Having Your Baby by Caesarean Section

Maternity Department
Tel: 01473 712233 and ask for the senior midwife to be bleeped
This booklet has been given to you to provide you with information about having your baby by Caesarean section.

**What is a Caesarean section?**

Caesarean section is an operation to deliver your baby. A cut is made, usually just along your pubic hair line (bikini line), which is just big enough for your baby to be delivered.

Sometimes you will hear it called an ‘LSCS’, lower segment Caesarean section, so called because it is the lower part (segment) of your womb. It is carried out in the operating theatre on the 8th floor of the Maternity Unit.

A Caesarean section planned in advance is known as elective, the opposite to an emergency LSCS.

**Why do I need a Caesarean section?**

This should be explained to you by the doctor before it is organised. It is usually suggested if giving birth normally would present difficulties for either you or your baby. Please ask for the reason to be written here:

Caesarean sections are not usually carried out before 39 completed weeks of pregnancy have passed, although this depends on the reason for it. If it is required before 39 weeks, you may be given an injection of steroids to help to mature your baby's lungs. Please ask the doctor about this.

A Caesarean section is a major abdominal operation and as such carries risks of bleeding, infection, reduced mobility and pain. However, generally speaking it is a common operation and therefore for most women the risks are minimal although this does depend on individual circumstances. The doctor should explain these to you.
**Will I have an anaesthetic?**

Yes, most women have a spinal anaesthetic. This would mean that you are awake during the operation and can be done providing there is no medical reason to prevent this. This is an injection of local anaesthetic in your lower back, which makes the area where you have the Caesarean section numb. Sometimes this type of anaesthetic is not possible and a general anaesthetic needs to be given. This means that you will be asleep when your baby is born and for a short while afterwards.

You will meet the anaesthetist (the doctor giving you the anaesthetic) before you have your Caesarean section. He or she will explain the anaesthetic to you (including the risks, benefits and side effects). Please tell him or her if you have had any problems with anaesthetics before.

**MRSA screening**

Once your Caesarean section date is known, we will need to screen you for MRSA at least four weeks before you are due to come into hospital. Swabs are taken from your nose and groin. We also take a swab just before your Caesarean section starts.

If any of these screening tests are positive, you will be advised about the treatment that is required.

**Can I have somebody with me?**

If you are having an epidural or spinal anaesthetic your partner, a close relative or friend can be with you, if you wish. If you have a general anaesthetic, the person with you cannot stay with you in theatre. They will be asked to wait for news in the waiting area, close to the theatre.
**When do I have to come to the hospital?**

You will be told which day your Caesarean is planned (we have set days when Caesarean sections are performed).

You will need to have a blood test approximately 1–2 working days beforehand to check if you are anaemic and also to ensure that there is blood available should you need a transfusion. This can either be done in the Antenatal Clinic or by your community midwife.

You will need to come into the hospital early on the morning of your Caesarean. Please ask your midwife what time you need to come in. If you need to come into hospital the night before for any reason, you will be advised.

You will also need to take a tablet called ranitidine the night before and on the morning of your operation. This is used to settle the contents of your stomach and make them less acidic. You will not be allowed to eat for at least six hours before your Caesarean. You will be able to drink clear fluids until two hours before your Caesarean unless specified by your midwife or doctor.

Unless you have diabetes or gestational diabetes, you will also be given a carbohydrate drink two hours before your Caesarean. You will be told about this by your midwife.

**What should I bring with me?**

Please refer to your maternity information booklet for this.

**What happens when I come into hospital?**

The midwife on the ward will check your temperature, pulse and blood pressure, and listen to your baby’s heartbeat. She will check that we have the results of your blood tests, will go through with you what will happen when it is time to go to the theatre for your Caesarean and answer any questions you may have. If your baby has been in a breech presentation this will be confirmed by an ultrasound prior to the operation.
You will need to have two identity bracelets on, one on your arm and one on your leg. Your baby identification labels will have your name and hospital number on them and will be checked with you before you go to theatre.

You will need to wear a theatre gown for the operation to stop your own clothes becoming soiled, and so that it is easier to do the operation. All other clothes and underwear will need to be removed before going to theatre. Sometimes it may be possible for you to walk to theatre, if so you can wear your dressing gown and slippers.

We will also put some stockings on you which help to reduce the risk of blood clots forming in your legs. You will need to wear the stockings after you go home as well.

You will need to have some of your pubic hair clipped or shaved off, so that it is easier to do the operation and easier to get the dressing off afterwards! Make-up, nail varnish and false nails will need to be removed and jewellery removed or covered by tape. You may find it easier not to wear any make-up, nail varnish or jewellery on the day. Do not take any valuables to theatre with you as we cannot guarantee security for them.

What happens next?

When it is time to go to the theatre, a theatre assistant or porter will come to the ward to take you. You can either walk to the theatre or be taken on your bed. The midwife and your partner will go with you.

Before you leave the ward you will be asked to drink a small amount of sodium citrate. This works with the ranitidine tablet to reduce the acidity in your stomach before the operation.

When you get to the theatre you will be helped to get up onto the theatre table and your partner will be taken to get changed. Remember, your partner or friend will only be allowed in if you are having an epidural or spinal anaesthetic.
The anaesthetist will put a drip in your arm and then give you the anaesthetic, either epidural or spinal or general anaesthetic. Once this is working the surgeon (obstetrician) will start the operation.

There will be sterile towels covering most of your body, and usually plastic leggings put on your legs, which keep your circulation flowing and prevent blood clots forming. The leggings inflate and deflate as the operation goes on.

You will also need some patches on your chest to attach leads to a heart monitor and a blood pressure cuff, so your pulse and blood pressure can be checked during the operation. These will usually be put on by a theatre assistant and removed at the end of the operation.

A catheter will be put into your bladder to drain urine away. This may be left in for about 12–24 hours after the birth of your baby until you are able to get up and about.

Most of this will go on without you noticing, as you will be looking forward to your baby being born. Usually your baby will be born within half an hour of the operation starting.

As your baby is being born you will be given some drugs through your drip to help the placenta (afterbirth) come out and also some antibiotics to reduce the risk of infection. You will be encouraged to have skin-to-skin contact with your baby.

The doctor will then need to stitch up the wound. This can take up to one hour. Most stitches are internal and usually there is one continuous stitch in the skin which may need to be removed on the fifth day after the birth of your baby.

Who will be in the theatre?

One of the midwives from the ward will come with you to the theatre and stay with you throughout. If your partner or someone else is coming to theatre as well, he or she will be shown where to change into theatre clothes. They should not take any valuables with them.
In the theatre will be the obstetrician (consultant or registrar) who will deliver your baby, an assistant, a theatre nurse (called a ‘scrub’ nurse) helping with the operation, a nurse or assistant, the anaesthetist responsible for your anaesthetic and an assistant for the anaesthetist. Sometimes a paediatrician will be present to help look after your baby when he or she is born.

**How soon can I hold my baby?**
If all is well, your baby will be passed to you to have skin-to-skin contact soon after he or she is born before the operation is finished. If you have a general anaesthetic, this will happen as soon as you are fully awake, this is usually in the recovery room. Your partner will stay with your baby until you are all together. Please let us know if you are happy for someone to weigh and dress your baby before you get to the ward. If you are unable to hold your baby straightaway, your partner can do this if you wish. If you want to breastfeed, this can be done as soon as you feel able, usually in the recovery room.

**How long does it take?**
Usually, once your baby is born, it takes about an hour to deliver the placenta and put the stitches into your uterus and abdomen. You will need to go to the recovery room for a short time after the operation or until you are awake if you have had a general anaesthetic.

When you return to your ward the midwife will need to check your temperature, pulse, breathing and blood pressure, and look at your wound dressing regularly for several hours.
**Will it hurt afterwards?**

The anaesthetist will make sure that pain-relieving drugs are prescribed, so that you do not feel excessive pain. Once the anaesthetic has worn off you can have pain-relieving drugs by injections, liquid or sometimes a suppository into your back passage, until you are feeling a bit better. After that you can have pain-relief tablets by mouth.

As with most drugs and medicines there is a limit to how much you can have in 24 hours, so if you still have pain and you need more pain relief, the anaesthetist will be asked to prescribe something else.

If you feel sick after the Caesarean section or anaesthetic you can also be given medication to ease the sickness.

**How soon can I be mobile again?**

This will depend on you. Although you have had a major operation, the quicker you can become more mobile, the better it will be for your health. It will also enable you to learn to look after your baby yourself much more quickly. Midwives, nursery nurses and maternity care assistants will help you to be comfortable and help you look after your baby for as long as you need. **Please do not be afraid to ask.**

Every woman recovers from a Caesarean at a different rate, but most are out of bed on the same day, or the day after.

The physiotherapist will come and see you to help you with exercises and moving about. She will give you a leaflet with specific exercises in it and will also advise you about what activities you can undertake at what stage, for example lifting. It is important that you do your exercises regularly to aid your recovery.

If you have a stitch or stitches which need removing, this is usually done on your fifth day, either in hospital, or by your community midwife if you are at home.

You will find your own comfortable positions and ways for feeding, changing your baby and doing other things.
Preventing complications
With any major surgery there is a risk of complications such as blood clots in the legs (deep vein thrombosis, DVT) or lungs (pulmonary embolus, PE). If you have had a DVT or PE previously you will need to take medication during your pregnancy and after the birth.

In order to reduce the risk of DVT or PE, we give all women an injection of a drug called enoxaparin after they have given birth and every day for at least seven days, and occasionally longer. This injection is given into the abdomen (tummy).

It will be necessary for you to learn how to give this injection yourself. You will be advised if or when this is necessary.

When can I go home?
It may be possible for you to go home the next day. This will depend on you and your baby and how much help you have at home. You will be limited as to how many household tasks you can undertake yourself. Just think about looking after your baby’s basic needs and some of your own to start with. As time goes on you can start to do more.

Most women stay in hospital at least one night after a Caesarean section. Some may stay longer, depending on their recovery rate.

You should not feel under pressure to go home too early. You may be given some pain-relief medication to take home with you and any other medication prescribed for you.

We do not supply simple pain relievers, such as paracetamol and ibuprofen, to take home because these are readily available for you to buy locally at shops and pharmacies. You should make sure you have a supply of these ready at home, before you are admitted to hospital.
What happens afterwards?
You will continue to have bleeding from your uterus out of your vagina in the same way as any other woman having a baby, this is called lochia. This will gradually get less over a few weeks, changing from bright red to a normal vaginal discharge. If you feel you are losing excessive bright red blood, speak to the midwife on the ward or contact your community midwife if you are already at home. Make sure you change your sanitary pads regularly and use the bidet or shower to rinse your vaginal area.

You should not use tampons until at least six weeks afterwards, or when you have your first period. This can vary greatly from a few weeks to several months.

Sexual intercourse can be resumed whenever you feel comfortable and you will need to think about taking contraceptive measures.

You can resume driving when you feel safe to do so and depending on your ability to concentrate. Also, you should make sure you can wear a seat belt comfortably and do an emergency stop (usually in about three weeks). Check with your insurance company if your policy has specific exclusion clauses.

Will I need a Caesarean next time?
Most women are able to have a vaginal birth after Caesarean (VBAC) and it is encouraged for some. However, if there was a problem which will happen every time you are pregnant, then yes, you will need a Caesarean next time. Make sure you know why you needed a Caesarean section this time.

This will be discussed on the ward or at your postnatal appointment at your GP surgery, or at the hospital. You will be advised when and where to attend this appointment.

If you have any questions, please contact either your community midwife, midwife in the Antenatal Clinic or the senior midwife via the hospital switchboard.
## Contact numbers

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<tr>
<th>Service</th>
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<tbody>
<tr>
<td>Community midwife:</td>
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<tr>
<td>Antenatal Clinic:</td>
<td>01473 703102</td>
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<td>Hospital Switchboard:</td>
<td>01473 712233</td>
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