

Maternity Department

Frequently Asked Questions for Women Booked for an Elective (Planned) Caesarean Section

Date of Pre Op (dd/mm/yyyy).....

Date of Caesarean (dd/mm/yyyy).....

You have been given this leaflet as you have been booked for a caesarean section. The processes outlined in the leaflet have been designed to protect you and your baby and other service users. Thank you for your understanding during this time.

General information

What is a Caesarean Section?

An operation to deliver your baby through your abdomen.

Why might I be offered a caesarean section?

There may be a known reason for a caesarean to be planned, for example:

- Your baby is in the breech position (bottom first) at the end of pregnancy and it is neither possible nor appropriate to gently attempt to turn your baby.
- If you are expecting more than one baby.
- If the placenta is low lying and covers all or part of your cervix.
- If you have had a previous caesarean.

What are the risks and complications of a caesarean section?

As with any other significant surgery there are risks involved, although minor complications are common even after elective surgery, serious complications are rare.

A small number of women develop an infection after the operation; this may involve the wound, the urinary system or the uterus. All women receive antibiotics during the operation to reduce this risk.

The risk of a haemorrhage (bleeding) requiring a blood transfusion at the time of surgery is less than 2 in 100 with an elective caesarean but 5-15 in 100 with an emergency caesarean.

Thromboses (blood clots) in the vein or lungs occur infrequently after any operation but are more common in pregnant women. We take steps to reduce this risk which include: keeping you hydrated, using special anti embolism stockings (or boots),

encouraging you to get out of bed and mobilise and offering you injections (low molecular weight heparin) which helps prevent clot formation.

There is a 1 in 1000 risk of injury to other organs in your abdomen (such as bladder or bowels); this risk is increased if you have had surgery in this area before.

Your baby can also be affected by the caesarean. About 35 babies born in 1000 will have some breathing difficulties just after birth, compared to 5 in 1000 of babies after vaginal birth. To minimise this risk we make every effort not to perform a planned caesarean before 39 completed weeks.

You can discuss any of these risks in more detail with your doctor or midwife.

How does having a caesarean section affect any future births I may have?

Having a caesarean in your current pregnancy does not necessarily mean you need to have a caesarean for all subsequent births. If you have already had a caesarean we will discuss with you whether it is necessary to plan another caesarean or a vaginal birth taking into account: your preferences, the overall risks and benefits and details of your previous birth.

In a future pregnancy after a caesarean birth you are slightly more likely (4-8 per 1000) to have placenta praevia (placenta covering the baby's exit from the womb) and placenta accreta (where the placenta becomes stuck to the womb). There is also a slight increase in stillbirth after 34 weeks 4 in 1000 with caesarean versus 2 in 1000 with vaginal delivery. Tearing or rupture of the womb may also occur if you go into labour 5 in 1000 for spontaneous labour and 15 in 1000 with an induced labour.

Preparing for your caesarean section

What happens at my pre-operative assessment appointment?

For the appointment we ask you to attend Antenatal Clinic.

You will meet:

- A Maternity Care Assistant who will take MRSA swabs and measure you for venous thromboembolism stockings.
- A phlebotomist who will take your blood so we have up to date results for your blood group and any signs of anaemia.
- A midwife will talk through the day of your baby's birth and answer your questions.
- An anaesthetist who will discuss the anaesthetic you will have for your operation. The majority of women have "regional" anaesthesia (a spinal or epidural) anaesthetic and are awake for their operation. A small number of women have a general anaesthetic.

What should I pack in my hospital bag?

- Lots of comfortable knickers – high waisted to avoid rubbing on your "bikini line" scar (disposable ones can be useful).

- Maternity sanitary pads.
- Pyjamas.
- Essential toiletries.
- Slippers / slip on shoes.
- Clothes for baby.
- Nappies.

Please see your yellow antenatal notes for a full list of recommended items to pack.

Should I hand express breast milk before my caesarean section?

Yes, if you want to. Please see 'Expressing your breastmilk in the antenatal period' leaflet and talk to your midwife for more information as there are some circumstances where this may not be advised.

Will my caesarean definitely be on that day I've been told?

The Norfolk and Norwich is a busy unit; we aim as much as possible to keep to the original booked date. It might be necessary to move your caesarean date, this can be done up until the day before. On the day, if our Delivery Suite is very busy, there may be delays in starting your caesarean. The staff will inform you if this is happening.

When do I need to stop eating and drinking before my caesarean section?

If you have been told you are on the **morning** list:

- Take one dose of antacid (tablets) at 10pm the night before your Caesarean Section.
- Stop eating at midnight.
- Take the second antacid dose (tablet) and 2 500mg paracetamol tablets at 6am.
- Drink water or black tea or coffee ie: **no milk** until 6am.
- Have nothing to drink after 6 am.

If you have been told you are on the **afternoon** list:

- Take one antacid tablet at 10pm the night before your Caesarean section.
- Have a light breakfast before 7 am and stop eating.
- Take the second antacid tablet and 2 500mg paracetamol tablets at 10am.
- Drink water or black tea or coffee ie: **no milk** until 11am.
- Have nothing to drink after 11am.

Can I still have a caesarean section if I go into labour before the planned date for my operation?

1 in 10 women go into labour before the date of their planned caesarean section. If there is no 'medical' need for a caesarean section, you are likely to be offered the

chance to continue in labour and aim for a vaginal birth, particularly if labour is advanced. Your midwife and doctor will discuss this with you at the time. If you still decide to have the caesarean section as planned, it will be performed as soon as possible.

The day of your caesarean section

What time and where should I go on the day of my Caesarean section?

If you have been told you are on the **morning** list, please arrive at **Blakeney Ward** at **0700**.

If you have been told you are on the **afternoon** list, please arrive at **Blakeney Ward** at **1100**.

Follow signs to Maternity Services. The nearest car parks are O and M. Please keep your car parking ticket and ask a member of staff to validate it before you leave.

Can my birthing partner be with me on the day of my caesarean section and how long can they visit afterwards?

One birthing partner (who cannot be a child) can accompany you to Blakeney Ward on the day you are admitted. They will go with you to theatre and come back from theatre to the ward with you.

One supporter can remain on the ward overnight to support you in caring for baby. You supporter will be asked to leave the ward between 1pm and 3pm where there is a designated quiet time to allow mothers and babies a period of rest. Please read our visiting guide.

If your supporter chooses to leave the ward after 9:30pm they will not be able to return until 7:30am (unless exceptional circumstances, such as visiting baby on the neonatal unit). Please bring a lidded travel mug with you to utilise our refreshment station. The refreshment station will be closed between 3pm and 6pm.

Adult visitors and siblings can visit between the hours of 15:00 and 18:00. In the interest of safety no more than two people to be present in the bedspace at one time.

What will happen on the ward before my caesarean section?

A **midwife and maternity care assistant** will:

- Check your wellbeing and observations (blood pressure, temperature and more).
- Check your baby's wellbeing by listening to their heartbeat.
- Give you tight knee length stocking to wear to prevent blood clots.

The **surgeon** (obstetrician) will:

- Discuss the operation, answer your questions and ask you to sign a consent form.

- Check if the baby is still in a breech position if this was the reason for your Caesarean. If your baby is head down, then the operation may no longer be necessary.

What happens when I get to theatre?

We try to make sure that the operating theatre is a fairly relaxed place to be, however it is a place where an important job is being performed.

The anaesthetist will place a cannula (small tube) into your hand or arm so that medications and fluids can be given to you.

After your anaesthetic is working the midwife will place a catheter into your bladder to drain urine. This will be removed once you are able to mobilise to a bathroom, usually 12 hours after your operation.

The anaesthetist will perform the anaesthetic and once your epidural or spinal (or occasionally general anaesthetic) is working the Caesarean will start. The doctor will make a small horizontal incision in the skin just above your pubic bone and then carefully cut through the layers and then your uterus. You will still feel pressure and pulling but should not feel pain once your anaesthetic is working.

There will be a screen up between you and the surgeons which can be lowered when your baby is born so that you can see them. We routinely do delayed cord clamping so that your baby receives blood from the placenta whilst it is still pulsating. Your baby can be placed directly onto your chest for skin-to-skin contact while the surgeons continue the operation

The midwife will perform essential checks including: checking your baby's heart rate, breathing, temperature, head circumference and general wellbeing, sometimes whilst your baby is on your chest. If you have consented to it they will give baby Vitamin K. They will weigh your baby at the end of your operation. Your birthing partner is welcome to observe and take photos of this process which takes a couple of minutes.

Once your baby and placenta have been born the surgeons will complete the operation. Once this is over you will be transferred to recovery for a short while.

Who will be in theatre?

The theatre team will be made up of around 10 people including doctors, midwives, nurses and theatre practitioners. One birth partner is welcome to accompany you if you are awake for the operation.

Will I be able to hold my baby in theatre?

The surgeons will hold your baby up for you and your birthing partner to see. Once delayed cord clamping has happened the baby will be passed to the midwife who will perform essential checks on your baby before handing them to you.

Skin to skin contact is important as it helps initiate breastfeeding and helps your baby to regulate its temperature and breathing it also enhances attachment, bonding and brain development. If you feel unable to have skin to skin contact with your baby right away we can assist your birthing partner to do so.

After your caesarean section

When will I return to the ward?

You will normally be away from the ward from 1-2 hours including a 20–30-minute stay in recovery after theatre.

How long am I likely to stay in hospital?

If all is well with you and baby, we aim for you to be discharged 1-2 nights after your caesarean section. Some babies need further observation and some people recover a little slower. We will be led by you and your baby.

How will my pain be managed?

The theatre team will normally administer pain relief prior to you leaving theatre so that it starts working as the spinal/epidural wears off. You will have regular pain relief given to you by the midwives on the ward. If this is not sufficient, please tell them as there are additional medications we can give you.

We will give you paracetamol 4 times a day and ibuprofen 3 times a day (unless there are contraindications) which we recommend you have a stock of at home. Stronger pain relief options include Oramorph and dihydrocodeine. If you are taking dihydrocodeine and breastfeeding, you will need to monitor your baby for signs of drowsiness.

Who will I see on the ward?

- There are midwives and maternity care assistants who will be caring for you.
- There may also be students assisting with care if you agree.
- Doctors see anyone who needs further input.
- There are hearing screeners who perform newborn hearing checks on your baby.
- An advanced neonatal nurse practitioner (ANNP) or paediatric doctor who performs newborn physical checks on your baby.
- A Physiotherapist who will assess your stomach muscles, give you advice on exercises and your recovery from surgery. We recommend using the bed and your arms to help yourself move to protect your core muscles.

When can I eat / drink?

As soon as you are back on the ward you can start drinking and eating a light diet. Some people feel nauseous after surgery but we can give you medications to help with this (antiemetics).

What has to happen for me to get home?

- We encourage you to mobilise once your epidural/spinal has worn off – this will help you to feel better and reduce the risk of blood clots.
- Once you are mobile your catheter can be removed. This is approximately 12 hours after your surgery if on the morning list and the following morning if on the afternoon list.
- After it is removed, we monitor your ability to pass urine for 6 hours to ensure all is well.
- Your baby has a hearing screen and physical examination (NIPE) which are normally performed the following morning. We also check baby's oxygen saturations after 4-12 hours to screen for undiagnosed heart problems.
- You need to be confident in feeding your baby however you choose. Staff will support you to be able to latch your baby to the breast comfortably and effectively or to safely make up and feed your baby via bottles. We will want to see you doing this before you go home so please tell a member of staff when you are feeding.
- There may be additional checks you and your baby need depending on your medical history and what happens at your birth, the midwives will inform you of these if they are required.

Once you get home

The ward will inform your community team when you are discharged from hospital. They will contact you the following day and arrange your home visits as appropriate. If you have any worries or concerns, please contact CallEEAST on **01603 481222**

What happens with my stitches?

Dissolvable stitches are not removed and normally dissolve in around 2 weeks. If you have non dissolvable stitches or staples, they will normally be removed by the community midwives around the 5th day after your caesarean.

The staff will remove the dressing on your wound within 24 hours of your caesarean to look at it. You should keep your wound clean and dry. If you notice any redness, oozing, pain or offensive smell please contact your midwife. You will notice a loss of feeling/sensation around your scar; this is normal and is not usually permanent.

How long will I bleed for?

It is normal to have vaginal bleeding for 2-4 weeks after a caesarean. After the first 3-4 days this will usually be quite light. Please contact your midwife or G.P. if the bleeding becomes very heavy. You should use sanitary pads (not tampons) until your postnatal check with the G.P. at 6-8 weeks.

Can I take over the counter pain relief?

Routinely we recommend paracetamol and ibuprofen as pain relief after a Caesarean section (as long as you have no contraindications such as an allergy).

If you are requiring more pain relief, please check with your midwife that there are no complications. You can use co-dydramol but NOT co-codamol if you are breastfeeding as this transfers through breastmilk and can make the baby drowsy. If you do take co-dydramol while breastfeeding, and your baby becomes drowsy, stop the medication and seek medical help.

How long does it take to recover after my caesarean?

Most women try to do too much, too soon. You should aim to have help at home for the first two weeks, possibly longer.

For the first 6 weeks avoid heavy lifting. Wait 6-8 weeks before starting exercise, begin with gentle forms of exercise such as walking or swimming and build up gradually. Avoid aerobics classes and competitive sports for 3 months. Listen to your body – stop if it hurts.

When can I have a bath?

You can have a shower as soon as you are mobile following your caesarean. You should start with showers as they are easier to get in and out. Once you are confident you can get in and out of the bath safely you can have one. We recommend no perfumed products whilst you are healing.

When can I drive after my caesarean?

You should be able to drive again when you feel able to concentrate fully and can perform an emergency stop; usually within 6 weeks after the operation. However you need to check with your car insurance company before you start driving.

When can I go back to work?

It is advisable not to return to work for 6-12 weeks after a Caesarean. However this is dependent on the nature of your job and can be decided in accordance with your doctor's advice.

When can I have sex?

You can resume sexual intercourse when you feel comfortable.

Some women choose to be sterilised during their caesarean, but this is a minority. Please read 'Sterilisation at the time of Caesarean Section?' for more information. It is important to think about your family planning needs and pregnancy spacing. This will be discussed in detail at your 6-8 week G.P. check but feel free to discuss it with staff prior to that.

Further Information

To keep up to date with the latest guidance you can see Norwich Maternity Voices Partnership and NNUH Maternity on Facebook and Instagram

Facebook.com / MaternityVoicesNorwich

Facebook.com/NNUHmaternity

@MVPNorwich

@nnuhmaternity

If you are unable to access these please speak to your Midwife

If you are worried about your health or the health of your unborn baby please contact your midwife or maternity team.

Medicom: 01603 481222 (24 hours)

Delivery suite MMAU: 01603 287328 and 01603 287329 (24 hours)

