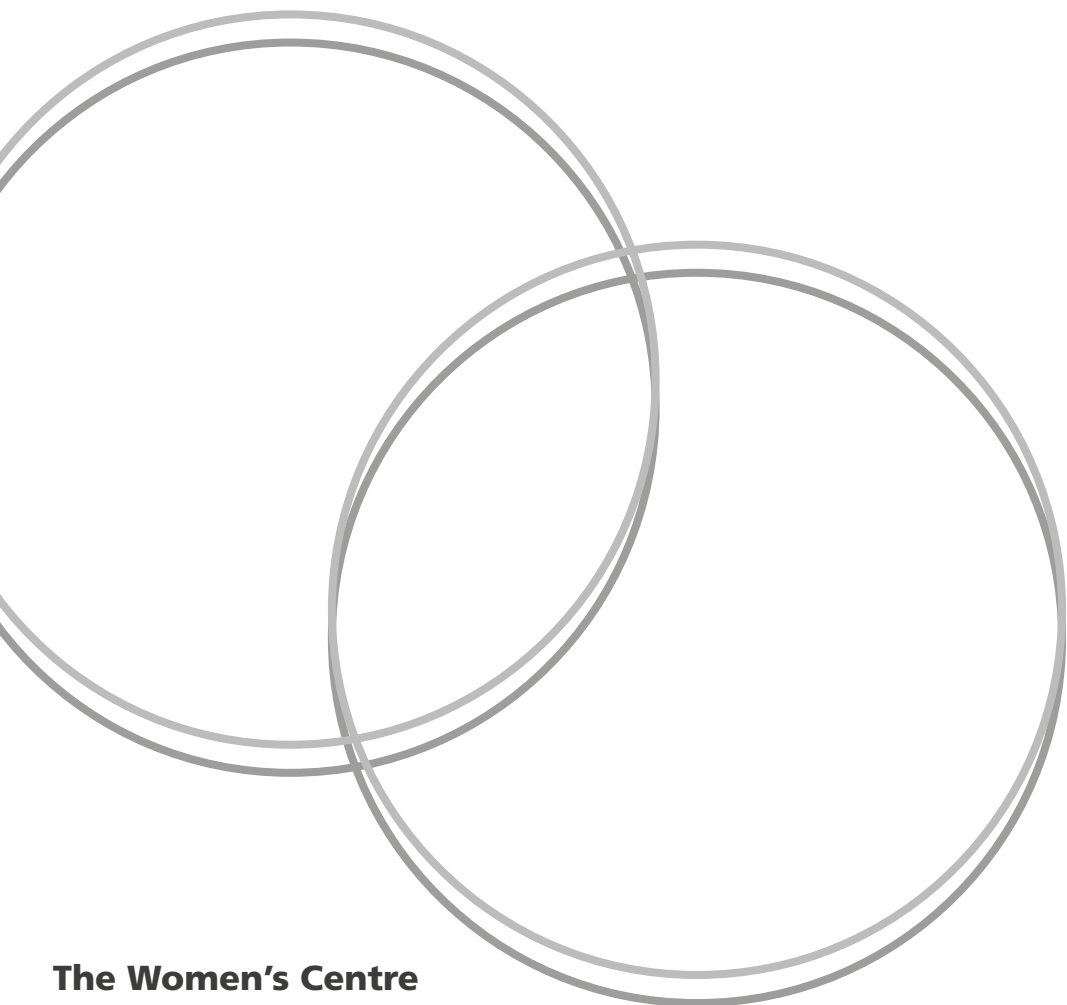




Oxford University Hospitals
NHS Foundation Trust

Caesarean Birth

Information leaflet



The Women's Centre

Gender inclusive language in OUH Maternity and Perinatal Services:

- This Patient Information Leaflet uses the terms woman and birthing person, women and birthing people and mother throughout. These terms should be taken to include all pregnant people. Similarly, where the term parent(s) is used, this should be taken to include anyone who has main responsibility for caring for a baby.
- The term partner refers to the woman or birthing person's chosen supporter. This could be the baby's father, the woman's partner, a family member or friend, or anyone who the woman feels supported by and wishes to involve in their care.

A caesarean section is an operation to deliver your baby through a cut made in your abdomen (tummy) and uterus (womb). The cut is usually made across your abdomen, just below your bikini line. This leaflet describes what will happen if your baby is to be born by a planned caesarean from the time the operation is booked to the early days after the birth.

Planned caesarean births happen after 39 weeks unless there is an urgent medical need to do it before this time.

Sometimes we have to change the date of your caesarean birth at short notice due to emergencies. We appreciate that this would not be ideal for you and your family, and we only do this if we have to.

The pre-caesarean section visit

A pre-operative appointment will be made for you in the week before your surgery. During this appointment an anaesthetist will review your medical history and discuss the anaesthetic choices with you. They will also talk to you about the risks of each type of anaesthetic. This appointment will be held remotely.

A member of the maternity team will discuss with you what to expect on the day of your surgery and in the first few days after your surgery.

Preparing for the 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 2am, 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 11am. Do not eat or drink anything after this time, including chewing gum or sucking sweets.

If you are having an elective (planned) caesarean birth, there is about a 1 in 10 chance that you may go into labour spontaneously (naturally) before the date of the operation.

If you think you might be going into labour before a planned elective caesarean birth this happens, you are advised to contact the Maternity Assessment Unit immediately on 01865 220221.

In this situation, the options for birth will be discussed with you. The options will depend on your clinical circumstances and the capacity of the unit at the time.

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 11am).

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 that 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.

To reduce the chance of infection, we will ask you to shave the top inch of your bikini line just before the operation (we can do this for you if you would prefer). This is the area where we will make the cut to deliver your baby. We will also give you elasticated stockings to wear (called TEDs), which help to prevent blood clots.

The team looking after you will introduce themselves to you. They will then check 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 doctor that will give you the anaesthetic is called an anaesthetist. The anaesthetist will set up an intravenous drip into a vein (this is normally put 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 birth, 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 while we put in the spinal block, please let the anaesthetist know.

In Oxford we sometimes combine the spinal block with an epidural. The epidural 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 for between 6 to 12 hours following the operation.

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 member of the newborn care team in theatre if we know that your baby may need extra care after they are born.

The doctor that will perform the operation is called an obstetrician. When the operation is ready to start, the obstetrician will make a cut through the lower part of your abdomen. You may feel a lot of pulling and pressure and your baby will be born a few minutes later. Our aim is to delay clamping the baby's cord for 1 minute after the birth.

Your baby will then 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.

The anaesthetist will then give you an injection into your vein to help the placenta (sometimes called the afterbirth) to deliver. It will then take a further 30 to 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.

A suppository is a solid form of medication that is inserted into your rectum (bottom). The suppository melts inside your body and the medication is absorbed directly into your blood stream.

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 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 maternity staff can help you with this.

After around 3 to 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 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, you will be helped to get up and out of bed. Once you are able to move around by yourself, you will be taken to the 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 at least 10 days.

You may have to have heparin injections for longer than this if you have other medical conditions which increase the chance of you developing a blood clot. You will also need to continue wearing the elasticated stockings while you are in hospital.

Enhanced recovery after caesarean section

Most women stay in hospital for 1 to 2 days after a caesarean birth. 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.

You will be given pain relief and you will be supported to get up and around as soon as you feel ready and comfortable.

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 1 in 10 chance of your wound becoming infected 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 birth and may last for several months but is not likely to be permanent.

Risks and side-effects of caesarean section

You and your doctor or midwife will discuss the reasons why your baby is being born by caesarean. They will also discuss with you the chance of problems that can happen during this operation.

If you are having a caesarean birth 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 will discuss these with you.

The most frequent risks include:

- Heavy bleeding (1 in 100 people)
- Infection (5 in 100 people)
- Persistent wound discomfort (9 in 100 people)
- Readmission to hospital (5 in every 100 people)

There are some serious risks associated with Caesarean birth and fortunately they are much less common:

- Injury to other structures in the abdomen (tummy). This most commonly (but not limited to) include urinary bladder/bowel/ureters (tubes that carry urine from kidneys to bladder on each side), blood vessels or nerves (1 in 1000 people)

- Need for another procedure at a later date (5 in every 1000 people)
- Need for emergency surgery to remove womb (hysterectomy) (7 in 1000 people)
- Developing a clot in the legs or lungs (1 to 4 people in 1000)
- Risk of death is very rare – approximately 1 in 12000 people.

There are some implications/risks for future pregnancies:

- Risk of a tear in the womb in a future pregnancy (2 in 1000)
- Small increased chance of baby dying (for example still birth) (1 to 4 in 1000)
- Placenta accreta in any future pregnancy (1 in 1000 compared with 1 in 2500 following a vaginal birth). Placenta accreta is where the placenta does not come away as it should when the baby is born. If this happens, you may lose a lot of blood and need a blood transfusion, and you are likely to need a hysterectomy. The chance of placenta accreta increases with every caesarean birth.

Risks to baby

- Caesarean birth is usually very safe for the baby.
- There is a small chance of your baby being cut during the operation. This is usually a small cut that isn't deep. This happens in 1 to 2 out of every 100 babies delivered by caesarean birth. This type of unintended cut usually heals without any further harm. Thin adhesive strips may be needed to seal the wound while it heals.

- Around 1 in 100 babies may require breathing support after caesarean. The level of breathing support can vary from brief assistance in helping baby adapt to breathing for itself, to longer term support which is provided on the Neonatal Unit. Most babies that are admitted to the Neonatal Unit for this reason are back with their mothers within 24 hours of age.
- There may be small chance of the following problems, particularly with planned Caesarean Birth:
- Developing asthma later on in life (1 in 55 compared with 1 in 67 after a vaginal birth).
- Becoming obese as a child (1 in 22 compared to 1 in 25 after a vaginal birth)
- Dying in the first 28 days of birth (1 in 2000 compared to around 1 in 3300 after vaginal birth).

Risks from the anaesthetic

There is a very small chance 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 births. Please ask to speak to the anaesthetist if you have any questions.

Pain relief after a caesarean section

Your stay in hospital

If you make a normal recovery you can expect to go home after 1 to 2 days unless there were complications requiring you to be monitored for longer. It can take longer to recover from a caesarean than a vaginal birth (usually about 6 weeks) so try to organise help for when you get home.

Catheter

You will have a catheter (tube) inserted into your bladder for about 12 hours after your caesarean. You will be encouraged to void into a container so that the volume of urine (pee) can be measured to check your bladder is working normally.

Pain

While you are in hospital the midwife will ask you about your level of pain and give you medication to help you stay comfortable. If you are in pain, please let the midwife know so that they can help you. You will be given help with getting out of bed, feeding your baby and looking after yourself. Your wound, stitches and catheter will be checked regularly.

In the first instance, the pain relief medications we recommend after a caesarean birth are paracetamol and ibuprofen. If you still have moderate or severe pain after taking this medication, or for some reason are unable to take paracetamol or ibuprofen, we may suggest using stronger pain relief. In this instance, we would discuss the options with you at the time. We no longer recommend using codeine, as national guidance has highlighted potential (but very rare) problems if you are taking codeine while breastfeeding.

If you are at home and still requiring stronger pain relief 3 days after your caesarean, it is important that you contact your GP or the Maternity Assessment Unit for a review.

If you have any concerns about your baby please contact a midwife, GP or call 999.

If you are unsure about what medications are best for you, please speak to your maternity team or your GP.

Returning to normal activities

You may resume your usual activities at home when you feel ready to do so. There are no time restrictions as everyone is different; however remember you have had a major abdominal operation and should take plenty of time to rest. You should not undertake heavy tasks such as lifting anything heavier than your baby, vacuuming, standing to iron for long periods of time or any heavy housework until 6 weeks after your caesarean. It is advised that you gradually increase your level of activity after this.

Sex

You can resume sexual activity at any point; there is no right time as everyone is different. However, some women wait until their wound is healed and the blood loss has stopped. You must use contraception (birth control) at all times if you do not want to have another baby quickly, as you can conceive (get pregnant) during the next month after the birth, even if you are breast-feeding.

Driving

You will need to contact your insurance company for more information about when you are legally insured to start driving again after having a caesarean.

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, increasing pain, swelling or oozing from the wound

Please contact your midwife, GP or the Maternity Assessment Unit on **01865 220221 urgently** if you experience any of the following:

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

Please call an ambulance if you feel very unwell and need immediate medical help.

Further information

Please speak to the department where you are being seen if you would like an interpreter. You will find their contact details on your appointment letter. Please also ask them if you would like this information leaflet in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronically
- in another language.

We have tried to make this information meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They will be happy to help.

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www.ouh.nhs.uk/information



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Making a difference across our hospitals

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