

# Planned Caesarean Section and Enhanced Recovery

Maternity Department



Patient information leaflet

## **Why have I been given this leaflet?**

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You have been given this leaflet because either you have requested or your doctor has recommended, that you have a caesarean section for delivery.

## **What is a caesarean section?**

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A caesarean section is an operation to deliver your baby through your tummy (abdomen). A planned caesarean section is one where the date and time is arranged to suit both the needs of the maternity service and yourself.

## **Why has a caesarean section been recommended for you?**

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A caesarean section has been recommended because your doctor thinks that labour may present a risk to either you or your baby. The operation is normally performed when you are around 39 weeks pregnant.

## **What are the risks of a caesarean section?**

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The risks and benefits will be discussed with you by your obstetrician to help you make an informed choice about how your baby is born.

In general, the risks include:

- Excessive bleeding during the operation, which may require further procedures.
- Injury to structures near to your uterus (womb) e.g. bladder or bowel.
- Infection in your wound, uterus or bladder.
- Blood clots forming in your legs or lungs after surgery.
- A greater chance of having a caesarean section with subsequent pregnancies.

- A greater chance of your baby having minor breathing problems and needing some care in the Special Care Baby Unit.

As you have had an operation, it may take you longer to recover than if you have had a vaginal delivery.

## **What will happen when I have decided to have a planned caesarean section?**

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- You will be given a provisional date for the operation. You will also be advised whether the operation is planned for either the morning or afternoon. Please note that this date may change by a few days (earlier or later) depending on the workload of the maternity unit. We will try to give you as much notice as possible of any changes.
- You will be given an appointment for a pre-assessment clinic.
- You will be given some antacid medication. You should take these in accordance with the instructions on the packet.
- You will also be screened for MRSA (Methicillin Resistant *Staphylococcus Aureus*). MRSA is a bacteria carried in the noses of about 30% of the general population. Usually it causes no harm, however certain groups are more at risk of becoming infected with MRSA as opposed to just carrying it on their skin. These include patients who are undergoing surgery in hospital.

In order to identify those patients at risk of becoming infected with MRSA and to limit the number of carriers in hospital, all patients undergoing surgery of any form are routinely screened for MRSA. This involves taking swabs from your nose and groin. If it is found that you carry MRSA, you will be contacted by a midwife who will arrange for you to have treatment to remove the MRSA from your skin and nose. This is in the form of a nasal cream and body wash.

## What will happen at the pre-assessment clinic?

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During this appointment, you will be seen by a midwife who will discuss the procedure and measure you for some support stockings, which you will need to wear following the operation to reduce the risk of blood clots. If necessary, the midwife will also take some blood tests from you.

You will be given a sachet of a special carbohydrate drink called a 'pre-load' which you will be asked to make up and drink before your caesarean section. It has been shown that drinking the 'pre-load' can speed up your recovery and healing.

This appointment is an opportunity for us to talk with you and prepare you for what to expect on the day of your caesarean section. We will be able to address any worries or concerns that you may have and advise you how best to prepare for your recovery period. Studies tell us that patients who are mentally prepared for their surgery tend to make a better recovery. It is our aim to make the experience as stress-free as possible, allowing you to enjoy time with your new baby.

You will be given an opportunity to think about whether you would like to have a 'family focussed caesarean section'. Family focussed caesarean sections are designed to enhance the birth experience by providing a more personal and fulfilling experience. They are suitable for women who do not have any anticipatable problems. During a family focussed caesarean section:

- The operating screen will be lowered to allow you and your partner to watch your baby being born.
- The delivery is slower to mimic a normal delivery.
- Your baby will be put straight to skin to skin contact with you after birth. This can help with bonding and early breastfeeding because the baby can smell your scent and feel your heartbeat as they did in the womb. Skin to skin contact also helps to regulate your baby's temperature.

All of the care that is given to you is designed to help you recover quickly and get home as soon as possible. This is called 'Enhanced Recovery' – the benefits of which are:

- Reduced risk of acquiring an infection in hospital.
- Reduced risk of developing blood clots.
- Feeling less tired/stiff.

Your midwife will discuss postnatal care and when you can expect to go home. If you have not experienced any problems and your baby is feeding well you can expect to go home a day after your baby has been born.

## How should I prepare for my caesarean section at home?

### **Pain Relief**

Please make sure that you have enough paracetamol and ibuprofen at home ready for after the baby has been born. The hospital will not provide these. **Please do not take ibuprofen while you are pregnant – ibuprofen can harm an unborn baby.**

### **Shaving**

The caesarean section incision is made along the bikini line. You may wish to shave this area yourself. If you have not had an opportunity to shave this area before your caesarean section, your midwife will shave it for you when you arrive. If you wish to have the area waxed, please make sure that you have this done at least 2 days before the operation. This will let any inflammation from the waxing settle before the procedure.

### **Jewellery**

You may continue to wear your wedding rings during your surgery, which will be covered by tape. Please do not wear any other jewellery on the day of your operation. If you have a piercing which is difficult to remove, this can normally be removed in a piercing shop. Please make arrangements for this in advance.

## Packing your bag

As well as the other recommended items, you may find it useful to bring in the following items with you:

- Underwear which pulls up over the wound area (which will be at the bikini line).
- A CD to play the music of your choice while in theatre.
- Magazines/books, particularly useful if you are waiting to go into theatre.

## Eating, drinking and Pre-load

On the evening before your surgery you may eat a normal meal.

### ■ If your surgery is in the morning:

- You **can eat until 02:00am** of the morning of the surgery but must not have anything to eat (including chewing gum) after that time.
- You **can drink clear fluids** (water, squash, black tea/coffee) **until 06:00am** of the morning of your surgery.
- You **can drink your pre-load at 06:00am**. After this time, you must not have anything else to drink.

### ■ If your surgery is in the afternoon:

- You **can eat until 07:00am** of the morning of the surgery but must not have anything to eat (including chewing gum) after that time.
- You **can drink clear fluids** (water, squash, black tea/coffee) **until 11:00am** of the morning of your surgery.
- You **can drink your pre-load at 11:00am**. After this time, you must not have anything else to drink.

Your pre-load sachet should be mixed with 400mls of water.

Please note that alternative instructions regarding food and drink may be given if you have diabetes.

## Can I have someone in theatre with me?

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You can choose to have a birth partner with you if you are having a spinal anaesthetic. There is only space for one birth partner. Your birth partner will be given surgical scrubs to wear while in theatre. Please feel free to bring a CD in of your favourite music and a camera so that you can take photos of your baby after delivery.

Occasionally women will be advised to have a general anaesthetic. If this is the case, you cannot have a birth partner with you in theatre. Your birth partner will be asked to wait in your delivery room. After the baby has been born, your baby will be brought to them in your room.

## What will happen on the day of the operation?

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On the day of your operation, you will be asked to go to the Delivery Suite on Level G.

- If you have been booked for a morning slot you will need to come in at 08:00am.
- If you are booked for the afternoon you need to arrive at 11:00am and you will be advised of this when your operation is booked.

You will be cared for by a midwife who will assess you and your baby's wellbeing. This will include taking observations (measuring your blood pressure, temperature and pulse), listening into your baby's heartbeat and asking other questions about your wellbeing. You will be given a theatre gown and, if necessary, the midwife will shave your bikini line.

An obstetrician will meet with you to discuss the risks and benefits of the planned procedure and obtain your consent. You will be asked to sign a consent form. An anaesthetist will undertake an assessment and make a plan for your anaesthetic. You will be given the opportunity to ask any questions.

On the day of your operation, the midwifery, obstetric and anaesthetic teams will decide on the order of patients, based on clinical need. Your midwife will be able to give you information about when you can expect to go into theatre.

Our aim is for everyone to go to theatre in a timely manner; however, in an emergency other women may need the theatre facilities before you do. If this happens and we have to delay your operation we will make sure you are kept informed.

## What anaesthesia will I have for my caesarean section?

Most caesarean sections are performed under a spinal anaesthetic. This is similar to an epidural. The spinal anaesthetic ensures that you will feel no pain during the operation, but you will feel some pressure and movement sensations. Occasionally there may be medical reasons whereby a general anaesthetic is advisable, but this will be discussed with you in advance.

If you have any special anaesthetic risks your midwife or obstetrician will refer you to be seen in the Anaesthetic Obstetric pre-assessment Clinic. Such risks may be:

- Medical problems
- Problems with previous anaesthetics
- Problems with previous epidurals
- A high body mass Index (BMI)
- Back problems
- Anxiety or worries regarding an anaesthetic

## What will happen during the operation?

Your midwife will walk with you into theatre. All members of the team will introduce themselves and a series of checks will be undertaken to ensure your safety. As a part of this, you will be asked a number of times to confirm your name, date of birth and whether you have any allergies. Routine monitoring will be attached to you to help monitor your blood pressure and other vital signs.

The anaesthetist will insert a cannula (a fine plastic tube) in to a vein which will allow fluids to be given directly into your blood stream.

You will be asked to sit or lie on your side so that the anaesthetist can administer the spinal injection. You may feel some stinging from the local anaesthetic, but otherwise the process should be relatively painless. Once this has been completed, you will be asked to lie on your back and the theatre table will be slightly tilted.

When you are comfortable the midwife will insert a catheter into your bladder to keep it empty during the operation. This procedure will be painless.

Your abdomen is cleaned using a liquid antiseptic and you are covered with some sterile drapes. These drapes also create the screen, preventing you from seeing the surgery.

A routine antibiotic is given via your cannula. The operation will not start if you or your anaesthetist is unhappy with your spinal anaesthetic block. Sometimes you may experience dizziness, nausea or sickness, but your anaesthetist will be able to give you medication to help with this. It is not uncommon for your breathing to feel a little different, but this will not last long.

When the baby has been born, the midwife will assess your baby's condition and either place the baby straight onto your chest or dry and wrap the baby then bring them to you to hold while your operation is completed. Your baby can be put skin to skin with you. If it becomes uncomfortable holding the baby, please let the anaesthetist or midwife know. They will be able to move the baby to a more comfortable position, or give the baby to your birth partner. Your baby will stay with you the whole time, unless there are any problems.

The length of the operation can vary but most women stay in theatre for 1-2 hours. Before you leave theatre, your anaesthetist will explain your pain relief for when your anaesthetic wears off.

## **What happens after the operation?**

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You will be taken back to a room on delivery suite to recover following the operation. You will be monitored closely by your midwife.

You will remain in this room for at least two hours. During this time, your midwife will help you to be in skin to skin contact with your baby and help you to feed your baby. Your midwife will also fit you with your support stockings, offer you a wash and help you change in to your own comfortable clothing before transfer to the ward. You will be offered fluids and light diet after returning to the delivery suite providing you do not feel sick.

Your anaesthetic will gradually wear off after your operation and you may feel a tingling in your legs as the sensation returns. You may also feel very itchy for a short time – this is completely normal and will pass within a few hours.

## **How will I be cared for in hospital after the operation?**

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You and your baby will be cared for by the postnatal ward team who will help you to learn how to feed and care for your baby as well as help you to recover physically from giving birth.

- You will regularly be offered pain relief. It is very important you take this regularly even if you are comfortable. This will ensure your comfort levels are maintained.
- You will be prescribed either a 10 day or 6 week course blood thinning medication which will prevent you developing a blood clot. This medicine is given every day as an injection and you will be given some to go home with. Either you or your partner will be taught how to give the injection.
- It has been found that women recover better after a caesarean section the earlier they get out of bed and mobilise. You will be helped out of bed around 6 hours after your baby has been born.
- Your catheter will be removed around 6 hours after your baby has been born, although this will not be undertaken if it is still night time.

## When can I go home?

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You may be able to go home the day after your baby has been born if you have not experienced any problems during or after birth and you are successfully feeding your baby.

If you have encountered problems or require help with feeding, you may be advised to stay in hospital for longer.

There is no pressure to go home early but we believe that many women wish to recover in the peace and comfort of their own home, and if appropriate, should be offered the option of early discharge.

## What are my alternatives?

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Your baby must be born, but it is your choice how you give birth. If you do not wish to have a caesarean section and would like to talk about your options further, please talk to your midwife or obstetrician.

## Further information and reference source

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Further information on caesarean section can be obtained from Clinical guideline 13 at [www.nice.org.uk](http://www.nice.org.uk) which was used in preparation of this leaflet.

## Contact details

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If you have any concerns please contact us.

### Delivery Suite

**Telephone:** 01483 464133

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## PALS and Advocacy contact details

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Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

**Telephone:** 01483 402757

**Email:** rsc-tr.pals@nhs.net

**Opening hours:** 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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Author: Clare Cardu

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