

Caesarean Section

What is a Caesarean Section and why is it recommended for you?

A Caesarean Section is an operation to deliver your baby through your tummy (abdomen). There are many reasons why this operation may be recommended and these include:

- If the baby is not in the head down position, e.g. If it is breech (bottom first).
- If the placenta is low (placenta praevia) and normal delivery is impossible.
- If the baby becomes unwell or distressed, making normal birth unsafe.
- If you have one or more of a range of severe medical problems.
- If you have had two or more caesarean sections.
- Sometimes if you have twins or triplets

If you've had one previous caesarean section in the past and there are other reasons for you to have a caesarean section, the doctors in the antenatal clinic will discuss the option of vaginal birth for the delivery of your next baby.

Most women have an excellent chance of achieving a normal birth following one caesarean section and more information about this can be found in the RCOG leaflet entitled 'Birth options after previous caesarean section'.

If you have twins and the first twin is in the head down (cephalic) position, a caesarean section is not necessary for all women. The doctors in the antenatal clinic can discuss your individual situation with you.

What will happen when the decision has been made to go ahead with a planned Caesarean Section?

When the decision is made to deliver your baby by caesarean section, a date for the operation will normally be given to you.

There are dedicated elective caesarean lists a week at the RD+E. The advantage of these lists is that your caesarean procedure will not be affected by any emergency cases that may arise on the planned day of surgery. If you cannot be accommodated in one of these elective lists you may be given an alternative date that week. Please note that the date is provisional and may change by a few days (earlier or later) depending on the workload of the maternity unit. You will receive a telephone call the preceding week if your date needs to be changed.

Unless there are specific issues, planned caesarean sections are performed up to seven days before your estimated due date. When you are given a date for your Caesarean Section you will also be given an appointment for the pre-assessment clinic. The doctor in the antenatal clinic will also ask you to complete a consent form. If you are more than 32 weeks when the date is chosen, we will also ask you to have a blood test for anaemia.

What will happen at the pre-assessment clinic appointment?

This appointment will usually be the day before your operation and may take up to two hours. Please leave sufficient time.

During this appointment you will be seen by a midwife who will discuss the procedure, take some blood tests and measure you for some support stockings, which you will need to wear while in hospital to reduce the risk of blood clots.

If you are having a caesarean section because your baby is in the breech position, the midwives will also perform an ultrasound scan to check that the baby is still breech. If your baby is no longer in the breech position then the operation will be cancelled and you will go home to await events.

You will also meet an anaesthetist who will ask you about any health problems and any previous anaesthetics you may have had.

The anaesthetist will also discuss the different types of anaesthetic available. There are two types of anaesthetic: general anaesthetic, where you are put to sleep or a regional anaesthetic (spinal and/or epidural), where you are awake. If you have a regional anaesthetic you will be able to have a birth partner in the operating theatre with you. We do not usually allow birth partners who are under sixteen years old.

Enhanced recovery

Enhanced recovery is a modern, evidence-based approach that helps people recover more quickly after surgery. If your surgery is uncomplicated you will follow a plan which involves early eating, drinking and mobilising along with effective pain relief. The advantage of enhanced recovery is a better patient experience and fewer medical complications. The aim is that women are discharged home after 24 hours. You will need someone at home to support you whilst you continue to recover.

Research has shown that drinking special carbohydrate drinks before an operation can speed up your recovery and healing. These drinks will be given to you at the pre-assessment clinic and you will be told when to drink them. If your operation is delayed because of emergencies, you may be given more of these drinks.

In addition, to ensure you are not anaemic prior to your caesarean section, your blood count will be checked at about 34 weeks. This will enable any iron deficiency anaemia to be treated prior to your caesarean section date.

What happens on the day of my Caesarean Section?

You will be given a time to arrive for your operation. Please attend at the allotted time for your caesarean section; the order the procedures are performed is based on medical reasons and may change on the date of your operation.

It is important that you have an empty stomach for your operation. You will be given information on when you should stop eating and drinking prior to your operation at the pre-assessment clinic.

Please note that chewing gum has the same effect as eating and should be avoided on the day of your caesarean section.

Please note that alternative instructions regarding food and drink may be given if you have diabetes.

You will be seen by the surgeon and an anaesthetist when you arrive on the Labour Ward and will have the opportunity to ask any questions. If your Caesarean is because your baby is breech, another scan will be carried out to check that the baby has remained breech.

We aim to carry out all planned caesareans by mid afternoon, however in a busy unit such as this, emergencies may delay your procedure and your patience is appreciated.

What happens during the operation?

Most women will walk to the operating theatre, where the anaesthetist will give you your anaesthetic. Before the operation starts, a catheter will be inserted into your bladder to empty it. This will remain in place for 8 hours after the operation. Your abdomen will be cleaned with an antibacterial wash and is then covered with a sterile sheet which you are asked not to touch. The operation usually takes approximately one hour and is performed through a small cut above the bikini line.

When the baby is delivered, the cord is cut and it is routine for the baby to be quickly checked over. Usually we perform delayed cord clamping for at least one minute. The baby will then be

brought for you or your birth partner to hold. If you have a general anaesthetic, the baby will normally stay in the operating theatre with your midwife and go to the recovery room with you at the end of the operation, where your partner can wait.

Before your operation, we may ask you to complete a birth preferences form which is a useful way of communicating to the team how you would like aspects of your caesarean to be, such as, music and photographs. We will always do our best to accommodate these preferences, however sometimes for the purpose of safety we may need to deviate from your form.

After the operation

You will be moved to the recovery room once the operation had ended. You will be monitored closely by a recovery nurse and your midwife. It is usual to remain in recovery for around 2 hours, before being moved to the post-natal ward. You will have a fluid drip in your arm. This remains in place and can be used to administer pain-killers to keep you comfortable.

We encourage skin-to-skin contact with your baby and help will be given with breast-feeding. You will be given food and energy drinks which we will encourage you to take. You will also be taught how to administer a blood thinning injection called 'Fragmin' which you will need to take for ten days to reduce the risk of blood clots developing in your legs or lungs. In certain circumstances you may need to take these injections more frequently or for longer than ten days. If this is the case, it will be discussed with you.

We can only allow one other person to remain in recovery with you; it is not normally possible to allow you to change this person during your stay due to the disruption this causes the other patients in recovery. Please ask other friends and relatives not to visit until you are transferred to the post-natal ward.

As there is limited space we ask that you only bring one small bag into recovery. We have a list of recommended items. If possible, please leave your main bags in your vehicle until you are transferred to the post-natal ward.

Helping you get better quickly

You will experience some pain for the first few days. We will ensure that your pain relief after your caesarean section will be enough to keep you comfortable, but also allow you to get up and about as soon as possible. On the post-natal ward you will be given tablets for pain relief and it is important that you take these regularly. If you require more pain relief, please ask the midwives on the ward, who will also be available to help with your baby and for breast feeding support.

It is normal to have some vaginal bleeding - called lochia – after your caesarean section. This is the same as with a vaginal birth. The amount and length of time it continues will vary from person to person. Ask your midwife if you are unsure.

Because the anaesthetic can numb the sensation to pass water, the catheter inserted before your operation will need to stay in place for 8 hours, after which it can be removed. If this is during the night, the midwives will not wake you especially to do this, but you are likely to be awake anyway with your new baby.

If you have a straightforward caesarean section you will probably be able to go home around twenty-four hours, providing your baby is feeding well. It is important that you tell us what you feel comfortable with in terms of going home and whether you have enough support. In most cases the pain experienced after a caesarean section can be managed with simple pain-killers such as paracetamol and ibuprofen.

Paracetamol and ibuprofen can be bought at low cost and we ask that you have a supply of these at home as they are not provided by the hospital. If stronger painkillers are required, or if due to allergies you require alternatives, these will be provided.

What happens when I go home?

Your community midwife will visit you at home the day after you are discharged and regularly thereafter. It is important that you tell her if you have any worries about your recovery. Take your painkillers regularly for the first few days and do not wait until you are in pain. After that, they can be taken when you feel it is required.

It is normal for people to feel tired and for the abdomen to be quite sore for one to two weeks. In the absence of complications, most women return to normal activities between three to six weeks after their operation. The information that the physiotherapist will give you is helpful, with advice on lifting etc. You should not drive for four to six weeks.

Possible risks

All operations carry some degree of risk. If you are otherwise healthy and not excessively overweight, serious complications involving a risk to your life are rare, but may occur even if the operation is carried out with the utmost care.

The risk of complications in the mother is higher in a caesarean section than a vaginal delivery, but is also higher in an emergency caesarean section than with a planned operation. You doctors will take various risks into account when discussing the safest way to deliver your baby.

Common minor problems

Certain complications are not uncommon during the first few weeks. These are easily treated by your community midwife or GP. These may be:

Wound infection

Your wound may become swollen and painful and sometimes may produce a discharge. This usually settles with a course of antibiotics

Womb infection

If the womb becomes infected, you may develop abdominal pain, increased bleeding and smelly discharge from the vagina. This usually settles with a course of antibiotics

Bladder infection

If there is discomfort or a desire to pass urine excessively frequently, this may be due to a bladder infection. Again, this usually settles quickly with a course of antibiotics.

Antibiotics are given during your caesarean section to reduce the chance of these infections developing.

Uncommon but serious problems

Haemorrhage (bleeding)

Unexpected bleeding may occur, usually when the caesarean section has been difficult. This may require iron tablets, or less commonly, a blood transfusion. An emergency hysterectomy (removing the womb) is rare but is occasionally required to stop life-threatening bleeding which cannot be controlled. Admission to the intensive care unit is also rare but may become necessary if excessive blood loss occurs.

Thrombosis and pulmonary embolism

These are blood clots that may affect the legs or the lungs. This can be very serious and blood-thinning injections are given routinely after the operation to reduce the risk. You will also be asked to wear special stockings that improve the blood circulation in your legs.

Damage to internal structures

Injury to the bladder, ureters or bowel is rare but becomes more common with repeated caesarean sections.

Your next pregnancy

After one caesarean section, we will encourage you to have a vaginal birth if there are no reasons for you to have a second caesarean section. If you have had two or more caesarean sections it may not be advisable for you to attempt a normal delivery. This will be discussed in detail on the post-natal ward after delivery and when the midwife books you in your next pregnancy. Previous caesarean section increases the risk of low-lying placenta (praevia) or abnormally adherent placenta (accreta) in subsequent pregnancies.

Essential details

Before the operation

- Know the date and time of your pre-operative assessment and caesarean section
- Continue to eat until 6 hours before your admission time
- Continue to drink clear fluids until 2 hours before your admission time
- Drink your energy drinks at the time you are given
- Ensure you have a supply of ibuprofen and paracetamol for when you go home

When you go home

- Take painkillers regularly, whether you are in pain or not
- Drink plenty of fluids and eat regularly

Your important times and dates

Pre-assessment appointment	Date	Time
Caesarean section	Date	Time
Stop eating	Date	Time
Carbohydrate drinks	Date	Time

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