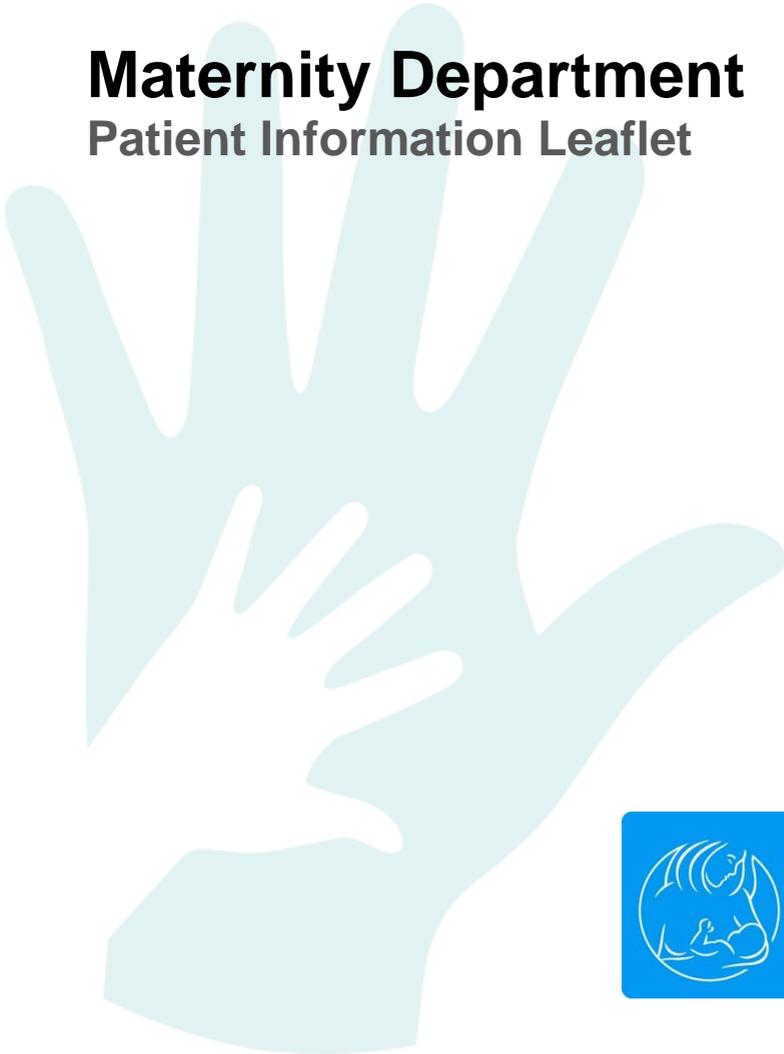




The Dudley Group
NHS Foundation Trust

Planned birth by caesarean section

Maternity Department Patient Information Leaflet



Appointment for pre-operative anaesthetic assessment in the Women and Children's Outpatient Department:

Date:.....Time:.....

Planned date of caesarean section:

.....

Please arrive at 7.30am at the reception area in the Maternity Unit, 2nd floor, Russells Hall Hospital.

Introduction

This leaflet is to provide you with information about having a caesarean section (CS), the delivery itself, and recovery and aftercare after the operation.

Why am I having a caesarean section?

Usually the decision to deliver your baby by CS will be made during a visit to the Antenatal Clinic (ANC), Pregnancy Day Assessment Unit (PDAU) or, if you are an inpatient, on the Maternity Unit.

You will have a meeting with a consultant or senior obstetrician (a doctor who specialises in pregnancy). They will discuss with you the reasons for recommending this method of delivery and the risks associated with it. The obstetrician will be happy to answer any questions you may have about the implications of the surgery for yourself, your baby, your future health and pregnancies.

The obstetrician will explain the procedure to you before filling in and signing an operation consent form. We will give you the consent form to read and sign, if you are happy to go ahead. We will also give you a leaflet entitled 'About the consent form'. If you are going home before the surgery, you will need to sign the consent form and bring it back to the hospital with you.

You may be suitable for the Enhanced Recovery Programme and this will be discussed with you by your obstetrician at this appointment.

What are the risks of a caesarean section?

The risks of caesarean sections are rare but it is important that we make you aware of them.

Risks to you

The main risks to you when having a caesarean section are:

- Infection of the wound or infection of the womb lining, known as endometritis. This can cause fever, womb pain and abnormal vaginal discharge. You will receive antibiotics during the operation which reduces the risk of developing an infection.
- Blood clot (thrombosis) in your legs which can be dangerous if part of the clot breaks off and lodges in the lungs. You will be given advice and treatment to reduce the risk of this happening.
- Excess bleeding which may mean you need a blood transfusion.
- Damage to the structures in your pelvis close to your womb (uterus) such as the bladder, ureters (tubes which carry urine from the kidneys to the bladder) and bowel. This may require further surgery or a hysterectomy – surgical removal of the womb.
- Longer recovery period and longer stay in hospital than with vaginal delivery.
- Higher risk that the placenta will attach to the uterus abnormally in subsequent pregnancies.
- There is a small risk that you may vomit during your operation. If this happens, stomach acid and food particles can pass from your stomach into your lungs and can cause potentially serious inflammation (swelling) of the lungs, known as aspiration pneumonitis.

Risks to your baby

The most common problem affecting babies born by caesarean section is difficulty in breathing, although this is mainly an issue for babies born prematurely (before 37 weeks of pregnancy). For babies born at or after 39 weeks by caesarean section, this breathing risk is a level similar to that of vaginal delivery.

Straight after the birth and in the first few days of your baby's life, they may breathe abnormally fast. This is known medically as transient tachypnea. Most newborns with transient tachypnea recover completely within two or three days.

Please feel free to discuss the risks with your midwife, obstetrician or anaesthetist.

What happens next?

You will have the opportunity to discuss the procedure or any other issues with a midwife. The ANC staff will book the operation with the maternity ward and an appointment with an anaesthetist (a doctor who specialises in pain management) for your pre-operative anaesthetic assessment.

We will give you the following:

- The date and time of your pre-operative anaesthetic assessment appointment. This will be put onto the front page of this booklet.
- The date and time of your admission for the caesarean section.
- Information about the website <http://www.labourpains.com/home> where you can read about anaesthetics and pain relief for your caesarean section.
- An anaesthetic questionnaire. Please fill this in and return it at your pre-operative anaesthetic appointment.
- A consent form.
- A patient information leaflet 'About the consent form'.
- Request forms for pre-operative blood tests.
- An MRSA patient information leaflet. We will talk to you about this and the screening that we do.

What will happen at my pre-operative anaesthetic assessment?

Where will this appointment take place?

At the Women and Children's Outpatient Department, ground floor, East Wing, Russells Hall Hospital.

What can I do to prepare for my appointment?

Please can you:

- Fill in the anaesthetic questionnaire and bring it with you when you come to the appointment
- Bring the request forms for pre-operative blood tests with you. The forms for the blood tests should have been given to you when your CS was originally booked

It is also a good idea to make a note of any questions you wish to ask the anaesthetist.

What happens at the appointment?

You will need to have the blood tests taken on the same day as your appointment, but it is up to you as to whether you have those before or after you have the pre-operative assessment. The blood tests are taken in the Therapy Department – please ask at the main reception desk if you are unsure where to go.

The tests required are:

- A full blood count
- Blood group and serum save – this is taken in case a blood transfusion is necessary during or after your operation

Your pre-operative assessment will take place in the Women and Children's Outpatient Department where you will meet with the anaesthetist to discuss your completed anaesthetic questionnaire.

You may be suitable for the Enhanced Recovery Programme and this will be discussed with you by your consultant.

We will give you two tablets of ranitidine which you will need to take before your operation. These tablets reduce the acid in your stomach in case you need a general anaesthetic (please see next section ‘How do I prepare for my caesarean section?’).

How do I prepare for my caesarean section?

- The night before the operation, please do not eat anything from 12 midnight.
- You can drink plain water between midnight and 7am on the day of your operation. After 7am please do not drink anything until after your operation.
- The evening before your operation, please take one ranitidine tablet at 10pm.
- Take the other ranitidine tablet at 7am on the morning of the operation.
- Please remove nail varnish and false nails before you arrive at the hospital for your operation.
- You do not need to shave or remove pubic hair as it may increase the risk of infection after your operation.
- When you are packing for hospital, please do not bring more than a medium-sized suitcase with belongings. Leave valuable items of jewellery or gadgets at home.
- You will need to bring baby items with you but you do not need to bring your baby’s car seat until you are being collected to go home.
- It is a good idea to bring a warm hat to put on your baby to retain the baby’s body heat straight after birth.
- Please pack your pregnancy notes.

Please note that if you smoke, it is advisable to stop smoking at least 48 hours before your CS operation. If you would like help with stopping smoking, please contact a member of the Hospital Stop Smoking Team on 01384 456111 ext. 2783, or the healthy pregnancy support service on 01384 244358.

What happens when I come to have my CS?

Please come to the Maternity Unit at 7.30am on the day of surgery.

If you are having a caesarean section for breech presentation (baby lying bottom or feet first):

If your planned operation is because your baby is in the breech position, the obstetrician will visit you in your room before the operation and perform an ultrasound scan. This is to see if the baby is still in the breech position before the operation.

If the scan reveals that the baby has turned into a cephalic (head down) position, the doctor will discuss the situation with you and advise you to return home to await the normal course of labour.

It is important that you prepare yourself for this possibility because a quite a few women find that their baby has turned when they arrive for their planned CS operation.

Your preparation for your operation will include:

- Attaching a name label to your wrist.
- Taking your temperature, pulse, respirations (breathing rate) and blood pressure.
- Testing a specimen of your urine.
- Recording your body weight.
- Abdominal examination (feeling your baby in your abdomen) and recording your baby's heart rate.
- We will ask you to remove all jewellery, make up and nail varnish if you have not already done so. If you have a wedding ring, it can be taped up if you cannot or do not wish to remove it.
- We will give you a theatre gown to wear and measure you for a pair of anti-embolism stockings. These help to reduce your risk of blood clots in your legs (thrombosis).
- You will need to remove any contact lenses and dentures (false teeth).

When it is time for your operation:

You will go with your birthing partner and a midwife to the obstetric theatre.

If you have chosen to have a spinal anaesthetic, an injection in your back that allows you to stay awake during your operation, your birthing partner can be with you in the theatre for the operation, if you want. We will ask them to wait outside the theatre until the spinal anaesthetic has been inserted and the anaesthetic is working effectively.

If you are having a general anaesthetic, where you will be asleep for the operation, your birthing partner will be asked to wait in your room, or sometimes in the recovery room, until the operation is over and you have woken up.

It is a good idea to take a nappy and warm hat with you to the obstetric theatre for your baby, to retain their body heat after birth.

At the obstetric theatre:

Before the operation starts, the midwife will insert a catheter (small tube) into your bladder and will attach it to a bag, which collects your urine. This procedure helps to prevent bladder damage by keeping your bladder empty during the operation. It also prevents the bladder overflowing during the period when the lower half of your body is still numb from the local anaesthetic.

The catheter is usually removed after the operation when the sensation in your lower body has returned and you can walk to the toilet.

The operation itself usually takes about an hour, although the baby is usually born within the first 10 minutes. Once your baby has been born, we will encourage you to have your baby as close to you as possible.

What happens after the caesarean section?

What happens on the day of my operation?

As soon as you are in the recovery room you will be able to hold your baby skin-to-skin and you will be helped with the first feed. You will usually stay in the recovery room for between 30 to 60 minutes (as long as there are no problems). After this we will transfer you back to the maternity ward.

On transfer to the ward, you will continue to have an intravenous infusion (drip) in the back of your hand and the catheter with a bag attached. Your wound will be covered with a dressing.

As soon as you are settled on the maternity ward, you will be able to have a drink of water and you can start eating as soon as you feel hungry.

After this we will:

- Remove the drip, once you are eating and drinking normally.
- Help you to wash and change into fresh clothes.
- Help you to sit out in a chair when the feeling returns to your legs.
- Give you pain relief regularly, as required.
- Monitor you regularly.

What happens the day after my operation?

- The catheter is removed once you are able to walk to the toilet, usually between six to 12 hours after your operation. After removal of the catheter, the first few times you pass urine we will measure it to ensure that your bladder is emptying properly.
- We will bring your meals to your bedside until you are able to walk.
- An anaesthetist will visit to see how you are recovering from the anaesthetic.
- An obstetrician will visit to let you know how your operation went and to answer any questions you may have.
- We will give you pain relief in tablet form. Remember to take them regularly – do not wait for the pain to take hold.
- Preparations for you to go home may begin so that you are able to leave promptly the following morning. Some women who feel well enough can go home at this stage.
- We will give you a blood test to see if you need to be prescribed iron tablets to take home.
- We will continue to monitor you regularly.
- You will be able to take a bath or shower and remove the wound dressing, if it has not already been removed. Your wound dressing can be removed 48 hours after the operation.

What happens when I leave hospital?

We will carry out a postnatal examination and send a discharge letter to your GP and health visitor. We will give you a copy of your discharge letter, and postnatal notes to take home for your community midwife. Your hospital midwife will give you any tablets that you need to take home.

We will transfer you to the care of your community midwife who will visit you by 5pm the following day. This midwife will remove any stitches from your wound (if required), five or six days after your operation.

What happens after I get home?

What do I need to look out for?

Occasionally after your caesarean section, the wound may get infected. Once at home, you should contact your GP or community midwife if your wound becomes:

- Painful
- Hot
- Inflamed
- Tender
- Red
- Oozing, with an offensive smell

or you feel hot or have flu-like symptoms.

What exercise can I do?

We will give you an advice leaflet at hospital about exercises after childbirth.

Remember that pelvic floor exercises are as important after a CS as after a normal birth. Before you leave hospital, a physiotherapist may visit you to offer further advice and information.

We advise you not to do any heavy lifting, ironing or vacuuming for about six weeks.

Can I drive?

You should not drive a car until you are able to reach the pedals comfortably, and you can do an emergency stop without causing pain in your stomach area. This is usually at around six weeks. You should check with your insurance company when they are prepared to provide cover for you after an abdominal operation.

When can I start having sex again?

You can have sex as soon as you and your partner want to. However, having a baby causes many physical and emotional changes so it may take some time before you feel ready.

You might want to use a vaginal lubricant if you are uncomfortably dry, but only use lubricants that are water soluble like KY Jelly and Senselle. Please note that products like baby oil and Vaseline will damage latex rubber condoms or diaphragms.

What contraception can I use?

You can become pregnant again quickly after the birth, so it is a good idea to think about the method of contraception you will use before you have sex again. Do not wait for your periods to return, or until you have your postnatal check before you use contraception as you could get pregnant again before then.

You can use male and female condoms as soon as you want to have sex. You can start to use the combined pill, progesterone only pills and implants 21 days after the birth. You can usually have the contraceptive injection around six weeks after giving birth. An IUCD or IUS (coil) can usually be fitted eight weeks after a CS.

How about having another baby?

If you plan to have another baby, you may like to consider whether you wish to aim for a vaginal birth following CS or plan for another CS (elective CS).

You should discuss your options with your midwife and the consultant obstetrician, so that you are able to make informed decisions. Please ask for a 'Vaginal birth after caesarean section' information leaflet before you leave the Maternity Unit.

Can I find out more?

The following weblinks have more information on CS operations:

www.patient.co.uk/doctor/caesarean-section

<https://www.nice.org.uk/guidance/cg132/ifp/chapter/About-this-information>

www.uptodate.com/contents/c-section-cesarean-delivery-beyond-the-basics

www.nhs.uk/Conditions/Caesarean-section/Pages/Introduction.aspx

<http://www.labourpains.com/home>

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

Community midwives on 01384 456111 ext. 3358 (9am to 5pm, Monday to Friday)

or

Maternity Triage on 01384 456111 ext. 3053

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

<http://dudleygroup.nhs.uk/services-and-wards/maternity/>

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru vă rugăm să sunați la 0800 073 0510.

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