

# Information for Women having a Caesarean Section

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# Welcome to Whiston Hospital Maternity Unit

This guide has been produced to provide information that you may find helpful if your baby is to be delivered by caesarean section.

All women will be seen by a senior doctor, Registrar or Consultant to discuss the reasons for their caesarean section and any implications this may have for any future pregnancies.

## What is a caesarean section?

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A caesarean section is an operation to deliver a baby. It involves making a cut in the front wall of a woman's stomach and womb.

The operation can be:

- A **planned** (elective) procedure, when a need for the operation becomes apparent during pregnancy.
- An **emergency** procedure, when circumstances before or during labour call for delivery of the baby by unplanned caesarean.

A caesarean section is usually carried out under epidural or spinal anaesthetic, where the lower part of your body is numbed. The operation usually takes a minimum of 40 minutes, but can be performed quicker in an emergency. Some caesarean sections are performed under a general anaesthetic.

## Why do I need a caesarean section?

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A caesarean section is usually carried out when a normal vaginal birth could put you or your unborn baby at risk. The reason for your caesarean section will have been discussed with you by a Consultant Obstetrician.

# Can there be any complications or risks?

## Frequent risks when having a caesarean section include:

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- Persistent wound and abdominal discomfort
- Haemorrhage
- Infection
- Injury to baby – minor skin cuts can occur in 1 – 2% of births
- Difficulty in breathing can occur in up to 12% of births

## Uncommon:

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- Emergency hysterectomy (7 – 8 per 1,000 women)
- Return to theatre for further surgery (5 per 1,000 women)
- Admission to intensive care unit (9 per 1,000 women)
- Placenta (after birth) covering entrance to the womb (4 – 8 per 1,000 women)
- Tear in the womb (2 – 7 per 1000 women)
- Stillbirth (1 – 4 per 1,000 women)

## Rare:

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- Organ injuries: urinary and bowel system (1 – 1000 women)
- Developing a blood clot (4 – 16 per 10,000 women)

## Very rare:

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- Death, approximately one woman in every 12,000.
- Current guidelines recommend that a **planned** caesarean section in pregnancies without complications should not be carried out before 39 completed weeks of pregnancy because of an increased risk of breathing problems for the newborn. These recommendations are supported by evidence suggesting that planned caesareans performed before 39 weeks carry an increased risk of the newborn being admitted to the neonatal intensive care unit.

# What is enhanced recovery?

At Whiston Hospital, we run an enhanced recovery programme. Enhanced recovery is an evidence-based approach designed to help women recover more quickly from surgery following a caesarean section. Our enhanced recovery programme aims to help you to be well enough to go home from hospital the day after surgery. This leaflet explains the care you can expect to receive immediately before your caesarean, on the day of your surgery and following your baby's birth. We will work closely with you and your birth partner during this time, to help ensure a speedy recovery.

## **Am I eligible for enhanced recovery?**

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All elective caesarean section patients will be considered for enhanced recovery and the following list are reasons why an enhanced recovery would not be considered.

- You are less than 36 weeks pregnant
- You are unwell
- Your baby requires direct admission to the neonatal unit
- If you have refused blood products that were recommended clinically

All women having an elective caesarean section will be asked to attend an Enhanced Recovery Pathway Educational Class on the Wednesday before your operation. This meeting is held to discuss the procedure and the anaesthetist will attend to discuss methods of pain relief.

## **Can there be any complications or risks to enhanced recovery?**

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If there are any concerns about the wellbeing of you or your baby, then you will remain in hospital until you and your baby have been assessed by the midwives and doctors as ready for discharge home.

You do not have to leave hospital the day after your surgery. If you do not feel ready to be discharged early you can stay in hospital.

# How do I prepare for the caesarean section?

You will be contacted regarding the date for your caesarean section. You will be asked to attend the Feto-Maternal Assessment Unit to obtain the following:

- If you have not already signed a consent form this will be done in the Feto-Maternal Assessment Unit (FMAU)
- A sample of blood to check your blood group and to check for anaemia
- Swabs taken for MRSA screening (Methicillin Resistant Staphylococcus Aureus). This is to ensure that any treatment you may require is arranged before you are admitted to hospital

**At this appointment you will be given your pre and post op medication:**

- One packet containing **2 Ranitidine tablets** (these are to reduce the acid in your stomach)
- You will collect **3 Pre load sachets** (carbohydrate drinks)
- **Enoxaparin injections** if you meet the criteria (these are to reduce the risk of blood clots)
- **Ibuprofen** (pain relief)
- **Dihydrocodeine** (pain relief)
- **Ferrous sulphate** (iron tablets)

You will not be admitted to the hospital until the morning of your operation, so it is important that you attend this clinic to ensure we have your results from your blood samples and swabs on the date of your operation.

The evening before admission, you can have your evening meal as normal.

**At 6pm** take the first of your **pre load sachets**

**At 10pm** take **1 Ranitidine** tablet and your second **pre load sachet**

At **6.00am** take your third **pre load sachet** and also take the second **Ranitidine** tablet.

It is important to have a shower or a bath at home before leaving for the hospital.

Do **not** wear nail varnish (on finger or toe nails). Remove any acrylic / false nails. Please leave all jewellery at home, other than a wedding ring. **Please remove all body piercings.**

# What will happen?

Please arrive at FMAU no later than **7.15am** accompanied by your birth partner. A midwife will be allocated to you on your admission who will co-ordinate, support and keep you informed of all procedures.

You will be seen by the anaesthetist and all options for anaesthesia will be discussed. If you are having a spinal anaesthetic as a choice, your birth partner will be able to attend and support you at the caesarean section.

If you are having a general anaesthetic (GA) then we will show your partner to a room in the Delivery Suite right next door to theatre.

You will also be seen by an obstetric doctor who will explain the procedure and obtain your written consent. You will have an opportunity to discuss any concerns you may have.

To ensure the safety of both you and your baby it is not possible to give a specific time for your surgery.

In some circumstances, your caesarean section may have to be rescheduled for another date. If this occurs, a doctor will provide a full explanation.

Please pack essential toiletries and a change of nightwear, a set of baby clothes and some nappies. If you intend to formula feed you need to bring in your own milk. Please note, there will be no facilities for preparing formula milk or sterilising equipment. There will be a milk fridge in a locked room for safe storage of your milk. We will also provide pre-sterilised bottles and teats for those who need them. If you do bring formula milk to the unit it is recommended that you use only first stage infant formula milk and bring either the small (200mls or less) cartons/bottles which can be decanted into pre-sterilised bottles, or the starter packs (pre-prepared milk that comes ready made in bottles with a teat. These types of ready-made milks are available from all of the main formula milk brands and can be purchased in all main stream shops and supermarket chains.

Your belongings will remain on the ward where you are admitted. Ensure that you have any valuables with you at all times. Only a mobile phone or camera can be taken into theatre. Please do not bring with you any unnecessary items. Remember to bring slippers and a dressing gown.

# What will happen?

You will be asked to change into a hospital gown prior to going to theatre.

An intravenous drip will be put into your arm by the anaesthetist who will then insert the spinal or administer a GA. Following this, the midwife will insert a catheter (tube) into your bladder to drain away the urine. This ensures the bladder remains empty and is not in the way of the operation site.

## What happens afterwards?

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Following your caesarean section, you and your baby (babies) will be transferred to a recovery area. You will be cared for and observed by the midwife, midwifery support worker, obstetric and anaesthetic teams. You will be supported with caring for your baby (babies).

Once you have recovered from the anaesthetic and all your observations are stable, you and your baby (babies) will be transferred to the postnatal ward. You will be given a light meal on arrival back onto the post natal ward and your observations will be checked regularly.

**For morning patients** you will be assisted out of bed at **6pm** your catheter will be removed and bloods taken for a full blood count (checking if you require iron tablets).

**For afternoon patients** you will be assisted out of bed at **12am** your catheter will be removed and bloods taken for a full blood count (checking if you require iron tablets)

The staff will give any help that you or your baby may require. If you and your baby are medically fit, you will be discharged 24 hours after your caesarean section.

If you have clips they are removed on day five by the midwife, at home. Stitches will be removed on day seven. You may have a subcuticular stitch under the skin which dissolves.

# Skin to skin

Early skin to skin contact is beneficial to you and your baby, irrespective of the method of feeding you have chosen. Early skin to skin contact increases the success rate of breastfeeding (UNICEF UK 2009).

Skin to skin contact between you and your baby will depend on the type of anaesthetic you have had. If possible, when a regional anaesthesia (epidural or spinal) has been given, a healthy baby may be placed on mum's chest and observed by a midwife or midwifery support worker and anaesthetic staff as well as your birth partner. We ask all women who wish to have skin to skin to bring in a vest top to wear under their theatre gown to enable babies to be secure.

If direct skin to skin contact is not possible, then your baby will be kept as close to you as possible i.e. in birth partner's arms, for as long as possible until you are prepared for transfer to the recovery area. Your baby can remain in skin to skin for as long as you wish in the recovery room. The optimum is for at least one hour or until after the first breastfeed. We call this the "Golden hour" and is a lovely time for you your baby and partner to bond.

A midwifery support worker will remain in the recovery room, with you and your baby. You and your baby can be transferred to the post-natal ward in skin to skin, if you so wish.

## Caring for your wound

Your wound (area cut for the caesarean section) will be covered with a waterproof dressing. Whilst your wound dressing is in place, you may take a shower. Gently pat dry the wound area. Once the dressing has been removed, a midwife will continue to advise you on how to look after your wound to prevent infection. This will include advice on how to gently clean and dry the cut area daily using a clean towel.

It is advised that you wear comfortable underwear which does not press on the wound.

To reduce the risk of infection, wash your hands:

- **before** and after visiting the toilet
- prior to feeding your baby

# Preventing Blood Clots

During your hospital stay, you will be assessed for your risk of thrombosis (blood clot). You will be asked to wear compression stockings whilst an inpatient.

Following your caesarean section, if you meet the criteria you will be commenced on an anti-clotting daily injection. This is usually for 10 days or it may be longer if you are assessed as a high risk for thrombosis.

## **When you are discharged from hospital**

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A community midwife will visit you the following day. At this visit, the midwife will carry out a full review of you and your baby's needs and discuss a management plan for your care and visits. Part of this review will be to assess how your wound is healing. If she is concerned how your wound is healing, she will refer you to your GP.

If you have concerns at any time, you can call the hospital on the 24 hour contact telephone numbers written on the back of this leaflet.

## **Symptoms to watch out for**

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After having a caesarean section, contact your midwife or GP straight away or the Emergency Department if you have any of the following symptoms:

- Severe pain
- Leaking urine
- Excessive vaginal bleeding
- Your wound becomes more red, painful and swollen
- A cough or shortness of breath
- Swelling or pain in your calf

These symptoms may be a sign of an infection or blood clot, which should be treated as soon as possible. It takes longer to recover from a caesarean section than it does after a vaginal delivery.

In the first few weeks after giving birth, try to get as much rest as possible. Avoid walking up and down stairs too often, as your stomach may be sore. However, you should take gentle daily walks to reduce your risk of blood clots.

You will be given regular pain relief medication to take at home, for as long as you need them.

# Getting back to normal

In general, it will take about six weeks for all your tissues to heal completely. Before this time, basic activities, such as caring for your new baby and looking after yourself, should be possible.

It is advised not to drive for 6 weeks following your caesarean section. Ring your insurance company for advice if you feel able to drive before this time.

- It is advised not to lift anything heavier than your baby for 6 weeks.
- It is advised not to do any procedure that involves pushing or pulling for 4 weeks as this may place a strain on your abdominal muscles and the wound.

## Future pregnancies

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If you have had a delivery by caesarean section, it does not necessarily mean you will have to have a caesarean again in the future. You can discuss future pregnancy options with your obstetrician or midwife in the hospital or community, or with your GP, who should take account of:

- the reason for your first caesarean
- your preferences and priorities
- the overall risks and benefits of a caesarean section
- the risk of tearing the wall of your womb (uterine rupture) along the scar from your previous caesarean section
- the risk to your own and your baby's life and health at the time of birth

Should you require further advice on the issues contained in this leaflet, please do not hesitate to ask the midwife or ward manager; or ask to speak to the Matron responsible for the ward.

## Contact Numbers

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**Ward 2E:** 0151 430 1515/1516

**Feto-Maternal Assessment Unit:** 0151 430 1939, 9am - 5pm

**Delivery Suite:** 0151 430 1502

## References:

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NICE. CG132: Caesarean Section (2011) <https://www.nice.org.uk/guidance/cg132>.

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