

Planning a Caesarean Birth

With the Enhanced Recovery Programme



St George's Healthcare NHS Trust

St George's Hospital
Blackshaw Road
London
SW17 0QT

Antenatal Clinic: **020 8672 1707**

Antenatal Booking Office: **020 8725 1710**

Website: **www.stgeorges.nhs.uk**

Association for Improvements in the Maternity Services (AIMS)
www.aims.org.uk
0300 3650663

www.birthchoiceUK.com
A public information service with research based information on pregnancy and birth

www.vbac.org.uk
Information about having a vaginal birth after a Caesarean section

Www.caesarean.org.uk
Information and support for women having a Caesarean or vaginal birth after Caesarean)

Appendix B: Further Information

Caesarean section rate at St. Georges was 24% in 2010 and 22% in 2011.

This was split 11% (2010) and 9% (2011) and 13% (both 2010 and 2011) elective.

In this unit, the success rate for VBAC (women having a vaginal birth after Caesarean) is 64% for 2012. (The exact figures for VBAC were not collected prior to 2012).

Contacts, Website and Support

Royal college of Obstetricians and Gynaecologists

www.rcog.org.uk

<https://www.rcog.org.uk/en/patients/patient-leaflets/birth-after-previous-caesarean/>

<https://www.rcog.org.uk/en/patients/patient-leaflets/understanding-how-risk-is-discussed-in-healthcare/>

NICE (National Institute for Health and Clinical Excellence)

NICE Clinical Guidelines for Caesarean Section 2011

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

<https://www.nice.org.uk/guidance/cg132>

National childbirth Trust

[Www.nct.org.uk](http://www.nct.org.uk)

0300 330 0700 Helpline

0844 243 6000 Switchboard Mon-fri 9am-5pm

The NCT can put you in touch with local Caesarean support or help with breastfeeding.

Deciding to have a Caesarean Birth

What is a Caesarean Birth?

A Caesarean is an operation to allow your baby to be born through a cut along the “bikini line” on your tummy.

A decision to have a Caesarean has to be made carefully as it involves major surgery with some risks attached

Why might I be advised to have a Caesarean?

Your consultant doctor should discuss fully with you the reasons why you are being advised to have your baby by Caesarean. A planned (“elective”) Caesarean may be offered for various reasons, including:

If your baby is in an unusual position such as breech (bottom-first)

If you are having more than one baby

If you have had a previous baby by Caesarean

If there is some risk to you or your baby’s health.

In some situations, a Caesarean may not be the only choice. If you have any concerns then you will have the chance to discuss them with your midwife or consultant before the birth.

Can I choose not have a Caesarean?

Yes. You have to give your consent to have a Caesarean, or indeed any other medical treatment you are offered. If you would prefer not to have a Caesarean, even though your consultant is advising you to have one, you can ask for a second medical opinion. Otherwise you may like to contact the Association for Improvement in the Maternity Services (AIMS) for more information and support. (see Appendix B for contacts).

What are the main risks of having a Caesarean?

There are some risks to both the mother and baby of having a Caesarean. As it is a major operation there are risks to the mother of bleeding, wound infection or small blood clots in your legs (which can rarely travel to the lungs). It can also take a longer time to recover from the operation when compared to giving birth vaginally. One of the long-term effects of the operation is having a scar on your womb (uterus) which may affect later fertility and pregnancies.

Babies born by Caesarean have a higher risk of having breathing difficulties which may persist for a while after the birth. This is because they have not had the benefit of experiencing some stress during the birth process. These babies may be more likely to need care in the Neonatal Unit.

For these reasons it is important that the risks of having a Caesarean are balanced with the safety of the baby and mother.

Can I choose to have a Caesarean for non-medical reasons?

Because of the risks attached to major surgery it is not usually advisable for you to choose to have a Caesarean for non-medical reasons. If there is a particular reason why you wish to have a Caesarean, such as being afraid of giving birth, then it is important that you discuss and explore this further with your midwife or doctor to help you make a decision.

You may also receive help and information from AIMS (see Appendix B for contacts)

Before my baby's birth

I would like all procedures discussed with my birth partner and me
I would like my birth partner to be allowed to stay with me throughout the operation

I would like to receive information about any medication I am given
I would prefer the use of spinal/epidural/general anaesthetic.

During my baby's birth:

I would/would not like to have a commentary on what is happening
I would like/ not like to have the screen taken down as the baby is being born

I would like music of my choice played at the birth

I would like the theatre to be as quiet as possible at the moment of birth

I would like my birth partner to be able to take photographs of the birth
I would like to discover the sex of my baby myself or have my birth partner tell me

I would like to hold the baby immediately

I would like the baby to stay in my sight all the time

I would like to be given an explanation if my baby needs to go to special care

If I have a general anaesthetic:

I would like my birth partner to care for the baby until I wake up

I would like the baby next to me as I wake up

I do not wish my baby to be fed before I wake up

If you are planning to breastfeed, you may wish to add the following:

I would like to breastfeed on demand and to not wish my baby to be offered artificial milk or water.

If my baby is in special care, I would like to express milk for feeding. I do not wish my baby to be fed with artificial milk.

And walking are essential. It is safe to go up and down the stairs, and going out for daily walks is a good way to recover.

You will need to make an appointment to see your GP six weeks after your baby is born. This is to check that you are recovering well from the birth.

If all is well, you will then be able to return to low impact exercise, e.g. Pilates, Yoga, swimming. We would advise you to wait until a minimum of twelve weeks after your baby is born before returning to higher impact exercise, e.g. jogging, aerobics. St George's Physiotherapy Department offers a weekly postnatal exercise group. If you are interested in attending this group, please ask your GP or midwife to refer you to Physiotherapy.

How will I feel?

As well as giving your body time to recover from your operation, and looking after a new baby, you may have some strong feelings to cope with and you might need some extra support from family friend or health professionals.

If you had a planned Caesarean birth, you may have had time to accept it and feel glad that your baby was born in this way. But you may still be left with some questions about why it was necessary, or worries about how it will affect future births.

Some women can feel disappointed or even angry that a Caesarean operation was necessary even if it was planned.

They may have feelings of failure, depression, grief or a loss of confidence. Any of these feelings are quite normal but can be hard to cope with, especially when recovering from major surgery.

If you have any of these feelings, it helps to talk to someone about them. It could be a midwife, health visitor or GP that you know well, an NCT antenatal teacher, or you could contact a support organisation such as AIMS to talk about your experience or feelings (see Appendix B).

Appendix A: Making a Birth Plan

This is a list of ideas and should be adjusted to meet your own needs. Add any ideas of your own. As a Caesarean birth involves major surgery in an operating theatre, you may wish to discuss your preferences with your consultant and/or midwife to ensure your wishes can be met. As with any birth plan it should remain flexible.

If I have to have a Caesarean, can I have my next baby normally?

Usually there is no reason why you cannot have your next baby normally. If you have had one Caesarean we usually advise a Vaginal Birth after Caesarean (VBAC) for your next delivery.

Having a Caesarean Birth

We include everyone having an elective Caesarean Section in the Enhanced Recovery Programme. This is a care programme that aims to help you recover from your operation and regain your independence as quickly as possible. There is a focus on eating, drinking, and moving around soon after your operation, good pain relief and importantly help you help yourself recover quicker.

The Antenatal Clinic

What happens once the decision has been made

Once you and your consultant have agreed that you will have a Caesarean, you will be asked to sign a consent form. A hospital midwife will also help you to take the swabs for MRSA screening.

The Pre-Caesarean Clinic

When should I go to this clinic?

The working day before your Caesarean (not the weekend) at 11 am e.g.—Caesarean booked on Monday, come to the clinic on the Friday before.

What happens when I come to the Pre-Caesarean clinic?

This is a clinic designed to check that everything is in order for the birth, answer and further questions you may have and to check you understand everything about your operation and recovery. When you arrive at the clinic you will firstly be seen by a midwife. The midwife will go through a checklist to ensure that everything necessary has been done for your operation date. You will have some routine blood tests. You will also see an anaesthetist who will discuss the anaesthetic with you.

The midwife will give you tablets (pre-medication) to take home with instructions. It is important to take the tablets at the instructed time. Do not eat any food after midnight. You may drink clear fluids (water, black tea or black coffee) until 6 am.

Please ensure you bring your hospital notes.

When do I need to come to the hospital?

You will usually be asked to come to the hospital early in the morning (from 7.15am) of your Caesarean section.

Arriving at the hospital

What should I do on the morning of my operation?

(Monday to Friday 09.00-17.00) The midwife in the pre Caesarean clinic will give you a time by which to arrive at the hospital. We ask you please to arrive on time, to ensure that all Caesarean operations can take place in the morning if at all possible.

When you arrive you should report to the reception area on Gwillim Ward, our postnatal ward, on the 4th floor of Lanesborough Wing. Most of our bays have 4 beds, but we also have 4 single amenity rooms available. If you would like to know more about our amenity rooms, including costs, please ask your midwife in clinic or on Gwillim Ward for information and whether one is available. More information about Gwillim ward will be given to you upon arrival. Once on Gwillim Ward, the midwife responsible for you will meet you and make final preparations before going to the operating theatre. This involves: changing into a hospital gown; having a bikini shave if necessary; removing all nail varnish, contact lenses and all jewellery (apart from wedding ring); and putting a name-band on your wrist. You will also need to take a nappy for your baby. It is not necessary to take other baby clothes to theatre as we encourage skin to skin soon after the delivery of the baby if all is well, to encourage breastfeeding and bonding.

When can I go home?

You will be invited to attend the 11 o'clock STOP discharge meeting, in the sitting room on the first morning, to give you information about going home.

We encourage women to talk to their midwife about when they feel ready to go home. This will depend on you and your baby. Most women stay two nights. Not for those women who have had a Caesarean and feel ready to go home at the end of the first day (i/e/ the day after your operation, known as day one) this is possible—as long as the midwife is happy with all the checks, the baby is feeding well and you have good support at home. If there are any problems, you may stay in hospital longer than this.

You will be given painkillers to take home with you, ion tablets if required and Fragmin (dalteparin) injections to thicken the blood to reduce the risk of thrombosis (blood clots in the legs and lungs). You will have had all these medications prior to going home and given instructions on how to administer the injections if needed.

Once you are home community midwives will visit you and your baby. They will remove your stitches 5-7 days after the birth if needed.

Recovering from a Caesarean

Is there anything I shouldn't do after having a Caesarean?

It usually takes 6 weeks for your wound to heal. In this time it is best to avoid lifting anything too heavy. Which may cause strain on your wound and your back. If possible ask a partner/friend or family member to do the lifting of shopping, the vacuum cleaning, hanging out the wet washing and the ironing. It is safe for you to lift your baby, but this should be the limit of your lifting.

It is also advisable not to drive for this 6 week period as an emergency stop may hurt your tummy and make you unsafe. Check with your insurance company before returning to driving. If you are a passenger in a car, make sure that someone else lifts your baby in his or her car seat, as these can be very heavy. You may find it comfortable to place a small folded towel over your wound, before putting the seatbelt on.

When feeding your baby ensure that your back is well supported. This will avoid extra strain on your tummy from your growing baby.

It is very important to return slowly to normal activity, so movement

Will I be able to care for my baby?

Caring for your baby may be difficult for the first day but our staff and your partner will be able to help you with your baby's needs.

A call bell will be next to you if you need help for yourself or your baby. Your baby will be checked by a paediatrician the day after the birth to ensure that all is well.

Will I be able to breastfeed after my Caesarean?

Yes. Having a Caesarean birth does not stop you breastfeeding. Staff, including our Infant Feeding Advisor on Gwillim Ward, will be able to help you find comfortable positions to feed your baby.

What other discomforts might I have

One of the things that some women have experienced is "wind pain". This is where your bowel is trying to start working again, because you did not have anything to eat for quite a long time before your operation. Sipping hot peppermint water, massaging your tummy and moving around usually helps this.

In common with all women who have given birth, you will experience bleeding which is like a heavy period. You will need to use absorbent sanitary towels or maternity pads held in place with comfortable underwear that covers your wound.

Should I rest after the birth?

It is best to start moving as early as you are able. This will help healing by improving your circulation. To get out of bed, you will find it easier if you roll onto your side first before pushing yourself up into sitting. This is also the best way to get out of bed during pregnancy.

When can I have visitors?

As a rule, visiting times on the postnatal floor for your partner only are from 8am until 12 midnight. Unfortunately we have no facilities for partners to stay overnight.

Family and friends can visit between 3pm and 8pm. If you have other children they can also come and visit, but children of friends are not allowed due to the risks of infection to your newborn baby.

One midwife will take you and your birth partner to the theatre and will stay with you. If you are going to be awake during your Caesarean, your partner can be with you and he or she will have to change into special theatre clothes. Unfortunately we cannot guarantee your operation time. We do ask for your understanding if this happens.

The operation itself

Are there any choices I can make for myself?

Although a Caesarean involves surgery in an operating theatre, it is also the birth of your baby. You will be able to say you prefer some things to be done. For further information see "Making a Birth Plan" in Appendix A. If you do make a birth plan, please give it to the midwife on the day so that she can inform the doctor carrying out the operation about your wishes.

How long does the procedure take?

The operation on average takes about thirty minutes. Your baby will be born within the first five minutes, quickly followed by the placenta, and the remaining time is spent stitching your wound.

Who else will be there?

It can be a bit surprising to see how many people are in the operating theatre with you. The medical staff will include; as midwife, the doctor who operates and an assistant theatre nurse and an assistant, and anaesthetist and their assistant; and possibly a paediatrician. St George's is a teaching hospital and students may also observe if you have no objections and give your consent.

What does it feel like?

Most Caesarean operations are performed using local anaesthetic injected into your back, either an epidural or a spinal. A spinal is a one-off injection that lasts for 6 hours, whereas an epidural is anaesthetic that you may have in labour that can be topped up. These types of anaesthetic are recommended because they are safer. Both of these types of anaesthetic mean that you are awake when your baby is being born. It also means that your birth partner can be with you in the operating theatre.

You should not feel any pain during the operation. Some women have described the feeling as if “ someone is doing the washing up in your tummy”. Very rarely you may have to have a general anaesthetic instead which means you will be asleep when your baby is born. Before you leave the theatre you may be given a painkiller that lasts for a long time.

Will my baby be taken away after it is born?

No, your birth partner and baby stay with you for the rest of the operation, as long as you and the baby are well.

You and your birth partner will be able to hold and cuddle the baby during this time. If your baby is unwell, he or she may need to be looked after in the Neonatal Unit immediately after the birth.

If you have had a general anaesthetic your partner will be asked to stay outside the operating theatre. Once the baby is born, he or she will be taken straight to them

After the Birth

Will I have stitches?

Yes. After a Caesarean there are several layers of tissues which need stitching. The underneath layers have stitches that will dissolve by themselves. On your skin you will either have

One stitch under the skin which will dissolve on its own or

One continuous stitch* with beads, or

Skin staples*

*These will be removed by the midwife 5-7 days after your Caesarean.

What happens after the birth?

You will be moved to the Recovery room until you and your baby are well enough to be taken to the postnatal ward, usually within one hour. During this time the nurse will be taking your blood pressure and pulse, looking at your wound and checking your blood loss.

You will have a drip in your arm to give you extra fluid, and a catheter in your bladder to keep it empty. You will be allowed to have something to eat and drink if you like.

The midwife will fit you with some socks that will feel tight and warm, but are necessary for all women who will have had a Caesarean operation. They are to stop you getting blood clots in your legs while you are not moving around.

As part of the Enhanced Recovery Programme, we encourage all babies to have skin-to-skin contact with their mothers; this has been shown to benefit babies and encourage early breastfeeding. You can do this at any time after the baby is born. We advise you to breastfeed the baby in Recovery if possible. Before you are taken to the postnatal ward your baby will be weighed and examined by a midwife. The baby will also be given name-bands for identification and security.

On the Postnatal Ward

What medical care will I receive?

Care will be provided by the midwifery team. Your care will include monitoring of your blood pressure, pulse and temperature at different times, and also checking your wound and bleeding. You will continue to have a drip in your arm until you can drink a normal amount. As part of the Enhanced Recovery Programme we encourage you to get out of bed the evening of your Caesarean to sit in a chair have a meal . The catheter will be removed at 6am the following day unless the doctor requests otherwise.

You should try and pass urine by 3-4 hours after the catheter has been removed. We ask women to get dressed into their normal day-time clothes on the first morning as this has been shown to help with your recovery.

You will also receive an injection daily called Fragmin in addition to wearing the special sock until you are fully mobile. These will help prevent blood clots forming in your legs as your movement had been a little restricted. A blood test will be taken on the first day in order to check if you are anaemic. If so, you may need iron tablets.

Will I be in pain after the birth?

Pain relief will be given at regular intervals. However it is important for you to let us know if you are in any pain so that we can make your recovery as pain-free as possible.

At first glance your wound may cause some pain when you cough, sneeze, laugh or change position suddenly. To help reduce the pain, you may try bending your knees towards you and supporting the wound with your hands or a pillow. Don't be afraid to hold over the wound firmly, you cannot damage it in this way.

Most people notice the pain lessening day by day.