

## Patient information

# Having your baby by planned caesarean section

There are many reasons why you may have been advised that your baby needs to be born by a planned caesarean. Whatever the reason in your case, the staff here at the West Suffolk NHS Foundation Trust wish to help make the arrival of your baby as special and stress-free as possible.

If you have any questions or requests at any time, please speak to a member of staff.

Your caesarean section will be between the dates of..... and.....

This will be confirmed by email approximately a week in advance of your operation.

Please have your pre-op blood tests **taken-the day before your operation**

Omeprazole tablets: .....tablet/s to be taken the night before the surgery at 10pm and ..... tablet/s the morning of the operation at 6am.

Take one sachet of preload (carbohydrate drink) and dissolve in 400mls of water – this must be taken at 6am on the morning of the surgery. If you are diabetic or have had gastric surgery you will not be required to have this.

The night before surgery: No food or chewing gum after midnight, but you may drink plain non fizzy water until **6am** and **then very strictly nothing to eat or drink.**

Enhanced recovery pathway: Yes / No / Considering

## Preparing yourself for the birth

When a caesarean is advised by your obstetrician, the reasons as well as the risks and benefits will be discussed with you in full. You will be asked to sign a consent form in advance. The maternity team will arrange your date for caesarean section. They will aim to give this to you as soon as possible or at the very latest one week before. However, please be aware that this can be subject to change, at short notice.

If you have any specific wishes for the birth of your baby, these can be discussed and planned in advance with your midwife. For example, would you like to have music playing in theatre when your baby is born? Would you like the drapes to be lowered so you can see the baby as he or she is born?

If possible, plan ahead now for after the birth. You will need a little extra help and support at home while you heal and recover. Ideally plan for four weeks of extra help.

If you are a smoker, please reconsider quitting. Not only will this greatly benefit your baby, but it will also help your recovery after your caesarean. Talk to your team of midwives about sources of help and support with this.

It is also a good idea to contact your car insurance provider to enquire when you will be deemed fit to drive after the birth. Different companies apply different rules, but you must inform them when you have had the operation, or your cover could be void in the event of a claim.

**Important:** Please do not remove hair from above the bikini line for four weeks prior to your planned caesarean. This is the area at the bottom of your bump where your scar will be. When you are admitted your midwife will discreetly remove any hair from this area with specially designed clippers. This technique is known to decrease the risk of infection following surgery.

You will be advised to attend the hospital phlebotomy (Monday to Friday) or maternity day assessment unit (MDAU) / triage (weekends) for blood

samples to be taken before your planned caesarean. Your midwife will inform you where to go. It is essential that these are taken **within 24hours** of your admission.

You will also be given an omeprazole tablet to take on the evening prior to admission at 6pm and a further tablet at 6am on the morning of the operation. This reduces the amount of acid in your stomach in preparation for your anaesthetic.

Providing you are not diabetic or have been diagnosed with gestational diabetes or have undergone gastric surgery of any type, you will be given a sachet of preload to take on the morning of the operation at 6am. The sachet should be mixed with 400mls of water and consumed orally. Preload is a carbohydrate drink that provides you with energy to cover the period of starvation. Research suggests these drinks prevent a rise in blood sugar, minimise protein loss, can help to enhance recovery and reduce a hospital stay.

In addition to the usual essentials for you and your baby, please also bring:

- A dressing gown or robe
- Slippers (must be clean and only have been worn indoors)
- A nightdress or top (pyjamas are unsuitable initially, because of your catheter)
- Light and loose underwear and clothing for the early days after the birth (so they don't rub or irritate your wound).

Please note that all jewellery (except your wedding band) needs to be removed before you go to theatre. We advise you to leave all other valuable jewellery at home.

## **On the day**

**Come to the Labour Suite at 7.15am with your birthing partner.**

**If either you or your birth partner are symptomatic of Covid-19, please ensure you complete a lateral flow test prior to attending the hospital. If the test confirms a positive result, you must phone the**

**hospital before attending in order for us to put appropriate plans in place for you and your baby's safety.**

It is essential that you do not eat any food, chew gum, or have milky drinks after midnight. Plain, non -fizzy water may occasionally be sipped from 6am until the time of surgery. This is to ensure your safety when undergoing your anaesthetic.

If you are diabetic, please bring your blood sugar testing kit into hospital with you and continue to test your blood sugars as advised by your midwife or doctor.

You can have a bath or shower on the morning of your caesarean if you wish.

Please don't wear any make up or nail polish on the day.

On arrival to the maternity unit, you will be greeted by your midwife and directed to the ward environment. You will then be given a hospital gown and anti-embolism stockings (flight socks) to wear. Your birthing partner will also be given theatre clothes to change in to. The midwife will take your observations (weigh you, ask you for a urine sample and listen to your baby's heartbeat). The midwife will then discreetly remove hair from your bikini line, where the incision will be made.

You will then meet the obstetric team and the surgeon who will be helping to deliver your baby, as well as the anaesthetist who will be caring for you in theatre. Please note that it is usual practice to check your identity at several stages throughout the procedure, so you will be asked your name and date of birth lots of times!

The vast majority of people who have planned caesareans have regional anaesthesia (a spinal / epidural - you are still awake). Your anaesthetist will discuss what is suitable for you. If you will be having a general anaesthetic ('going to sleep'), your partner will not be able to accompany you to theatre but will be shown into a private room to await your baby's arrival, and you will be reunited later.

It is not possible to give an exact time that you will be going to theatre because it is subject to change depending on other activity in the unit. When it is time to take you to theatre, we want all the staff to be able to focus on you and your baby. Your midwife will keep you informed and updated.

Don't forget to bring your camera – your partner can bring it into the theatre if you wish. If you will be using your mobile phone or another digital device, then please ensure that it's set to 'flight mode' before heading to theatre. Your midwife will be happy to help take photographs of you both with your baby. Video recordings are not permitted in theatre.

## **In theatre**

First an intravenous (IV) cannula ('a drip') is inserted by your midwife/anaesthetist in the room before you attend theatre.

When it is time to head to theatre you will have the choice to walk with your birthing partner or go on a bed. You will then be taken into main theatre by your midwife and helped to sit on the edge of the theatre bed in the correct position for your spinal / epidural to be sited. Your back will be painted with pink antiseptic, a local 'numbing' anaesthetic injection is put in and the anaesthetist sites the spinal / epidural.

Once the spinal/epidural is complete and effective, your midwife will insert a catheter into the bladder to continuously drain urine as you will not have the sensation to go to the toilet after the anaesthetic has been given, and for some hours afterwards.

During this time your blood pressure and other vital signs will be carefully monitored. The doctor will test to make sure that the anaesthetic is working well, and you will then be transferred on the bed into the theatre.

Please note that there are several members of staff in theatre who will introduce themselves to you. It can be daunting to have so many people in the room, but everyone there has a role to ensure the safety and wellbeing of you and your baby.

The final identity checks are performed, and the operation begins. When your baby is born, there will be a short delay to allow for delayed cord clamping (evidence has shown that this practice has benefits for newborn babies). Then your midwife will take your baby to the 'resuscitaire', to be dried, checked, weighed, and given vitamin K, with your consent. This is because the resuscitaire provides a stable, warm surface and has oxygen and suction in case it is needed.

As quickly as possible, your baby will be brought to you for your first cuddle. It is recommended that you hold your baby in direct skin-to-skin contact. This is because it helps to keep him/her warm and calm and helps to initiate feeding. Your midwife will help you with this. Babies who have been in close contact with their mothers tend to feed more successfully.

When the operation is finished, your midwife will accompany you back to a recovery room. They will stay with you to carefully monitor your vital signs and help you to feed your baby. You can now begin to drink water and a light diet can be commenced when advised by your midwife.

## **After the birth**

When you and your baby are ready the frequency of your checks will be reduced. You will be prescribed some regular pain relief, and some if you need it in between the regular times.

Skin to skin can be continued and your midwife can give you support with breastfeeding, positioning, attachment, and hand expression.

Once you are stable your midwife will transfer you to the care of F11 midwives, where care will be given by a team of midwives, nurses, and maternity care assistants.

Please inform the midwife caring for you if you are in pain or notice any heavy bleeding.

Your IV cannula and urinary catheter remain in overnight. Early the following morning, your catheter can be removed, and you can get up

and have a bath or a shower. Help and assistance will be available for this.

Early mobilisation is essential for your physical and emotional wellbeing. This is usually small steps at first such as walking to the toilet and/or mobilising around the bed space but it is helpful in reducing the risk of pressure area sores or blood clots from developing and aids recovery to enable you to go home quicker.

You may need to have a blood test to check the iron levels in your blood. If these are normal, then the IV cannula can be removed. It is very important for your midwife to monitor your urine output measurements initially. This is because the normal function of the bladder can be interrupted temporarily because of having had the catheter in. Your midwife will provide a container and advise you when you need to do this.

Your wound will be covered with a dressing, which can be removed between days 5 to 7. You should be given a spare dressing to take home. It is important to keep your wound as clean and dry as possible. It is helpful to wear loose underwear and clothing initially to keep you comfortable.

If you have a PICO (a special suction wound care system) dressing in place, your midwife will tell you how to care for it. Spare dressings are not given for this type of dressing.

It is important to begin to gently mobilise from the first morning onwards to reduce the risk of deep vein thrombosis. However, please ensure that you also have plenty of rest in the first few days to help your recovery. Even though you may feel very well it is a good idea to take all of your regular pain medication.

## **Visting information**

F11 visiting hours are as follows:

- Named birthing partner 8.30 am to 10pm
- Own children can visit between the hours of 2.30pm to 8pm
- Additional visitors 2.30pm to 4pm and 7pm to 8pm (maximum **two** additional visitors per slot).

Except for your own children, we regret that no other children are allowed onto the ward to visit at any time.

Following the birth of your baby, we can offer for one support person to stay overnight with you for your first full night postnatally. This can be your partner, or another designated adult who can help you care for yourself and your baby.

Unfortunately, we cannot offer this for any subsequent nights you stay on the ward unless in exceptional circumstances and agreed by the head of midwifery.

**Visitor allowances and times are subject to change, therefore please visit our maternity page, or speak to ward staff for the most up to date information on visiting.**

We kindly ask partners and visitors to use toilet facilities off the ward.

Parking is via a private company, please consider these charges prior to admission.

## **Going home**

After 1-2 days you will be discharged home to continue your recovery. You will be given some pain medication and anti-clotting injections (your midwife will explain how to give these) to take home, as well as iron tablets if you need them.

Please ensure you have a supply of paracetamol and ibuprofen (unless you have been told not to take this) at home ready for discharge as we do not issue these pain medications from hospital.



It is very important to wear your anti-embolism stockings until you are fully mobile after the birth. You will also be given an extra wound dressing should you need it.

It is important you consume a healthy diet and keep well hydrated to help with healing and to facilitate bowel movements.

You will need a little extra help and support in the first few weeks, and you must be careful to avoid any heavy housework, etc. Try to stay mobile and do gentle activities, such as going for a daily walk, while you're recovering to reduce the risk of blood clots. Be careful not to overexert yourself.

You should be able to hold and carry your baby once you get home. But you may not be able to do some activities straight away, such as:

- driving
- exercising
- carrying anything heavier than your baby
- having sex.

Only start to do these things again when you feel able to do so and don't find them uncomfortable. This may not be for six weeks or so.

Your team of midwives will provide your postnatal care, and you will be given other contact numbers for help and support.

Because you have had your baby by caesarean, there are implications for future pregnancies and births. A vaginal birth is often possible, but you will need to labour in hospital.

Unless you are advised that you need to return to the hospital, you will need to make an appointment for a postnatal check-up for you and your baby at 6 weeks with your GP.

## **When to get medical advice**

Most people have no problems with their recovery, but it is important to contact your midwife or GP straight away if you have any of the following symptoms after a caesarean:

- severe pain
- leaking urine
- pain when peeing
- heavy vaginal bleeding
- your wound becomes more red, painful and swollen
- a discharge of pus or foul-smelling fluid from your wound
- a cough or shortness of breath
- swelling or pain in your lower leg.

These symptoms may be the sign of an infection or blood clot, which should be treated as soon as possible.

You can find lots more information about having your baby by caesarean section at [www.nhs.uk/conditions/caesarean-section](http://www.nhs.uk/conditions/caesarean-section)

## Clinical research

West Suffolk NHS Foundation Trust is actively involved in clinical research. Your doctor, clinical team or the research and development department may contact you regarding specific clinical research studies that you might be interested in participating in. If you do not wish to be contacted for these purposes, please email [info.gov@wsh.nsh.uk](mailto:info.gov@wsh.nsh.uk). This will in no way affect the care or treatment you receive.

**If you would like any information regarding access to the West Suffolk Hospital and its facilities, please visit the website for AccessAble (the new name for DisabledGo) <https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>**



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