Information and advice for mothers

Maternity

Why did I need a caesarean section?

Before your caesarean your doctor will have discussed with you the reasons why you needed to have a planned caesarean section. He/she will also have spoken to you briefly about this following your caesarean. A caesarean section would have been recommended and performed in the interest of you and your baby.

We encourage you to discuss anything that is not clear about your caesarean while the experience is still fresh in your mind. The best way to get answers to any questions you may have is by asking the midwives and doctors who looked after you, while you are still in hospital. They will be happy to discuss things with you. If you would rather wait an appointment can be made for you at a later date.

Before Surgery

Your doctor will discuss with you the reasons why a planned caesarean is advised. It may be that you have had a previous caesarean section, or your baby is in a breech position. If that is the case it will usually be arranged at around 39 weeks of this pregnancy. This is to avoid complications with your baby's breathing at the time of birth. If your caesarean is advised for other reasons the doctor will discuss those with you and make a decision when the operation is best performed.

The week before the operation you will attend a pre-operative assessment appointment which will be in antenatal clinic. A midwife will explain everything that will happen and you will be given medication to take home to use the night before and the morning of the operation. In addition to this the midwife will take some blood and samples to ensure you are fit and well to have surgery. If you have any queries ask at his appointment.

Consent for the Operation

You will have been consented for the operation before the day of the procedure. You should have been advised of all the possible complications which will be:

- Haemorrhage and bleeding
- Infection
- Damage to other organs such as the bladder and bowel
- Blood clots in the legs or lungs
- Longer recovery than normal birth
- Longer stay in hospital.
- Breathing problems for baby
- Admission to neonatal care
- Cut or trauma to baby

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There may be other things to consider that are specific to you but in the main these complications should be explained to you. No operation can be performed without your consent.

The date of the operation will be given to you and you should come to delivery suite at 7.45 unless another time is specifically given to you. A midwife will be allocated to care for you throughout the operation until you go to the postnatal ward. The anaesthetist will also see you before the operation to ensure there are no problems which may affect the operation.

Most women are advised to have a spinal block for the operation (similar to an epidural) where you are awake. This is for 2 reasons; you will be able to see, hear and hold your baby quickly and generally you will recover much quicker than following a general anaesthetic (where you are put to sleep). Having a general anaesthetic causes more complications both during and after the operation for pregnant women so it is best avoided if possible.

Most planned caesarean sections are booked for the morning Monday to Friday and your team will not be working on delivery suite that day so you should not find your operation cancelled. It will only be cancelled in exceptional circumstances.

Recovering from an elective caesarean section Pain

While you are still in hospital the midwife will ask you about your level of pain and give you painkillers to help you stay comfortable. If you are in pain, please let us know so that we can help you. If your pain is not settling we can involve other team members such as an anaesthetist who will advise on managing your pain. You will be given help with getting out of bed, feeding your baby and looking after yourself.

Your stay in hospital

If you make a normal recovery you can expect to go home after 2-3 days and you must ensure that you have lots of help at home for at least the first 2 weeks.

Your wound and stitches

The midwife will check you over regularly and make sure your wound is healing well and there are no signs of infection. S/he will explain how you can look after your wound once you are at home.

You may have some bruising and or swelling along the scar but this will soon disappear; if you have clips in your wound the midwife will remove these for you. Often the wound is stitched without the stitches being visible; this means that you do not have to have the

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stitches removed. The midwife will advise you how the surgeon has repaired the skin and how to care for your wound. Once you are discharged if you are worried at any time about your wound please discuss with the midwife when she visits you at home or call using the emergency numbers provided.

Going home

Once you are home you should continue to rest and take any prescribed medication that you have been given so that you can recover properly. The community midwife will visit you the next day and will explain the routine of home visiting for you and your baby. Your midwife will ensure that you are healing well and are coping at home. If you appear to be finding it difficult you will be offered an appointment to discuss your feelings with a specialist.

Caring for yourself

You should have a shower or bath daily and keep your wound clean and dry. You should also change your sanitary towel frequently. You may find that your blood loss is light and appears to stop quickly, however the more you do the more the blood loss will increase. If your mood is low and you find that you are tearful discuss with the midwife when she visits; this may be normal following a stressful time but it may be a sign of postnatal depression early in your recovery.

Returning to normal activities

You may start to do your usual activities at home when you feel more like yourself. There are no time restrictions as everyone is different; however remember you have had a serious operation and should rest more frequently. You should leave heavy tasks such as vacuuming, standing to iron for long periods and heavy housework until 6 weeks after your caesarean.

Sex

You can resume sexual intimacy at any point; there is no right time however most women wait until their wound has healed and the blood loss has stopped. You must use contraceptives at all times if you do not want to have another baby quickly, as you can conceive anytime after the birth.

Driving

You should avoid driving for at least 6 weeks after your caesarean, and will need to contact your insurance company for more information about when you can return to driving.

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Symptoms to report

Please contact your midwife or GP as soon as possible if you experience any of the following:

- Feeling unwell
- Feeling hot and feverish
- Pain that is new or becoming worse
- Signs of a wound infection: redness, swelling or oozing from the wound

Please contact your midwife or GP urgently if you experience any of the following:

- Swelling and tenderness in the back of your leg(s)
- Shortness of breath
- Pain when breathing

Future pregnancies

It is important to know that having one caesarean section will not determine how your next baby might be born. 75 out of 100 women who have had one caesarean section will have a normal birth in the future. If you become pregnant again your doctor or midwife will discuss your birth plan with you during the antenatal period and will advise you of any precautions you may need to take.

Although most women can plan to have a normal birth, some may be advised to have a planned caesarean section

Follow-up

Your GP will be notified that you have had a caesarean section and of your discharge home.

Unless there was a particular problem with your birth you will go home under the care of your community midwife and your GP and health visitor. You will have your follow up with your GP as usual at 6 weeks postnatal.

Before you leave hospital the midwife will complete the information below. Please keep this safe for future reference as it may be useful when planning your next pregnancy.

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You have had an elective caesarean section and the reason for this was (please tick):	
	Breech presentation Foetal concern Maternal health concern such as eclampsia
Discussed the reason for a caesarean section with a doctor before going home: Yes / No	
Signature	
Name	e Date

Further information

If you have any problems following your caesarean, please contact your community midwife or GP.

For more information on your options for giving birth after a previous caesarean section and about pregnancy and childbirth in general please visit the maternity pages on our website: www.swbh.nhs.uk/services/maternity

For more information about our hospitals and services please see our website www.swbh.nhs.uk, follow us on Twitter @SWBHnhs and like us on Facebook www.facebook.com/SWBHnhs.

Sources used for the information in this leaflet

National Institute of Health and Clinical Excellence, CG13 'Caesarean section', April 2004

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5303 or email: swb-tr.swbh-gm-patient-information@nhs.net



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