

Information about your Planned Caesarean Birth



Your Caesarean Birth

This leaflet provides information on what to expect during your Caesarean Birth at the Royal United Hospital in Bath. It is really important that you take some time to read through the information so that we can help you make the best decisions for you and your baby. At the Royal United Hospital, we support women and birthing people through an Enhanced Recovery Programme (see Figure 1). This ensures that you are in the best condition before and after your baby's birth with the aim for you to go home the day after your Caesarean Birth.

Disclaimer – for ease of reading this leaflet refers to women but should be taken to include pregnant people who don't identify as women.



Planning Your Caesarean Birth

Once you and your obstetric doctor have chosen a planned Caesarean Birth, you will be told the week of your operation. The week beforehand you will be given a date. Very rarely this date may need to be changed by a day or two due to medical indications. You will also be asked to attend Bath Birthing Centre (BBC) for a pre-operative appointment, you will receive a text message of when this will be. At this visit, a maternity support worker (MSW) will take some blood samples and give you some compression (TED) stockings. You will have the opportunity to ask any questions you may have, you can also ask about antenatal hand expressing and how you can store this. You will also be given instructions regarding eating and drinking before your Caesarean Birth (fasting times). These are as follows:

- You can eat and drink normally including milk up until midnight the night before.
- On the morning of the birth, keep yourself well-hydrated with only water; you can continue to drink water until your Caesarean Birth.
- Do not eat or drink anything other than water after midnight.

On the day of your Caesarean Birth

- You will be asked to come to Bath Birthing Centre (Princess Anne Wing – Zone D5) at 07.15am or 07.45am.
- You will be asked some questions and discuss the plan to ensure you are happy and understand everything.
- You will also be visited by your anaesthetist and obstetrician. They will discuss your care and will have some questions for you and, in turn, will answer any questions you may have.
- You will also be given an antacid tablet to reduce the amount of acid in your stomach. Your birth partner will get changed into some theatre scrubs so it is advised they wear clothes they can easily change out of.

About your anaesthetic

Your anaesthetic will be tailored to ensure your safety and comfort. We want you and your birth partner to fully enjoy this special occasion. There are two main types of anaesthetic:

1. Regional anaesthetic - the majority of mothers have a regional anaesthetic. This involves an injection into your back that makes you numb from the chest to the toes. Your legs will also become heavy. You are fully awake for the birth of your baby but comfortable throughout. There are typically three forms of regional anaesthesia - a spinal, an epidural or a combination of both.

2. General anaesthetic - occasionally people are put to sleep for their Caesarean Birth. If this is the case, then this would have been discussed with you in full before the day of the birth. This may be necessary if epidural or spinal anaesthetics are not possible.

There are advantages, disadvantages and risks associated with both types of anaesthetics. It is really important that you understand these before your baby's birth. These are provided at the end of this leaflet.

For more information regarding your anaesthetic please read 'Your Anaesthetic for Caesarean Section' on www.labourpains.com.

About Your Caesarean Birth

You will have had an opportunity to discuss your Caesarean Birth (Caesarean Section) in antenatal clinic. On the day of your Caesarean Birth, the obstetrician will meet with you and discuss the procedure and associated risks. It is important that you understand these risks as you need to sign a consent form stating that you give permission for the operation to take place.

Although you should not feel any pain during the operation (because you will have had an anaesthetic) the wound will be sore for the first few days. 1 in 10 women will experience abdominal discomfort for the first few months.

The main risks when having a Caesarean Birth include:

- Wound infection – this is common (6 in 100 women) and can take several weeks to heal. Maternity units in the West of England are working together to decrease wound infections. See the link for how we are doing this (<https://www.weahsn.net/our-work/transforming-services-and-systems/preventing-surgical-site-infections/reducing-surgical-site-infection-caesarean-birth/>).
- Blood clots in the legs that can travel to the lungs (deep vein thrombosis and pulmonary embolism) – these are more common with a Caesarean Birth; see RCOG patient information (www.rcog.org.uk/en/patients/patient-leaflets/treatment-of-venous-thrombosis-in-pregnancy-and-after-birth) and reducing the risk of venous thrombosis in pregnancy and after birth (www.rcog.org.uk/en/patients/patient-leaflets/reducing-the-risk-of-venous-thrombosis-in-pregnancy-and-after-birth).
- Bleeding more than expected.
- Close monitoring in the maternity high dependency area (9 in 1000 women).
- Need for further surgery (5 in 1000 women).



These risks are increased if you are overweight. Serious complications are rare if it is your first Caesarean Birth and it is planned in advance, as long as you are fit and healthy and are not overweight. However, serious complications become more common if you have repeated Caesarean Births.

If you choose to have a Caesarean Birth, any future births are more likely to be by Caesarean Birth as well. You should consider the size of the family you want because the risks increase with the number of Caesarean Births that you have. Two Caesarean Births do not appear to have a higher complication rate but three or more carry serious risks which include the following:

- Damage to your bowel or bladder (1 in 1000 women) or ureter; the tube connecting the kidney to the bladder (3 in 10000 women).
- Extra procedures that may become necessary during the Caesarean such as a blood transfusion or emergency hysterectomy, particularly if there is heavy bleeding at the time of your Caesarean. A hysterectomy would mean you are unable to have any further children. The risk of needing to undergo a hysterectomy at the end of a subsequent pregnancy increases with each Caesarean Birth but overall is still very low.
- If you have had two Caesarean Births before and have a low placenta in your third pregnancy, you have a higher chance of a serious complication called placenta accreta. This is where the placenta does not come away as it should when your baby is born. If this is the case, you may lose a lot of blood and need a blood transfusion; and you are likely to need a hysterectomy. The risk of placenta accreta increases with each Caesarean.
- For reasons we don't yet understand, the chances of experiencing a stillbirth in a future pregnancy are higher if you have had a Caesarean Birth (4 in 1000 women) compared with a vaginal birth (2 in 1000 women).

The most common problem affecting babies born by Caesarean Birth is temporary breathing difficulty. Your baby is more likely to need care on the neonatal unit than a baby born vaginally. There is a small risk of your baby being cut during the operation. This is usually a small cut that isn't deep. This happens in 1 or 2 out of every 100 babies born by Caesarean and usually heals without harm.

Coming to Maternity Theatres

When it is time for your Caesarean Birth, your midwife will take you through to theatre and an anaesthetic assistant (ODP) will introduce themselves and check your details. You will also be met by our theatre team. They will include:

- Your midwife.
- Your anaesthetist and anaesthetic assistant (ODP).

- Your obstetrician and theatre nurse.
- Another 1-2 nurses who will help with equipment for the birth.
Sometimes a neonatologist (baby doctor) is present for the birth to help look after your baby. If this is the case, your midwife will explain the reason why.

You will then be asked to sit on the edge of the theatre bed with your legs positioned on a stool. Some monitors will then be attached to you. These will include: a blood pressure cuff around your arm, some stickers on your chest/back to monitor your heart and a small probe on your finger to check the oxygen levels in your blood. Your anaesthetist will put a thin plastic tube (cannula) into a vein in your hand to give you a fluid drip and medications for the birth.

What to expect for a Regional Anaesthetic

If you have a regional anaesthetic, your birth partner will be able to join you in the operating theatre. Your birth partner will be asked to sit to one side of the room while the team performs the anaesthetic. Your anaesthetist will apply a sterilising solution to your skin (this feels very cold) and some local anaesthetic will be injected into the skin. This will sting for a few seconds but will quickly go numb. The spinal anaesthetic will then be performed; you will feel a little pressure or a very slight ache.

After the spinal, your anaesthetist will test your anaesthetic to ensure it is working fully. A midwife will insert a catheter (plastic tube) to empty your bladder and drain your urine and your pubic hair will also be shaved where the incision will be made. The catheter will stay in for 6-8 hours.

What to expect for a General Anaesthetic (GA)

If you require a GA, this would have been discussed with you in full before the day of birth; very rarely this may be required on the day. Unfortunately, your birth partner cannot be present for the birth if you have a general anaesthetic but will be able to wait for you in the recovery area.

During the birth

The birth will only begin when you and our maternity team are happy. Your partner will be sat next to you and a drape will be positioned to ensure that the operating field remains sterile. Your anaesthetist will stay with you the whole time and be there to support you throughout. Once the birth is underway you will not feel any pain but may feel pulling and pressure sensations. This is quite normal. Your anaesthetist will let you know when to expect them.

Once your baby has been born, we recommend up to 2 minutes of delayed cord clamping before the cord is clamped and cut. Your baby will then have an initial assessment of their wellbeing and you will have the opportunity to hold and cuddle

your baby against your skin. There are lots of benefits in doing this which include helping to regulate baby's temperature, heart rate and breathing. This also helps support infant feeding. Very occasionally this is not possible in the maternity theatre but we will endeavour to provide this skin to skin contact at the earliest opportunity. Your birthing partner can also enjoy skin to skin contact. Photos are allowed as long as no staff are in them, no videos are allowed.

After your Caesarean Birth

After your baby's birth, you will be transferred to the recovery area. In the recovery area, a nurse will continue to monitor you until the effects of the anaesthetic have worn off. If you have had a regional anaesthetic, your legs will start to feel normal again. There will also be an MSW with you in recovery to help with the care of baby and the first feed. When the recovery team are happy, you will be taken to our maternity ward (Mary Ward) where the team will continue to care for you and your baby.

Recovery

An anaesthetist will come and visit you on the following day to ensure that things are progressing as expected. When they are confident you are well, and your baby has had all their checks, we will make plans with you to get you on your way home. Most women can be discharged by a midwife; however, there may be occasions when a doctor will need to see you to ensure you are ready to go home.

Eating and drinking

Sometimes the anaesthetic can make people feel a bit sick. We are able to treat this as soon as you tell us and, if it is putting you off food, let your recovery nurse know and they can treat it for you. You can have a drink of water in recovery if you want. By the time you are back on Mary Ward you will be ready for a meal and are welcome to ask for one. You should expect to be eating normally within 4 hours of your spinal anaesthetic; this really helps your body to get back to normal.

Pain relief

A Morphine like medication is included in your spinal anaesthetic. This helps to keep you comfortable as the feelings around your tummy return and lasts for up to 12 hours. It is also really important; however, to take some other forms of pain relief to keep you comfortable. Paracetamol and Ibuprofen/Diclofenac will be provided regularly. You can ask for stronger pain relief (Dihydrocodeine or Morphine) if required. These are all safe for short term use if you are breastfeeding. For some people, the Morphine-like drug included in your anaesthetic can cause itching. Your midwife can give you an antihistamine tablet if this happens.

Mobilisation

It is really important to get up and about as soon as you are ready. The strength in your legs will return about 4 hours after your spinal anaesthetic.

Once this returns, you should try to get out of bed. It is a really good idea to start by sitting out in a chair and you should ask a member of the maternity team to help you with this. It can be uncomfortable to start so make sure you have had some pain relief about an hour before you attempt to get out of bed. After 8 hours have passed, you should feel more mobile and we would encourage you to walk around, even if it is just to the bathroom. This helps your circulation and reduces your risk of blood clots developing. If you are feeling unsure or you would like some help, your maternity team on Mary Ward will be happy to help you take those initial steps. Please just ask.

Catheter

We aim to remove your catheter as soon as you have power in your legs and are mobilising 8 hours following birth. If you are walking around sooner than that, then please ask if you can have it taken out earlier. Your bladder feeling will have returned to normal by this point and taking out the catheter reduces your chances of a urinary tract infection. Remember to take the bedpan provided with you to the toilet the first time you pass urine after your catheter has been removed. The amount of urine you pass will be measured to ensure your bladder is functioning properly. This will need to be done before you go home. On rare occasions, if you cannot pass urine, another catheter may be required. We will talk to you about this if this is the case.

Birth Partners

You may be nervous about the birth or going into the operating theatre, please speak to your midwife or MSW if you have any questions or concerns, they will be happy to talk to you and help in any way they can. You will be able to make yourself a hot drink when you are waiting but food is not available so bring plenty of supplies. Wear clothing that is easy to change out of as you will be wearing theatre scrubs when you go into the operating theatre. Discuss with your partner about bringing music or a playlist that you might like played when your baby is born, there is a Bluetooth speaker you can connect to. Think about whether you both want to discover the sex of your baby if you don't already know and discuss this with your midwife. Going home after the birth, bring the car seat but keep it in the car as there is limited space in the hospital and think about how you can support at home, particularly as you will both need to rest as much as you can when your new baby is sleeping.



Risks of general anaesthetic for your Caesarean Birth

Type of risk	How often does this happen?
Unlikely Problems	
Sore throat	1 in every 5 women
Airway problems, for example, stomach acid entering the lungs or low oxygen levels	1 in every 300 women
Rare problems	
Damage to teeth	1 in every 4,500 women
Awareness (being awake part of the time during the anaesthetic)	1 in every 700-800 women
Very rare problems	
Severe allergic reaction	1 in every 10,000 women
Serious long term harm	1 in every 100,000 women

Risks of regional anaesthetic for your Caesarean Birth

Type of problem	How often does this happen?
Unlikely problems	
Spinal not working properly so you need to have a general anaesthetic	1 in every 100 women
Severe headache	1 in every 100 women (spinal) 1 in every 200 women (epidural)
Rare problems	
Temporary nerve damage (temporary numb patch on a leg or foot, or having a week leg or foot)	1 in every 1,000 women
Permanent nerve damage (permanent numb patch on a leg or having a week leg or foot)	1 in every 13,000 women
Extremely rare problems	
Serious harm, for example, infections, large bruises near nerves (haematoma)	1 in every 80,00 women



Useful resources

There is lots of help still available once you are at home; if you have any concerns then please call your community maternity unit for advice. You can also contact your community midwife directly during office hours and your GP or practice nurse will also be able to help with questions about your ongoing care.

Contact Numbers:

Bath Birthing Centre: 01225 824447 or
01225 824847

Trowbridge Community Midwives: 01225 765840 or
01225 711319

Chippenham Community Midwives: 01249 456434

Frome Community Midwives: 01373 454763

Paulton Community Midwives: 01761 412107

(08:30am – 5.00pm - outside of these hours, please call the Bath Birthing Centre on the above number).

Websites:

www.ruh.nhs.uk/patients/services/maternity

<http://www.labourpains.com>

www.rcog.org.uk

<https://www.dur.ac.uk/news/newsitem/?itemno=38239>

<https://realbabymilk.org/>

<https://www.breastfeedingnetwork.org.uk/>

<https://www.laleche.org.uk/caesarean-birth-and-breastfeeding/>

<https://www.laleche.org.uk/antenatal-expression-of-colostrum/>

www.bswmaternityvoices.org.uk

[Dads and Partners \(padlet.com\)](http://Dads and Partners (padlet.com))

<https://www.tommys.org/pregnancy-information/giving-birth/delayed-cord-clamping-optimal>



**Planning
your
Caesarean
Birth**

Figure 1

- (1) You and your Obstetrician decide on a planned Caesarean Birth.
 - (2) Keep as active as possible before your Caesarean Birth.
 - (3) Purchase 2 boxes of ibuprofen (if appropriate) and paracetamol; you will need this at home for pain relief following your birth.
 - (4) You will be given a date for the day of your Caesarean Birth and invited to the pre-operative clinic:

Pre-operative clinic date (dd/mm/yyyy):.....

Caesarean Birth date (dd/mm/yyyy):.....
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**On the day
of your
Caesarean
Birth**

- (1) **My Caesarean Birth:**
 - No food from midnight.
 - Keep hydrated by drinking water.
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- (1) **Arrive at the Bath Birthing Centre (BBC) at:**
 - **07:15am** if your Caesarean Birth is Monday, Wednesday or Thursday.
 - **07:45am** if your Caesarean Birth is in the Tuesday or Friday.
- (2) **On the day of your Caesarean Birth please remember:**
 - A sugary (non-fizzy) drink for the ward e.g. squash.
 - Your baby's clothes.
 - Music and camera for the birth.
 - Slippers, gown and overnight clothes.
 - Your Maternity notes.
 - Leave jewellery and expensive items at home.
- (3) **On arrival at the Bath Birthing Centre (BBC) you will meet:**
 - Your midwife and have routine checks.
 - Your anaesthetist who will discuss the anaesthetic plan.
 - Your obstetrician who will discuss the Caesarean Birth and consent form.
- (4) You will walk to theatre with your midwife and meet the theatre staff who will all look after you during your Caesarean Birth.



Your enhanced recovery after your Caesarean Birth

- (1) After about 30 minutes in recovery, you will be taken to Mary Ward where you will stay until your discharge.
- (2) **Eating and drinking**
 - Have you been given a full meal and eaten as much as you can?
 - You should try to eat something by 4 hours after your Caesarean Birth.
 - Do you feel sick? Try to drink water and ask a midwife for anti-sickness medications.
- (3) **Pain relief**
 - Has your spinal anesthetic worn off 6 hours after your Caesarean Birth?
 - Take regular paracetamol and ibuprofen to control any pain.
 - Do you feel uncomfortable? Please ask your midwife for more pain medication.
- (4) **Catheter**
 - Has your catheter been removed 6-8 hours after your Caesarean Birth?
 - Have you been to the toilet yet? Drink plenty of fluids and take the bedpan provided with you during your first visit to the toilet.
- (5) **Getting out of bed & walking**
 - Have you managed to get out of bed? Ask a member of the maternity team to help you for the first time.
 - You will be safe to get out of bed within 6-8 hours after your Caesarean Birth.

Going Home

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- (1) **Getting home**
 - Organise transport home in advance.
 - Your birth partner should bring your baby's car seat to the ward when you are ready to be discharged.
 - (2) **On discharge you should have:**
 - Maternity notes (your birth notes will remain in the hospital).
 - Information about post Caesarean Birth care.
 - Any additional medications to take home.



Please use this page to write any questions you may have or make any notes

'Our Maternity Information Leaflets for parents and service users are reviewed regularly by parents and service users. If you have any comments/feedback about this leaflet or are interested in looking at future leaflets, please contact our Maternity & Neonatal Voices Partnership (MNVP) www.bswmaternityvoices.org.uk