

# Caesarean Birth

**This leaflet explains more about Caesarean Birth, including the benefits, risks and any alternatives and what you can expect when you come to hospital. If you have any further questions, please speak to a doctor or nurse caring for you.**

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

## Having a Caesarean Birth

Everyone who has an elective Caesarean birth is included 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 as well as good pain relief and empowering you to be able to recover quickly.

## The Antenatal Clinic

### What happens once the decision for a Caesarean has been made?

Once you and your doctor have agreed that you will have a Caesarean birth, you will be asked to sign a consent form. You will need to be screened for MRSA which will be done with a simple swab in the nose and skin crease at the top of your leg. MRSA is a normal bacterium that can be carried on the skin of some people. It does not usually cause any problems, but if you have an operation it may cause an infection that is very resistant to antibiotic treatment. If we find that you are a carrier of MRSA before your operation, we will offer you treatment to clear it and reduce the chance of getting this particular infection.

You will be given a provisional date for your Caesarean. Please note this may change due to the workload in the unit, but we will always consider the best interests of you and your baby in making any change.

## The Pre-Caesarean Clinic

### When should I go to this clinic?

You should attend the pre-assessment clinic. The clinic is based in the Day Assessment Unit (DAU) on the 4th Floor, Lanesborough Wing. You will be given a time slot by one of the midwives.

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

Please ensure you bring your hospital notes.

This is a clinic designed to check that everything is in order for the birth. When you arrive at the clinic you will be seen by a midwife. The midwife will be able to answer any further questions you may have and check that you understand the process of the operation and recovery. 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 and you will also see an anaesthetist who will discuss the type of anaesthetic you will have for your operation. This visit may take one to two hours. The midwife will give you tablets (pre-medication) to take home with instructions. It is important to take the tablets at the instructed time.

## **When do I need to come to the hospital for my Caesarean birth?**

You will usually be asked to come to the hospital early in the morning of your Caesarean birth. Your midwife will let you know the time.

## **Arriving at the hospital**

### **What should I do on the morning of my operation?**

You are usually asked to report to the reception area on Gwillim ward on the morning of the operation. Gwillim is our postnatal ward, on the 4th floor of Lanesborough Wing. Most of our bays have four beds, but we also have four 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. These rooms cannot be booked and are not always available. When you come in for your operation, you can ask the midwife if there is a room free. More information about Gwillim ward will be given to you upon arrival. If not available on arrival, sometimes an amenity room may become available during your stay and a transfer can be requested.

When you are on Gwillim ward, the midwife responsible for you will meet you and make final preparations before going to the operating theatre.

This preparation involves:

- changing into a hospital gown
- having a bikini shave if necessary
- removing all nail varnish, contact lenses and jewellery (apart from wedding ring)
- putting a name band on each wrist.

You will also need to take a nappy and hat 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. You can continue to have sips of water while you are on the ward.

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 be given special theatre clothes to change into.

In rare circumstances, your planned Caesarean birth may have to be delayed due to emergency work. We will keep you informed if this is the case and you can continue to drink sips of water while you are on the ward.

## **The operation itself**

### **Are there any choices I can make for myself?**

Although a Caesarean involves surgery in an operating theatre, it is the birth of your baby and you will be able to say how you prefer some things to be done. For further information see the GRAPES checklist at the end of this leaflet.

### **How long does the Caesarean take?**

The operation takes about 30 minutes. The total time you will be in theatre will be nearer 60-80 minutes as it also takes some time to give you your anaesthetic. Your baby will usually be born within the first five minutes of the operation, quickly followed by the placenta and the remaining time is spent stitching your wound. The operation may be longer if there is scar tissue, for example, from a previous operation.

### **Who else will be there?**

It can be a bit surprising to see how many people are in the operating theatre with you. It is normal for the whole team to include up to 10 people, sometimes more when we count you and your partner.

The medical staff will include:

- a midwife
- the doctor who operates and their assistant, a theatre nurse and an assistant
- an anaesthetist and their assistant
- sometimes a paediatrician (also referred to as a Neonatologist).

St George's is a teaching hospital and students may also observe if you have no objections and give your consent.

### **What does a Caesarean feel like?**

Most Caesarean operations are performed using an anaesthetic injected into your back, either an epidural or a spinal. A spinal is a one-off injection that lasts for around four hours, whereas an epidural is an anaesthetic that you may have had 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 and that your birth partner

can be with you in the operating theatre to support you. If you have a general anaesthetic your partner will be asked to stay outside 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” but the anaesthetist will give you extra painkillers into your drip if you need them at any time. Occasionally 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 an anti-inflammatory painkiller, which lasts until you are taking painkiller tablets again. This is usually given as a suppository (a tablet into your bottom) but you will not notice it being inserted as you will have the spinal or epidural anaesthetic working at this point. This suppository painkiller lasts for more than 12 hours and is highly recommended.

Your birth partner and baby will stay with you for the rest of the operation, as long as you and the baby are well. You and your birth partner will usually 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 soon after the birth. Every attempt will be made to give you some contact with your baby as soon as it is safe.

## **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 most likely have:

- One stitch under the skin which will dissolve on its own  
or
- One continuous stitch\* with beads or skin staples.

\*If you have non dissolvable sutures or staples, this will be explained to you and will be removed by the midwife five to seven days after your Caesarean.

You will have a dressing over the wound. You will be advised when this can be removed, usually the next day.

### **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 as well as checking your wound and your blood loss.

You will have a drip in your hand or arm to give you extra fluid and a catheter in your bladder to keep it empty. You are encouraged to drink in recovery and to have something to eat as soon as you get to the ward.

We encourage all mothers to have skin-to-skin contact with their babies. This has been shown to benefit babies and encourages 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?**

Your care on the postnatal ward will be provided by the midwifery team. The 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. Often this drip can be removed later on the day of your birth but you can check this with your midwife. You may need to have a blood test to check whether you need to have iron tablets to help your recovery

We encourage you to get out of bed in the evening of your Caesarean birth to sit in a chair and have a meal. The catheter will be removed at around 6am the following day unless the doctor requests otherwise.

You should try to pass urine by three to four hours after the catheter has been removed. We ask women to get dressed into their normal daytime clothes on the first morning as this has been shown to help with recovery.

Most women will be advised that they need daily injections of a blood thinner to reduce the risk of blood clots. This is completely safe for breastfeeding and you will be shown how to do it yourself so you can continue for 10 days or six weeks at home as instructed.

### **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 try to give you further pain relief if needed to help your recovery.

At first 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. Most people notice the pain lessening day by day.

### **Will I be able to care for my baby?**

Yes. 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 specially trained midwife or paediatrician / neonatologist 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 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 discomforts 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.

All women who have given birth 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. Please ensure the pad does not come up and touch your Caesarean wound.

## **Should I rest after the birth?**

It is best to start moving as early as you are able. This will support the healing process by improving your circulation. When you 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 go 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. Over half of women stay one night and go home the following day when the midwife is happy with all the checks, the baby is feeding well and you have good support at home. If needed, you may stay in hospital longer than this.

Please arrange to have your own painkillers at home, usually paracetamol and ibuprofen. You may be given iron tablets and the blood thinning injections (enoxaparin / dalteparin) to go home with and a midwife will instruct you how to give these to yourself once a day.

## **Recovering from a Caesarean**

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

It usually takes six 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 we recommend that this is the limit of your lifting.

We also advise that you do not drive during this six week period as an emergency stop may hurt your tummy and make you and others unsafe if you cannot do this manoeuvre without pain. Please 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 into his or her car seat, as this weight can be very heavy. You may find it comfortable to place a small folded towel over your wound, before putting the seatbelt on.

It is very important to return to normal activity so movement and walking are essential but, they need to be undertaken slowly. 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, for example Pilates, yoga or swimming. We would advise you to wait until a minimum of 12 weeks after your baby is born before returning to higher impact exercises like jogging or aerobics.

### **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. However, 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 birth was necessary even if it was planned. They may have feelings of disappointment, depression, grief or a loss of confidence. 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, a National Childbirth Trust (NCT) or antenatal teacher, or you could contact one of our senior midwives to talk about your experience or feelings.

## **Wound recovery**

Your Caesarean scar will change colour during recovery depending on your skin colour. Often on white skin it changes from red to pink to silver over weeks to months. On darker skin it can be red to dark brown or black.

A few women develop a raised scar – called a keloid scar – and this is usually due to your skin's healing ability and not the suture (stitch) used to close your wound.

The feeling or sensation of the skin around the scar recovering feels different for everyone. It is very common to have a slightly odd sensation of numbness 'like cotton wool' particularly above the scar. This can last for weeks or months. For a few women, the sensation of the skin in this area never completely returns to normal.

If you notice any fluid coming from an area in the wound, especially if this is smelly, then please ask your midwife or doctor to review you as you may have an infection in the skin. All women having a Caesarean birth are given a dose of antibiotics at the time of the operation but 1 in 10 women develop an infection following their birth and the skin is one of the most likely places for it to start. The antibiotics given to you are safe whilst you continue to breastfeed.

## Contact us

If you have any questions or concerns about your caesarean birth, please contact the Day Assessment Unit on n 020 8725 0863 (Monday to Friday, 9am to 6pm). Out of hours, please contact Delivery Suite on 020 8725 2039

**For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit [www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)**

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## Additional services

### Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

**Tel:** 020 8725 2453 **Email:** [pals@stgeorges.nhs.uk](mailto:pals@stgeorges.nhs.uk)

### NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

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

### NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

**Tel:** 111

### AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website ([www.accessable.co.uk](http://www.accessable.co.uk)). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



