St Helens and Knowsley Teaching Hospitals NHS Trust

Planning a Caesarean Birth

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This guide has been produced to provide information that you may find helpful if your baby is to be delivered by caesarean section.

This guidance uses the term ‘woman’ (pronouns ‘she’ or ‘her’) to describe individuals whose sex assigned at birth was female, whether they identify as female, male or non-binary. It is important to acknowledge it is not only people who identify as women for whom it is necessary to access women’s health and reproductive services. Therefore, this should include pregnant people who do not identify themselves as women and are considering a planned caesarean birth. Obstetric services and delivery of care must therefore be appropriate, inclusive and sensitive to the needs of those individuals whose gender identity does not align with the sex they were assigned at birth.

All women will be seen by a senior doctor, Registrar or Consultant to discuss the reasons for their caesarean section and any implications this may have for any future pregnancies.

What is a caesarean section?

A caesarean section is an operation to deliver a baby. It involves making a cut in the front wall of a woman’s stomach and womb.

The operation can be:

- A **planned** (elective) procedure, when a need for the operation becomes apparent during pregnancy.
- An **emergency** procedure, when circumstances before or during labour call for delivery of the baby by unplanned caesarean.

A caesarean section is usually carried out under epidural or spinal anaesthetic, where the lower part of your body is numbed. The operation usually takes a minimum of 40 minutes but can be performed quicker in an emergency. Some caesarean sections are performed under a general anaesthetic.

Why do I need a caesarean section?

A caesarean section is usually carried out when a normal vaginal birth could put you or your unborn baby at risk. The reason for your caesarean section will have been discussed with you by a Consultant Obstetrician.

Can there be any complications or risks?

Frequent risks:

- **Common:** Persistent wound and abdominal discomfort in the first few months after surgery, nine women in every 100.
- **Very common**: increased risk of repeat caesarean section when vaginal delivery

attempted in subsequent pregnancies, one woman in every four.
- **Uncommon**: Haemorrhage, five women in every 1000.
- **Common:** Infection, six women in every 100.
- **Common:** Baby – Lacerations (minor skin cuts) can occur in one to two babies in every 100.
- Difficulty in breathing can occur in up to 12% of births.

Uncommon:

- Emergency hysterectomy seven to eight women in every 1000.
- Need for further surgery later date, including curettage, nine women in every 1000.
- Admission to intensive care unit (highly dependent on reason for caesarean section) nine women in every 1000.

Rare:

- Organ injuries: urinary and bowel system, one in every 1000.
- Developing a blood clot, four to sixteen in every 10,000.

Very rare:

- Death, approximately one woman in every 12,000.

Future pregnancies:

- **Uncommon:** Increased risk of uterine rupture during subsequent pregnancies/ deliveries, two to seven women in every 1000.
- **Uncommon:** Increased risk of antepartum stillbirth, one to four women in every 1000.
- **Uncommon:** Increased risk in subsequent pregnancies of placenta praevia and placenta accreta, four to eight women in every1000.

Current guidelines recommend that a **planned** caesarean section in pregnancies without complications should not be carried out before 39 completed weeks of pregnancy because of an increased risk of breathing problems for the newborn.

These recommendations are supported by evidence suggesting that planned caesareans performed before 39 weeks carry an increased risk of the newborn being admitted to the neonatal intensive care unit.

What is enhanced recovery?

At Whiston Hospital, we run an enhanced recovery programme. Enhanced recovery is an evidence-based approach designed to help women recover more quickly from surgery following a caesarean section. Our enhanced recovery programme aims to help you to be well enough to go home from hospital the day after surgery. This leaflet explains the care you can expect to receive immediately

before your caesarean, on the day of your surgery and following your baby's birth. We will work closely with you and your birth partner during this time, to help ensure a speedy recovery.

Am I eligible for enhanced recovery?

All elective caesarean section patients will be considered for enhanced recovery and the following list includes reasons why an enhanced recovery would not be considered.

- You are less than 36 weeks pregnant.
- You are unwell.
- Your baby requires direct admission to the neonatal unit.
- If you have refused blood products that were recommended clinically.

All women having an elective caesarean section will be asked to attend an Enhanced Recovery Pathway Educational Class on the Monday before their operation. This meeting is held to discuss the procedure and the anaesthetist will attend to discuss methods of pain relief.

Can there be any complications or risks to enhanced recovery?

If there are any concerns about the wellbeing of you or your baby, then you will remain in hospital until you and your baby have been assessed by the midwives and doctors as ready for discharge home.

You do not have to leave hospital the day after your surgery. If you do not feel ready to be discharged early, you can stay in hospital.

How do I prepare for the Caesarean section?

You will be contacted regarding the date for your caesarean section. You will be asked to attend the Feto-Maternal Assessment Unit to obtain the following:

- If you have not already signed a consent form this will be done in the Feto-Maternal Assessment Unit (FMAU).
- A sample of blood to check your blood group and to check for anaemia.
- Swabs taken for MRSA screening (Methicillin Resistant Staphylococcus Aureus). This is to ensure that any treatment you may require is arranged before you are admitted to hospital.

At this appointment you will be given your pre and post op medication:

- One packet containing **1 Omeprazole 20mg tablet** (this is to reduce the acid in your stomach).
- You will collect **3 Preload sachets** (carbohydrate drinks).

- **Enoxaparin injections** if you meet the criteria (these are to reduce the risk of blood clots).
- **Ibuprofen** (pain relief).
- **Dihydrocodeine** (pain relief).
- **Ferrous sulphate** (iron tablets).

You will not be admitted to the hospital until the morning of your operation, so it is important that you attend this clinic to ensure we have your results from your blood samples and swabs on the date of your operation.

The evening before admission, you can have your evening meal as normal.

At 6pm take the first of your **preload sachets.**

At 10pm take your second **preload sachet.**

At **6.00am** take your third **preload sachet** and take the **Omeprazole 20mg** tablet.

It is important to have a shower or a bath at home before leaving for the hospital.

Do not wear nail varnish (on finger or toenails). Remove any acrylic / false nails.

Please leave all jewellery at home, other than a wedding ring. **Please remove all body piercings**.

Colostrum Harvesting

Some women who have a caesarean birth may experience a slight delay in the onset of lactation following birth. You may wish to consider antenatal colostrum harvesting in the 24 hours before your surgery, so that there is colostrum available to feed your baby, should any difficulties arise. If you would like any further information or support, please speak to your midwife or the Infant Feeding Team. You can contact the Infant Feeding Team on 0151 2904166 or email infantfeedingteam@sthk.nhs.uk.

What will happen?

Please arrive at FMAU no later than **7.15am,** accompanied by your birth partner. A midwife will be allocated to you on your admission who will co-ordinate, support and keep you informed of all procedures.

You will be seen by the anaesthetist and all options for anaesthesia will be discussed. If you are having a spinal anaesthetic as a choice, your birth partner will be able to attend and support you at the caesarean section.

If you are having a general anaesthetic (GA) then we will show your partner to a room in the Delivery Suite right next door to theatre.

You will also be seen by an obstetric doctor who will explain the procedure and

obtain your written consent. You will have an opportunity to discuss any concerns you may have.

To ensure the safety of both you and your baby it is not possible to give a specific time for your surgery.

In some circumstances, your caesarean section may have to be rescheduled for another date. If this occurs, a doctor will provide a full explanation.

Please pack essential toiletries and a change of nightwear, a set of baby clothes and some nappies. If you intend to formula feed, you need to bring in your own milk.

Please note, there will be **no** facilities for preparing formula milk or sterilising equipment. (Please ask for the "What to bring into hospital leaflet").

If you do bring formula milk to the unit, it is recommended that you use only first stage infant formula milk, and only bring the 'Starter Packs' (pre-prepared milk that comes ready-made in bottles with a teat). These types of ready-made milks are available from all of the main formula milk brands and can be purchased in all mainstream shops and supermarket chains.

If you are unsure, please ask your midwife to explain.

Your belongings will remain on the ward where you are admitted. Ensure that you have any valuables with you at all times. Only a mobile phone or camera can be taken into theatre. Please do not bring with you any unnecessary items. Remember to bring slippers and a dressing gown.

You will be asked to change into a hospital gown prior to going to theatre.

An intravenous drip will be put into your arm by the anaesthetist who will then insert the spinal or administer a GA. Following this, the midwife will insert a catheter (tube) into your bladder to drain away the urine. This ensures the bladder remains empty and is not in the way of the operation site.

What happens afterwards?

Following your caesarean section, you, and your baby (babies) will be transferred to a recovery area. You will be cared for and observed by the midwife, midwifery support worker, obstetric and anaesthetic teams. You will be supported with caring for your baby (babies).

Once you have recovered from the anaesthetic and all your observations are stable, you and your baby (babies) will be transferred to the postnatal ward.
You will be given a light meal on arrival back onto the post-natal ward and your observations will be checked regularly.

For morning patients, you will be assisted out of bed at **6-8hours post-surgery,** your catheter will be removed, and bloods taken for a full blood count (checking if

you require iron tablets).

For afternoon patients you will be assisted out of bed **6-8 hours post-surgery**, your catheter will be removed, and bloods taken for a full blood count (checking if you require iron tablets).

The staff will give any help that you or your baby may require. If you and your baby are medically fit, you will be discharged 24 hours after your caesarean section.

If you have clips, they are removed on day five by the midwife, at home. Stitches will be removed on day seven. You may have a subcuticular stitch under the skin which dissolves.

Skin to Skin contact

Early skin to skin contact is beneficial to you and your baby, irrespective of the method of feeding you have chosen. Early skin to skin contact increases the success rate of breastfeeding (UNICEF UK 2018).

Skin to skin contact between you and your baby will depend on the type of anaesthetic you have had. If possible, when a regional anaesthesia (epidural or spinal) has been given, a healthy baby may be placed on mum's chest and observed by a midwife or midwifery support worker and anaesthetic staff as well as your birth partner. We ask all women who wish to have skin to skin to bring in a vest top to wear under their theatre gown to enable babies to be secure.

If direct skin to skin contact is not possible, then your baby will be kept as close to you as possible i.e. in birth partner's arms, for as long as possible until you are prepared for transfer to the recovery area. Your baby can remain in skin to skin for as long as you wish in the recovery room. The optimum is for at least one hour or until after the first breastfeed. We call this the "Golden hour" and is a lovely time for you your baby and partner to bond.

A midwifery support worker will remain in the recovery room, with you and your baby. You and your baby can be transferred to the post-natal ward in skin to skin, if you so wish.

Caring for your wound

Your wound (area cut for the caesarean section) will be covered with a waterproof dressing. Whilst your wound dressing is in place, you may take a shower. You will be given the most appropriate advice depending on the type of wound dressing you have in place. Once the dressing has been removed, a midwife will continue to advise you on how to look after your wound to prevent infection. This will include advice on how to gently clean and dry the cut area daily using a clean towel.

It is advised that you wear comfortable underwear which does not press on the wound.

To reduce the risk of infection, wash your hands:

- **before** and after visiting the toilet.
- prior to feeding your baby.

Preventing blood clots

During your hospital stay, you will be assessed for your risk of thrombosis (blood clot). You will be asked to wear compression stockings whilst an inpatient.

Following your caesarean section, if you meet the criteria, you will be commenced on an anti-clotting daily injection. This is usually for 10 days, or it may be longer if you are assessed as a high risk for thrombosis.

When you are discharged from hospital

A community midwife will visit you the following day. At this visit, the midwife will carry out a full review of you and your baby's needs and discuss a management plan for your care and visits. Part of this review will be to assess how your wound is healing. If she is concerned how your wound is healing, she will refer you to your GP.

If you have concerns at any time, you can call the hospital on the 24-hour contact telephone numbers written on the back of this leaflet.

Symptoms to watch out for

After having a caesarean section, contact your midwife or GP straight away or the Emergency Department if you have any of the following symptoms:

- Severe pain.
- Leaking urine.
- Excessive vaginal bleeding.
- Your wound becomes more red, painful and swollen.
- A cough or shortness of breath.
- Swelling or pain in your calf.

These symptoms may be a sign of an infection or blood clot, which should be treated as soon as possible. It takes longer to recover from a caesarean section than it does after a vaginal delivery.

In the first few weeks after giving birth, try to get as much rest as possible. Avoid walking up and down stairs too often, as your stomach may be sore. However, you should take gentle daily walks to reduce your risk of blood clots.

You will be given regular pain relief medication to take at home, for as long as you need them.

Getting back to normal

In general, it will take about six weeks for all your tissues to heal completely.

Before this time, basic activities, such as caring for your new baby and looking after yourself, should be possible.

It is advised not to drive for 6 weeks following your caesarean section. Ring your insurance company for advice if you feel able to drive before this time.

- It is advised not to lift anything heavier than your baby for 6 weeks.
- It is advised not to do any procedure that involves pushing or pulling for 4 weeks as this may place a strain on your abdominal muscles and the wound.

Future pregnancies

If you have had a delivery by caesarean section, it does not necessarily mean you will have to have a caesarean again in the future. You can discuss future pregnancy options with your obstetrician or midwife in the hospital or community, or with your GP, who should take account of:

- the reason for your first caesarean.
- your preferences and priorities.
- the overall risks and benefits of a caesarean section.
- the risk of tearing the wall of your womb (uterine rupture) along the scar from your previous caesarean section.
- the risk to your own and your baby's life and health at the time of birth.
- Should you require further advice on the issues contained in this leaflet, please do not hesitate to ask the midwife or ward manager; or ask to speak to the Matron responsible for the ward.

Contact Numbers

Ward 2E: 0151 430 1515/1516

Feto-Maternal Assessment Unit: 0151 430 1939, 9am - 5pm

Triage 0151 290 4489

Delivery Suite: 0151 430 1502

Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600

www.sthk.nhs.uk