



**Northumbria Healthcare**  
NHS Foundation Trust

# Your guide to caesarean section

Issued by Obstetrics and Gynaecology

building a caring future

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[www.northumbria.nhs.uk](http://www.northumbria.nhs.uk)

## Introduction

The aim of this leaflet is to give you information on care you will receive before and after your caesarean section.

## What is a caesarean section?

This is when your baby is delivered through a cut (incision) made in the lower part of your abdomen. Usually the incision is just below the pubic hair line (bikini line).

Caesarean sections are only performed at the Northumbria Specialist Emergency Care Hospital.

## Why me?

Approximately 1 in 4 women will need a caesarean section. A caesarean section is performed when it is thought that a vaginal delivery may cause concern for either the mother or baby.

This can be for a number of reasons. For example;

- If there are concerns about your baby's wellbeing in the womb
- The pelvis is not big enough to allow the baby to pass through
- When the placenta is covering the neck of the womb (cervix)
- Sometimes if the baby is in the breech position (bottom first)
- If the neck of the womb (cervix) does not open up enough during induction or in labour

There are many other reasons why it might be necessary to perform a caesarean section. If you are not sure why you need to have one then please ask your midwife or doctor to explain. If you request a caesarean section the consultant obstetrician will discuss this with you.

## What are the benefits of a caesarean section?

Safe outcome for mother and baby when immediate/urgent complications are identified.

## Are there any risks?

With all operations there are a small amount of risks. This may be due to blood loss, infection or damage to surrounding area during the operation.

### **Other risks include:**

- Cut to the baby's head
- Blood transfusion

### **Common risks include:**

- Heavy bleeding
- Infection
- Possible need for a caesarean section for future pregnancies

### **Less common but serious risks include:**

- Damage to the bladder, bowel, blood vessels and ureters (the tubes from the kidney to the bladder)
- Thrombosis (blood clots in the legs or lungs)

### **Uncommon risks include:**

- Retained placental tissue
- A small cut to the baby
- The baby may have temporary breathing difficulties

### **Rare risks include:**

- Wound problems including scarring or hernia in the future
- Cardiac arrest (heart attack)
- Death (this is very rare)

### **The latest research suggests that:**

- 4 – 8 % of women will experience a blood loss in excess of 1000mls.
- 3 – 15 % of women will experience a wound, uterus, or bladder infection
- < (less than) 1% of women will experience bladder injury

Your consultant will discuss these risks when you are making the arrangements for your operation.

## Will I be asleep or awake?

If the caesarean section is performed as an emergency then it might need to be performed very quickly. A general anaesthetic may be preferred because it can be given to you quickly. This will be discussed with you if this need arises by the anaesthetist.

## What kinds of anaesthetics are available?

**Spinal Anaesthetic:** A spinal anaesthetic is one that acts locally to numb you from just above your belly button right down to your toes. It takes away movement from your legs for about 3-4 hours but it allows you to be awake during the delivery.

Your partner can be with you to share the moment of your baby's birth. Most women choose this method of anaesthesia. If for some reason the spinal anaesthetic does not work efficiently, then it may be necessary to give you a general anaesthetic.

**Epidural:** If you have an epidural for pain relief during labour, the anaesthetist may top this up. This can then be used to make you numb for the surgery.

If the epidural does not work then there is a high chance that this may be taken out and replaced with a spinal anaesthetic in theatre.

Even if an epidural has been working well during labour there is up to a 1 in 50 chance that an epidural top up does not achieve an adequate numbness for the surgery. In this case a general anaesthetic will be used.

Both epidural and spinal anaesthesia are usually safer than a general anaesthetic. They offer pain-free operations but they may not necessarily be sensation-free.

You may feel pulling and pressure, but you should not feel pain. The anaesthetist will talk to you while the operation is happening. You can have more pain relief if needed.

Occasionally they may need to give you a general anaesthetic, but this is unusual.

**General Anaesthetic:** A general anaesthetic is one where you will be asleep throughout the operation. You may choose this if you are particularly anxious. With this type of anaesthetic, your partner will be asked to wait in the waiting area. Your baby will be given to you when you are fully awake.

All anaesthetics can offer a slight risk to either you or your baby. It is best to discuss these with your anaesthetist so that you can be fully informed in making your choice.

## Are there any alternatives to anaesthetics during my caesarean?

There are currently no alternatives to either a regional or a general anaesthetic during a caesarean section.

## Preparing for an elective caesarean?

Once the decision has been made for the caesarean, 2 swabs will be taken from you to screen for MRSA. You will be given an antibiotic body wash to use before you have surgery. This will help reduce the risk of you developing an infection. The doctor will discuss the caesarean procedure and you will be asked to sign a consent form for the operation.

## When do I have my pre-op assessment?

You will be invited to attend the unit prior to your operation to have a pre-operative assessment. At this visit the midwife will explain in detail the events of the day you will be admitted for your caesarean. You will be asked for a blood sample on this visit or on the day of admission to ensure that you are not anaemic. We also save a sample for grouping in case there is a need for a blood transfusion.

Your weight will be recorded and your legs will be measured for anti-embolic stockings. You will begin to wear the stockings at the time of your operation and while in bed to reduce the risk of blood clots forming in your legs. We recommend that you wear these at all times.

You will also be given 2 Ranitidine tablets (to stop acid production in your tummy). You will be advised when to take these tablets.

Prior to your caesarean, you will be advised to have nothing to eat or drink to ensure that you have an empty stomach. The time of your last food and drink will vary depending on the time of your caesarean. The midwife will give you all the necessary details. Please do not wear any jewellery or piercings on the day of the caesarean. Also please remove all nail varnish including gel nails, makeup and contact lenses.

We advise that you leave all valuables at home as the hospital cannot accept responsibility for their safety.

If you have contractions or your waters break before your planned caesarean, you should contact the delivery suite straight away. You will be asked to come in to the hospital to be checked and your caesarean may be brought forward.

If you are taking Tinzaparin medication in pregnancy (to prevent blood clots), this is stopped on the day of operation or at least 12 hours before the operation if it is scheduled to be performed in the morning.

## **What happens on the day of the planned caesarean?**

You will be asked to attend ward 16 where a midwife will meet you and prepare you for theatre. Please bear in mind that storage space is limited to only one locker per bed.

The anaesthetist will visit you and explain the anaesthetic procedures and answer any questions you may have.

The doctor who will be performing the caesarean will see you to discuss any questions. They will obtain consent for the operation if it has not been taken earlier.

The midwife will carry out a number of routine observations and procedures to prepare you for theatre. Your temperature, pulse and blood pressure will be taken and a urine sample will be tested.

You will have a complete ante natal check including a check of your baby's heartbeat. The operation site will need to be shaved, the midwife will perform this for you. However, you may do this at home if you prefer.

The midwife will then complete the checklist prior to going to theatre. You will be dressed in a theatre gown. You will be able to walk to theatre with your partner. The midwife who is looking after you will accompany you and will be in theatre to receive your baby when it is born.

## **What happens in theatre?**

You will have a drip put into the back of your hand. This will give you the extra fluids you will need until you are eating and drinking as normal.

You will be given a medicine to reduce the acid in your stomach. The anaesthetist will then prepare you for the anaesthetic of your choice. Once the anaesthetic is administered, a catheter will be inserted into your bladder. This will ensure your bladder is empty when the operation is performed.

## **What happens during the operation?**

A screen will be put up at the level of your chest. This separates you and your partner from the site of the operation. The skin over your tummy will be washed with antiseptic and covered in sterile towels. You will hear preparation and talk in the background. If you are awake, you will be able to speak to your partner and be kept informed of proceedings. Please feel free to bring in a CD of music of your choice which we will play during the procedure until the baby is born. This may help you to relax. Your baby will be wrapped and given to you as soon as possible following birth.

You will be looked after by a midwife, surgeon, anaesthetist and a team of support staff. In certain circumstances it may be necessary to have the baby nurse/baby doctor present.

## What happens after the operation?

You will be moved onto a bed and into the recovery area. Your blood pressure and pulse will be taken regularly by a machine and the midwife will keep a close eye on your progress.

The midwife will weigh and check your baby and offer skin to skin contact. You can take photographs now if you wish.

You will be kept in the recovery area until the anaesthetist is happy for you to return to the ward. Antibiotics will be given in your drip before the operation starts to decrease the risk of infection.

A risk assessment will be performed and you will be advised how long you will be required to wear the anti-embolic stockings. You will also be advised how many injections you will need to prevent blood clots.

## When will I be able to breast feed my baby?

The midwife will give the support and advice to enable you to commence breast feeding as soon as possible. There should be no difference between having a vaginal delivery or a caesarean section as to the care you will receive.

Following a caesarean you may find it difficult to position yourself to feed comfortably or reach for your baby in the cot. Please ask for help the midwives and healthcare assistants are there to help you.

## Will I feel any pain?

The pain relieving drugs given with your spinal or epidural should continue to work for a few hours. You may experience some discomfort especially when your spinal / epidural wears off. You will be prescribed regular drugs to help ease the pain. You should take these regularly to ensure your pain is managed effectively.

Your midwife will assess your needs and ensure you receive adequate pain relief.

The anaesthetist may attach a PCA (Patient controlled anaesthetic) to your drip. This enables you to give yourself painrelieving drugs through a syringe pump controlled by a hand held button. The machine is designed so that you cannot give yourself too much.

## **When can I have visitors?**

Your birthing partner will be able to stay with you during the operation and while you are recovering. If you have had a general anaesthetic you will be able to see them when you are awake.

Your own children are welcome to visit you when you have returned to the ward.

Other visitors will be allowed to visit you and your baby within visiting hours below when you are transferred onto ward 16 at The Northumbria Specialist Emergency Care Hospital.

## **Ward 16 visiting hours:**

There is opening visiting for partners.

Your children can visit 9am to 8pm

For all other visitors its 2pm to 4pm and then 6.30pm to 7.30pm

## **What happens the next day?**

If you are tolerating fluids and the staff are happy with your progress your drip and catheter will be removed when your condition allows. You will be advised to get out of bed and to move around your room to help prevent blood clots in the legs. You may also be given a small injection to prevent the blood clots forming. You will be helped to shower and dress.

## **How do I care for my wound?**

The dressing on your wound will be checked by the midwife each time they see you. The dressing will remain in place for 5 days. The midwife will remove the dressing for you. However, if you have any concerns, please mention them to the midwife, who will assess this for you.

You may notice slight bruising which can occur whenever skin has been cut.

You will have either a continuous stitch under the skin or clips on the skin. This will depend on either your own or the surgeons preference. The clips will be removed on the 5th or 6th day after the operation. Initially the scar may feel numb or tender to touch. This will usually resolve over the next few months.

## What happens when the catheter is removed?

You should drink at least a glass of fluid an hour. You should try to go to the toilet to pass urine 2hrs after the removal of the catheter. You will be asked to save your specimens so that the staff can measure the urine. This will give an indication to the staff that you are passing normal amounts.

## When can I eat and drink?

Following the operation you will be allowed sips of water to drink. Over the next few hours you will be able to increase the amount of drinks and start to eat a light diet.

Staff will listen to your abdomen for bowel sounds to ensure your gut is working before offering food.

## When will my bowels open?

After your caesarean you will not be eating as much as usual. It usually takes a few days before you feel ready to move your bowels. This is normal, however, if you feel that you may need a laxative please mentioned this to your midwife.

## Handy hints in hospital

- Ask for pain relief before the pain gets too bad. It will be less effective if you wait.
- Don't overdo it. Do a little bit more each day.
- Ask if you need help. We may seem busy, but we are there to help.

## When can I go home or get transferred to a maternity unit nearer home?

Most women stay in hospital 2-3 days before going home. If you prefer to recover in a maternity unit nearer home, let the midwife know. Arrangements will be made for transfer the following day. The midwife will ensure you have a prescription for pain relief tablets to take home, and give a supply of dressings if required. If you have any questions to ask the medical staff about your delivery please mention this to the midwife.

On discharge, you will be advised on how long to wear your antiembolic stockings and given a supply of blood thinning injections if required and shown how to administer yourself or by a relative.

## Handy hints at home

- Get as much help as you can. Accept all offers which leave you to look after your baby.
- Take care when lifting. The physiotherapist will visit you on the ward and will give an advice sheet.
- Continue your postnatal exercises and gradually increase them.
- Check with your insurance company as to when you can drive again
- Some women experience a loss of interest in sex initially, this is quite normal. Once you feel comfortable then there is no reason not to go ahead. However remember to use a contraceptive to avoid another pregnancy. Your midwife will be able to supply you with information.

**We hope this booklet will answer most of your queries. Your midwife will always be available to give further advice.**

## How is infection prevented in hospital?

Hand hygiene is the single most effective way of preventing the spread of infections. All staff therefore undergo regular education and training in infection prevention and control.

It is very important to wash your hands prior to examining your wound.

Staff are aware that the trust actively encourages everyone to ask staff if they have washed their hands before touching you. In addition, hand hygiene dispensers are situated at the entrance to all the maternity wards.

All visitors must wash or use the special gel on their hands when entering and leaving maternity units.

If you have had one or more caesarean deliveries you may want to think about how to give birth next time. You may wish to try to have a vaginal delivery or a planned (elective) caesarean delivery.

Your midwife and doctor will be able to discuss the options with you.

If you need further information, please contact your community midwife or call the pregnancy assessment unit - 0191 6072335

## Contact Numbers

### **The Northumbria Specialist Emergency Care Hospital**

Northumbria Way

Cramlington

NE23 6NZ

**Pregnancy assessment unit:** 0191 607 2815

**Birth centre:** 0191 607 2318

**Ward 16:** 0191 607 2016

### **Berwick Midwifery Led Unit**

High Green

Berwick-upon-Tweed

TD15 1LT

01289 356 622

### **Hexham Midwifery Led Unit**

Corbridge Road

Hexham

NE46 1QJ

01434 655 352

### **Hillcrest Midwifery Led Unit**

Infirmery Drive

Alnwick

NE66 2NS

01665 626 732





## Alternative Formats

If you would like a copy of this information in large print, another language, audio tape or other format please call the Contact Centre on 03 44 811 8118.

## Other sources of information

### NHS 111

### NHS Choices

[www.nhs.uk/pages/homepage.aspx](http://www.nhs.uk/pages/homepage.aspx)

### NICE (National Institute for Health and Clinical Excellence)

[www.nice.org.uk](http://www.nice.org.uk)

### Patient Advice and Liaison Service (PALS)

Freephone: 0800 032 0202

Text: 07815 500015

Email: [northoftynepals@nhct.nhs.uk](mailto:northoftynepals@nhct.nhs.uk)

### Northumbria Healthcare NHS Foundation Trust

General Enquiries 03 44 811 8111

[www.northumbria.nhs.uk](http://www.northumbria.nhs.uk)

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