

## Having a Caesarean Section birth



*Obstetrics & Gynaecology*

patient**information**

Hearing about your experience of our services is very important as it means we can pass compliments to our staff and make improvements where necessary. Tell us what you think at [feedback@rothgen.nhs.uk](mailto:feedback@rothgen.nhs.uk)

#### Slovak

Ak vy alebo niekto koho poznáte potrebuje pomoc pri pochopení alebo čítaní tohto dokumentu, prosím kontaktujte nás na vyššie uvedenom čísle alebo nám pošlite e-mail.

#### Slovensky

#### Kurdish Sorani

كوردی سۆرائی  
نه‌گهر تۆ یان كه‌سێك كه تۆ ده‌بناسی پێویستی به‌یارمه‌تی هه‌مبێت یۆ نه‌وه‌ی لهم به‌لگه‌نامه به‌ تێبگات یان بیه‌خوێنتێته‌وه، تکه‌یبه‌ په‌یوه‌ندیمان پێوه بکه له‌سه‌ر نه‌و ژماره‌یه‌ی سه‌ره‌وه‌دا یان به‌و نهمه‌بێله.

#### Arabic

عربي  
إذا كنت أنت أو أي شخص تعرفه بحاجة إلى مساعدة لفهم أو قراءة هذه الوثيقة، الرجاء الاتصال على الرقم اعلاه، أو مراسلتنا عبر البريد الإلكتروني

#### Urdu

اُردو  
اگر آپ یا آپ کے جاننے والے کسی شخص کو اس دستاویز کی سمجھنے یا پڑھنے کیلئے مدد کی ضرورت ہے تو برائے مہربانی مندرجہ بالا نمبر پر ہم سے رابطہ کریں یا ہمیں ای میل کریں۔

#### Farsi

فارسى  
اگر جناب عالی یا شخص دیگری که شما او را می شناسید برای خواندن یا فهمیدن این مدارک نیاز به کمک دارد لطفاً با ما بوسیله شماره بالا یا ایمیل تماس حاصل فرمایید.

If you require this document in another language, large print, braille or audio version, please contact Patient Information on 01709 424281 or email [patientinformation@rothgen.nhs.uk](mailto:patientinformation@rothgen.nhs.uk)

### What is a Caesarean Section birth?

A Caesarean Section birth is when your baby is delivered through a cut or 'incision' into your lower abdomen (tummy). Usually the cut is made along the bikini line on the edge of your pubic hair. Caesarean Sections can either be done as an 'Elective' (planned) or as an 'Emergency' procedure.

Having a Caesarean Section birth will not prevent you from having skin to skin contact with your baby soon after birth or from breastfeeding your baby.

This leaflet aims to give you information about Caesarean Sections. If you have any further questions, please ask either your Consultant or Doctor at the hospital, GP or Midwife.

### Elective (Planned) Caesarean Sections

This is when the Caesarean is planned in advance, there are many reasons for this. Your Consultant or Doctor at the hospital will make this decision. The reasons why a Caesarean Section is recommended will be discussed with you, so you will be fully informed. You will be given a date for your Caesarean to take place. Prior to this date you will be given an appointment to attend the Pre-operative Assessment Clinic for a full assessment before the surgery. Generally, planned caesareans are done one week before your due date as this reduces the risk of your baby having breathing difficulties which are more common with babies born by Caesarean compared to normal births (see later notes.)

### Assessment prior to Caesarean Section

The following procedures will take place at this assessment:

- The Midwife records your blood pressure, temperature and pulse.
- Blood samples are taken, and sent to the laboratories. This ensures that if a blood transfusion was required, blood could be obtained quickly. Your haemoglobin (iron levels) will also be checked.  
**It is very important to inform the Doctor or Midwife if you have any objection to receiving blood products.**
- Skin swabs for MRSA screening are taken and sent to the laboratories. You will be given a body wash to take home with you and you will be asked to bathe or shower with before your Caesarean Section. Please bring the body wash with you into hospital and bathe or shower with this whilst you are in hospital.
- A urine sample will be sent for routine testing.
- The Midwife will check your baby's well being, and ask if your baby is moving well.
- You will be weighed, and your legs measured for anti-thrombotic (TED) stockings.
- Your Doctor will ask you to sign a consent form. This is to say that you agree to have the Caesarean Section. This is an ideal time to ask any questions you have about the procedure.
- You will be given two antacid tablets, and an injection of Low Molecular Weight Heparin (LMWH) and instructed when to take them.

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- The Midwife in the clinic will educate you on how and when to give yourself the injection of LMWH. This goes just under the skin, and works with the TED stockings to reduce your risk of developing any blood clots. An injection is given at least daily for seven days following your Caesarean.
- You will be advised not to have anything to eat and drink from 12 midnight, the night before your Caesarean.

### On the day of your Planned Caesarean Section

You will be advised not to have anything to eat after 2.00am. You may drink water or dilute squash until 6.00am.

You will usually be asked to attend the Maternity Unit at 7.30am on the morning of your Caesarean. You and your birth partner will meet the Midwife who will care for you during, and immediately after your Caesarean. The Midwife will again check you over, ask if you have any concerns, and make sure you are ready to go to theatre. The theatre in which your Caesarean will take place is in the Delivery Suite on Labour Ward.

Elective Caesarean Sections are usually planned from 9.30am onwards. A definite time can not be given, as there may be more than one lady for a Caesarean Section on that day, or the Delivery Suite/ Labour ward may have an emergency.

## Having a Caesarean Section birth

### Preparation for theatre

Before going to theatre:

- Remove nail varnish, false nails (gel and acrylic) jewellery, piercings and contact lenses (leave valuables at home).
- Your wedding ring, which may be worn, or rings that cannot be removed, will be covered with tape.
- Identity bracelet, TED stockings, and theatre gown will be provided by the Midwife for you to wear.
- It is necessary to shave the top of your pubic hair.

### On Delivery Suite

You will meet the Anaesthetist, and the Doctor who will be performing the Caesarean. An Anaesthetist is a specially trained Doctor responsible for the anaesthetic you will require for your Caesarean.

It is usually recommended you have a spinal or epidural, for Elective Caesareans. This means you will be numb from the waist down. You can stay awake, your birth partner can stay with you, and share the birth of your baby.

If you do not want to be awake, or if for a medical or obstetric reason you are unable to have a spinal or epidural, you will be offered a general anaesthetic. This is when you go to sleep. Your birth partner cannot stay with you in the theatre, but can be very close by. Your birth partner will be able to see the baby as soon as he or she is born.

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If your baby has been in a breech position (bottom down) you will have a scan before theatre to check that baby is still breech.

When in theatre, you will have a drip in your hand (this is to replace the fluid you lose during surgery). A catheter (tube) will be placed in your bladder; this keeps your bladder empty during surgery, and staff can monitor your urine out-put more closely. The Anaesthetist will give you a small drink of Sodium Citrate. This works with the antacid tablets to neutralise any remaining stomach contents.

When you are ready, the Anaesthetist will give you either a spinal, epidural or general anaesthetic. When the Anaesthetist is happy you are pain-free, the Doctor will start the Caesarean.

### Emergency Caesarean Sections

This is when the Caesarean is done either before, or during labour, when there are real concerns about either you, or more commonly your baby's, well-being.

This can be a very worrying time for both you and your birth partner. The Midwives and Doctors caring for you will explain what as things happen. Following your Caesarean, you will be given the opportunity to discuss events with a Doctor.

### Preparation for an Emergency Caesarean

You are prepared in a similar way to an Elective Caesarean, but this is done much more quickly.

The Doctor who will be performing your Caesarean will make sure you are aware of the reasons for the Caesarean, and ask you to sign a consent form.

The Anaesthetist will see you, and if you already have an epidural, it may be possible for you to have a 'top-up' with some strong local anaesthetic. If you have not got an epidural, the Doctor and Anaesthetist will decide whether a spinal or general anaesthetic will be the best option.

### After your Caesarean whether Emergency or Elective

#### The day of your Caesarean

After your Caesarean you usually stay on the Delivery Suite for a few hours, unless you need closer observation. If so, you may stay on the Delivery Suite either overnight, or for a couple of days.

During the first 30 minutes after your operation only your birth partner will be allowed to stay with you in the recovery area. The Doctors and Midwives will be keeping a close check on your overall condition.

## Having a Caesarean Section birth

In the time immediately after your Caesarean, you can still have skin to skin contact with your baby. If you and your baby are both well, your baby can often be placed skin to skin on your chest while still in theatre. Once out of theatre, skin to skin can continue until baby's first feed. This helps baby feed well.

You will be offered pain-relief as you need it and this will not interfere with breastfeeding. Don't hesitate to ask for help with feeding or care of your baby. You may find it difficult to hold your baby while you still have a drip in place. Once on the ward, a special clip on a cot can be used to help you keep close to your baby.

### **Day one after your Caesarean**

Usually your drip and catheter can be removed, but they may remain in if you have any complications. It is important to start to move about as soon as you are well enough. The staff on the ward will help you care for your baby. You will gradually build up to a normal diet over the next couple of days.

You may manage to have a bath or shower. You will usually have a blood test to check your iron level, and it may be necessary for you to have iron tablets.

## Having a Caesarean Section birth

You will generally be recovering from your Caesarean and getting to know your baby. If you are well enough, you will usually go home one or two days after your Caesarean. This will depend on your own circumstances and whether you and your baby are fit for discharge home. Your Community Midwife will continue your care at home, and ensure you make a good recovery.

You will be given a leaflet about mobility, rest and exercise after caesarean section before you are discharged.

### Possible complications of Caesareans

Like all operations, there are risks when having a Caesarean Section. The following are some of the complications that may develop:

#### Infection

There is a risk of wound, urinary or pelvic infection. To help reduce the chance of getting an infection, you will receive a dose of antibiotic straight into your drip just before your Caesarean. The Doctor may prescribe you a course of antibiotics, if there are any signs of infection.

The dressing will be taken off your wound at 48hrs after your Caesarean Section and your Community Midwife will observe your wound for the next 7-10 days to check for any signs of infection.

### **Thrombosis (Blood clots)**

Being pregnant increases your risk of developing a blood clot. This is further increased when you have a Caesarean, because you are not as mobile as usual. You are given an injection of LMWH, TED stockings, and encouraged to mobilise as soon as possible. The midwife will explain how long you need this treatment for.

### **Other complications**

- Bleeding problems, or damage to bodily structures, such as uterus (womb), bowel and bladder
- Rarely the baby can be 'scratched' (with a scalpel blade) during the operation
- Babies born by Caesarean Section are more prone to having temporary breathing problems and sometimes may need to be admitted to Special Care Baby Unit for help with their breathing

**These are rare complications. If the Doctor did have a problem at the time of the Caesarean, you would be fully informed, and followed up very closely.**

### Common Questions

#### **What stitches do the Doctors use?**

The stitches vary, usually they are sub-cutaneous, this means the stitches are under the skin. They may be dissolvable. Sometimes, the Doctors use one long sub-cutaneous stitch, which is held in by two beads. This does not dissolve, and is removed about five days after the Caesarean by a Midwife. Metal clips can also be used. Occasionally, the Doctors insert a 'drain' at the time of the Caesarean. This prevents blood 'pooling' in the tissue layers under the skin and is usually removed within 24 hours after the Caesarean.

#### **Does having a Caesarean in this pregnancy mean that I will require a Caesarean in future pregnancies?**

No. This depends entirely on why the Caesarean was performed. In future pregnancies, you will be able to discuss your options with your Consultant or Doctor at the hospital.

#### **When can I drive?**

You must check with your insurance company when you will be covered to drive after your Caesarean. It is better to avoid driving for a few weeks, as your wound will be very tender. You must be absolutely sure you would be able to do an emergency stop. This means you must be able to respond quickly enough, and not damage your wound.

### **Where do I have my postnatal check?**

You will be seen by your Community Midwife on the day after discharge and regularly until 7-10 days postnatal. Unless you are given an appointment to attend the Hospital for your postnatal check, you should see your GP at 6 weeks. It is really important that you have this postnatal check. By 6 weeks, you should be more or less back to normal. Your GP will be able to advise you about going back to work, and other matters such as contraception and family planning issues.

### **When can I resume sexual relationships?**

When you feel ready, but don't forget you will require contraception. Contraception needs to be sorted by day 21 postnatal with your GP or family planning clinic.

**Hopefully you will have found this information useful. If you have any questions, or are worried about anything you have read, please ask either your Midwife, GP or Doctor at the hospital.**

## Having a Caesarean Section birth

### How to contact us

#### Greenoaks Ante-Natal Clinic

Telephone 01709 424347

#### Ward B10

Telephone 01709 424348

#### Labour Ward

Telephone 01709 424491

#### Switchboard

Telephone 01709 820000

**Your local midwife and GP contact numbers will be on your handheld maternity notes.**

### Useful contact numbers

#### NHS Direct

Telephone 0845 4647

#### Health Info

Telephone 01709 427190

#### Stop Smoking Service

Telephone 01709 422444

#### Patient Services

Telephone 01709 424461

#### A&E

Telephone 01709 424455

**For GP out of hours, contact your surgery**

### Useful websites

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

[www.direct.gov.uk](http://www.direct.gov.uk)

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

### We value your comments

If you have any comments or concerns about the care we have provided please let us know, or alternatively you can write to:

Patient Services

#### The Rotherham NHS Foundation Trust

Rotherham Hospital

Moorgate Road

Oakwood

Rotherham

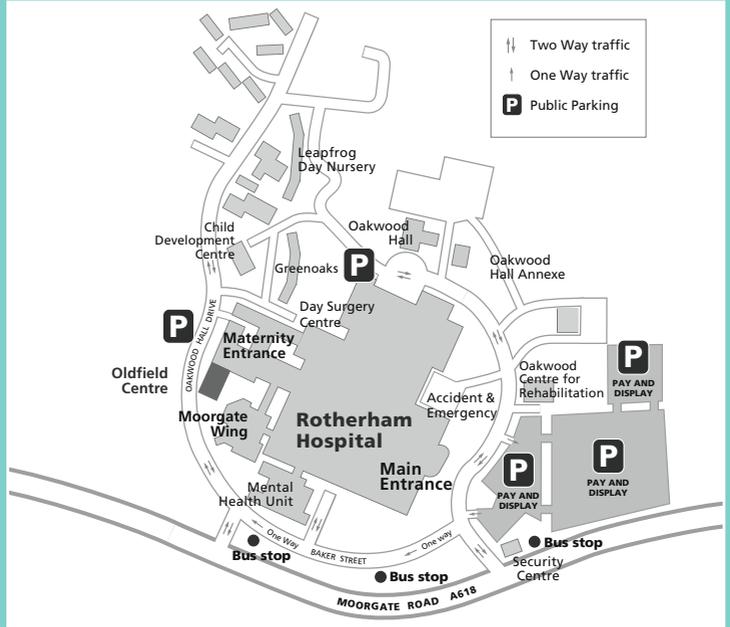
S60 2UD

Telephone 01709 424461

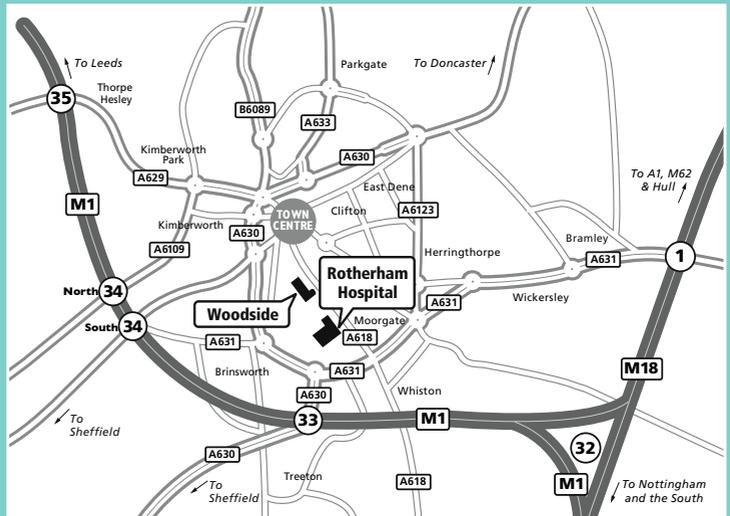
Email [complaints@rothgen.nhs.uk](mailto:complaints@rothgen.nhs.uk)

# How to find us

## Hospital site plan



## Rotherham main routes





LS 204 11/12 V5 WFO



The Rotherham **NHS**  
NHS Foundation Trust

**Rotherham Hospital**  
Moorgate Road  
Oakwood  
Rotherham  
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Telephone 01709 820000  
[www.therotherhamft.nhs.uk](http://www.therotherhamft.nhs.uk)

