

Maternity Unit

Patient Information

Caesarean Section

Introduction

Caesarean section is an operation, which involves your baby being born through an incision (cut) in your abdomen rather than being born through the vagina. Today, 1 in 4 babies are born this way.

A caesarean section may be planned – for example, because your baby is positioned bottom first – or it may be done at short notice as an emergency if complications develop during your pregnancy or labour.

Planning a caesarean section

Usually if you are having a planned caesarean, this should not normally be before the 39th week of your pregnancy. This is because there is a chance your baby might have breathing problems soon after birth if born early. These problems are less likely if the baby is born after 39 weeks.

There are circumstances when a planned caesarean section is recommended before 39 weeks of pregnancy, your consultant obstetrician should discuss the risks and benefits with you so you can make an informed choice.

Your obstetric consultant will give you information about the caesarean section, which will include the risks, benefits and any alternative procedures/recommendations before they ask you to consent to the operation. They should do this in such a way that respects your dignity, privacy, views and culture whilst taking into account your medical circumstances.

You have the right to decline a caesarean section even if this will harm you or your baby's health.

“Natural caesarean section”

You may have read about “natural caesarean sections”. This phrase is used to describe a particular way of managing birth by caesarean section. The team here at DCH already incorporate most of the recommendations:

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Information

If you need this information in large print, easy read, on audiotape or in another language please call 0800 7838058 or e-mail pals@dchft.nhs.uk

If you wish to obtain a list of the sources used to develop this information leaflet please call 0800 7838058 or e-mail patient.info@dchft.nhs.uk

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- We delay clamping and cutting the baby's cord until at least a minute after the birth (providing baby does not require further care). If you would like the delay to be longer than a minute, please discuss this with your obstetric consultant during your pregnancy and with the obstetrician at the pre-clerking appointment
- We strongly encourage you to have your baby skin-to-skin immediately s/he is born. We tuck your baby inside your gown and cover him/her with warm towels. There is no reason for your baby to be separated from you unless your baby is unwell, premature or you would prefer s/he was skin-to-skin, or cuddled by your partner
- We can arrange that the screen is dropped as your baby is being born so that you can see the actual birth
- Rather than being quickly delivered from the incision in your tummy, your baby can emerge slowly over a minute or so (providing there are no concerns about your or baby's wellbeing). If this is important to you, please discuss this with your obstetric consultant during your pregnancy and then again at the pre-clerking appointment

What are the benefits of a caesarean section?

The intended benefit of a caesarean section is to provide the safest and/or quickest route of birth at the time when the decision is made, where the anticipated risks to mother and/or baby of a vaginal birth outweigh those of a caesarean section.

What are the risks of a caesarean section?

Risks to mum

- Bleeding after the birth that may lead to blood transfusion or even a hysterectomy (removal of your womb), eight women in every 1000
- Persistent wound and abdominal (tummy) discomfort for a few months, nine women in every 100
- Infection, six women in every 100
- Bladder injury, one woman in every 1000
- Blood clot in your leg or lung, one woman in every 1000

Consequences for future pregnancies

- Increased risk of uterine rupture during subsequent pregnancies/births, between two and seven women in every 1000
- In a future pregnancy there is an increased risk of your placenta either growing into your previous caesarean section wound (placenta accreta) or growing over the neck of your womb (placenta praevia) leading to a higher chance of haemorrhage and hysterectomy - six women in every 1000

Risks to baby

- Laceration (cut) to your baby's skin, one to two babies in every 100

Before your caesarean section – the pre-clerking appointment

This appointment will usually take about an hour. However occasionally, if the anaesthetist or doctor are busy with other women on the ward or in theatre they may be unavailable for 2-3 hours. If this is the case, you can either wait on the maternity unit or go for a coffee or lunch and then return to see them.

- We need to take a blood sample to check you are not anaemic, as 4-8 of every 100 women lose more than a litre of blood. If you bleed excessively you may require a blood transfusion
- You will have MRSA swabs taken, please see the 'Information leaflet about MRSA screening for women undergoing an elective caesarean section' for details.
- You will be able to discuss your choice of anaesthetic for your caesarean section with an anaesthetist
- The anaesthetist will explain our enhanced recovery programme for planned caesarean sections. This means you will join a care pathway aimed at improving your recovery, preventing complications and enhancing your overall experience. The enhanced recovery programme has been very successful nationwide
- You will see a doctor who will check your previous and current medical history to ensure that you do not need any extra tests or investigations before the caesarean section
- You will be given some premedication, which you will be instructed to take the evening before and the morning of your caesarean section, and if you are not diabetic a carbohydrate (sugary) drink which you will be asked to drink on the morning of your operation

Anaesthesia for your caesarean

There are two possible choices:

- **Spinal anaesthetic**
A local anaesthetic is injected through a very fine needle into the lower part of your back. You will be awake during your operation and your birth partner can be with you in the operating theatre
- **General anaesthetic**
This means that you will be asleep for the duration of the operation. You may feel very drowsy for some hours afterwards. Your birthing partner cannot come into the operating theatre with you.

Your choices will be discussed with you during your pre-clerking appointment. Please see the 'Your anaesthetic for caesarean section' booklet for more details.

Generally, women choose to have a spinal anaesthetic, as they are safer for you and your baby; however, the anaesthetist or your obstetrician may advise you to have a general anaesthetic due to your medical or obstetric history.

What about eating and drinking the night before my caesarean section?

We encourage you to eat and drink normally until midnight the evening before your caesarean section, then:

- Nothing to eat from midnight
- Clear fluids (water) from midnight until 6.30 am on the morning of your operation to avoid dehydration
- Drink the two bottles of pre-op drink you have been given (if you are not diabetic) between 6 -6.30am, ideally straight from the fridge. The pre-op drink is not suitable for diabetic women

The day of the caesarean section:

- You will need to come to the Maternity unit at 7.45am. You will be admitted to a ward with other women who are also having a caesarean section
- Your temperature, pulse, blood pressure and baby's heart rate will be checked
- You will have a name band put on your wrist and ankle, and will be given a theatre gown to wear
- Your lower abdominal area will be clipped. This has to be done before the incision (cut) is made along the 'bikini' line and helps promote good wound healing. **It is important that you do not shave this area yourself as this has been shown to increase the incidence of infection**
- We will give you below knee stockings to wear throughout your hospital stay to help prevent blood clots forming
- As we need to monitor your heartrate during the operation using a probe on your finger please could you ensure that you remove nail varnish before admission
- You will be seen by the obstetricians to check you have no further questions and complete the second part of your consent form
- Your birthing partner will be shown where to get changed into theatre wear (if you are having a spinal anaesthetic)
- You will be accompanied to the theatre by a midwife who will be with you throughout your operation. It is helpful to have a dressing gown and slippers easily to hand, as you walk down to the operating theatre and the gown does not completely cover you back and bottom

We cannot be specific about the time you will go to theatre as there are usually between one and three elective caesarean sections scheduled on the same day. If there is an emergency on the ward then this will warrant immediate attention and will affect the elective list. If there is likely to be a long delay, you will be given a drink of water to ensure that you do not become dehydrated.

What happens when I go to theatre if I am having a spinal anaesthetic?

- The operation will take approximately one hour, allowing additional time beforehand to put in your spinal anaesthetic
- The anaesthetist will put a thin plastic tube (cannula) into a vein in your hand or arm and will set up a drip to give you fluid through this. The cannula will normally stay in until you are eating and drinking normally and we are not concerned about any blood loss
- Once the spinal anaesthetic has been given, you will be laid down on your back and the theatre table will be tilted to the left. This reduces your risk of getting low blood pressure and feeling sick during the operation
- The midwife will insert a tube (urinary catheter) into your bladder to keep it empty during the operation; this will be removed after 6-12 hours
- The theatre team will introduce themselves to you and your partner, and check that all the equipment is ready before your operation starts
- There will be a screen in front of you so that you do not see the operation being performed
- You can take your own music to theatre with you if wish, we have a CD player/radio in theatre
- Just before the caesarean section begins, the anaesthetist will give you some antibiotics into the cannula in your arm/hand. This has been shown to reduce the risk of you getting an infection in your wound
- You will be encouraged to have 'skin to skin contact' with your baby as soon as possible after birth. If you feel able to do so at this time, you can have help to breast feed your baby

What happens when I go to theatre if I am having a general anaesthetic?

- The operation will take approximately 40 minutes; you will then be in the recovery room for approximately 1 hour before returning to the ward area
- Your birthing partner cannot come into the operating theatre with you but can wait in the recovery room nearby and if you agree, will be able to cuddle your baby until your operation has finished
- The anaesthetist will put a thin plastic tube (cannula) into a vein in your hand or arm and will set up a drip to give you fluid through this. The cannula will normally stay in until you are eating and drinking normally and we are not concerned about any blood loss
- You will be laid down on your back and the theatre table will be tilted to the left. This reduces your risk of getting low blood pressure and affecting your baby's heart rate
- The midwife will insert a tube (urinary catheter) into your bladder to keep it empty during the operation; this will be removed after 6-12 hours
- The theatre team will introduce themselves to you, and check that all the equipment is ready before your operation starts
- Once everyone is ready, the anaesthetist will give you a drug into the cannula in your arm/hand to put you off to sleep, and an antibiotic to help reduce your risk of a wound infection

- The anaesthetist will continue to keep you asleep until your operation has finished. You will be woken up and taken to the recovery room where your baby and birthing partner will be waiting

Closing the operation site

Usually we use a stitch; which dissolves, and therefore you do not have to have it removed. The obstetrician operating will bring the two edges of your wound together with stitches just under your skin (subcuticular) so there are no visible stitches.

If any other type of stitch material or technique is used the obstetrician will discuss this with you and explain the reasons why another method was chosen.

Pain relief after the caesarean section

There are several ways to give you pain relief after a caesarean section:

- You will be given a strong painkiller with your spinal anaesthetic
- If you have had a general anaesthetic, you may be given a drip containing morphine or fentanyl. You can control the amount of painkiller you have yourself by pressing a button. This is called patient-controlled analgesia or PCA
- Your anaesthetist may offer you injections of local anaesthetic into your abdomen (tummy) at the end of the operation to give you long acting pain relief. This is useful following spinal or general anaesthetic as it helps to reduce the amount of morphine you need to take afterwards
- You will usually be offered a suppository containing pain-relieving drugs at the end of the operation
- You will be given tablets such as paracetamol and ibuprofen on a regular basis and an oral liquid containing morphine sulphate as required

During the first 48 hours, you may feel some pain and discomfort. Every effort will be made to control this pain and make you as comfortable as possible. It is advisable to take regular analgesia to enable you to move yourself in bed to start with and then gently mobilise within 6-12 hours of your operation. Being able to move and mobilise soon after your operation will help prevent blood clots developing.

After the birth

Immediately after your caesarean section you will be looked after by a midwife. She will check your heart rate, breathing, blood pressure, blood loss on a regular basis. If you have had a planned caesarean section then you will be able to drink water when you feel thirsty and start a light diet when you feel hungry.

If your caesarean section was an emergency you will be able to have sips of iced water initially, and once you feel hungry you will be able to have a light diet

Unless you have an infection, which needs treatment, you do not need to continue to have antibiotics after your caesarean section.

We recommend that your dressing stay on for 48 hours after the caesarean section, as this has been shown to decrease the risk of an infection developing. You can still have a shower, as the dressing is waterproof.

Most women after a caesarean section will require a daily injection to help prevent a blood clot developing (deep vein thrombosis). The injection helps to 'thin your blood', and is given every day for seven days. We will show you how to give the injection so that you can continue with the treatment once you go home.

Going home

If you have had a planned caesarean section and there were no complications; you will be able to start thinking about going home about 24 hours after the birth. However if you wish to stay in longer to establish feeding, you will be very welcome, or if there have been any complications then you may be advised to stay in a little longer. Once you go home, your local midwives will carry out postnatal checks for you and your baby at home.

Visiting times

Your birthing partner and your other children can visit you any time between 8am-9pm.

Other friends and family can visit as follows:

3.30pm - 4.30pm

7.00pm – 8.00pm

You will need plenty of rest following your caesarean section to recover, which is why we limit visiting times.

Breastfeeding and caesarean section

A caesarean section will not affect your ability to breast feed your baby. You may need some help in finding a position, which is comfortable to feed so please ask for advice about different positions that you can try which may be more comfortable for you. The cots can be lowered or made higher to enable you to have your baby at the right height next to your bed for easy access.

Once home

It takes approximately six weeks for everything to heal following a caesarean section. You will probably need someone to help you for the first two weeks at home, so that you can rest as much as possible.

You should avoid heavy lifting, carrying, or heavy housework for about six weeks to enable your wound and internal stitches to heal.

Check with your insurance company about driving, some do not insure you to drive for six weeks following your caesarean section.

Please do regular postnatal exercises, see the postnatal exercise information leaflet provided. Swimming and walking will help tone up your muscles when you have fully recovered.

Further information available:

National Institute for Health and Clinical Excellence (2011) Caesarean section guideline 132. Available online: www.nice.org.uk

The Royal College of Anaesthetists (2012) Guidelines for patients undergoing surgery as part of an Enhanced Recovery Programme (ERP): Helping you to get better sooner after surgery. Available online: www.rcoa.ac.uk/erp