

Planned Caesarean Birth

Maternity

What is a caesarean birth?

A caesarean birth is when a cut is made on your lower abdomen and into the womb to allow your baby to be born. Your doctor will discuss with you the reasons why they feel you need a caesarean and answer all your questions.

When is the best time for a caesarean?

If you have a planned caesarean birth, this should not normally be before the 39th week of pregnancy. This is because there is a chance your baby might have breathing problems soon after birth if they are born early. These problems are less likely if the baby is born after 39 weeks.

Sometimes there are medical reasons to do the caesarean before 39 weeks. If this applies, the reasons for this should be explained to you.

Potential serious risks and complications

16 women in every 100 will have some form of complication following a planned caesarean birth.

Problems may include:

- Wound and abdominal discomfort in the first few months after surgery (9 in 100)
- Readmission to hospital (5 in 100)
- Heavy bleeding (5 in 1000)
- Infection (6 in 100)
- Small cuts on baby (1-2 in 100)

Individual risks will be discussed with you by your doctor, but the following general risks are included for information:

- Damage to your bowel or bladder (1 in 1000 women) or ureter (the tube connecting the kidney to the bladder) (3 in 10,000 women).

- Extra procedures that may become necessary during the caesarean birth such as a blood transfusion or emergency hysterectomy, particularly if there is heavy bleeding at the time of your caesarean birth. A hysterectomy would mean you are unable to have any further children as the womb is removed. The risk of needing to undergo a hysterectomy at the end of a subsequent pregnancy increases with each caesarean birth but overall the risk is still very low.
- If you have had two caesarean births before and have a low placenta in your third pregnancy, you have a higher chance of a serious complication called placenta accreta. This is where the placenta does not come away as it should when your baby is delivered.

If your placenta does not come away, you may lose a lot of blood and need a blood transfusion, and you are likely to need a hysterectomy. The risk of placenta accreta increases with each caesarean birth.

- For reasons we don't yet understand, the chances of experiencing a stillbirth in a future pregnancy are higher if you have had a caesarean birth (4 in 1000 women) compared with a vaginal birth (2 in 1000 women).
- When you have had a caesarean birth, you should consider the size of the family you want because the risk of complications increase with the number of caesarean births you have. Two caesarean births do not appear to have a higher complication rate, but three or more increase the chance of serious risks occurring.

Please talk to the doctor about the risks when you sign the consent form.

Anaesthetic:

Regional anaesthetic: this is an injection in your back. It may be either as a spinal or epidural or a combination of both. Regional anaesthetic allows you to remain awake during your birth, without feeling any pain in your lower body. This is usually safer for you and your baby, and allows you and your birth partner to experience the birth together.

General anaesthetic: occasionally a general anaesthetic (that sends you to sleep) may be more appropriate for you or your baby. You can find out more at http://www.labourpains.com/FAQ_CSection

If you have a general anaesthetic, your birth partner will wait outside the operating theatre and your baby is taken to them until you are awake.

They may choose to give skin to skin contact with the baby.

Your anaesthetist for your caesarean birth will also discuss the pain relief available after your caesarean birth, and answer any questions that you may have in prior to going to theatre.

Your pre-assessment appointment

Before your caesarean birth you will be offered a pre-assessment appointment to assess your current pregnancy, health, and any current medication you are taking, as well the following:

- Your temperature
- Your pulse and blood pressure
- Your weight
- Your midwife will assess your baby's wellbeing by listening to their heartbeat. You will be offered a blood test so that we can check your iron levels and blood group, and you will be asked to provide a urine sample.
- You will be given antacid tablets, (ranitidine 150mgs) to take on two occasions before you come into hospital, to reduce the acidity in your stomach.

When your operation is in the morning:

Please have nothing to eat or drink after 10.30pm in the evening before your operation and take first antacid tablet with a sip of water before sleeping.

On the morning of the operation please take second antacid tablet at 6.30am with a sip of water and do not have anything else to eat or drink, including chewing gum.

When your operation is in the afternoon:

Please have breakfast at 7.30am on the day of your operation after which only have water to drink.

Take first antacid tablet at 9am and second antacid tablet at 11am, and do not have anything else to eat or drink, including chewing gum.

Make-up, jewellery, and nail varnish

For safety reasons these cannot be worn during your operation. Please remove make-up, nail varnish (including gel and acrylic nails) before coming into hospital as safety monitoring equipment is affected by these). We advise you to leave your jewellery at home, although wedding rings can be taped.

What time will I have my operation?

It is not possible to give you an exact time for your operation. Emergency care on the labour ward/ delivery suite may affect planned caesarean timing. We aim to perform your operation on the day it has been planned but occasionally it may be rearranged because of unexpected situations that may occur. Our aim is to keep all mothers and babies on the unit safe. If this happens to you please accept our apologies.

Birth plan

You can complete a written birth plan. If you have particular wishes for your caesarean birth experience, such as the playing of music in theatre, lowering the screen to see the baby born or silence so that the mother's voice is the first that the baby hears, and early skin-to-skin

contact, please discuss them with your midwifery and medical team at your 32 week appointment. We aim to provide all women with a positive birth experience.

You will walk to theatre with your birthing partner (and midwife).

You should take a nappy and choice of baby clothes with you. Bring a camera if you want to take photos of your baby.

What happens in theatre?

For all caesareans, a drip will be put into the back of your hand and a catheter (a thin soft tube) will be placed in your bladder to empty it before the operation starts. An antibiotic is given into your drip to prevent wound infection. Inflating and deflating stockings are worn around the legs during and for few hours after your operation to improve circulation.

The whole operation usually lasts about an hour. Most women will have a 'bikini line cut'. The wound is stitched up once the baby is born. Your wound will be covered by a dressing, which remains intact for 5 days.

Most stitches dissolve but you may need to have the stitches removed a few days after the operation. If this is needed, your midwife will arrange for this to be carried out.

After the operation

We aim to continue skin to skin contact with the baby in the recovery area and you will be given help to feed baby as required. Very occasionally some babies will need additional care requiring admission to the special care baby unit. We attempt to keep parents and babies together whenever possible.

Most people need pain relief after a caesarean birth as it is classed as major surgery. An anti-inflammatory suppository is usually given into your back passage in theatre after the operation. Pain relief is prescribed to be given at regular intervals. However, if you need more pain relief then please inform your midwife if required. You will be offered something to eat and drink following your operation.

You should make sure you have a supply of pain relief (for example paracetamol and ibuprofen) at home to use once you have left hospital. A prescription of stronger pain relief will be given to you on discharge. The area around the wound may feel numb (this may take from a few weeks up to a year to recover).

Preventing blood clots

Deep breathing exercises and leg exercises are encouraged as soon as possible, to reduce the risk of blood clots. You will be helped to move around as soon as you can. Some people are asked to wear special stockings. An injection (anticoagulant) is given

daily for some women to prevent blood clots (from 7 days, up to 6 weeks). You or your partner will be taught to give this injection.

A physiotherapist may come and see you to give specialist advice on postnatal exercise, how to get out of bed, and pelvic floor exercise.

Getting better

Your wound is covered with a waterproof dressing which will stay in place for 5 days

The wound will need to be kept clean and dry to help it heal.

We will encourage you to get up, have a shower and move around 6-12 hours following your operation as this makes your recovery quicker and helps to prevent post-operative complications.

There is usually some vaginal bleeding which is heaviest for the first week, but can take a number of weeks to completely stop. You should tell your midwife if you pass large clots or your discharge starts to smell unpleasant.

Wind pain is common and can be very uncomfortable after an operation. Please tell a midwife if you are having problems, as we can give you something to ease the discomfort. It may take a few days to get back to your normal bowel habit; walking about, drinking plenty of water and a healthy diet will help prevent constipation (the midwife or your GP can provide a mild laxative if this is a problem).

Caring for your baby

You may need extra help to breast feed and care for your baby initially. We will help you and your birthing partner with the care and attention you require while in hospital.

Going home

When you and your baby are medically well you will be discharged from the hospital. This will usually be at 24 hours following the birth.

Occasionally you may need to stay in longer for medical reasons, either for you or your baby.

We advise wearing loose, comfortable clothes and cotton underwear. Once the dressing is removed gentle cleaning and drying of the wound daily will be required. Be aware of an increase in pain, redness, and discharge from the wound or fever, as these may be signs of a possible wound infection.

Babies must be taken home from hospital using a car seat. A community midwife will see you the day after you are discharged from hospital. After a caesarean birth, you will not be able to do some activities straight away, such as driving a car, carrying heavy things, exercise, or having sex. You should only start these once you feel that you are able to do so. If you are unsure, you can discuss this with your midwife.

Most insurance companies do not provide cover for driving within 6 weeks of a caesarean birth. You should check with your own insurance company for advice.

Possible problems

You should tell your midwife or doctor if you have symptoms such as pain on passing urine, or leaking urine.

You should tell your midwife or doctor if your vaginal bleeding increases, or becomes irregular or painful. After caesarean birth, this is more likely to be caused by infection in the lining of the womb than by retaining part of the placenta.

You should tell your midwife or doctor if you develop a cough or shortness of breath, or swelling and pain in your legs, so that they can make sure that these symptoms are not caused by a blood clot.

What about sex?

We advise you wait until your blood loss has completely settled. You may ask for contraceptive advice before you leave hospital or your community midwife / family planning services, as it can be possible to get pregnant in the first month after the birth.

What happens next time?

Many women have a successful vaginal birth following a caesarean. You can discuss your own situation with your obstetrician, midwife or at our 'Birth After Caesarean Midwife Clinic' (please ask for details).

I have more questions

Please talk with your midwife or doctor if you have any questions we have not covered for you.

Further information

More useful information regarding pregnancy and giving birth can be found at the Royal College of Obstetricians and Gynecologists' website: www.rcog.org.uk - patient information

Pre-operative assessment

Date:.....

Time:.....

Site:.....

Caesarean Admission

Date:.....

Time:.....

Site:.....

Leaflet Details

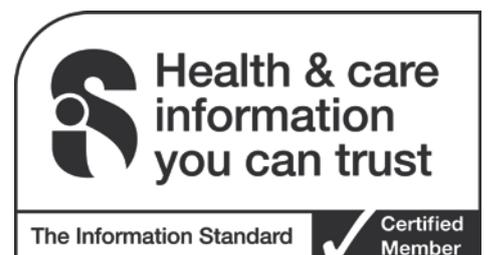
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Other formats

If you would like to receive this information in an alternative format, then please contact: 01539 715577.

Travelling to our hospitals

For the best way to plan your journey visit our website:

<http://www.UHMB.nhs.uk/> or contact Patient Advice and Liaison Service (PALS): 01539 715577.

Useful Contact Details

NHS 111 (for 24 hour urgent health advice): telephone 111

Your Information

If you would like to know how we use, share, disclose and secure your information and your rights of access to the information we hold about you, visit the Trust's website: <http://www.UHMB.nhs.uk/> or contact Patient Advice and Liaison Service (PALS) on 01539 715577.

Evidence

Details of the evidence used in writing this leaflet are available on request from: Patient Information Officer at 01524 512476.

Feedback

We appreciate and encourage feedback. If you need advice or are concerned about any aspect of care or treatment, please speak to a member of staff or contact PALS on 01539 715577.

UHMBT is a no smoking Trust. Smoking is not permitted on any of the hospital sites. You can contact the NHS North Lancashire Stop Smoking services on the number below:

NHS Quit Squad - **0800 328 6297**

If you live in Cumbria, please call **0300 013 3000** to find a local pharmacy who are offers 1-2-1 support and nicotine replacement therapy.

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