

Patient advice sheet

Planned Caesarean section

Date of caesarean **AM**

Please note 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 Omeprazole 40mg capsule 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.

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

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 met 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.

Before coming into Hospital

To help reduce the risk of a wound infection following your surgery, we recommend the following:

- Do not shave your pubic area for a week prior to your caesarean
- Please shower on the morning of your caesarean
- Bring a dressing gown to keep warm prior to your caesarean
- Before going to theatre your midwife will complete a checklist. When you arrive on the ward please remove any contact lenses, remove all jewellery and nail varnish.

Going to theatre

You will be taken to theatre either in a wheelchair or walking accompanied by your 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 to come 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 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 effectively 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 later that day. A screen will be placed across your chest so 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 through which your baby is born. As your baby is born, you will feel pushing on your tummy. At your request, the drape can be lowered to let you see the birth.

Following birth, delayed cord clamping will be offered if the baby is well and there is no excessive bleeding. Your baby will be dried and wrapped and given to you, if you wish to have your baby skin-to-skin during this time, please let your midwife and anaesthetist know in advance so monitoring equipment can be positioned away from where the baby will be against your skin. 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 pain relief 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. 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 and contraception choices. 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 5 days. 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. The following are the things you can do to help yourself:

- Always wash your hands before and after touching your wound or dressing.
- Showering is preferable to bathing.
- Do not rub soap, shower gels, or talc directly onto the healing wound.
- Pat the wound dry with a clean towel or a piece of clean kitchen roll kept just for this purpose.
- Wear loose-fitting underwear to prevent rubbing the wound.

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 you are able to hold your baby before he/she is taken to the Neonatal unit (if necessary). However, if the baby is premature or ill this may not be possible. Initially, 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 and blood transfusion
- Injury to the structures near to the womb (ureters, bladder or bowel).
- Difficult surgery because of scar tissue from a previous caesarean section or surgery.
- Infection in the wound on your abdomen, the uterus (womb) or bladder.
- The formation of clots in the legs or lungs after the operation.
- Higher risk of complications in your next pregnancy.
- 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 around 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 the birth of your baby. 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, wish to ask anything else related to your treatment or require a translation or transcript of this leaflet, please speak to your community midwife.

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
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How can you help reduce healthcare associated infections?

Infection prevention and control is important to the well-being of our patients and for that reason we have infection prevention and 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 as hand sanitisers are not suitable for use when dealing with patients who have symptoms of diarrhoea.

Division of Women, Children & Sexual Health Services

Approvals:

Maternity Leaflets Group: V3 Aug 2012, V4 Aug 2014, V5 no change, V6 Sep 2021

O&G SDU: V2 Nov 06, V3 Sep 2012. O&G SDU Sep 2014, V6 Jan 2022

Clinical Review Group: V2 May 08, V3 7 Feb 2013. V4 4 Dec 2014, V6 Jun 2022

Bucks Maternity Voices: V2 Nov 06, V3 Sep 2012, V6 Dec 2021

Equality Impact Assessment: V2 Dec 07, V3 Jul 2012, V6 Aug 2021

Communications Advisory Panel: V2 Oct 06, V3 May 2013, V6 Dec 2022