat and drink following your caesarean. It is important to move around as soon as possible and to drink plenty of fluids to prevent blood clots forming in the legs. You may also be given heparin injections or compression stockings to prevent thrombosis (clots).

Your length of stay in hospital depends on a number of factors but an average stay would be 1-2 days. One of the obstetric team doctors will see you before you leave the hospital to discuss any questions you may have including recommended mode of birth in future pregnancies. If this is your first caesarean, vaginal birth is recommended for the majority of women giving birth next time.

**Wound Care**
It is important to keep the wound clean and dry. The dressing is usually removed after 24-48 hours and it is a good idea to wear large pants that do not press into your wound. Your skin stitches are removed on day 5 if they are not dissolvable, either whilst still in hospital or by the community midwife if you are at home. As your wound heals you may notice numbness—this is normal.

**Your Baby**
Skin to skin contact will be encouraged for all mothers as soon as practically possible following birth. The midwife will weigh and check your baby before you transfer to the ward. When you are both ready to transfer to the ward after the operation your baby will be placed in your arms for the journey. The midwife will assist you in finding a comfortable position to hold your baby.

Sometimes babies may be unwell or premature and require special attention or monitoring. If this is the case the paediatrician will discuss this with you and your partner as soon as is practical. We always try to ensure that you will be able to hold your baby before he/she is taken to the Neonatal unit if that is necessary. However, if the baby is premature or ill this may not be possible initially, but you will be able to visit the baby in the Neonatal unit very soon after your return to the ward.

**Risks associated with caesarean section**
Most caesarean births are straight forward. However, as with any surgical operation there is an element of risk depending on the reason for your caesarean section. In general the risks include:
- Excessive bleeding during the operation, which may require a further procedure.
- Injury to the structures near to the womb (bladder or bowel).
- Difficult surgery because of scar tissue from a previous caesarean section or surgery.
- Infection in the wound on your abdomen, in the uterus (womb) or in the bladder.
- The formation of clots in the legs or lungs after the operation.
- A greater chance of complication in your next pregnancy.