This leaflet describes what will happen if your baby is to be born by a planned Caesarean section; from the time the operation is booked to the early days after the birth.

The pre-Caesarean section visit

We will make a pre-operative assessment appointment for you (and your partner if you wish) at the John Radcliffe Hospital, a few days before the operation. This visit should take about 1-2 hours, depending on how busy the department is.

An anaesthetist will review your medical history and discuss the anaesthetic choices with you. They will also talk with you about the risks of each type of anaesthetic.

A member of the team will take a nasal (nose) swab from inside your nostril. This may tickle, but shouldn’t hurt. This swab is used to test for MRSA bacteria.

About 3 in 10 people have the MRSA bacteria somewhere on their body. It is not normally infectious or harmful, but because you are having an operation we will give you some extra antibiotics during and after the operation if the results show MRSA bacteria within your nose.

Preparing for the operation

You will be given tablets to take the night before and on the morning of the operation. These are anti-sickness and anti-acid drugs that help prevent you from being sick during your anaesthesia and operation.

Fasting

Fasting is very important before an operation. If you have anything in your stomach whilst you are under anaesthetic sedation or have an epidural/spinal anaesthetic, it might come back up and get into your lungs.
If your Caesarean is in the morning, you must not eat anything after 2.00am, but you may drink water until 6.30am. Do not eat or drink anything after this time, including chewing gum or sucking sweets.

If your Caesarean is in the afternoon, you may eat breakfast before 6.30am and drink water until 11.00am. Do not eat or drink anything after this time, including chewing gum or sucking sweets.

**On the day of the operation**

Please come with your birth partner and overnight bag to the Delivery Suite, Level 2, Women’s Centre, John Radcliffe Hospital, at the time arranged at your pre-operative assessment appointment (either 7.15am or 11.00am).

Please leave all jewellery and valuables at home, as we do not have anywhere safe to keep them during your operation. If you wear a wedding ring we can secure it with some surgical tape wrapped around it.

Please make sure you remove all nail polish or false nails before coming in, so we can use your fingers to monitor your heart rate. If you wear contact lenses, you can keep them in or wear your glasses. However, these will both need to be removed if you need to have a general anaesthetic.

Please note that, though it is unlikely, you may have to wait if an unexpected delay has occurred, but we will keep you informed if this happens. You will be prepared for theatre when there is a bed available.

We will shave the top inch of your bikini line, if you have not done this yourself. This is the area where we will make the cut to deliver your baby. We will also give you elasticated stockings to wear (you may hear these referred to as TEDs), which help to prevent blood clots.
The team looking after you will introduce themselves to you. They will then check on your baby’s heartbeat using a hand-held instrument called a sonic-aid or Doppler.

**The anaesthetic**

When the time comes for your operation you will be taken to theatre or an anaesthetic room. The anaesthetist will set up an intravenous drip into a vein (normally in your hand or arm). This allows us to give you fluids and medication more easily during the operation.

If you are having a planned Caesarean section, the most common anaesthetic used is a ‘spinal’ block. This makes you numb from your breasts down to your toes. This will last for 2 to 3 hours; throughout the operation and for some time afterwards. If you want your birth partner to be with you whilst we put in the spinal block, please let the anaesthetist know.

In Oxford it is common practice to combine the spinal block with an epidural. This is a small plastic tube that is inserted into your back. It can help us to give you pain relief after the surgery.

The anaesthetic procedure usually takes a few minutes to perform and about 20 minutes to become completely effective. Your blood pressure, heart rate and the amount of oxygen in your blood will be monitored throughout the anaesthetic and operation.

If you feel sick or lightheaded at any time, please tell the anaesthetist. This may be caused by a drop in your blood pressure, which can easily be treated.
The operation

When the anaesthetic has taken effect, a small tube called a catheter will be inserted into your bladder. This keeps your bladder empty during the operation. It will normally be kept in until the following morning.

Your birth partner will be given a theatre gown and hat to wear and can join you in theatre. They can bring in baby clothes, a music CD to play during the operation and a camera. You can take photos and videos of you and your new baby when they have been passed to you.

You can also choose whether you want to watch the birth, but if you wish to film or photograph the actual operation you will need permission from all members of staff beforehand. Please discuss this with the team on the day of the operation.

There will be a midwife in theatre and a piece of equipment called a ‘resuscitaire’, which provides heat and oxygen if your baby needs help with their breathing. There will also be a paediatrician in theatre if we know that your baby may need extra care after they are born.

When the operation is ready to start, the obstetrician will make a cut through the lower part of your abdomen. You will feel a lot of pulling and pressure and your baby will be born a few minutes later.

Your baby will be weighed and dried then either placed on your chest (wrapped in a blanket or skin-to-skin) or passed to your birth partner. If you would like skin-to-skin contact with your baby, we will usually put a nappy on them after they have been weighed, but if you would prefer we can leave your baby naked. Your baby will normally then be dressed whilst you are still in theatre.

The anaesthetist will then give you an injection into your vein to help the placenta (afterbirth) to deliver. It will then take a further
30-40 minutes for the doctors to complete the operation. You will be offered a pain relieving suppository at the end of the operation, to help when the anaesthetic wears off.

If you need to have a general anaesthetic, you will be put to sleep and your birth partner will be taken to a waiting room nearby whilst the operation is carried out. Your baby can be brought straight out to them while you wake up, if they don’t need extra care after they are born.

After the birth

You will be moved onto a bed and we will lay you on your side with your baby wrapped or skin-to-skin next to you, unless they need additional care after they are born. You will be taken to the Recovery Area, on Level 1 of the Women’s Centre, or the Observation Area, on Level 2, for the next few hours, while we check on your recovery. When you are settled in this area your baby can have their first feed. The midwives can help you with this.

After around 3-4 hours the anaesthetic numbness will wear off. We will give you pain relief to help relieve any discomfort you might feel. Please tell your midwife when you start feeling uncomfortable, rather than waiting for the pain to get severe. This will help us to keep your pain under control.

You can drink water straight away but it may be a few hours before you may feel like eating.

You will have heavy vaginal bleeding for the first 24 hours, as you would have after a vaginal birth.

Once the anaesthetic has worn off and you are getting up and moving around, you will be transferred to a postnatal ward. Remember that everyone recovers at a different rate. You have had major surgery and need to take things slowly.
To help prevent blood clots from forming, you will be prescribed an injection of low molecular weight heparin, which will thin your blood. You will need to have this injection for 10 days. You will also need to continue wearing the elasticated stockings while you are in hospital.

Your skin stitches will be removed 5 days after the operation. Your community midwife will visit you to do this if you are at home. All the stitches on the inside of your body will gradually dissolve.

Enhanced recovery after Caesarean section

Most women stay in hospital for 2-3 days after a Caesarean section. If you are cared for under the Enhanced Recovery Programme you are likely to have the opportunity to go home as early as 24 hours after your Caesarean.

If you are fit and healthy and your surgery is straightforward then you will be asked whether you would like to follow the Enhanced Recovery Programme.

If the operation is uncomplicated, the medical team will confirm that you will receive enhanced recovery care when you are transferred to the Recovery Area.

Your bladder catheter will be removed 6 hours after the surgery, instead of the next day. You will be given pain relief and you will be supported to get up and around as soon as you feel ready and comfortable. You are likely to be able to go home as early as the next morning.

Enhanced Recovery has been introduced in several UK maternity units and has enabled women to recover more quickly with higher satisfaction rates, compared to standard recovery.
Looking after your wound

When you return home you should look after your wound by keeping it clean and dry. There is a small risk of infection after a Caesarean section. If you notice any redness, oozing of blood or pus, pain, or an offensive smell from the wound, please contact your midwife or GP.

You will notice a loss of feeling/sensation in the area around the scar. This is normal after a Caesarean section and may last for several months, but is not likely to be permanent.

Risks and side-effects of Caesarean section

Your doctor or midwife will have discussed with you the reasons why your baby needs to be born by Caesarean section. They will also discuss with you the risk of problems that can happen during this operation.

If you are having a Caesarean section because of a problem that has developed during your pregnancy or labour, or because of a pre-existing medical condition, your risks may be different. Your midwife or doctor should discuss these with you.

**Side-effects of having a Caesarean section:**
- a longer hospital stay (2-3 days on average) compared with a vaginal birth
- pain after the operation. We will offer you regular pain relief to help with this.

**The main risks to you are:**
- excess bleeding
- infection of the wound or lining of the womb
- developing a blood clot
- injury to the bladder, ureters (the tubes that connect the kidney and bladder) or the bowel.
**The main risks to your baby:**

- Your baby is at double the risk (14 in 100) of being admitted to the neonatal unit due to problems with their breathing.
- There is a small risk that your baby may be cut during the operation, when we make the cut across your stomach.

Other risks are rare. Please see the “Further information” section of this leaflet for more details, or ask your doctor.

**Risks from the anaesthetic**

There is a very small risk of complications from the anaesthetic. This will depend on the type of anaesthetic used. You will be given a separate leaflet about the anaesthesia we use for Caesarean sections. Please speak to the anaesthetist if you have any questions.

**Codeine after a Caesarean section**

Codeine is commonly prescribed for pain relief after a Caesarean birth. Recent guidance has highlighted potential (but very rare) problems if you are taking codeine while breastfeeding, which suggest avoiding codeine altogether.

**What is the problem?**

Codeine can pass to your baby through breast milk. Very rarely your baby may get a high dose (called codeine toxicity) from the breast milk, which can cause them to be more sleepy, have difficulty breastfeeding, breathing difficulties and to become floppy.

There is no evidence of a safer alternative drug and the risk is very low, so at the Oxford University Hospitals we recommend using codeine, even if you are breastfeeding, if it is needed. It can be given in addition to other pain relief, such as paracetamol and diclofenac or ibuprofen.
We recommend only using codeine for as long as it is needed, and watching your baby closely for signs of problems (see below). If you have any concerns, please contact a midwife, GP or call 999.

Visiting times

**Observation Area:**
Birth partners can visit at any time between 9.00am and 9.00pm.

You can have up to three visitors at a time from 3.00pm to 5.00pm and then 7.00pm to 9.00pm.

**Postnatal Wards:**
Birth partners can visit at any time between 9.00am and 9.00pm.

You can have up to three visitors at a time from 3.00pm to 9.00pm.

Please note: We cannot allow other people’s children to visit. This is due to the increased risk of infection for newborn babies.

Observation Area phone number: **01865 221 996**

Staff in this area will be able to redirect calls to the Postnatal Ward you are taken to when you are transferred.

How to contact us

If you have any questions about any of the information in this leaflet, please contact:

**Oxford Delivery Suite**
Tel: **01865 221 987** or **01865 221 988**
(24 hours)
Follow-up call
Staff from the Oxford University Hospitals Maternity department may contact you up to 28 days after your Caesarean, to make sure your recovery is continuing as it should.

Further information
If you would like to know more about Caesarean section, please visit the following websites:

**National Institute for Health and Care Excellence (NICE)**
Caesarean Section – Information for the public:
www.nice.org.uk/guidance/cg132/ifp/chapter/About-this-information

**LabourPains.com**
Information about pain relief and anaesthetic, specifically written by doctors:
www.labourpains.com/Information_Leaflets

**Please note:**
This leaflet has been written to describe what usually happens with a Caesarean section. There may be some differences for you personally, which will be described and discussed with you before the operation.
If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call 01865 221 473 or email PALS@ouh.nhs.uk