

Pain relief

Pain relief will be prescribed by a doctor and can be given in tablet form or via a suppository or injection. You will also be given pain relief tablets to take home with you.

Your midwife is there to discuss your options with you and to answer any queries. Make sure that you let staff know if you have any allergies or are asthmatic.

You may also receive a daily small injection of an anti-coagulant called Tinzaparin to help prevent blood clots (DVT) while you are not as mobile as you would normally be.

Scarring

The incision is normally made horizontally, just below the level of your pubic hair (bikini line). It will look red initially, but with time fades to a silvery / pale colour and will be barely noticeable. When you come out of theatre you will have a dressing over the area, which is normally removed the next day, depending on the time of surgery.

Some women are concerned about the removal of this dressing; however, there is no adhesive over the scar itself and the removal of it can be greatly helped by soaking it with warm water in the shower or bath. If you need assistance with this please ask a member of staff.

Your wound is usually sutured using a dissolvable material, which may take up to six weeks to heal. The stitches rarely have to be removed earlier.

Occasionally a woman may have a drain / tube left in their tummy to help fluid / blood drain away and not accumulate under the wound. This is normally removed within 24 – 48 hours.

Wearing pants that are a bigger size than you normally wear may make your tummy and wound feel more comfortable.

5

Eating and Drinking

Sips of water can be taken as soon as you feel able to and a light diet such as soup or toast can be slowly introduced later. Your 'drip' will stay up until you are able to tolerate fluids, although the plastic tube in your hand may be capped off and left in overnight in case of complications.

Getting out of bed

Most women worry about getting out of bed the first time, but it is beneficial to your recovery to try and walk to the toilet within six hours of delivery, and certainly within 24 hours. Mobilising helps with circulation and can prevent DVT (Deep Vein Thrombosis). The less you move the stiffer and more painful you will find it. Little and often is best!

When you first get up take your time and ask for help. Be slow and gentle with your movements.

- Bend your knees up one at a time then, keeping your legs together, turn your head to face the direction you are going;
- Stretch the opposite arm, to the way you are turning, across your body and roll onto your side. Try not to twist your body;
- Ease your feet over the side of the bed and push yourself up onto your hand and elbow.

It may be difficult at first and you may only be able to 'shuffle' to the toilet. Afterwards you may feel exhausted and uncomfortable, be assured it gets easier the more you try. Early mobilisation will help you to recover quickly both physically and emotionally.

Emotional recovery

Most women feel elated and relieved that the birth has taken place, but emotions can be mixed. Some women may be tearful and upset, disappointed that they couldn't achieve the type of delivery that they wished for. These are normal emotions and reactions to a major operation and tend to be heightened during the adaption to motherhood.

9



Whether you have had a booked or an emergency caesarean you may have many questions that need answering. You may need time to reflect and discuss the reasons for your caesarean. Use the time while you are on the ward to ask the midwives or doctors about your delivery, it can help immensely with your recovery to talk about your experiences.

Breastfeeding

There is no reason why you shouldn't breastfeed your baby after a caesarean. If all is well, when you are in the recovery area, staff will help you with 'skin – to – skin' contact and that all important first feed. Ideally the first breastfeed will take place before you go up to the ward.



Some women find it difficult to move and sit up initially so you may find lying on your side the most comfortable position at first. This allows your baby to lie beside you rather than across your tummy.

In the first few days discomfort may influence the positions you are able to adopt to breastfeed in. Always ask for help and advice if you need it. Breastfeeding takes time to master whatever type of delivery you have had, but with help and encouragement it can be achieved.

Exercises

It is not advisable to start any fitness or exercise routine until you have had your six to eight week postnatal examination; this is usually arranged through your GP.

However pelvic floor exercises are important and should be done as soon as you feel able. Even though your baby was born by caesarean section, you will still have had the pressure on your pelvic floor muscles during your pregnancy; therefore these muscles will need strengthening. Ask your midwife for advice and an information leaflet.

Breathing exercises can be done regularly throughout the day to help prevent chest infections; they are also a good way of relaxing too.

The procedure

The whole operation should take no more than an hour, but your baby is normally delivered within the first ten minutes. A sheet is placed to screen the operation from you and your partner, but you can ask if you wish to discover the sex of your baby yourself.

After the baby's birth, time is taken to ensure that the wound is repaired correctly and carefully. During this time, if all is well, you will be given the opportunity to hold your baby with the help of the midwife and your partner.

Some women may experience sickness as a side effect of the drug given to help deliver the afterbirth (placenta). If you feel nauseous let the anaesthetist know and they can give you drugs to counteract this effect.

After the procedure

A caesarean section is a major abdominal operation and some amount of pain is to be expected, although everyone's levels of pain will be different. At first you may feel exhausted and emotional. These feelings are normal and don't be discouraged if another mother appears to be recovering faster than you. It is important to take your time, pace yourself and don't forget to ask for help when you need it- the staff are there to help and support you.

Simple actions, like coughing, may be difficult but will not damage your wound or stitches. It is best to cough when you need to as it clears your lungs and helps prevent chest infections. Deep breathing exercises can also be performed regularly throughout the day for the same purpose. You may find it useful to support your tummy with your hands.

Trapped wind is a common source of discomfort and can be helped with the prescribing of peppermint water, mobilising or even peppermint teas.



Advice is not to lift anything heavy in the weeks following delivery. The weight of your baby is all you should be lifting, as a caesarean section is a major abdominal operation. You must give the muscles time to heal so be careful.

Once at home remember that you cannot be expected to be back to normal straight away. It can take up to six months to recover completely from a caesarean and some women may not feel totally themselves for up to a year.

midwife.

Your hospital stay will last between two and four days depending on your speed of recovery. If you are not confident enough to go home or you do not have support to help you, discuss your individual situation with your

Going home

Try to walk around as soon after delivery as you can manage when on the postnatal ward. You will find it exhausting and uncomfortable at first, but it does get easier – little and often is best! Once home, a gentle walk each day is a great way to getting back to your pre-pregnancy shape, it also lifts your mood and quickens your recovery.

Exercises for the legs and feet are essential, especially if they are swollen, if your mobility is limited or you have a history of previous DVT.

Foot exercises: move your feet up and down, and round in circles, from the ankle.

Leg exercises: straighten your legs and brace your knees back, tighten your thigh muscles, hold then relax.

- Begin by sighing out and relaxing your shoulders;
- Breathe in slowly through your nose and try to be aware of your lower chest expanding and filling with air. You can feel this by putting your hands on the sides of your chest;
- Let your tummy relax so that it expands, sighing too. Try to do this three to four times each session.

There will be the anaesthetist and ODP, the surgeon and an assistant doctor, a scrubbed midwife or nurse to assist with instruments. The mid-wife who brought you down from the ward will 'receive' your baby from the surgeon. There is also a 'runner', normally a maternity care assistant helping out.

If your caesarean is an emergency or there have been complications with your pregnancy then a paediatrician will also be present. Your consent may also be sought if students may be present.

Who will be in operating theatre?

If you are having a spinal or epidural this is often done with you sitting up on the edge of the theatre table. Different monitors are attached to you so that the anaesthetist can ensure all is well throughout the procedure.

When you are anaesthetised a catheter (fine tube) is placed into your bladder for the duration of the operation. This helps to prevent damage to your bladder during the caesarean. Normally this is removed before you are moved to the recovery area; occasionally it may be left inside for up to 24 hours. All procedures will be fully explained to you, and please do ask questions if you do not understand anything.

The anaesthetist will insert a plastic tube (drip) into the back of your hand; this enables him to give you fluids and drugs as you need them during and after the operation.

Your midwife will escort you to the delivery suite and into theatre. If you are having a spinal or epidural then your birth partner can accompany you into theatre. If you are having a general anaesthetic (GA) then your partner will have to wait in the parents' room until the baby is delivered and you are in the recovery area.

If you wish you can bring a CD with you to make the atmosphere more familiar and relaxing.

Going to theatre

Your community midwife will visit you following your hospital stay, usually the following day after discharge, she will arrange with you any further visits required according to your needs.

If you think your wound may be infected i.e., redness, burning pain or weeping then you must seek medical advice. Tell your community midwife or GP and arrange a visit from one of them to ensure all is okay.

Driving

Women are advised not to drive for six weeks after a caesarean. This is mainly due to the safety of doing an emergency stop due to abdominal discomfort. You need to consult with your insurance company, if you feel able to drive before this time, to ensure you are covered by your policy.

Sexual intercourse

When you resume sexual relations with your partner is very much a personal choice and decision. No two women and their relationship are the same. Sexual intercourse will not cause a problem internally or to your scar. You should resume sex at your own pace and according to your needs and comfort.

Be aware that there is always the possibility of falling pregnant when you have unprotected sex, so if you don't wish this to happen you need to use some form of contraception. You can discuss your contraceptive needs with your midwife or doctor and there are information leaflets available on the ward.



Type of anaesthetic

Epidural or Spinal

At your pre-surgery appointment with the anaesthetist you will be given the opportunity to discuss what options are available to you. Both these procedures involve inserting a small tube into a space just outside the spinal column. Into this tube local anaesthetic will be administered which will cause a loss of sensation (numbing) to the lower half of your body. This allows you to be pain free during your operation, although you may feel some pushing/pulling sensations – this cannot be avoided. Some mothers describe it as a 'washing up' feeling in their tummies!

The effect of the anaesthetic wears off within five to six hours following the operation, but this will vary from mother to mother.

General anaesthetic

This is where you are unconscious throughout the operation. You may feel sleepy for several hours following surgery as it takes time for the anaesthetic to leave your body. Staff will help you to look after and feed your baby. You will have a mask on your face to give you oxygen and the drug will be given through the 'drip' in your hand. You may feel some pressure on your throat as you 'fall asleep', where the ODP (operating department practitioner) presses to prevent anything in your stomach coming 'back up'.

Coming to hospital

Please come to Orchard ward, which is on the second floor of the Cygnet wing, at 8am on the day of your operation. The midwife who admits you to the ward is often the one to take you down to surgery and look after you in theatre and then afterwards in the recovery area.

Your temperature, pulse and blood pressure will be taken and your baby's heartbeat listened to. If you have not already had a shave then this will also be done. You will be given a hospital gown to wear and an identity wristband. If you have any allergies you should inform the midwife and a red band will also be placed on your wrist with the relevant information on it.

Your caesarean section

Please attend the delivery suite for your appointment with the anaesthetist on:

.....

If you have any questions you can speak to a midwife between 9am and 1pm on 01234 792060.

Before your caesarean section

You will receive the date and time of your caesarean and an appointment to attend delivery suite to see an anaesthetist, where your anaesthetic options will be discussed.

Before leaving the antenatal clinic you will be given a prescription to take to the hospital pharmacy and some blood cards to take to the pathology department. It is important that these blood tests are taken before surgery to check your iron levels (Hb) and your blood group. Blood loss during a caesarean can occasionally be more than during a vaginal delivery. Knowing your pre-surgery levels can help your doctor plan your care.

The prescription will be for two tablets called Ranitidine, an antacid, which will help control the acid in your stomach prior to surgery and while you are not eating and drinking. One tablet needs to be taken the evening before surgery, around 8pm, the other on the morning of your operation, around 7am.

You will also be asked to shave the upper area of your pubic hair (bikini line) this is to allow a clear area for the incision. If you would prefer, a midwife can do this on the ward before you go down to surgery. You could also get the area waxed, if you wished.

You should not eat and drink anything from midnight on the day prior to your surgery; you may have a few sips of water to take your second tablet. Also have a bath or shower on the morning of your admission as this helps to minimise the risk of infection.

1

Future pregnancies

It takes your body about a year to fully recover from your caesarean section operation. Current advice is to let this time elapse before trying for another baby. If you do decide to have another baby, you may not necessarily require another caesarean section. This depends on the reasons for your caesarean section and your obstetrician will discuss this with you during your next pregnancy.

It may be possible to find this information out before you are discharged from the hospital, so do ask your midwife or doctor if you wish to know. Studies show that between 67-84% of women will successfully give birth vaginally following a caesarean section.

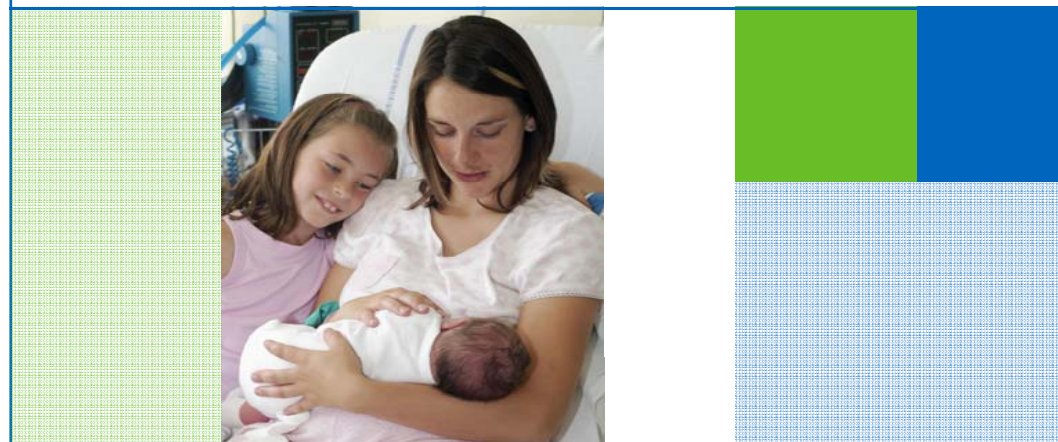
Useful websites:

www.babyandpregnancy.co.uk/caesarean.html
www.nice.org.uk
www.nhs.uk
www.vbac.org.uk
www.bedfordhospital.org.uk

10

Maternity

Your Guide to Caesarean Section



A information leaflet about what to expect for mothers preparing for a caesarean section delivery.

Date of publication: July 2009
Date for review: July 2011
© Bedford Hospital NHS Trust