

Elective Caesarean Section

This leaflet is intended to give you additional information following your discussion with the doctor or midwife. If, after reading this, you have any questions, please ask these at your next antenatal appointment or at your pre-operative assessment visit.

You will be contacted by telephone with a provisional date for your caesarean section 1-2 weeks before your planned operation date. Due to the medical need/requirement of other women very occasionally this date may have to be re-arranged, and in such circumstances you will be contacted with an alternative date.

Your date for your caesarean will normally be between 39-40 weeks up to and including your due date. Sometimes due to pregnancy complications a date may be given prior to 39 weeks.

What is a caesarean section?

A caesarean section is an operation carried out to deliver the baby through a cut in your lower abdomen (just above the pubic hairline) and womb.

What are the risks of a Caesarean Section?

1. Risks:

- a) Pain and discomfort around the area of operation: You should expect to experience lower abdominal pain or discomfort following the procedure. Regular painkillers may help you to cope with this. Persistent wound and abdominal discomfort in the first few months after surgery occurs in 9 women out of every 100.
- b) Vaginal bleeding: You will experience some vaginal bleeding in the same way as following a vaginal birth. This is normal and you should not worry if this is mild (less than a period). It should gradually stop in the weeks following the surgery.

If you experience heavy bleeding or offensive discharge after you are discharged from hospital please consult your doctor as this may be due to infection.

- c) Infection: This can affect the operation wound, the womb (called endometritis), urine and kidneys (called pyelonephritis). You will be given antibiotics at the time of the caesarean to reduce the risk of infection and you will be closely observed after the operation for any signs of infection.

The common symptoms of infection are

- a high temperature,
- increased pain around the wound
- increased bleeding from the vagina
- foul smelling discharge from the wound or vagina
- pain or discomfort when passing urine.

If you develop any of these after you are discharged from hospital you must contact your GP or Pannal ward. If you do develop infection you would need treatment for this.

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d) Injury to your baby: During Caesarean section the surgeon takes care to avoid any type of surgical instrument coming into close contact with the baby. When the baby is delivered from the womb, all the surgical instruments are safely removed from the surroundings of the baby. However, there is still a small risk of a minor laceration (cuts to the skin) to the baby during the procedure. This happens in one to two babies for every 100 caesarean sections performed.

2. Serious risks

- a) Haemorrhage (excessive bleeding) requiring blood transfusion occurs in five women in every 1000. Haemorrhage usually responds to medications that cause the womb to contract.
- b) Admission to intensive care unit is a very uncommon outcome of the operation. The likelihood of this happening rises for emergency caesarean sections.
- c) Injury to surrounding structures
 - damage to bladder, 1 in 1000
 - damage to the ureters (tubes carrying urine down from the kidneys to the bladder), 3 in 10000
 - damage to bowel, one in every 10000 women
- d) Severe infection – widespread infection in the blood, pelvic abscess (1 in 1000 to 1 in 10,000 women affected)
- e) Blood clots — Women are at increased risk of developing blood clots in the legs (deep vein thrombosis or DVT) or the lungs (pulmonary embolus) during pregnancy and following childbirth. This risk is further increased after caesarean delivery, 4–16 women in every 10 000.

Compression stockings are given to all women and blood thinning medication in the form of injections are given to reduce the risk of blood clots to women at increased risk. You might be asked to have injections of this blood thinning medication for a week after your baby is born – we will teach you how to do this safely.

3. Any extra procedures which may become necessary during the procedure (rare)

Other procedures:

- Repair of bladder, ureter (the tube connecting the kidney to the bladder) and bowel damage.
- There are a lot of ways that we can stop excessive bleeding (haemorrhage) from the womb but if these measures do not work then a hysterectomy (surgical removal of the uterus) may be required. This is extremely rare.

4. Future pregnancies:

A Caesarean section can affect your future pregnancies in the following ways:

- Increased risk of tearing of the womb at the operation scar (called uterine rupture) during subsequent vaginal deliveries affecting up to one woman in every 200.
- Increased risk of the placenta being positioned low and covering the opening of the womb (placenta praevia).
- Increased risk of a placenta which is firmly attached to the wall of the womb that may be difficult to deliver (placenta accreta).

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If you have had only one caesarean section and wish to have a vaginal birth in the future we will support you in this decision and we often offer women a vaginal birth after a caesarean section.

There are some risks in a vaginal birth after a previous caesarean section, the main one being uterine rupture. You can discuss your preferences with your doctor and the risks and benefits of a vaginal delivery compared to a caesarean section.

WHAT TO EXPECT AT THE HOSPITAL WHEN YOU COME FOR YOUR CAESAREAN

What happens at the pre-operative assessment visit?

During your antenatal clinic appointment when your plan for caesarean birth is confirmed, the doctor will explain the operation and answer any questions you may have. You will be asked to sign a consent form.

An appointment will be made for you to visit the ward or antenatal clinic for a pre-operative assessment. This will be no more than seven days before the caesarean section.

You will be seen by a maternity support worker and/or midwife. They will perform your observations, take some blood samples, weigh you and measure you for compression stockings. They will explain the admission procedure including fasting times.

You will also be seen by an anaesthetist to discuss with you the choices of anaesthesia for this operation and the benefits and risks that are related to each. Usually the operation is done under a spinal or epidural anaesthetic.

What happens on the day of the Caesarean Section?

You will need to arrive at Pannal Ward at 7am on the day of the operation for a morning Caesarean section, or 12pm for an afternoon Caesarean section, unless otherwise informed by staff. The fasting procedure will be explained to you at your pre-operative appointment, this will depend on the time of your caesarean

You will meet a midwife on the ward who will accompany you to theatre and monitor you and your baby's well-being throughout. You will be asked to wear a pair of compression stockings to reduce the chance of developing blood clots in the legs.

You will also meet the obstetric doctor who will be performing the caesarean section. At this time you will have an opportunity to ask any further questions or voice any concerns you might have.

What will happen at the operation?

You will walk down to the operating theatre accompanied by your birth partner (if you wish) and a midwife. After a few checks you will be seen by the anaesthetist in the anaesthetic room next to the operating theatre. The anaesthetist will insert a plastic tube called a cannula or drip, into a vein in your hand or arm. This is needed for giving fluids and medication during and after the operation.

The majority of women having a planned caesarean section have a spinal anaesthetic which takes around 20 minutes to site and typically lasts for 2 to 4 hours, sufficient time to complete the procedure. You will be awake, but you will be numb from the level of the belly button downwards.

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The anaesthetist will keep observing and monitoring your condition to ensure you are completely safe and comfortable.

After the anaesthetic starts working, a rubber tube called a catheter is inserted into your bladder to ensure it is empty before and during the operation. This is usually removed once the anaesthetic has worn off and you are up and about 6 hours after the operation. We actively encourage you to mobilise as soon as you are able after your caesarean as this aids your recovery and reduces the risks of complications

During the operation you will feel some stretching, pulling and pressure on your tummy. This is normal, though you should not feel any pain. Your baby will usually be born around 5 -10 minutes after the operation has started. You can discuss with your midwife and doctor before your operation the details of the birth. We practise delayed cord clamping where it is safe to do so and your baby can come straight to you after birth, if it is safe to do so. Babies can become cold very quickly so your midwife will dry your baby and help ensure s/he keeps warm whilst in your arms. If you do not feel able to hold your baby whilst still in the theatre, then your birth partner may wish to do this. We actively encourage skin-to-skin contact with you and your baby as soon as you are able. For some women this is not until you reach the recovery area.

After your baby is born the obstetrician will deliver the placenta. You will be given an injection to help the womb contract and to avoid heavy bleeding.

It normally takes up to 45 minutes to complete the operation. You will be offered a suppository (a rectal dose of medication) which will provide additional pain relief after the anaesthetic wears off.

What happens after the caesarean?

Following the operation, you will be moved to the recovery area adjacent to main theatre. This will be for approximately 20 minutes or until the midwife and theatre staff are satisfied with your recovery. You will then be transferred back to Pannal Ward and a midwife will continue to monitor your pain level, blood pressure, pulse and breathing rate every half an hour for the next two hours.

In most situations your baby will be with you – the midwife will help you to have skin-to-skin contact, and support you to feed your baby. You should usually be able to drink and eat straightaway.

Your catheter will be removed approximately 6 hours after the caesarean section or when you are able to mobilise. It will aid your recovery if you begin to mobilise as soon as you are able.

The midwives and support workers on Pannal Ward will assist you as required throughout the day and night following your operation. You will be offered regular pain relief which we recommend you accept to aid your recovery. We will continue to monitor your wellbeing and that of your baby until you are well enough for discharge home. Most mothers and babies are able to be discharged the day after their operation.

You will be seen by a doctor after the operation who will discuss the operation and answer any questions you might have. They can also advise you about suitable modes of delivery if you plan any future pregnancies.

You will be seen by a physiotherapist who will give you advice on recovery from your surgery including postnatal exercises.

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What happens after you have gone home?

You will be given instructions about how to take care of the operation wound. The dressing will stay covering the wound for 2 days, after this time the wound will not usually need to be covered. You should try to gently clean and dry the wound daily and to wear clothing that is loose and cotton based. The stitches that are usually used in the operation are absorbable and do not need to be removed. If, however, sutures do need to be removed then this is usually done at home by your community midwife on the 5th day following surgery. You will be given a separate leaflet regarding wound care which gives you more information.

Please ensure that you have a supply of Paracetamol & Ibuprofen at home ready for when you are discharged as we do not routinely dispense these from Pannal Ward.

You should inform your midwife or doctor if you develop any symptoms of painful or increased vaginal bleeding (that could indicate infection of the womb), cough, breathlessness or calf pain (that could indicate a possible blood clot), any pain on passing urine (possible urine infection), or of any redness, pain or discharge of the operation wound (a possible wound infection).

It can take up to six weeks for the wound to heal completely.

There are certain activities that you should only return to once you feel you are able to: these include driving, physical exercise, sexual intercourse and carrying heavy objects. You may need to check your insurance cover for restrictions to driving after a caesarean section. Many women wait until after the six-week post natal check before returning to driving.

What if my waters break or contractions start before my planned elective caesarean date?

In the first instance, please phone our Maternity Assessment Centre (**01423 557548 / 557531**) which is open from 08.00-20.00 Mon-Fri or Delivery Suite (**01423 553184/5**) evenings & weekends. After a telephone assessment you may be asked to come into the maternity unit so we can determine if your waters have broken or if labour could be starting. If this is the case please don't worry! You will have a discussion with the doctor on duty about the options available to you and a plan of care made for the safe arrival of you baby.

If you have any difficulties, concerns or queries you can contact your midwife who can give you advice and support.

If you require this information in an alternative language or format (such as Braille, audiotape or large print), please ask the staff who are looking after you.