



# Caesarean Section

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## A guide for women and whaanau

### Caesarean section can be either

- **Elective** caesarean (planned or booked operation)
- **Emergency** caesarean (not planned or unexpected can happen before labour starts or during labour)

The **obstetrician** (doctor) will explain to you why you are having a caesarean and what the risks are to you and your baby. He / she will then ask you to sign a consent form. Please ask any questions you may have.

The **anaesthetist** is another doctor whose job is to make sure you do not feel pain during the caesarean and will speak to you about the different ways this can be done. Again, please ask any questions you may have.

### On the day of your caesarean

- No eating or drinking on day of caesarean if elective
- An operation and name band are put on your wrist
- A tablet called Ranitidine is given to make your stomach contents less acidic
- An intravenous luer (small plastic tube) is inserted into a vein in your hand or arm and a bag of fluid connected
- A blood sample is taken to testing your blood type
- Staff will ask you questions from a checklist; you will be asked to remove
  - Jewelry (or covered with tape if it cannot be removed)
  - Contact lenses
  - Makeup and nail varnish
  - False teeth/removable braces
  - **Please** leave valuables at home
  - Clothing and underwear – you will be given a theatre gown
- Staff will help you to put on support stockings (called TEDs)
- A strip of pubic hair is shaved (2 cm wide) at the “bikini line”
- A tube (catheter) is put into your bladder to keep it empty and so you do not need to pass urine (mimi)

**Photography – you may take photos of the baby in the operating theatres but not of the operation or staff.**

**What will happen in the operating theatre (room)?**

It is normal for lots of staff members to be in theatre as each has a specific role. Some you may have already met but some new people too. Occasionally students may ask to observe, it is OK to say no if you do not want this.



**Epidural/spinal** - you stay awake and **one support person** can stay with you in the theatre. They will be given blue 'scrubs' to wear so everything is kept as clean as possible.

**Will the epidural cause back pain?**

Back pain can be common after pregnancy with or without an epidural or spinal.

Although **not** a cause of long term back pain, when an epidural is inserted small bruising can occur. During removal "tingling" maybe felt around the insertion site.

- Use a heat pack on your back
- Stand straight, practice good posture and do pelvic tilting
- Take regular pain medicine
- Tell staff if the pain does not improve

Although it is very rare, tell staff if you have any loss of strength or feeling in your legs and/or problems feeling when you need to pass urine or bowel motions.

**If you have a spinal or epidural**

- You will be asked to sit (or lie on your side) on the operating table.
- Sterilising solution is painted onto your lower back (it feels **very** cold).
- The skin in the middle of your back is made numb by a small injection which stings at first
- A hollow needle is put into your back, a thin tube is inserted and the needle is removed. This is called an epidural catheter. With a spinal, no tube is left. Medicine is then given to numb your feeling from the chest down. Your legs may feel heavy, warm and tingly

- You now lie on your back and we will listen to your baby's heart rate

### **What happens during the operation?**

- Sterilising solution is painted onto your abdomen (tummy); sterile drapes (covers) will cover your chest and legs. A screen prevents you from seeing the operation
- If you don't have already an urine catheter (tube in your bladder to empty urine) in place it will be placed while you become numb for the surgery
- The operation will not start until you have no feeling in your abdomen (tummy). Both anaesthetic doctor and the surgeon do a number of checks to ensure you are numb enough. Occasionally a general anaesthetic maybe necessary if the epidural/spinal does not work (medicine is injected into the IV luer to make you sleep)
- The cut is just above the area that was shaved – the bikini line. You may hear a sucking noise, when the water around baby is removed  
The Doctor will use their hands to deliver babies head, occasionally forceps are used. As baby is being lifted out, you may feel tugging, pulling or pressure, but no pain.  
**It is ok to feel pressure, pulling and touch, but you should not feel pain.**
- Usually the baby will be shown to you before being placed in a cot for the midwife to quickly dry and make sure he/she is breathing well
- If you want, skin-to-skin can start while the doctors finish the operation
- The Doctor will now remove the placenta (afterbirth/whenua), and begin to stitch up the wound.

**General anaesthesia** - you will be asleep and your support person is asked to wait outside.

During the operation machines take your blood pressure, pulse, and oxygen levels.

### **What happens to my baby?**



Baby can be placed between your breasts **skin-to-skin** or your partner can hold baby skin-to-skin or wrapped in warm blankets beside you.

Baby may be taken to a heat table if he/she needs some help to breathe at first. We will put a hat on baby to keep him/her warm; bring a small woollen hat of your own if you prefer. Instinctively in this position, babies will start to become interested in feeding. You will usually see feeding cues from your baby during this time (pg.11).

Some mothers express some colostrum before their caesarean so that if baby is at risk of low blood sugar, their own colostrum can be given rather than formula. This is most common amongst mothers with diabetes as their babies are at greater risk.

Please ask your midwife for a pamphlet if you would like to do this.

Before the operation you would have been asked for consent to baby having Vitamin K, it is given either as an injection into the thigh, or a drink that is put into the mouth; it will be given at the time of the physical check.

Without consent, Vitamin K will not be given. Ask your midwife/LMC for more information.

### **The placenta**

The placenta (whenua or afterbirth) is checked; a sample of baby's blood is taken from the cord and tested for blood group. The placenta is put in a container and closed bag, which can be taken home (remove from bag and container for burial). If you prefer it can be disposed of by the hospital.

### **In the recovery room**

After the operation, you will be taken on a bed to the recovery room, your partner and baby may come with you. Nurses care for you until you are transferred to the Maternity Ward.



Your baby can be **kept skin-to-skin all the time** including when you are being moved from one area to another on the bed (as long as both you and your baby are well).

It is best to wait to breastfeed until baby tells you that he/she is interested. Most babies will show interest within 50 minutes of birth. (see feeding cues on pg.11).

If you have had a general anaesthetic your baby and partner will go to the Maternity Ward together to wait for you.

Start your skin-to-skin as soon as you return to the ward and most babies can wait until then for their first feed. While they are waiting for you to get to the ward your support person can have skin to skin with baby.

### **The Neonatal Unit**

If baby has been admitted to the Neonatal Unit for special care we will try to get you to see your baby as soon as possible. Staff, or later your family, will be able to take you to see baby, either on the bed or in a wheelchair.

### **On the Postnatal Ward**

**If you have a spinal / epidural** - Soon after the operation you may start shaking— this is common and will pass: warm blankets and sometimes medication will help.

The epidural blocks feeling from the chest down; full movement will slowly return to your body and legs within a few hours. The staff caring for you on the ward will check you can move your legs before you get up and about.

If your baby has gone to the neonatal unit, you need to start hand expressing as soon as possible to stimulate your body to make milk and later you will be shown how to use an electric breast pump. Staff will show you how – it is best to start soon after the birth, then every three to four hours especially at night when hormone levels are high. This first milk (colostrum) is very important for baby and even very early or sick babies are given this as soon as possible.

**If you have a general anaesthetic** - You may feel tired (sleepy) for a few hours afterwards. Your throat may feel dry and sore. Sucking ice will help ease this.

### **Following the birth of baby**

The staff will regularly check your temperature, blood pressure and pulse. They will also ask you about your amount of pain and check how much bleeding you have from your wound (cut) and your vagina. You still have vaginal blood loss after a caesarean because this comes from where the placenta (afterbirth/whenua) was attached. You can start drinking straight away.

The IV luer is used to give you fluid and medicines such as pain relief and antibiotics. It is removed when it is no longer needed – usually within the first 24 hours. Tell staff if it becomes painful, red or swollen.

### **Pain relief**

Your anaesthetist will discuss pain relief with you. Usually you are given some long acting pain relief in your epidural/spinal.

You will also get some regular oral pain relief, however, there are other stronger tablets you can ask for if you become uncomfortable. Pain relief works best when taken regularly and before pain becomes too bad. Don't be afraid to ask for a table if you need it.

In the Recovery Room you might be connected to a pain pump, this is more common when you had a General Anaesthetic. This is connected to your IV luer (drip) and you will be shown how to use a pump which gives a small dose of medicine to reduce your pain. The pump is set at a safe level; you cannot take too much.

You decide when you need pain relief. Speak to the anaesthetist if you do not wish to use this form of pain relief.

The pump is normally connected for 12-24 hours and then tablet are used to keep you comfortable. Pain relief works best when taken regularly and before pain becomes too bad.

### **Your wound**

There will be a sterile dressing over the wound (cut/scar) and it can stay on up to 7 days. But you can have a shower while the dressing is still on.



You may have a wound drain which is small tube beside the wound leading to a plastic bottle. The bottle is a vacuum which gently sucks blood and fluid from around the wound. It is removed within 24 hours but exactly when depends on how much is drained into the bottle. Your obstetrician will decide during the caesarean whether you need a wound drain.

There are a number of ways the obstetrician will close (keep together) the skin of your wound. Many use stitches that dissolve over 4-6 weeks, others use one long running stitch which is taken out on day 5 after the caesarean. Sometimes clips or staples are used and the staff will tell you what you have, if there is any need for removal and when.

### **How should I expect my wound to feel?**

Normal sensations are;

- A pulling sensation at either side of the wound
- Itchy - as hair grows back
- Soreness if clothing presses directly onto wound
- Tenderness for a number of weeks
- Numbness for a number of months.

The skin layer only takes about 10 days to heal while the tissues inside take longer.

### **Signs of a wound infection**

Tell staff or, if at home, your visiting midwife if you notice any of the following;

- Wound is red or swollen
- Wound remains or becomes more painful
- There is discharge (pus) coming from the wound
- The wound smells offensive (nasty)
- The wound looks like it is opening
- You feel unwell – fever, shivering, sweating, high temperature
- Your milk supply appears to have dropped

### **Reasons for the wound taking longer to heal are:**

- Infection (signs are listed in table above)
- Poor diet: make a change to eat healthy (talk to staff)
- Not enough rest, or too much stress: get help from family/friends
- Anaemia: low in iron, eat iron rich foods, and/or take iron tablets
- Smoking: stop now (talk to staff about a quit smoking programme)
- Large skin folds and diabetes

### **Getting on the move again**

Try to keep your feet and legs moving while in bed as soon as the feeling returns. Bend at the knees, circle your feet at the ankles and wiggle your toes. Move the position of your legs so your heels do not stay pressing onto the bed for long lengths of time.

Within 12-24 hours of the operation, staff will encourage you to get out of bed; moving helps healing and prevents problems such as chest infections, blood clots in your legs and pressure (bed) sores.

Wait for staffs help when getting out of bed for the first time and make sure your pain is controlled first. Having a fluid drip or a catheter does not mean you have to stay in bed.

### **How to prevent blood clots in your legs or lungs**

Having an operation and lying in bed for longer, increases the risk of blood clots forming (called Deep Vein Thrombosis or DVT).

To reduce this risk:

- Wear support stockings (called TEDS) they improve the blood flow in your legs. Keep wearing until you are walking again.
- Do ankle rotations (circles) and pointing of your toes up and down the bed (do for 30 seconds every hour), do until you are walking.
- Be active, move on the bed, go for short walks and sit in a chair rather than in bed
- Drink plenty of water.

You may have an injection into your stomach called Clexane which thins the blood.

Tell staff if you have pain, redness or swelling in the calf of your leg or if you develop a cough, pain in your chest or feel short of breath.

### **Deep breathing exercises**

Do these exercises for the first few days to reduce the risk of a chest infection;

- Take 4 **deep** breaths in and out (repeat 4 times an hour).
- Force your breath out and say “ha ...ha...ha”. This is very good to do before attempting to cough. Hold your wound, or a pillow to your wound, for support while coughing.

### **Blood loss**

The average blood loss at caesarean section is between 500 and 1,000mls. You will then also have **lochia** - bleeding that comes from the site (area) of your placenta after your baby is born. The amount of blood lost will get less each day, and the colour will change from a red, to brown and then to clear. How many days it lasts is different for each woman.

A change in lochia can mean an infection in the uterus (womb). Tell staff or, if at home, your visiting midwife if you notice any of the following;

- You feel unwell – fever, shivering, sweating, high temperature
- Your lochia smells offensive (nasty)
- Your bleeding increases and/or you pass any clots bigger than a 50 cent piece.

A blood test is usually taken on the third day; it measures your blood levels (called haemoglobin). If before the operation your levels were low or you lost more blood than usual, the test is taken earlier. When blood levels are low (anaemia), you will be prescribed iron tablets. Sometimes a blood transfusion is advised if your anaemia is severe (really low blood levels) and you feel unwell.

### **Do I really need to take iron tablets / eat iron rich foods?**

Anaemia and iron levels slow your recovery and healing (increasing the risk of infection) and you may feel tired, faint (dizziness) and/or breathless. For some women it may affect their breast milk supply.

## **Removal of your catheter**

The catheter makes sure that your bladder is kept empty during and after your caesarean. A full bladder can make you bleed more. It also allows you to rest and not have to get up to the toilet at first.

The catheter is usually removed between 12 and 24 hours after your caesarean and then you can return to using the toilet. Sometimes following a catheter you may feel like you need to pass urine often and it may feel a little uncomfortable. If these symptoms do not pass tell the staff who may take a urine sample to check for infection.

It is a good idea to pass urine before feeding your baby as this will keep you more comfortable.

Some women can have difficulty emptying their bladder completely or even simply passing urine once the catheter has been removed. This occurs more commonly if you have had an epidural and/or a caesarean section.

If you are having difficulty passing urine or you feel you are not emptying your bladder completely, then please speak urgently with your midwife as you may require a temporary catheter. This is usually a temporary problem which settles quickly by allowing your bladder to rest for a short while with a urinary catheter in place. This is usually only whilst you are in hospital, but you can go home with a catheter under the care of your midwife.

## **Eating**

Eat when you are hungry. Light foods that are quite easy to digest are probably best at first. Check with staff first about eating food that your visitors have brought for you. Sometimes staff will want you to wait a while before you first eat and they will talk to you about this after your caesarean.

Constipation is when you are unable to have a bowel motion (poo). Possible causes are the operation, pain medication, exercising less, not drinking enough and not eating your normal foods.

Do these things to help you go:

- Drink plenty of fluids – at least 8 glasses a day.
- Eat fruit and vegetables
- Eat food with good fibre
- Use pelvic tilting exercises
- Get active – walking around
- Try raising your feet on a small stool when sitting on the toilet

If by the third day you cannot pass wind or go to the toilet, tell staff. You may be given a sugary drink which will gently help soften the bowel motion or a small enema - medicine put just inside your bottom which makes you feel like you need to go and poo.

## **Pain in your shoulder blade**

Some women get a sharp pain below the shoulder blades (back). It is caused by pockets of air that can become trapped in the abdomen during an operation. Do pelvic tilting, walking or lie flat and rock your knees from side to side to reduce pain. Starting to eat quite soon after your caesarean rather than going without food for a very long time will also help.

## Pelvic tilting

These simple exercises will help your wound heal faster by increasing blood flow. They may also reduce constipation, back and wind pain.

Lie on your back, knees bent; tighten your abdomen (tummy) and bottom muscles, try and hold for 5 seconds, do 2-3 times (your hips rock back, causing your lower back to flatten). Repeat, several times a day, this will reduce tension and strengthen muscles.



to gradually strengthen the muscles.

The pelvic floor muscles support your vagina, bladder and bowel.

They can be stretched by the weight of baby and the pregnancy hormones even if you have a caesarean. Weak muscles can mean you leak urine when you jump, cough, sneeze or laugh.

Ask the staff for an information pamphlet on more pelvic floor exercises you can try.

If you are leaking from your bladder talk to your Midwife or contact your GP.

## Those important first feeds

**More information** – ask for a pamphlet on breast feeding.

It is best to breastfeed baby as soon as possible after the caesarean; the colostrum (first milk) is already in your breasts whether you have seen it or not. The action of feeding tells your body to start changing this to milk and the more you feed, the stronger the message. It is this message that keeps your milk supply sufficient.

## Feeding cues

These are signals which tell you baby is ready to feed.

- Sucking movements and sounds
- Hand to mouth movements
- Cooing fussiness
- Nuzzling at the breast

## Pelvic floor exercises

Tighten (squeeze) the muscles around your vagina and bladder opening.

Imagine lifting this area away from your underwear.

Hold for a few seconds then relax.

Repeat this 10 times. Do this exercise often

- Crying – try to use earlier signs as a crying baby is more difficult to latch and may need to be calmed first.
- **Call for assistance** – breastfeeding is a priority and we are always willing to help. Often we have something we can suggest to improve how things are going. Try skin-to-skin to help baby relax and feed better
- **Rooming in** – your baby will stay with you at all times. This helps you get to know baby and to respond to the **early** signs of baby wanting to feed (pg 11).

### **Medications**

Many medications are safe for breastfeeding. You will be prescribed pain relief that is safe to take.

If you need /take other medication we will discuss this with you first. Some pain relief may delay baby's urge to feed by making him/her sleepy. We advise lots of skin-to-skin, offering feeds frequently and hand expressing colostrum for baby until he/she is interested.

### **Going home**

Your stay in hospital is usually between 3 and 5 days. Some women prefer to transfer to Botany Downs, Papakura or Pukekohe Community Birthing Units after the first night in Middlemore. Please let your midwife know if you would like to do this.

Limit, for at least 6 weeks, housework (especially vacuuming), and lifting anything heavier than your baby. Check with your insurance company for any limits on driving after an operation. Be guided by how you feel, the physical recovery can take 3-6 months. Ask for and accept help around the house.

This might not have been the type of birth you had planned. Some women feel disappointment, failure and grief for what might have been and this may lead to feeling down or even depressed; talking can help. Let your Midwife or GP (family doctor) know how you are feeling about the birth, they can give you information and support.

Take things slowly, get plenty of rest, if necessary limit visitors and phone calls.

You will be visited the next day at your home/address you give on discharge by your self employed midwife, team midwife or one of the local homecare midwives.

The midwife will visit for up to 6 weeks – visits will be arranged with you. After this time, your care will then be provided by your GP (Doctor) and/or Well Child Provider (e.g. Plunket).

### **Keeping your wound clean once dressing has been removed**

- Clean once a day – while in the shower if you like
- Use warm water
- If you use soap, do not rub into wound, use only on healed skin
- Rinse and gently pat dry
- You may have a **fold** of skin were the wound is: gently lift fold to clean and dry underneath. You may have to ask another person to help
- A dry pad may help if you do have a large fold of skin.
- Do not use talcum powder or disinfectant on the wound
- Wear loose cotton underwear and clothing that does not rub or rest on wound

## Pain relief at home

If you still need pain relief when you are discharged, staff will give you a prescription (note) to take to the chemist (pharmacy). Regular pain relief is best and being comfortable will help you rest, relax and feed your baby.

## Planning your family

You may choose to have another baby, and plan to deliver vaginally (normal birth). This is called a vaginal birth after caesarean (VBAC). The reason for this caesarean will be taken into account when you are next pregnant. If you have had two or more emergency caesareans it may be recommended that you plan a caesarean for your next baby. During your next pregnancy you can be referred to an obstetrician who will advise you about this. It is common that you are advised to have no more than 3 caesareans in total.

Please, see our pamphlet on 'Contraception'.

Talk to the midwife or nurse about **free contraception** we can offer you before you go home:

- **Depo Provera** injection that lasts for 12 weeks
- **Jadelle** implant that lasts up to 5 years but can be removed at any time

### Have you any questions or concerns?

- Talk to those present at this birth about what happened and why?
- Talk to your partner; how is he feeling?
- Ask for a copy of your hospital notes.
- Ask if another LSCS will be needed next time?
- Question your Doctor or Midwife about this birth of future births
- Look for information from the library, or internet.
- Talk to women who have had a VBAC

If you decide you want to speak to the surgeon once you are at home, talk to your midwife/GP who will advise you on how to arrange this.

There are a number of agencies and groups which offer support and advice on pregnancy, childbirth, caesarean sections and caring for yourself and baby after birth.

- You will find some useful numbers in baby's Well Child book.
- There are also contact numbers in the local telephone directory and via the internet.

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