

Caesarean Section

Information for patients



EROS

Enhanced Recovery in Obstetric Surgery



Leeds
Maternity Care



The date for your Caesarean Section is:

.....

at **St James's University Hospital /**
Leeds General Infirmary
(delete as appropriate)

On the day of your Caesarean Section please attend:

St James's University Hospital

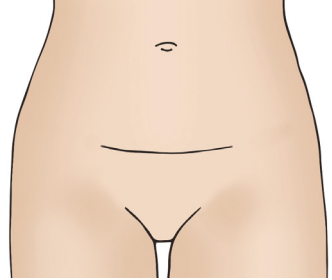
Delivery Suite (Ward J03), Level 5, Gledhow Wing, SJUH

Leeds General Infirmary

Delivery Suite (Ward L45), C Floor, Clarendon Wing, LGI

What is a Caesarean Section?

A Caesarean Section is an operation to deliver a baby through the abdomen. It involves an incision (cut) through the skin and the muscles of the abdomen, usually along the "bikini line", and then an incision into the lower part of the womb to deliver the baby. The placenta is also removed through the abdomen before the womb, skin and muscles are stitched back together in separate layers.



Why do I need a Caesarean Section?

There are many reasons why a Caesarean Section may be recommended to deliver your baby. Sometimes there is a risk to the baby from a vaginal delivery. For example, if there were problems delivering your first baby which may occur again. Sometimes there may be a risk to the mother - these include high blood pressure or other medical conditions that would make labour potentially more risky. The reasons for your Caesarean Section should have been fully explained to you by the doctor. A Caesarean Section is only recommended when the risks of a Caesarean Section are considered to be less than the risk of continuing the pregnancy and having a vaginal birth.

Can I choose to have a planned caesarean section?

You may wish to choose a caesarean section, even if you have no medical reasons for one. Talk to your midwife about anything that is worrying you and about the reasons why you would like a caesarean section. They may be able to put your

mind at rest by exploring care and support options. You can also ask to speak to an obstetrician or anaesthetist to find out more about what having a caesarean section means and to discuss your choices further.

It is important to note that having a Caesarean section is not risk free. It is major abdominal surgery, which carries risks for you and your baby in this pregnancy and future pregnancies. It is likely to take you longer to recover and likely to mean you will have more pain and discomfort than after a vaginal birth.

After discussing your choices with your healthcare team if you still want a caesarean you should be able to have one. Some women may feel guilty or worried about asking for a caesarean section when they don't have a medical need for one. Your healthcare team will not judge you and will want to help you have the best possible birth experience. If you feel your obstetrician doesn't support your choice of birth, you can ask to see a different doctor at your hospital or you can ask to move to a hospital in a different area.

What are the risks of having a Caesarean Section?

Although a major operation, a planned Caesarean Section is usually very safe and serious complications are rare. Some of the complications that can occur are described below:

- **Damage to other organs like the bladder and bowel** - this is a rare complication but is more common in women who have undergone previous surgery including a previous Caesarean Section. The doctor checks for any damage during the operation and this would be repaired.
- **Thrombosis** - this is a blood clot in the legs or lungs and occurs more frequently after a Caesarean Section than a vaginal birth. To reduce the risk of this happening we recommend

that women having a Caesarean Section wear special stockings (which will be given to you) and start to walk about as quickly as possible after the operation. You may also be prescribed an injection to make your blood less likely to clot.

- **Anaesthetic complications** - less than one percent of women may develop a severe headache following a spinal anaesthetic but there is a treatment we can use to relieve this.
- **Future pregnancies** - women who have had a Caesarean Section previously have an increased risk of stillbirth, rupture of the womb during subsequent pregnancies/ deliveries and of having an abnormally adherent placenta in future pregnancies although all these risks are uncommon.
- **Future Caesarean Sections** - having your baby by Caesarean Section does increase the chances of you needing a Caesarean Section in a future pregnancy, although many women do go on to give birth naturally.

Risk to your baby:

- About two percent of babies born by Caesarean Section receive a cut during the operation. This is usually more of a problem if your waters broke before the operation. Most cuts are small and superficial but if your baby does receive an injury they will be checked by a paediatrician (a doctor who specialises in the care of babies) and have any necessary treatment.
- Babies born by Caesarean Section are more likely to suffer from breathing problems than those born vaginally. About 35 out of every 1000 babies born by Caesarean Section have breathing problems just after birth compared to five out of every 1000 babies after a vaginal birth. These breathing problems are often short lasting and do not usually result in long term problems.

What anaesthetic will I have?

A spinal and/or epidural anaesthetic is used for most planned Caesarean Sections. This means you will have an injection into your back which will remove the sensation of pain from the lower part of your body. This allows you to be awake for the birth of your baby. You may have your partner or a friend/relative in the operating theatre with you.

You will have the opportunity to discuss the anaesthetic with the anaesthetist before your operation.

The enhanced recovery programme for your Caesarean Section

What is the Enhanced Recovery programme?

The enhanced recovery in obstetric surgery (EROS) programme aims to improve your care whilst undergoing your planned Caesarean Section, helping you to recover quicker and get back to normal daily activities sooner.

You have been given this option if we think that your Caesarean Section will be straight forward and you wish to go home at the earliest, safest opportunity.

What are the benefits for me?

This programme aims to bring elements of care that patients feel are important including:

- Detailed information about your care and the planned procedure

- Shorter fasting time before your Caesarean Section
- Supportive environment encouraging getting around quickly and allowing you to spend quality time caring for and bonding with your baby
- A shorter stay in hospital and ultimately quicker return to normal activities and minimal disruption to family life.

There are no known risks for you or your baby with this programme.

What is involved in the enhanced recovery programme?

1. Getting ready for your Caesarean Section

During your pregnancy, you will be seen in antenatal clinic at either Leeds General Infirmary or St James's University Hospital to discuss your delivery options. If the decision is made that you require a planned (elective) Caesarean Section, we will discuss the steps of the procedure in detail, ask you to sign a consent form for the Caesarean Section and answer any questions or concerns you may have. MRSA swabs will also be obtained with your permission (you will receive a leaflet explaining what these are).

We will take a blood test when you are about 36 weeks pregnant, to check for anaemia and may offer you some iron supplementation to make sure you are in the best health for the Caesarean Section.

Information about your procedure and recovery is very important as this pathway is designed to put **you in control of your recovery** in order to get you back to normal activities as quickly as possible.

For these reasons we ask you to bring simple painkillers with you into hospital which you then use after the Caesarean Section. If you have forgotten your pain relief there are pharmacies on the LGI and St James's sites where you can purchase them.

Please bring with you;

- Paracetamol - 1 gram four-times-a-day
- Ibuprofen - 400 milligrams three-times-a-day

Please bring at least three days supply with you.

Please inform the antenatal staff if you have any allergies to these pain relief. Please also remember to bring in all your other medications including inhalers and creams.

We ask you to bring in these pain relief as the ultimate aim of this pathway is to keep you in control of your care. You will be provided with a locking cupboard to store your pain relief in and you will be supported in managing your own pain relief requirements. This will reduce your wait for medications once your discharge is completed.

2. Contraception choices after your Caesarean section

It is important you discuss contraception with your midwife and doctor before the date of your Caesarean section or when you are admitted to the ward.

As a general rule, your fertility increases after having a baby. This means you can get pregnant very easily. It is advised you wait at least **12 months** after having a Caesarean section before you plan to have another baby. This is to allow your body to heal and to reduce the chance of complications in future pregnancies.

There are a number of contraception options available to you, some of which you can start while in hospital.

Please see below for more information:

Contraceptive coil: There are hormonal and non-hormonal coils which can be placed into your womb at the time of your surgery. They provide highly effective contraception for up to five years. The hormonal coil has the additional benefit of helping to control heavy periods. For more information please read our Contraceptive Coil at Caesarean Section Leaflet:

<http://flipbooks.leedsth.nhs.uk/LN004614.pdf>

Contraceptive implant: a small slim rod is inserted under the skin on your upper, inner arm under local anaesthetic. It will last for up to three years. This can be removed at any time and your fertility will return to normal soon afterwards. The contraceptive implant is now available to be administered prior to your discharge from hospital. Please discuss this with your midwife.

Sterilisation: either a tubal ligation 'tying of the tubes' or vasectomy (male sterilisation). We can offer you a 'tubal ligation' at the time of your Caesarean Section, however please discuss it with the doctors in antenatal clinic, as this procedure must be discussed and consented for in advance.

Exclusively breastfeeding: exclusively breastfeeding your baby most women do not have periods. If you are exclusively feeding your baby and not having periods your risk of pregnancy is low, around 2%. Although this is not as effective as the other forms of contraception.

Condoms: the only form of contraception that can prevent the transmission of sexually transmitted infections.

Other contraceptive choices advised to be started three weeks after the birth of your baby.

We understand that this will be a busy time for you but advise you try to make time to discuss with your GP or Family Planning Service.

Progesterone only pill: this can be started immediately after you have had your baby.

Combined oral contraceptive pill: can be started three weeks after your Caesarean Section if you are not breastfeeding. If you are breastfeeding you can have this prescribed after six months.

Contraceptive injection: lasts for 12 weeks. It can cause irregular bleeding if given straight after your baby is born, but means your contraception will be covered for the first 12 weeks.

3. Preparations the day before your planned Caesarean Section

We advise all of our expectant mothers to be well rested and be eating a healthy, balanced diet especially in the last few days before birth. Both of these will help you recover more quickly from the operation and have the best start to your life with your newborn baby.

Patients on the enhanced recovery for Caesarean Section programme are strongly recommended to eat a high carbohydrate meal the night before the procedure including rice, pasta or potatoes.

You may prefer to remove the hair from your bikini line although a member of the theatre team can do this for you when you attend for delivery. On the morning of your operation we recommend that you have a bath or a shower before coming to hospital. Please do not use any creams, talcum powder, make-up, nail varnish or acrylic/gel nails. Please remove any jewellery including tongue and body piercings before coming to the hospital and bring any glasses or contact lens cases as they may need to be removed.

4. On the day of your Caesarean Section

You will be prepared for theatre where you will be given a theatre gown to wear and some elastic stockings which help prevent blood clots from occurring in your legs.

Most women will have a blood test on the day of their Caesarean Section, unless otherwise directed. This is in case of the small chance of needing a blood transfusion.

We will give you an estimated time for your Caesarean Section; however emergency cases from Delivery Suite take priority and sometimes your delivery may be later in the day. Very occasionally your Caesarean may be delayed until the next day although we try very hard to avoid this. If there are delays, we will advise you if you can have further clear oral fluids but no food.

5. What about your 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. You could also complete the birth preferences page at the end of this booklet to aid discussions with your midwife and Dr.

- 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 and CD player is available for your use.
- During the operation, a small screen can be put up so that you do not have to see the operation unless you want to.

- Skin to skin contact with your baby is encouraged as soon as possible after the birth.
- Remember to bring a nightie, dressing gown and slippers for your stay (pyjamas are not suitable) and also have a hat and nappy ready for your baby.

6. On the day of your procedure – your fasting information

You will be contacted the day before your scheduled caesarean section to confirm when you are required to fast from and what time to arrive on the ward. Below is an example of this:

Please note if you are Diabetic you will be provided with an individual plan to follow by your Midwife or Dr.

You may eat light snacks such as toast or cereal and have dairy products (milk and butter) until **03:00am**.

After **3:00am** you can continue to drink water until **07:00am**.

Before you leave for the hospital, and before **07:00am** please have **ONE** of these drinks:

- Small carton of blackcurrant squash (max 400mls)
- Still isotonic sport drink (max 400mls)
- Small carton of clear apple juice

Please bring an additional one of these drinks with you in your bag to the hospital. Please note that if your operation is booked for after midday, you will receive individualised instructions regarding fasting and fluids.

Please make sure these are **not** sugar free options - the drinks have to have sugar in them to help your body recover quicker from surgery.

You will be given a time to come in to the ward in preparation for your Caesarean Section. On admission to the ward you will be given a tablet called lansoprazole, which helps reduce the acid in your stomach.

In order to avoid not eating or drinking for a long time, we will ask women who are not having their Caesarean Section first on the operating list to have an additional sugary drink from the above list at a later point in the morning. This will aid your recovery.

Please wait to be told by the anaesthetist or midwife on the day if/when you can drink and what time to stop.

We can provide you with sugary tea and coffee with no milk.

Important information on the morning of your procedure

Make sure you do not eat food, chew gum or suck sweets **after 03:00am** on the morning of your surgery as this will result in your Caesarean Section being delayed.

Make sure you do not drink anything at all (**including water**) **after 07:00am** without first discussing this with your midwife on the ward.

Please remember to bring in an additional drink from the list on page 11 of this leaflet.

7. During the operation/in the anaesthetic room:

- A member of staff will show you to the anaesthetic room where your care will be handed over to the anaesthetic staff.
- You are allowed one birth partner to accompany you into theatre and they will be asked to change into theatre clothing.
- A 'drip' will be inserted into your arm.
- If you are having an epidural/spinal a needle will be inserted into your back whilst you are sitting up. This can take about 20 minutes. Your legs will start to feel numb within a few minutes but it may take up to 20 minutes

for the anaesthetic to be fully effective. Your anaesthetist will check this carefully. If you start to feel sick please tell the anaesthetist because this may indicate that your blood pressure is falling. This can quickly be corrected. The midwife will put a catheter (small tube into your bladder) in when your legs are numb.

- If you are having a general anaesthetic you will be given oxygen via a face mask for a few minutes first. The drugs are then injected into your drip to put you to sleep.

8. In the operating theatre:

- Your blood pressure and heart rate will be monitored throughout the operation.
- Your birth partner can sit beside you.
- Once the surgeon has started the operation your baby will be born within 5 - 10 minutes. A very complicated Caesarean Section can take up to 15 - 20 minutes to deliver baby, but the whole operation will take about one hour.
- If your baby is born fit and well, your obstetrician will carry out delayed cord clamping for up to one minute. This will benefit your baby and helps reduce their risk of anaemia.
- Your baby will be checked by a midwife and then brought to you providing there are no problems.

9. Recovering after your Caesarean Section

Immediately after the operation you will still have a drip (tube in your hand/arm) to give you fluids and a catheter (tube into your bladder) to drain any urine away. You will have the opportunity to feed your baby (unless there are any complications) and we also encourage skin-to-skin contact.

You should begin to eat and drink as soon as you feel able to after the Caesarean Section, this will help your body to recover quickly. Once you can manage a light snack and drink we will take your drip down.

You will be transferred to the postnatal ward (Ward J5 at St James's and Ward L36 or L44 at the LGI) when the staff are happy with your observations, usually two hours after your baby is born. Once on the ward you will be encouraged to start moving gently as soon as you feel comfortable to do so. This helps reduce your risk of complications including chest infections and thrombosis (blood clots).

If your Caesarean Section has been uncomplicated, as part of the enhanced recovery pathway, your urinary catheter will be removed six hours after your baby is born. Postnatal staff will measure how much urine you pass. Occasionally women may need to have a bladder scan to check if it's emptying correctly. It is uncommon, but some patients may require the catheter to be replaced as the bladder is not emptying properly. This is only temporary.

You will be given assistance to care for and feed your baby, if you need it, and a midwife will check you are happy with this before you are discharged. We encourage mothers to breastfeed their baby and having a Caesarean Section should not interfere with your ability to breastfeed. Providing your baby is well, he or she will stay with you at all times. They will have a routine check by one of our midwives or the paediatric team before you go home.

Hand hygiene after your Caesarean Section?

Some of the bacteria found on our bodies do not usually harm us; however they can cause infections in women who have recently had a baby. These infections can be very serious in some cases. To help prevent infection, please wash your hands thoroughly **before and after** going to the toilet, and never touch your Caesarean Section wound unless your hands are thoroughly washed first.

How long will I have to stay in hospital?

A doctor will review you on the morning after your Caesarean Section and they will check that you are medically fit to go home. **We anticipate that if your Caesarean Section has been straight forward, you will be able to go home the day after your baby's birth.** The exact time will depend on how you and baby are feeling.

Once you are at home a community midwife will visit you. If you have any stitches or clips in your wound that need to be removed they will be taken out about five days after your operation.

How long will it take me to recover from a Caesarean Section?

Everyone recovers from operations at a different rate. Doing some exercise can help your recovery and the midwives can give you information on what exercises you can do. You will continue to have vaginal bleeding after the operation and this may continue for a few weeks but it will gradually get less - remember to change your sanitary pads regularly. You should tell your midwife or GP if your vaginal bleeding increases or becomes painful.

You should not use tampons for at least six weeks following your Caesarean section or until you have had your first period. This may occur anytime from a few weeks to several months. You can resume sexual intercourse whenever you feel comfortable but do think about taking contraceptive measures.

You should also tell your midwife or GP if you develop a cough, shortness of breath or swelling/pain in your calf. This is so we can make sure that these symptoms are not due to a blood clot.

You can drive when you feel safe and comfortable to do so and also depending on your ability to concentrate. You should be able to wear a seatbelt and do an emergency stop - usually about three weeks after your operation. Please check with your own insurance company in case they have specific exclusion clauses.

What can I do to help myself recover from a C-section?

- It is important to try some deep breathing exercises whilst you are less active immediately after your c-section. Try three long deep breaths one after the other whilst you are sitting or laying down, use a towel and apply gentle pressure to support your abdominal wound. When resting, try some gentle ankle movements to help your circulation. During the day, try to stand and move around every 30 minutes to help you take deeper breaths and improve your circulation.
- Eating and drinking as normal can help our recovery as well as help to restore your bladder and bowel habits. You should avoid straining to empty your bowels. Using a step under your feet whilst on the toilet can help you to empty your bowels more easily.
- When sleeping, use plenty of pillows to help you get more comfortable. Using one between your knees can also help.

- When moving around, try to avoid anything that puts strain onto your tummy. For example, when getting in and out of bed, roll on to your side and push yourself up into sitting. Try the reverse movement when getting back into bed.
- Avoid lifting anything heavier than your baby for the first six weeks. If you have a toddler, only lift them when necessary and encourage them to go onto a step or higher surface for you to lift them from, bending your knees and keeping your back straight.
- As you start to recover, try to gradually increase how much walking you do but remember to pace yourself and rest as needed.
- From 6-8 weeks you can start to increase your walking pace and distance as comfortable and introduce swimming once your wound is healed.
- Avoid returning to high impact exercise, weights or abdominal exercises too soon.
- Start your pelvic floor exercises as soon as you feel comfortable to do so, aiming to increase to 3-4 sets a day, holding for 10 seconds, repeating 10x and doing 10 short holds. You can try these in a variety of positions and should continue to do them for at least three months after the birth of your baby.
- Once your abdominal wound has fully healed. You will be able to start some gentle massage on your scar using a non-scented body moisturiser or body oil to help the tissue become soft and supple.
- If you experience any bladder, bowel, vaginal or abdominal symptoms, or if you have any concerns over doing your Pelvic floor exercises, your midwife or GP can refer you to a specialist women's health Physiotherapist.

In addition the new POGP website has some useful information and resources for patients: https://thepogp.co.uk/patient_information/pregnancy_and_early_postnatal/recovery_from_c-section.aspx

Will I need a Caesarean Section next time?

This will be discussed with you before you leave hospital. For most women having a Caesarean Section it would be recommended that they aim for a vaginal birth in subsequent pregnancies. There are only a few circumstances when this would not be appropriate but if this is the case then this will be discussed with you and documented in your medical records.

Any Questions?

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

| | SJUH | LGI |
|--|--|--|
| Maternity Assessment Centre (MAC) | (0113) 206 5781 (24 hour access) | (0113) 392 6731 (24 hour access) |
| Antenatal clinic | (0113) 206 5180 | (0113) 392 6792 |
| Postnatal ward | (0113) 206 9105 | (0113) 392 7436 |

Birth Preferences for Elective Section

Please tick which you would like:

- I would like music played in theatre (Some surgeons may prefer you to wear headphones)
- I would like the drapes lowered when baby is born
- I'm having a surprise and would like to discover the sex of my baby myself
- I'm having a surprise and would like my partner to tell me the sex of our baby
- I would like skin to skin in theatre
- I would like to take photos in theatre
- I would like delayed cord clamping

I would like my baby to receive Vitamin K by:

- Injection
- Oral route

Please do not take or make phone calls in theatre

To whom it may concern;

This patient requires pain relief to be dispensed including;

- PARACETAMOL 1g four times-a-day (QDS)
- IBUPROFEN 400mg three times-a-day (TDS)

This is not a prescription but an advice sheet for dispensing pharmacists / supermarkets in view of the patient being pregnant.



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What did you think of your care?

Scan the QR code or visit bit.ly/nhsleedsfft

Your views matter



© The Leeds Teaching Hospitals NHS Trust • 3rd edition (Ver 4)
Developed by: V Corkhill, T Glanville, R Menon, M Law, R Mellor, S Bennett
Produced by: Medical Illustration Services • MID code: 20201120_004/BP

LN003948
Publication date
03/2021
Review date
03/2023