

Having a Caesarean Section?



Information for patients

The date for your Caesarean Section is:

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Please attend Ward 21 at 7:30am unless otherwise directed.

This leaflet has been produced to give you general information. Most of your questions should be answered by this leaflet. It is not intended to replace the discussion between you and the healthcare team, but may act as a starting point for discussion. If after reading it you have any concerns or require further explanation, please discuss this with a member of the healthcare team.

What is a Caesarean Section?

A Caesarean Section is an operation to deliver a baby through the abdomen. It involves an incision (cut) through the skin and the muscles of the abdomen, usually along the “bikini line”, and then an incision into the lower part of the womb to deliver the baby. The placenta is also removed through the abdomen before the womb, muscles and skin and are stitched back together in separate layers.

Why am I having a Caesarean Section?

There are many reasons why a Caesarean Section may be recommended to deliver your baby. Sometimes there is a risk to the baby from a vaginal delivery, such as the position they are in. Sometimes there may be a risk to the mother, such as a medical condition that would make labour more risky.

The reason for your Caesarean Section should have been fully explained to you by the doctor. A Caesarean Section is only recommended when the risks of a Caesarean Section are considered to be less than the risk of continuing the pregnancy and having a vaginal birth.

What are the risks of a Caesarean Section?

Although a major operation, a planned Caesarean Section is usually very safe and serious complications are rare. Some of the complications that can occur are described below:

- **Infection** (*6 in every 100*): Infection can occur within the womb, the skin incision or your urinary tract. To try and prevent this, you'll be given antibiotics during the operation.
- **Heavy bleeding** (*Less than 1 in every 100*): Some bleeding will always occur during surgery, but severe blood loss is rare. It is important that your healthcare team know whether or not you would accept a blood transfusion in an emergency situation.
- **Persistent discomfort in abdomen or scar** (*9 in every 100*): Some women experience numbness, burning or tingling in their scar, or pain or discomfort in their lower abdomen in the weeks or months after a Caesarean Section. Rarely, this can persist for even longer.
- **Damage to other organs** (*1 in every 1000 or less*): This is a rare complication that can involve the bladder, ureters (tubes from the kidneys to the bladder), bowel or blood vessels. The risk is higher in women who have undergone previous surgery including a previous Caesarean Section. The doctor checks for any damage during the operation and this would usually be repaired, but in very rare situations another operation soon after your Caesarean Section may be required.
- **Emergency hysterectomy** (*Less than 1 in every 100*): If severe heavy bleeding occurs despite the medications and surgical techniques available, on rare occasions doctors need to remove the womb as a life-saving emergency procedure.
- **Thrombosis** (*Less than 1 in every 1000*): This is a blood clot in the legs or lungs. To reduce the risk of this happening we will provide you with compression stockings, and you may also be prescribed an injection to make your blood less likely to clot.
- **Anaesthetic complications** (*Less than 1 in every 100*): This includes a severe headache from the spinal injection, although there is a treatment available for this.

- **Future pregnancies:** Women who have had a Caesarean Section previously have an increased risk of stillbirth beyond 39 weeks, rupture of the womb during subsequent deliveries and of having an abnormally attached placenta in future pregnancies although all these risks are uncommon (*Less than 1 in every 100*).
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- **Future Caesarean Sections:** Having your baby by Caesarean Section does increase the chances of you having a Caesarean Section in a future pregnancy, either as a choice or as an emergency, although many women do go on to give birth naturally.
- **Risks to your baby**
 - *2 in every 100* babies born by Caesarean Section receive a cut during the operation. Most cuts are small and superficial but if your baby does receive an injury they will be checked by a paediatrician (a doctor who specialises in the care of babies).
 - Babies born by Caesarean Section are more likely to have breathing problems than those born vaginally. Between *3-4 in every 100* babies born by Caesarean Section have breathing problems just after birth compared to *less than 1 in every 100* babies after a vaginal birth. These breathing problems are often short lasting and do not usually result in long term problems.

What anaesthetic will I have?

A spinal anaesthetic is routinely used for Caesarean Sections. This is an injection in your back that removes the sensation of pain, although you will still feel some movement and pressure. A spinal anaesthetic means you can be awake for the birth of your baby, and your birth partner can be present.

If a longer surgery time is expected, an epidural may be used in addition to a spinal injection. This allows your anaesthetic to be topped up if necessary.

General anaesthetics are avoided if possible, as they come with additional risks to you in pregnancy and can also temporarily affect the baby immediately after delivery. Situations that may require a general anaesthetic are if you can still feel pain despite the spinal injection, or if damage to other organs has occurred and the operation is likely to take a long time.

You will have the opportunity to discuss the anaesthetic with the anaesthetist before your operation.

How will my incision (cut) be closed?

The doctor performing your Caesarean Section usually decides on the best option for skin closure. This is usually a dissolving stitch under the skin. However, sometimes separate stitches that require later removal are used. If you feel strongly about this, you can discuss it with the doctor on the morning of your operation.

What about my birth plan?

Some women understandably feel disappointed if the need for a Caesarean Section means that not all of their birth preferences can be fulfilled. However, many aspects may still be possible or can be adapted to fit a Caesarean birth. For example:

- Your birth partner will be with you and can take photographs of you together with your new baby.
- Staff can keep you informed about what is going on, or respect your desire for a quiet atmosphere or for music to be played.
- Your birth partner can cut the cord to shorten it after the birth.

- Optimal cord clamping is performed routinely unless your baby requires medical attention.
- Your healthcare team can refrain from mentioning the sex of your baby until you and/or your birth partner have seen for yourselves.
- You can decide whether or not you are happy to allow student midwives or doctors into the operating theatre to observe.

How do I prepare for my Caesarean Section?

We recommend that you try to eat healthily and rest well in the days leading up to your delivery in order to be as fit as possible for the operation and recovery.

We recommend that you **do not** shave your pubic area or legs in preparation for your Caesarean as this appears to increase the risk of wound infection.

Pre-operative Assessment

You will usually be seen on the Maternity Assessment Centre (MAC) in the week before your Caesarean Section.

The midwives will take two blood samples, perform swabs to check for MRSA (*see leaflet*), and give you two doses of Ranitidine to take home. This reduces stomach acid, which makes it safer to have a general anaesthetic if this becomes necessary. **You should take one dose the evening before and one on the morning of your operation, with a sip of water.**

If your baby is being delivered before 39 weeks gestation, you may also be given two steroid injections that mature your baby's lungs and reduce the risk of breathing problems after delivery. These are given 24 hours apart.

On the morning of your Caesarean Section

We recommend you have a bath or shower but avoid creams, talcum powder or varnished/gel/acrylic nails.

You may brush your teeth and take small sips of still water during the morning, but you must not have anything else to eat or drink. This includes chewing gum or smoking.

You should arrive on Ward 21 at 7:30am unless otherwise directed. From here you will be transferred to Labour Ward.

You will be given a hospital gown and compression stockings and will be asked to remove any jewellery. (Jewellery that cannot be removed will be covered with medical tape.) Your birth partner will be given clean theatre clothing to wear.

The anaesthetist and doctor performing your Caesarean Section will speak with you before the operation, and give you the opportunity to ask any questions you may have.

During your Caesarean Section

Once in the operating theatre, a "drip" will be inserted into your arm. The anaesthetist and team will guide you to sit up, in a position that allows them to correctly perform the anaesthetic. They will tell you what sensations to expect. This can take up to 20 minutes.

When the anaesthetic is complete, you'll be assisted to lie down, and the anaesthetic will be tested to make sure it is working. After this, a catheter will be put into your bladder and this will stay in until at least 6 hours after the operation, as you will not feel the sensation of needing the toilet.

At this stage your birth partner will be brought in to accompany you and after your skin is cleaned, the Caesarean Section will begin. After the surgeon starts, it will take 5-10 minutes to deliver your baby, and 30-40 minutes to finish the operation. During this time, you may hold your baby or, if this feels awkward whilst laid flat, your birth partner can hold your baby close to you.

After your Caesarean Section

When the operation is finished, you and your birth partner will be moved to the anaesthetic room where you can sit up to hold and feed your baby. Your blood pressure and heart rate will be observed for 20 minutes, after which you will be moved to Ward 21.

Once on the ward you will be encouraged to start moving gently as soon as you feel comfortable to do so. This helps reduce your risk of complications including chest infections and thrombosis (blood clots). Tablets for pain relief will be offered to you regularly.

You will be given assistance to care for and feed your baby, if you want it, and a midwife will check you are happy with this before you are discharged. We encourage mothers to breastfeed their baby and having a Caesarean Section should not interfere with your ability to breastfeed. Providing your baby is well, he or she will stay with you at all times and they will also have a hearing test and a routine check by one of the paediatric team before you go home.

How long will I have to stay in hospital?

A doctor will review you on the morning after your Caesarean Section and they will check that you are medically fit to go home. We anticipate that if your Caesarean Section has been straight forward, you will be able to go home the day after your operation. The exact time will depend on how you and baby are feeling. Once you are at home a community midwife will visit you. If you have any stitches or clips in your wound that need to be removed this will be done 5 -7 days after your operation.

How long will it take me to recover from a Caesarean Section?

Everyone recovers from operations at a different rate. Doing some exercise can help your recovery and the midwives can give you information on what exercises you can do. You will continue to have vaginal bleeding after the operation and this may continue for a few weeks but it will gradually get less - remember to change your sanitary pads regularly. You should tell your midwife or GP if:

- Your vaginal bleeding increases
- You experience pain beyond the soreness expected after a major operation
- You develop a cough, shortness of breath or pain/swelling in your leg
- Your wound or vaginal bleeding becomes offensive (smelly)
- You feel shivery, shaky, feverish or "hot and cold"

You should not use tampons for at least six weeks following the operation or until you have had your first period. This may occur anytime from a few weeks to several months. You can resume sex whenever you feel comfortable but do think about taking contraceptive measures. **In order to minimise the risks to you and any future baby we recommend waiting for at least 6-12 months before conceiving again.**

You can drive when you feel safe and comfortable to do so and also depending on your ability to concentrate. You should be able to wear a seatbelt and do an emergency stop - usually about three weeks after your operation. Please check with your own insurance company in case they have specific exclusion clauses.

Will I need a Caesarean Section next time?

If you become pregnant in the future, you will be given the choice between planning to have a Vaginal Birth After Caesarean (VBAC) or choosing an Elective Repeat Caesarean Section (ERCS). Certain factors, such as the size of the baby, previous vaginal deliveries and the reason for your Caesarean section will make it more or less likely that a VBAC would be successful. The risks and benefits of each option will be discussed with you in a Consultant Antenatal Clinic.

What if I go into labour before my Caesarean Section?

Some women will go into labour or their waters will break before the date of their operation. If this happens, simply call MAC or Labour Ward and they will ask you to come for assessment. Bring your overnight bags as you would on the day of your operation (see below) and don't eat or drink anything other than sips of water until you have been reviewed in hospital.

What should I bring with me to hospital?

The following list is not exhaustive but a reminder of some key items to bring in to hospital on the day of your Caesarean Section:

- A hat, nappies, vests and sleepsuits for your baby
- A nightie, slippers, socks and a dressing gown
- Your glasses or contact lenses with case
- High topped (to belly button) soft cotton underwear
- Maternity pads (not standard pantyliners)
- Formula and bottles if you plan to bottle feed (sterilising equipment is provided)
- Snacks and drinks for you and your birth partner
- Toiletries: Toothbrush & toothpaste, towels, hairbrush, hairband
- Useful items: Pen, phone charger, eye-mask, change for vending machines

Pain relief at home

Patients are often surprised to hear that they can buy simple analgesia (painkillers such as paracetamol or ibuprofen) cheaper over-the-counter than they can be provided by the NHS. For this reason, hospitals now encourage patients to obtain their own supply for home use after an operation, and we would recommend you do this before your Caesarean Section. Hospitals will increasingly no longer provide a supply of these medicines on discharge, but if you need stronger painkillers these will be provided for home use.

For more information

If you have a question about your Caesarean Section, you can contact:

Maternity Assessment Centre: **01535 292120 / 292410**

Opening hours: 8.30am to 7.30pm, Monday to Friday.

The unit can be found in zone B location B8 (opposite ward 19, location B7).

Labour Ward: **01535 292402**

If you require this leaflet in other languages or formats please telephone the Patient Advice and Liaison Service (PALS) on 01535 294019

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