

# 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 the doctor or midwife caring for you.

## What is a Caesarean Birth?

A Caesarean is an operation where your baby is born through a cut along the “bikini line” on your tummy. The decision to have a Caesarean must be made carefully as it involves major surgery with some risks associated.

## 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 then have skin swabs for MRSA which are normal bacteria that do not usually cause any problems, but it can cause wound infections. 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 infection in your Caesarean wound.

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

## The Pre-Operative Assessment Caesarean Clinic

### When should I go to this clinic?

Please come to the pre-operative assessment clinic in Day Assessment Unit (DAU) on the 4th Floor, Lanesborough Wing at the following times:

- If your Caesarean section is scheduled for a Tuesday, Wednesday, Thursday, or Friday, please come at **11am the day before**.
- If your Caesarean section is on a Monday, please come at **1.30pm on the Friday before**.

### What happens when I come to the pre-operative assessment Caesarean clinic?

This is a clinic designed to ensure that everything is ready for the birth. The midwife will do a thorough assessment and answer your questions. You will have routine blood tests and checks of you and the baby. The midwife will give you anti-sickness and antacid tablets (pre-medication) to take home with instructions and you will see an anaesthetist to discuss your anaesthetic.

This visit may take one to two hours. Please remember to bring your hospital notes.

## What can I do to prepare?

We encourage you to tell us your preferences for birth. For further information see the GRAPES checklist at the end of this leaflet and please ask the midwives or doctors any questions at any time.

Stock up with paracetamol and ibuprofen at home to help with pain relief after your operation.

After your operation you will need absorbent sanitary towels or maternity pads held in place with comfortable, breathable underwear. We advise the waistband of the underwear should sit above or below the wound, not directly on top of it.

You may like to try to do some hand expression of your breastmilk (called colostrum) before your operation. Any milk that you express can be kept in your freezer at home or in our refrigerator on the ward and fed to the baby if needed when you come back to the postnatal ward. Please ask one of the midwives or support workers for guidance with this during your appointments and your stay. Visit this QR code to watch the UNICEF BFI video on how to hand express.



## Fasting instructions

Please ensure that you have nothing to eat from 2am on the morning of your operation unless told otherwise. You can continue drinking water up until the time of your operation.

## Who can come with me into theatre?

We allow **one** birth partner to be with you during your Caesarean birth and on the postnatal ward afterwards. We unfortunately do not allow any swaps with other friends or family. We welcome you to take photos and videos of you and your baby but please refrain from videoing any members of staff, making phone/video calls in theatre or live streaming the birth.

## Arriving at the hospital

### What should I do on the morning of my elective Caesarean birth?

You will be asked to report to the reception area on Gwillim ward (4<sup>th</sup> floor, Lanesborough Wing) on the morning of the operation at 7am. Sometimes you are given a later time if you are scheduled to have your operation in the afternoon. The midwife will specify this at the pre-operative clinic.

### What happens on the day?

A midwife will meet you, take you to a bed in a shared bay, answer any questions and make final preparations for theatre, including:

- Taking your observations and listening to baby's heartbeat
- Changing into a hospital gown
- Finding a nappy and a hat for baby
- Ensuring you have removed all nail varnish, contact lenses and jewellery

- Putting on some compression stockings
- Putting a name band on each wrist.

Your birth partner will need to change into theatre clothes too.

When it is your turn, a midwife will take you and your birth partner to theatre and stay with you for the birth.

Occasionally, your planned Caesarean birth may have to be delayed due to emergency care. We will keep you informed if this is the case.

## In the operating theatre

### How long does the Caesarean take?

The total time in theatre will be from about one hour to ninety minutes.

The following actions will take place when you enter theatre:

- A drip will be put in your hand or arm
- The spinal or epidural will be done
- A catheter (small tube) will be put into your bladder to continuously drain the urine out while you have heavy legs
- Vaginal cleaning using a swab with antiseptic.

The operation will start after these actions and your baby and placenta will usually be delivered within five minutes. The rest of the time will be spent repairing the wound.

### Who else will be there?

The team will include:

- A Midwife
- The Obstetric Doctor who operates and their surgical assistant
- A Scrub Nurse and a theatre assistant
- An Anaesthetic Doctor and Theatre Practitioner
- Occasionally, a Neonatal Doctor (to care for the baby if needed).

A midwifery or a medical student may request to be present if you have no objections.

### What does a Caesarean feel like?

Most Caesareans are performed using an anaesthetic injected into your back termed 'regional anaesthesia'. This is either an epidural or a spinal or both combined, which make you numb from the waist down. A spinal is a one-off injection, whereas an epidural is an anaesthetic that you may already have in labour which can be topped up for Caesarean birth.

The numbness after regional anaesthesia may last up to three hours, and the pain-relieving action even longer. These types of anaesthetic are very common and allow you to be awake

when your baby is being born which means your birth partner can be with you in the operating theatre.

You should not feel any pain during the operation. However, you may feel sensations like pressure, pulling or stretching. If needed, the anaesthetist will give you extra pain relief at any time.

Very occasionally we give a general anaesthetic, which means you will be asleep when your baby is born. In this instance, your partner will be asked to stay outside of the operating theatre.

We advise reading the [LabourPains.com](http://LabourPains.com) website for more detailed information about anaesthetic for Caesarean section. See the QR code/link at the end of the leaflet.

Before you leave the theatre, you may be given an anti-inflammatory pain relief (Diclofenac) as a suppository (a tablet into your bottom). This suppository pain relief lasts for more than 12 hours and is highly recommended.

### **What happens with my baby during the Caesarean?**

At every birth, we aim to delay cord clamping for 60 seconds. It is not advised to wait longer than 60 seconds during a Caesarean as baby is likely to get cold and the doctor needs to complete your operation.

Baby will be brought to you for skin to skin while the operation is being finished after a quick check with the midwife and will also have their weight taken, head and length measurements taken, name bands applied and vitamin K given with your consent. If you feel unwell, then your partner can hold baby in skin to skin or wrapped in blankets until you feel well enough to try.

Unfortunately, the surgeon is not able to pass the baby directly to you as we must maintain a sterile field around the surgical site. There would be a very high risk of a wound infection if we were to do this.

Occasionally, babies require more specialist care after birth if they are unwell and they may need to be taken to the neonatal unit. 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, we routinely use stitches that will dissolve by themselves, but in some cases use non-dissolvable stitches or staples which will be removed after a few days.

A dressing will be applied that will usually come off the next day, however in some cases where there have been complications or you have a raised Body Mass Index, the dressing will stay on longer and you will receive personalised advice for the removal.

It is very important to keep the wound clean after the dressing has been removed. Only touch it with clean hands and wash the area daily with plain warm water and pat dry with a clean towel afterwards.

### **What happens after the birth?**

You will be moved from the theatre to the recovery room and remain there for about one hour. During this time, the recovery nurse will take your observations, check your wound and make sure your vaginal blood loss is normal.

You are encouraged to drink water in recovery and you can eat as soon as you feel well enough to do so.

## **On the Postnatal Ward**

### **What medical care will I receive?**

Everyone who has an elective Caesarean birth is included in the 'Enhanced Recovery Pathway'. This is a care pathway 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 getting out of bed soon after your operation with good pain relief.

Your care on the postnatal ward will be provided by a team of Midwives who will make sure you and baby are well during your stay. We advise checking your vaginal blood loss every four to six hours and changing your pad each time. The catheter will be removed at around 6am the following day unless the doctor requests otherwise. We encourage you to shower and remove your wound dressing following this.

You should try to pass urine three to four hours after the catheter is removed. We also ask that you get dressed into your own clothes the morning after the operation as this has been shown to help with recovery.

Typically, we advise starting daily injections of a blood thinner (Fragmin) to reduce the risk of blood clots which is a rare but very serious complication after any Caesarean. This is based on a risk assessment which is done after the birth. If required, these injections are completely safe for breastfeeding and you will be shown how to do it yourself at home.

### **Will I be in pain after the birth?**

It is normal to experience reduced mobility and wound pain after your operation. Pain relief tablets will be provided at regular intervals while you are on the ward but it is important for you to let us know if the medications provided are not helping so that we can give you further pain relief to help your recovery. Please visit the 'Obstetric Anaesthesia Webpage' on our website (QR code/link at the end of the leaflet) for more information about pain relief after a C-section.

At first your wound may cause some pain when you cough, sneeze, laugh or change position. To help reduce the pain, use gradual movements to get out of bed or a chair and you may find it helpful to gently press your hand against your tummy while you cough or sneeze. To get out of bed, you will find it easier if you roll onto your side first before pushing yourself up into sitting.

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

Yes, but you will need assistance at first. Our staff are there to help and you can have one support person on the ward 24 hours a day to help look after you and your baby too.

A call bell will be next to you if you need help from staff. Your baby will be checked by a specially trained Midwife or Neonatal Doctor and will have a newborn hearing assessment before you go home.

### **Will I be able to breastfeed after my Caesarean?**

Yes, it is safe after anaesthetic to breastfeed. The Midwife in recovery and the staff on Gwillim Ward will be able to help you to attach baby to the breast and provide support until you go home.

If you are choosing to formula feed, your birth partner should bring a small (usually 100ml) bottle of ready-made liquid formula to the theatre so that baby can be fed as soon as possible and please make sure you have a supply of these for the duration of your stay.

### **What other discomforts might I have?**

One of the discomforts that you may experience is trapped wind. This can cause further abdominal pain. Sipping hot peppermint tea, taking peppermint oil capsules, carefully massaging your tummy and moving around usually helps this.

You are likely to experience bleeding which is like a heavy period for up to six weeks after the birth. Change your pad every four to six hours and tell your Midwife if the bleeding is heavy e.g., you are experiencing blood clots or are soaking through sanitary pads in one to two hours.

### **When can I go home?**

This will depend on you and your baby. Usually, you will 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.

You may be given iron tablets (ferrous sulphate), blood thinning injections (Fragmin) and a laxative to help prevent constipation (Lactulose) to take home. Your Midwife will give you instructions on how to take these if needed.

### **Going home after spinal or epidural**

The anaesthetic doctors will review you the day after the birth. Spinal anaesthesia wears off after two to three hours and three to five hours after epidural medication. Please report to the Midwives sooner if you are unable to perform a 'straight leg raise' (lift either leg straight off the bed) **four hours** after your operation.

Please also alert the Midwives on the ward or call the Maternity Helpline from home if you have a severe headache or any other concerns after your spinal or epidural.

More information can be found on the St George's Hospital Obstetric Anaesthesia webpage (QR code/link at the bottom of the leaflet).

## 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 heavier than baby which may cause strain on your wound and your back. If possible, ask a partner, friend or family member to assist with tasks around the house that involve lifting reaching and bending.

We advise that you do not drive within six weeks of your operation. 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 their car seat. You may find it comfortable to place a small, folded towel over your wound before putting on the seatbelt.

Returning to normal activity should be gradual. Movement and walking are essential but take it slowly. It is safe to go up and down the stairs and going out for short daily walks is a good way to recover.

### 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 varying and sometimes difficult emotions to cope with. You may need some extra support from family, friends or health professionals.

If you had a planned or emergency 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.

If you have any of these questions or emotions and you are struggling to process them, it can help to talk to someone. It could be a midwife, health visitor, GP or you could contact one of our senior midwives to talk about your experience or feelings. We offer a birth reflection service with Senior Midwives called Professional Midwifery Advocates (PMA) at St George's where you can talk through the events of your pregnancy and birth. Please use the PMA contact details at the bottom of this leaflet if you are interested in this service.

## Wound Recovery

If you notice any fluid coming from an area in the wound, especially if there is a bad smell, then please ask your midwife or doctor to have a look as you may have an infection. At every Caesarean, we give a dose of antibiotics at the time of the operation but 1 in 10 develops 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.

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 particularly above the scar. This can last for weeks or months. For some, the sensation of the skin in this area never completely returns to normal.

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.

## If I have another baby, will I deliver by Caesarean section again?

When you have had a Caesarean section and become pregnant again, you have a choice about how you give birth to your baby. You will have pregnancy care led by the Obstetric team (doctors rather than just midwives) and you will discuss the risks and benefits to you and your baby of choosing vaginal birth or a repeat Caesarean section and your choice will be supported. Please visit the RCoG ‘Birth after previous Caesarean’ patient information via this QR code.



## Contact us

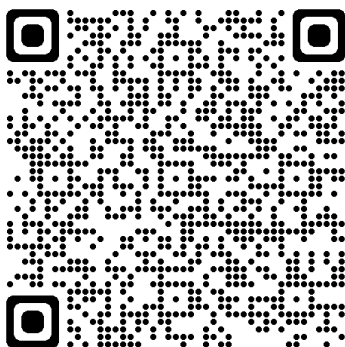
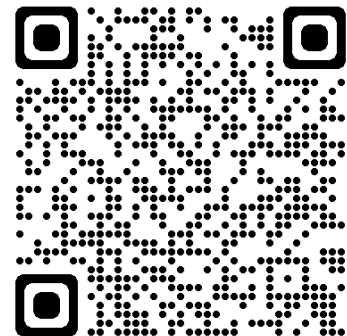
If you have any questions or concerns about your Caesarean birth, please contact the **Maternity Helpline on 020 8725 2777**.

If you would like to access our birth reflection service with one of our Professional Midwifery Advocates (PMAs) during pregnancy to discuss a previous birth experience or at any time after your birth, please email [pma@stgeorges.nhs.uk](mailto:pma@stgeorges.nhs.uk) or call **020 8725 2042** (leave a message with your name and number).

## Further Resources

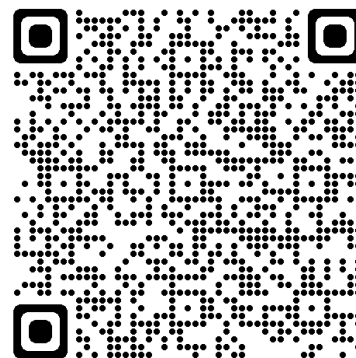
Scan the QR codes search the terms below to access more information and videos about anaesthetic and Caesarean anaesthetic and recovery.

**LabourPains.com – information about Caesareans and anaesthetic**



**St George's Obstetric Anaesthesia webpage**





## Personalising Your Birth

We believe that every birth should be special and personal.  
You can make choices about your birth in theatre, and we will follow these as much as possible.



### GRAPES: My theatre choices

Please tick which you would like:

**Gender:** I already know my baby's gender

I would like to be shown my baby's gender

I would like my birth partner to tell me my baby's gender

I would like the surgeon to tell me my baby's gender

Other: \_\_\_\_\_

**Reveal:** I would like the screen to be up throughout

I would like the screen lowered as the baby is being born

**Ambience:** What music and lighting would you like?  
\_\_\_\_\_

**Partner:** My birth partner would like to cut the cord

**Extras:** Vitamin K  Oral  Injection

Delayed Cord Clamping

**Skin to skin:** I would like skin to skin with my baby in theatre

I would like my birth partner to have skin-to-skin with my baby

I don't want skin-to-skin

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)

## 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 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.



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