



Your Caesarean Section

What is a caesarean section?

A caesarean section allows your baby to be born through the abdominal wall, rather than vaginally. It is one of the most commonly performed operations worldwide.

A caesarean section is performed for a variety of different reasons. Miss Mellon will discuss reasoning for recommending a caesarean section, as well as the associated risks and benefits.

Caesarean sections can be performed as a planned procedure at a suitable and convenient date, or as an emergency if complications arise during labour. We welcome a birthing partner to support you and be present at the time of your baby's birth.

On the day of your caesarean section

Preparing for your caesarean section:

- 6 hours before: you can have a light meal, milk or a fizzy drink. This will be your last meal prior to the caesarean section
- 2 hours before: you can have sips of water or cordial, but no fizzy drinks, milk, sweets, chewing gum or food. After this you should be nil by mouth – ie. do not eat or drink anything
- Continue taking medications as prescribe, unless your anaesthetist or obstetrician has advised you otherwise
- Take your stomach neutralising/antacid medication as prescribed. This is likely to be taken the evening before and the morning of your caesarean section – your pharmacist should advise you
- If you feel unwell when you are due to come in to hospital, please contact Miss Mellon directly for advice



On Admission

You will be greeted at The Portland Hospital's main reception and escorted to your room by the front of house staff.

The midwives will greet you on the ward, show you the room facilities and explain the admission process. You will have your blood pressure, pulse and temperature taken, as well as a blood test which will be checked before your operation.

If not already completed, Miss Mellon will go through your consent form and answer any questions you have. Additionally, you can discuss your preferences for the caesarean section – for example, if you would like music played and whether you would like to see your baby being born by dropping the screen during the operation.

You will be assessed by your anaesthetist on the ward and the most suitable form of anaesthetic will be decided. They will answer any questions you have.

Jewellery and piercings should ideally be removed. If this is not possible they will be covered with tape to prevent damage to it or to your skin. You should also inform the anaesthetist or nurses if you have loose teeth, caps, crowns or dentures or if you wear contact lenses, hearing aids or have prostheses.

Whilst you are in theatre

Your midwife will accompany you and your birthing partner to the operating theatre. Your partner will be able to stay with you throughout the caesarean section, unless you are having a general anaesthetic – in which case they can wait in the anaesthetic room until the caesarean section is over, allowing them to see and hold the baby as soon as practically possible.

Your identification will be checked against your hospital name band.

Your anaesthetist will place a cannula in your arm, which is similar to having a blood test, leaving a small tube to allow medications to be given through a drip.

You will be attached to monitors so that your blood pressure, pulse and blood oxygen levels can be checked throughout the operation.



Anaesthesia

The type of anaesthetic you will be given depends on a number of factors. Your anaesthetist will use your medical history to ensure you are given the safest and most effective form of anaesthetic.

Your options for anaesthetic are:

Regional Anaesthesia

You are awake throughout the caesarean section

- Epidural
 - o The epidural space is found about 6 inches above your tailbone
 - o You will be helped into position (either lying on your side or hunched over whilst sitting on the edge of the operating table) by the anaesthetic assistant. You will be examined by the anaesthetist to find the best position for the epidural to be placed. The anaesthetist will sterilise your back by cleaning with cold liquid. You will then be given local anaesthetic into your back – this part can feel sharp and tingly. When your back is numbed, a needle is introduced into the epidural space. You may feel pressure whilst this is done, but if it is painful let your anaesthetist know. The epidural catheter, which is a thin flexible tube, is then inserted, whilst the needle is removed so nothing sharp remains in your back. A dressing is secured. Local anaesthetic is given through the tube
 - o You may begin to feel warm and tingly whilst this happens. You will still be able to move your legs. The dose can last between 4-6 hours.
- Spinal
 - o You will adopt a similar position to that for an epidural. The anaesthetist will clean your back, insert local anaesthetic and insert a spinal needle into your back. You will then be given a one-off injection, and the needle will be removed.
 - o Your legs will begin to tingle and feel heavy and warm. You will not be able to move your legs soon after. This dose lasts between 2-4 hours.
- Combined spinal-epidural / CSE
 - o This is a combination of the above. It allows the spinal to be used for pain relief during the caesarean, whilst allowing pain relief medication to be topped up if needed both during and after the caesarean section.



Once the regional anaesthetic is given you will be placed on your back and tilted slightly to the left. Your anaesthetic will then be tested with a very cold spray – if the anaesthetic is affected you will not be able to feel this spray on your legs and tummy. Common side effects include nausea, itching and shivering – all of which are treatable.

You will have a catheter inserted to help empty your bladder which will remain in for at least a day. You will then have a screen separating you from the operating site, the height of which can be adjusted.

You should not be able to feel any sharp pain, but may feel pulling and pushing sensations as your baby is born. If you feel pain you must let your anaesthetist know.

General Anaesthesia

You are asleep during the caesarean section.

You will be given oxygen to breathe through a face mask, and then receive anaesthetic through a drip which will work quickly. You will feel some pushing on your neck to prevent stomach acid getting into your lungs before falling asleep. Miss Mellon and the team will be assembled and ready to start to deliver your baby quickly after you go to sleep.

Once you are asleep you will have a tube inserted into your windpipe so that a machine can breathe for you.

When you wake up your throat may be sore and you may feel uncomfortable from the operation. You are likely to feel sleepy for a while, and may feel nauseated.

Once your baby is born they will be checked over by the midwife. If your baby requires an immediate paediatric review, paediatricians will be present. You will then be able to hold your baby. We encourage you take photos or videos of you and the baby if you would like.

After the Caesarean Section

After your caesarean section, you will be taken to the recovery room, where you will be looked after by the recovery team. Your midwife will stay with you to help support you and the baby. Your midwife will help you spend time skin-to-skin with the baby and help support with feeding, whether you are breast or bottle feeding. You will remain in the recovery room until your pain is sufficiently managed and your observations are stable. You will then be taken back to the ward.



As the anaesthetic wears off you may feel tingling in your legs. If you have had a general anaesthetic you may feel nauseous or sleepy. Once your recovery nurse and midwife are happy with your recovery, you will be transferred back to your room with your baby.

You will then be regularly observed by your midwife to ensure you are recovering well from your caesarean section.

Your anaesthetist will ensure that you have adequate pain relief prescribed for after the caesarean section. You will have access to stronger pain relief if required. It is recommended to use regular pain relief, rather than waiting until the pain is very intense, as this can be more difficult to manage. If you have a general anaesthetic, you may have a PCA (Patient Controlled Analgesia) which allows you to periodically top up your pain relief, which is given through a drip. It is common to feel itching from this medication and if required a medication to relieve the itching can be given.

Caring for and Feeding Your Baby

On the ward, your midwife, nursery nurses and maternity care assistants are all on hand to help you and your birth partner to care for and feed your baby. Your midwife will help with breastfeeding tips to ensure the baby latches and feeds well and there is a dedicated feeding team who will help if necessary.

When Can I Eat and Drink?

If you are recovering well, you can eat and drink as soon as you are hungry and thirsty. Before this, sipping iced water can help if you have a dry mouth. It is recommended to eat light food to start with, as sometimes the bowel can become sluggish after a caesarean section.

When Can I Move Around?

After a caesarean you will gradually be able to sit up in bed and mobilise. The first time you mobilise should be under the supervision of a midwife, to make sure you are safe. Typically this is around 12 hours after a caesarean section. Once you are mobile, your catheter can be removed. You will be taught gentle exercises by a



physiotherapist to ensure you are recovering quickly and safely. Early mobilisation is really important as it helps reduce the risk of blood clots in the legs and helps your regulate bowel movement.

How Do I Care for my Wound?

This depends on the stitches that are used, your midwife will advise you specifically how to care for the wound. Typically, all internal stitches dissolve on their own and over time. The external stitch on your caesarean scar is dissolvable over a few weeks. You will have a dressing over your wound and sometimes SteriStrips, which are small vertical plasters. Once these fall off, keep the wound clean and dry. For the first few weeks, avoid washing in the bath. Use a shower head, without shower gel, to clean the wound and pat dry. Miss Mellon may recommend silicone dressings, which can help with scar healing. If you notice worsening redness at the wound site, oozing or a fever, inform Miss Mellon as this may be a sign of a wound infection.

When Will I be Ready to Go Home?

Typically, women who have an elective caesarean section are able to be discharged the day after their baby is born. Of course, this depends on your recovery and the health of you and your baby.

You will be ready to be discharged when:

- Your pain is well controlled with simple painkillers that you can take home
- You have passed urine after your catheter is removed
- You are able to eat and drink
- You have passed wind. It can take several days to open your bowels, and you will be given laxatives to go home with to help regulate bowel movement
- You have light to moderate lochia (vaginal bleeding)
- You are happy with your baby's feeding
- Your baby is well
- There are no other complications and Miss Mellon is happy for you to be discharged



When you are Home

It is normal to feel tummy pains and have light lochia (vaginal bleeding) for anything up to 1 month. Unfortunately, some women may begin to feel more unwell when they are at home. However, if any of the following happen, or you feel unwell for whatever reason, you should inform Miss Mellon immediately:

- Worsening tummy pain
- Increasing or heavy lochia (changing a pad per hour). Monitor this by wearing a pad, rather than a tampon.
- Fever
- Offensive vaginal discharge
- Unable to pass wind
- Signs of a wound infection
- Redness/pain/swelling in one leg or chest pain and shortness of breath which could indicate a blood clot
- Headache/visual changes/leg swelling in both legs/right upper tummy pain which could indicate blood pressure problems

After a caesarean section, you should not drive for 6 weeks. This is usually the time it takes to safely perform an emergency stop.

You should do gentle exercise and remain mobile, but avoid strenuous exercise and heavy lifting for 6 weeks. You are able to pick up and hold your baby.

You can have sexual intercourse when your wound has healed and you have stopped bleeding (typically after 6 weeks) and of course when you feel comfortable and ready to.

Postnatal Follow Up

Miss Mellon will review you at 6 weeks for a full post-natal follow up. This will include a discussion regarding contraception, doing your cervical smear if it is due and answer any questions you have.