



Caesarean Birth Patient Information

Appointment for pre-assessment clinic at the Bradford Royal infirmary:

Date Time

The date for your caesarean birth is:

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Please attend the Labour Ward on the above date at 7.30 am.

If you have any further queries after reading this leaflet or would like to discuss your options you can contact:

The 24 hour maternity helpline on.....01274 364533

Labour Ward01274 364515

Maternity Assessment 01274 364531 (10am-10pm everyday)

By Textphone

We use the BT Text Relay service for patients who are deaf or have hearing difficulties.

To contact us using this service dial 18001 before the required telephone number.

A caesarean section is an operation to birth your baby/babies.

In Bradford, approximately one in five babies are birthed by caesarean section. This involves making a horizontal cut along the bikini line to birth your baby/babies and the placenta.

A caesarean birth may be necessary to improve the outcome for both mum and baby/babies and may be a life saving measure.

Caesarean birth can be planned in advance, this is known as an elective caesarean, or may be carried out as an emergency

Risks and Benefits

Caesarean birth is a major abdominal operation and therefore carries with it some risks which are:

- Anaesthetic complications (Please see Royal College of Anaesthetists www.youranaesthetic.info)

- An increased risk of bleeding during and after the caesarean. This may result in you returning to theatre.
- Risk of hysterectomy. Although rare, this is increased in the presence of placenta praevia (low lying placenta).
- An increased risk of infection.
- Increased risk of blood clots in the circulation, which could lead to complications such as deep vein thrombosis.
- Risk of damage to the bladder, bowel and blood vessels.
- Increased risk of requiring care in Intensive Care Unit or High Dependency Unit.
- The operation creates a scar on the uterus (womb), which can affect future pregnancies.
- Risk of uterine rupture in future pregnancies.
- Increased risk of a caesarean in future pregnancies.
- Your baby/babies may be more likely to have breathing difficulties which increases the risk of requiring admission to the Neonatal Unit.
- Injury to your baby/babies such as fetal laceration (cut) is 2%.
- It can sometimes take longer to recover following a caesarean birth and therefore a longer hospital stay may be required.
- Increased risk of postnatal depression.
- There is a rare risk of death

Some benefits of a caesarean:

- A caesarean birth may be an option if there are concerns regarding the safe delivery of your baby/babies.
- If the caesarean is planned, you will not have to go through labour and you will know when your baby/babies will be born.
- Some women feel more in control of their birth experience when having a caesarean birth.

Elective Caesarean

May be recommended for many reasons, here are a few:

- Two previous caesarean births.
- Low lying placenta (placenta praevia).
- Breech (baby coming bottom first).

On the day you arrive on the Labour Ward for your planned elective caesarean birth , very occasionally it may be necessary to postpone this to another day. The reason for this will be explained at the time.

Your doctor and midwife will discuss with you the reasons why a caesarean is needed and whether there are any alternatives. You and your birth partner will be given the opportunity to discuss any concerns you may have. The doctor will discuss and complete

a consent form with you. You will be given a prescription to collect your premedication tablets from the hospital pharmacy.

What about my birth plan?

Your birth plan is your chance to tell us what you would like for your birth. You can still make choices if you are having a caesarean birth.

Discuss your birth plan with your midwife, below are some examples you may like to think about.

- Do you want staff to tell you what is going on during the operation, or would you prefer quiet?
- Would you like music for the birth? A digital radio is available in theatre
- During the operation there is a screen so that you cannot see what is going on, however you may prefer no screen
- Skin to skin contact with your baby is encouraged as soon as possible after the birth

Pre-assessment clinic

- You will be seen by a midwife who will perform an antenatal check (please bring a specimen of urine with you). Blood tests will be performed. The blood tests check your Full Blood Count (FBC), which is your iron level. Also a group and save, which checks your blood group and enables some blood to be saved in case it is needed during the operation.
- The midwife will complete an anaesthetic assessment sheet.
- The midwife will provide an explanation about the operation. A DVD will be provided to explain the exercises which will be encouraged after the operation.
- If you go into labour and therefore need to have your caesarean earlier, do not worry if you have not attended the pre-assessment clinic. The assessment will be performed immediately prior to the operation.
- MRSA screening will be performed by taking a groin swab. A nasal swab may also be performed if not already obtained. If the result(s) showed you are carrying MRSA, you will receive an information leaflet with instructions on how to use the nasal and skin preparation.
- There will be an opportunity to ask any questions that you may have.
- Please bring with you the pre-medications you have been prescribed.

Caesarean Associated Recovery Enhancement **FASTING INSTRUCTIONS**

- The night before, we recommend that you eat a carbohydrate-rich supper (such as rice, pasta or pizza)
- At 10pm you will need to take one of your premedication tablets (1x Ranitidine 150mg)
- You can eat light snacks such as toast or cereal and have dairy products until 2am

NO MORE FOOD AFTER 2am BUT YOU CAN CONTINUE TO DRINK WATER ONLY

- At 7am on the morning of your caesarean take the remaining tablets (x1 Ranitidine 150mg and x1 Metoclopramide 10mg) with some water, followed by a drink of ONE of the following to enhance your recovery:
- TEA/COFFEE (MAX 400MLS) + 2 SUGARS – WITH A SMALL AMOUNT OF MILK ONLY(15MLS)
- SMALL CARTON OF RIBENA (MAX 400MLS)
- SMALL CARTON OF CLEAR APPLE JUICE (MAX 400MLS)

NO MORE WATER AFTER 7am

- On the morning of your caesarean, make your way to The Labour Ward for 7.30 am and bring with you another spare drink (one from the list above). Should your caesarean be second or third on the list you will be advised to drink the drink. This will aid your recovery.
- Always check with your midwife before having this drink.

The Day of your caesarean birth

- You will be asked to remove all jewellery, including abdominal and tongue piercings, it is safest to leave jewellery at home or give it to your birth partner for safe keeping.
- You should remove any makeup, false nails or nail varnish from fingers and toes.
- Prior to admission it is essential to have a bath or shower.
- You should not shave your pubic area. The midwife will do this for you on admission, this helps to reduce the risk of infection.
- Your caesarean may be delayed if an emergency is taking place. In some instances your caesarean may be cancelled but this is very rare.
- Please do not chew chewing gum on the morning of the operation.
- If you wear contact lenses or glasses, please provide a case for them should they need to be removed.

- If you are diabetic please bring your blood glucose monitor with you on the morning of your operation.
- Please bring a dressing gown; slippers and a nightie with short sleeves (pyjamas not suitable) also have a hat and nappy ready for your baby.
- On arrival at the Labour Ward you will be taken to the recovery room where you will be cared for by the midwife who will look after you during and after your operation.
- You will be measured and fitted with elastic stockings, this helps to prevent blood clot formation. You must continue to wear the stockings throughout your stay in hospital.
- When you are in hospital it is essential to wear a wristband at all times to ensure your safety during your stay. The wristband will contain accurate details about you on it including all the essential information that staff need, to identify you correctly and give you the right care. All hospital patients including babies, children and older people should wear a wristband at all times. If you do not have a wristband whilst in hospital, then please ask a member of staff for one. If it comes off or is uncomfortable, ask a member of staff to replace it.
- You will have red allergy bands applied to both arms if you have any allergies, to alert all the medical and nursing staff.
- Please remember to bring any maternity notes you may have.
- If you are planning to bottle feed please bring a supply of powdered milk with you (please refer to information leaflet for mothers who are not intending to breast feed their baby)

What happens in theatre?

You can usually expect to see a minimum of seven staff in the theatre, these consist of:

Obstetricians - Doctors who do the operation.

Anaesthetist - Doctor who gives the anaesthetic.

Operating Department Assistant - Helps the Anaesthetist.

Paediatrician - Doctor who looks after the baby if needed.

Midwives - Look after and provide support to you, your birth partner and baby during the operation and assist the doctors.

Nurses - Provides support to you during the operation and also may have specialist anaesthetic skills to assist the anaesthetists

The Anaesthetic

During the operation the anaesthetist needs to monitor your heart rate, blood pressure and oxygen levels. These monitors will be attached to you before the anaesthetic is given and the operation has started. You will also have a drip in the back of your hand to give fluids and medication. If you have a spinal anaesthetic you will be asked to sit on the operating table while the anaesthetic is put in. Your birth partner can stay with you but will need to

change into theatre clothing prior to entering theatre. They will be given a seat next to you during the operation to support you.

Once the anaesthetic has been given, you will be helped to lie down. You will be tilted slightly to your left side to reduce the pressure from the weight of your baby on your blood circulation.

If you are having a general anaesthetic your birth partner will not be able to stay with you during the operation and will be asked to wait in the recovery room. You will be helped to lie down as above. The anaesthetist will explain what will happen next and will place an oxygen mask over your nose and mouth.

The anaesthetist will check that the anaesthetic is working properly before the operation starts.

Final preparations before starting the operation

- A urine catheter will be inserted. This is a small tube which is passed through the urethra into the bladder, to keep the bladder empty throughout the operation.
- The skin around your stomach area and operation site will be washed with a cleansing solution and allowed to dry for approximately 2-3 minutes prior to commencing the operation.
- You will be covered with a sterile sheet to help reduce the risk of infection; you or your birth partner should not touch this.
- Once the operation is underway you can expect to feel some pushing and movement. You should not experience any pain. Please let the anaesthetist know if you are feeling unwell or uncomfortable.

The Birth

- Your baby/babies will be delivered quite quickly once the operation has started.
- Clamping of the umbilical cord is delayed in well appearing term babies for 1 minute.
- Your baby/babies will then be dried and checked by the midwife or doctor and can usually be placed in skin to skin contact with yourself or your birth partner.

After your caesarean birth

- You, your birth partner and your baby/babies will be transferred to the recovery area. This is next to the operating theatre, where you will stay for approximately 1-2 hours
- Your drip will stay in place until you are able to tolerate oral fluids
- Feeling or being sick can sometimes occur

- You will be offered regular pain relief and anti -sickness medication if required. Midwives will give you regular pain relief. If you feel it is not sufficient tell them so they can give you something stronger and more effective. Routine pain relief is advised even when your pain is controlled and you will be given pain relief to take home.
- If you feel hungry & or thirsty you will be offered a drink and something to eat
- You will be helped to feed your baby/babies and continue to have skin to skin contact
- When all your observations are satisfactory and you are ready, you will be transferred to the postnatal ward. You will be encouraged to start getting up and moving gently as soon as you are comfortable to do so. This helps reduce complications. Bradford Teaching Hospitals NHS Foundation Trust operates a no lifting policy. If you require assistance to sit up or mobilise, staff will use equipment and methods to minimise back injuries to staff and injury to you
- Your urine catheter will be removed approximately 6hrs after the operation. This is a painless procedure that simply involves deflating the small balloon that is holding it in place
- Fragmin injections will be prescribed for at least 7 days after your operation. This helps to prevent blood clot formation and reduce the risk of breathing and circulation problems

Most women will be able to go home 24hrs after their surgery, although some women may stay longer if the need arises.

Wound care

Your wound dressing will be removed the day after your operation, once you have had a bath or shower. The wound will then be left without a dressing . If there is any leakage, a new dressing will be applied. We advise you to keep your wound clean and dry by taking a daily bath or shower. Avoid touching your wound unnecessarily to prevent contamination. Ensure you wash your hands for the same reason. Avoid products such as talc and creams .

Feeding and looking after your baby.

We appreciate that you will find it difficult in the first couple of days to perform all your own baby care, therefore we encourage you to have your named carer present to support you. Staff are happy to assist, however we encourage you to feed your baby yourself as this is the most important thing a baby needs. Feeding should be “on demand” unless advised otherwise. We will assist you with bathing your baby and any other hygiene needs that are required.

Tests

You will have a blood test, usually 2 days after your operation to check if you are anaemic and require any treatment. The midwife will advise you of the results and any treatment required. Your baby will have some routine checks with your consent, including a hearing test and physical examination by either a midwife neonatal examiner or paediatrician.

Preparation for discharge.

The midwife will discuss your discharge plan with you. Most women go home about 72 hours after their operation providing they are caring for themselves and their baby with support from their named carer. You should be eating and drinking normally and mobilising regularly. Please do not hesitate to ask if there is anything further you would like to discuss about the reason for your caesarean section.

Recovery at home.

Remember to take the regular pain relief that the hospital have supplied,. You should mobilise without lifting anything heavier than your baby and to limit yourself to minimal house work for the first few weeks. The blood loss from your vagina may increase slightly: this is normal. If you have a wound that has stitches or staples to the skin surface, these will be removed by the Community Midwife on day 5 or 6 after your operation. Internal wound stitches will dissolve on their own.

We recommend you check with your car insurance company before driving as they all have different clauses regarding the length of time before you are legally covered for driving after your operation.

Because you have a scar on your womb (uterus) it is very important that you avoid having another pregnancy for at least 18 months.

Your Midwife, Health Visitor or G.P. will advise you regarding contracep

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Emergency caesarean birth

What will happen?

Some things will be slightly different with an emergency caesarean birth.

- You will be asked to sign a consent form for the operation
- You will be transferred to the operating theatre as soon as possible
- Blood samples will be taken unless this has already been done
- An intravenous infusion, commonly known as a 'drip' will be started if you don't already have one
- One or two inches of pubic hair will be removed
- Premedication will be given via the drip and you will be asked to drink some medicine to reduce the acid in your stomach

- Throughout all this preparation you and your baby will be closely monitored
- The staff will appear busy as they are working quickly to prepare the theatre for your operation.
- Your birth partner can remain with you for the operation if you are to remain awake with spinal/epidural anaesthesia
- If you are to be asleep under general anaesthetic for the operation your birth partner will be asked to wait in the recovery room
- The anaesthetist will discuss which type of anaesthetic is right for you and the anaesthetic will be given
- The operation will be carried out as previously described. The risks remain the same as described above

Sometimes things need to happen very quickly and you may not be able to remember what is said to you at the time. It is important to discuss your operation with the staff afterwards so that you can understand why the caesarean was needed and how this may affect future pregnancies.

You may wish to come back to the hospital at a later date to discuss what happened at your operation.

What to expect from your stay in hospital after a caesarean.

Intravenous infusion (IVI) and urinary catheter

Usually the IVI going into your hand will stop when you can tolerate fluids. Feeling or being sick can occur sometimes due to the medication given as part of the operation. A catheter (tube into your bladder via your urethra) is put in place during your operation to drain your urine. The catheter should be in place for 6hrs (elective) or 12 to 24 hours after (emergency) surgery.

Mobilising

. Please refer to your 'Fit for the Future' leaflet regarding postnatal exercises and mobilisation. You will also receive an injection to thin the blood and will be encouraged to wear supportive stockings which can reduce the risk of clots to the lungs and legs.

Bleeding.

Some women may have increased vaginal bleeding when they stand up out of bed for the first time. It is normal to have some bleeding as if having a period. If bleeding is more than this inform your midwife

Eating and drinking

We would usually advise just drinking water for the first 6 hours after delivery as you may vomit. We would suggest something light for your first meal; a cup of tea and toast is usually suggested. We will inform you when meal times are and in

the first couple of days bring food to you. However mobilising for your meals in the dining room is an important part of your recovery.

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Smoking

Bradford Teaching Hospitals NHS Foundation Trust is a smoke-free organisation. You are not permitted to smoke in any of the hospital buildings or grounds, with the exception of the smoking shelters which are provided for visitors and patients only.

Below are some links for more information that you may find helpful:

National Childbirth Trust

08704448707

www.nct.org.uk

National Institute of Clinical Excellence (NICE)

<http://www.nice.org.uk/pdf/CGO>

Royal College of Obstetricians and

Gynaecologists

www.rcog.org.uk

Obstetric Anaesthetists' Association

www.oaa-anaes.ac.uk

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