

## *Elective or Planned Caesarean Section*

Ref 93/02/2011 Review 10/2011

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Birmingham Women's Hospital is committed to involving women in the development of our services.  
We would appreciate your comments regarding this information leaflet.

You may respond either by:

Writing to:

Patient Advice and Information Centre, Birmingham Women's NHS Foundation Trust, Edgbaston, Birmingham B13 8QH  
Telephoning: 0121 627 2747 E-mailing: helen.oxton@bwhct.nhs.uk

For further information visit the  
Birmingham Women's NHS Foundation Trust Website [www.bwhct.nhs.uk](http://www.bwhct.nhs.uk)

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### Handy hints for hospital and home - After Cont'd.

- If you are taking medication please bring it with you
  - Baby car seat when going home
  - **Non-essentials:** book, ipod, cordial, extra pillow.

#### During your Caesarean:

- Do not look into the light above the operating table if you do not want to see the operation.

#### After your Caesarean:

- Wear boxer shorts for comfort, or large underpants/disposable 'net pants'.
- Wear slip on shoes so that you can push your feet into them easily without bending down.
- Talk to a midwife or doctor about anything you are not sure about.
- When home, have equipment to change your baby upstairs and downstairs. This will save you walking.
- To pick up your toddler, let him climb up to a raised surface (chair or stairs). This will save you bending and lifting.
- If you want to drive within the first six weeks, phone your insurance company to make sure you are covered. See how you feel. Do not start driving too soon if you can avoid it.

### Where to go for help

For general questions it is best to talk to your midwife, GP or health visitor. They will be able to help you most of the time. You could also try:

#### Caesarean Support Network

[www.ukselfhelp.info/caesarean/](http://www.ukselfhelp.info/caesarean/)

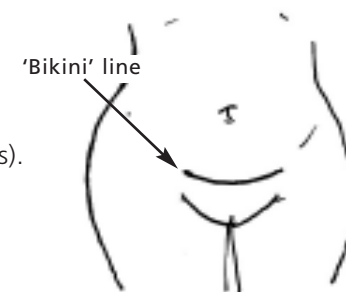
55 Cooil Drive, Douglas, Isle of Man IM2 2HF

Tel: 01624 661269 (After 6pm)

Approximately 1 in 10 women who give birth at the Birmingham Women's Hospital have an elective Caesarean section. A Caesarean birth has become part of modern obstetric care and it is accepted as an alternative way to give birth for some medical or obstetric reasons.

### What is a Caesarean section?

A Caesarean section or Caesarean birth is a way of delivering your baby through a cut in your tummy wall and womb (uterus). The cut is usually on the 'bikini line' just above your pubic hair line and measures about 15 cm (six inches) long.



### Why might I need this operation?

There are several reasons why a planned Caesarean may be necessary, for example if the placenta is lying over the opening to the neck of the womb, some twin pregnancies or if you have had more than one Caesarean.

Your doctor will discuss your individual reasons, the choices available, as well as the risks and benefits of the operation. S/he will then ask you to sign a consent form. This is to say that you understand what is involved with the surgery and that you agree to have the Caesarean. You will be given a date so you will know the day your baby will be born. Bring a list of questions with you.

### What are the risks?

Any operation may lead to problems including the following general risks:

- Injury to nearby tissue (e.g. bladder or bowel)
- Excessive bleeding requiring a blood transfusion (with your consent)
- Infection (which we would treat with antibiotics)
- Allergic reaction to drugs or anaesthetic
- Headache or (very rarely) nerve damage after spinal anaesthetic
- Breathing difficulties
- Blood clots in your legs or lungs. This would require certain investigations and drugs to reduce the clot

All of the above usually result in an extended hospital stay.

### What are the risks? cont/d...

Complications increase if you are:

- overweight and/or a smoker
- use of medicinal and mind altering drugs.

Risks specific to this operation:

- possible effects on future fertility and pregnancies

Next Pregnancy:

- Increased likelihood of needing a Caesarean
- Increased risk of placenta praevia and accreta (complications with the after birth)

## Will a planned Caesarean cause any problems for the baby?

Most Caesareans are advised because the risks of a normal birth would be greater to you or your baby. Planning the timing of your Caesarean is important, not only for you but also your baby. If your birth is recommended before 36 weeks, steroid injections will be offered to you to help your baby's lungs to develop. Steroids are not usually given after 36 weeks and therefore a planned Caesarean is recommended at or after 39 weeks where possible. This is because there is an increased risk of breathing difficulties in babies born following a Caesarean compared with a vaginal birth, especially if they are born early. Also the risk is greater if labour has not started naturally.

The following shows the risk of your baby being admitted to neonatal unit, according to the number of weeks pregnant you are when the Caesarean is done, compared to if you were delivered at 40 weeks.

Completed weeks	Risk compared to 40 weeks
37	40 times higher
38	13 times higher
39	3.5 times higher

**Accidental cut:** The risk of your baby being cut accidentally during your operation is about 1 in 100 Caesarean births. Should you need more information please speak to your doctor.

## Lovemaking

You may feel that making love will not be the same after your Caesarean. Your scar may be off putting to you or your partner. Talk and help each other. You can begin to make love again as soon as you both feel ready for it. If your scar is still tender, experiment with different positions. Remember to use some form of contraception.

## Handy hints for hospital and home

### Prepare in advance for your homecoming

Stock up the freezer with already prepared and store cupboard with necessities.

- Pack your bags

#### For the morning of your operation:

- Washbag and towel
- Pants and sanitary pads
- Clean nightie
- Baby essentials: clothes and nappies
- £5 for a phone card.
- Book/magazines
- Don't forget: leave valuables at home.

#### A bag with things for your hospital stay:

- Green hand held notes
- Nightdresses: be prepared for the heat in the hospital. Bring thin cotton, easy to wear for breastfeeding and wash. Short sleeves are best (2 or 3).
- Dressing Gown (optional)
- Light day clothes
- Pants & sanitary pads (at least 6 per day)
- Bras - 2 at least - good nursing bras adviseable if you want to breastfeed.
- Toiletries: flannel, soap, deodorant, toothpaste & brush
- Slippers
- Nappies (8 per day)
- Baby clothes
- £5 for a phone card

## Postnatal exercises

(See *Postnatal Exercise leaflet and discuss with your midwife*).

## Going Home

Most women will go home from about two days after their Caesarean, but this may vary. On the day you leave, the midwife will chat to you about registering your baby, post-natal check, family planning and answer any questions you may have.

Although you may feel fit when you leave hospital you may feel very tired once you arrive home. Try and rest as much as you can. Keep your baby by your bed in the carry cot to save you walking around. Have a sleep during the day when the baby has settled. It is a good idea to disconnect the phone and the doorbell whilst you are resting. It is also important to have someone to help look after you so you can then concentrate on looking after the baby. Having someone to cook, clean, wash and do the shopping will be great help, especially in the first few weeks. You will find that you become stronger and able to do more each week. You should feel a great improvement by six weeks when you go for your post-natal check. It may however take several months before you are completely normal again. Tiredness seems to be a major problem that can last for months, so rest while you can.

## Partners

Partners also go through an emotional time feeling apprehensive, nervous, afraid, helpless, and unsure of what is going on.

Women and their partners whose baby will be born by elective Caesarean section can prepare for the birth together, physically and emotionally. It is just as important for your partner to find out about the Caesarean and to ask questions.

## Future pregnancies

The saying 'once a Caesarean, always a Caesarean' is no longer the case. A more appropriate phrase would be 'once a Caesarean, we would always recommend a hospital delivery'. The reason why you had the Caesarean may shape your labour care next time. We would urge you to find out about Vaginal Birth after Caesarean Section (VBAC) service if/when you become pregnant again.

## What will happen before the operation?

### Pre-op clinic

You will be asked to come to a pre-op clinic at the hospital a few days before your operation date.

An anaesthetist (who is a doctor who will give you pain relief during your operation) will offer you two choices;

- Being awake and numbed from the waist down (regional anaesthetic). We recommend being awake because it is safer and nicer for you and your baby. Your partner can also be present if you wish.
- Being asleep for the operation (general anaesthetic)

It may be helpful to make a list of questions before you come in because this is a good time to ask.

Blood will be taken in order to check your iron level and to save your blood type in case you need to be given any blood products during or after the operation.

## The night before your Caesarean

You will not be able to eat, but may drink water from midnight the night before, to give enough time for your stomach to be empty. You may drink water only up until 7am on the morning of your operation. To help to reduce the amount of acid produced by your stomach, you will be given 2 tablets called Ranitidine. One should be taken on the night before and the one on the morning of your operation.

## The morning of your operation

Before coming to hospital have a bath or shower. You are reminded to remove all your jewellery, glasses, contact lenses, make-up and nail-varnish. Rings you cannot remove can be taped over. It is wise to leave any valuables at home or to give them to your partner for safekeeping.

### The morning of your operation cont/d...

Please bring only your birth partner with you who has made plans to stay with you until after your operation. There will be no room for anyone else. You should also make plans for the care of other children.

For your immediate use, we suggest that you bring in a small bag containing the items that you will need on the morning of your operation. A bag with other essentials is best left in the car until you will need them on the ward in the afternoon (see page 11).

On arrival at the hospital come to the main reception for 7.30am and inform the porters when you arrive. We will come and greet you and take you to our lounge to get ready. You will be given a hospital gown to wear as well as some elastic (TED) stockings to reduce the chance of blood clots forming in your legs. An identification label will be placed around your wrist.

We will check your temperature, pulse blood pressure and listen to your baby's heartbeat before you walk to the theatre area.

Bring a book or magazines to read as your Caesarean may not be until the late morning or early afternoon. Occasionally your operation might need to be postponed or in very exceptional circumstances rearranged. All reasons would be fully explained to you should this be necessary.

### Who will be in the operating theatre?

- The doctor who will do the Caesarean (obstetrician)
- A doctor to help the obstetrician
- Anaesthetist
- Assistant for the anaesthetist
- Theatre nurse and helper
- Midwife
- A student (with permission from you)
- Baby doctor if necessary

### Bladder and bowels cont/d...

Gas in your tummy can also be painful. Don't suffer in silence; we can give you some peppermint water to help. If you feel constipated the midwife can give you a mild laxative.

### Vaginal loss

As with all women who have given birth, you will have vaginal bleeding, like a period. Initially red the loss reduces to a pinky brown colour for up to six weeks. If the loss becomes smelly it can be a sign of infection so inform your midwife or GP. Only use sanitary pads, tampons should be avoided.

### The wound and sutures

Your dressing, wound drain (if you have one) and drip in your arm are usually removed the next day. You will have either a hidden dissolvable stitch, a stitch that needs to be removed, or small metal clips. Which of these is used will depend upon many factors, but if you have had a bad experience with one of these methods please discuss it with your doctor before the operation. Bruising around the wound is normal and will disappear over the next few days. Stitches are removed around the fifth day and it is important to keep your wound clean and dry to prevent infection.

Wearing large underpants or net pants may be more comfortable as you will avoid pressure and rubbing on the wound. Later the scar will feel itchy. Once healed it is often difficult to see where the cut was. It is normal to feel numb around the scar site for some time.

### Feelings

Many women don't feel instant love for their baby, but almost all mothers become very close to their baby in the first few days. You may feel unwell from the operation and need to recover a little first. Most women, however, recover well from a Caesarean, both physically and emotionally. You may have feelings about your Caesarean months or even years after the event. Talk to your partner, midwife, friend, relative or anyone you wish to share your feelings with. Bottling them up will not help.

## The first few days

The next few days will be busy both physically and emotionally, looking after your baby, feeding, recovering from the operation and adjusting to parenthood. Try not to overdo things too soon, even though you may feel well.

## Rest and visitors

Postnatal wards are known to be busy places, but rest and sleep are important to help your recovery. Whenever there is time to rest, do so. When your baby has settled, try and have a sleep too. We advise that you keep visitors to a minimum because you will become tired easily. Ask your partner to arrange for your children and close relatives to visit you for a short time only.

### Visiting Times

Visiting: 3pm till 4pm and 7pm till 8pm

Partners: 12 o'clock till 8pm

## Eating and drinking

After the operation you will start drinking sips of water. Your drinks and food should be slowly increased to a normal diet over the next couple of days. We recommend that you order light meals for two days, to give your bowels a chance to start working again. A healthy diet with cereals, fruit and vegetables, fish and meat will help your recovery and breast feeding.

## Bladder and bowels

You will have a tube in your bladder and urine will drain into a small bag. This will be removed after 24 hours. It is then important to pass urine regularly, every two hours if possible. If you have any problems such as stinging, leaking of urine, difficulty in passing urine or passing very small amounts, tell the midwife who will advise you what to do.

Your bowels will start to work again and you will know this because you will start to pass wind which, although embarrassing, is nothing to worry about and is a sign that your bowels are getting back to normal.

## Spinal anaesthesia or 'a spinal'

Your partner can be present during your spinal. You will be given a small amount of medicine to drink to help reduce acid in your stomach and a drip will be put into your hand.

The spinal anaesthetic will be given to you in the theatre and you will be asked to either curl up on your side or sit forward. Your partner can be there to support you. Your skin will be cleaned and the spinal injection will be given into your back. It usually takes about ten minutes to work until you feel numb completely from the bottom of your rib cage downwards, which will last for as long as your operation will take.

A very cold spray is then sprayed on your back to seal the area. You may feel very shivery for a while, which is quite normal. We will tilt the bed so that you are not lying flat to help your baby receive a good supply of oxygen. Don't worry, you won't fall off. You will also have a cuff on your arm that measures your blood pressure, and three small pads on your chest that will record your heartbeat on a monitor.

## General anaesthetic or GA

You will be given a small amount of medicine to drink to help reduce acid in your stomach. The GA will be given to you in the operating theatre. The anaesthetist will put a 'drip' in your arm and tilt the bed a little to the left. The anaesthetist will hold a mask over your nose and mouth for you to breathe oxygen for you and your baby. You will also have a cuff on your arm to measure your blood pressure, and three small pads on your chest that will record your heartbeat on a monitor. Just before the doctor is ready to start your Caesarean, the anaesthetist will put you to sleep by an injection through your drip. You will feel some light pressure on your neck as you go to sleep. An anaesthetic is usually said to be a pleasant experience. If you have a GA, then your partner will not be able to come into or remain in theatre. However, s/he will be able to wait in the recovery area to greet both you and your baby.

## What happens next?

After you have had your anaesthetic (spinal or GA), the midwife will listen to your baby's heartbeat. A tube will be put into your bladder to drain urine into a small bag. This reduces your risk of bladder problems. It is usually taken out 24 hours after the operation.

## The operation

Your skin will be cleaned with antiseptic lotion and a sheet will be draped over your body, leaving only a small area of skin free to operate. If you have chosen to stay awake a barrier, with a drape over it, will be put across your chest so you cannot see everything that happens during the operation.

The doctor doing your Caesarean will not usually talk to you once the operation has started. However the anaesthetist will be with you reassuring you. You will be aware of quite strong pulling and pushing sensations which are normal, so do not be alarmed, but you should not feel pain. It will take five to ten minutes from the start of the operation to the moment your baby is born. Once the doctor has made the cut through the layers of tissue and womb, you will hear a sucking noise from the suction machine as the fluid around your baby is sucked away. Your baby will then be helped out of your womb and you will feel a fair amount of pressing on your abdomen, which will help with the birth. Sometimes small forceps are used to gently help the birth of the baby's head. Your baby will be dried, wrapped in a warm blanket and given to you to hold. The doctor will continue to deliver your afterbirth and sew you back together again, which usually takes 30-45 minutes. You will be moved on to a normal bed and reunited with your partner and baby in the recovery room.

If you feel pain during your operation, then please let us know. The anaesthetist might offer to put you to sleep (by offering you a GA). If you do have a GA at this point, then your partner will be asked to leave the theatre. S/he will be able to wait in recovery to greet you and your baby.

## Recovery

You will stay in recovery for about two hours. During this time, we will look after you - check your blood pressure, pulse, wound, and your vaginal loss. Your baby will also be weighed, measured and checked over. Skin to skin contact with your baby is recommended, particularly, if you plan to breastfeed. If you plan to breastfeed, we will help you to do so as soon as possible. We will also assist to freshen up and help you into a clean night dress. You will then transfer to the postnatal ward, carrying your baby.

If you have a GA, you will drift in and out of sleep. As time passes you will become more awake and aware of things happening around you. Your throat will feel sore and dry and we will encourage you to take sips of water.

## Visitors in the recovery area

Existing siblings and their carer will be welcome to visit briefly. However, please remind your family that you will need time to recover from your operation and suggest that they visit you on the ward later that day.

## Pain relief after your Caesarean

You will already have had a painkiller, usually in the form of either a suppository into your back passage or an injection. The amount of pain afterwards varies. As the anaesthetic wears off you will become aware of pain and painkillers are available for you. Tell us when you become slightly uncomfortable because pain killers can take 20-30 minutes to work. Good pain relief also helps you to rest, sleep, move about, and care for your baby in the early days (*see leaflet: Pain Control after Caesarean section*)

Some women will need to have an injection to help prevent blood clots forming. These injections are usually required for 5 days, so you may need to be given some to take home with you.