



Your planned caesarean birth

Patient information

Having a baby

Having a baby is a life-changing experience. If together with your obstetric team, you have decided that a caesarean birth is the best option for you and your baby, we hope to provide you with some useful information and answer some common questions. We have sought advice from women who have had a planned caesarean section to develop this guidance. Should you have any further questions please discuss this with your midwife and where they are unable to answer, they will arrange a referral to the appropriate physician

What is a caesarean birth?

A caesarean birth is an operation to deliver a baby. It involves making a cut in your abdomen, usually just above the bikini line, and womb to lift the baby and the placenta out. An elective caesarean birth is a planned procedure normally performed after you reach 39 weeks of pregnancy.

Your obstetrician will have discussed the reasons a caesarean is recommended for you and your baby. If you remain unsure about this please discuss this with your midwife. All aspects of your care require your informed consent and it is important that you share any questions or preferences for the birth with us.

The date that you have been given for your birth is a provisional date only. Occasionally this date may need to be moved in the interest of your and your baby's safety.

Should your waters break or contractions begin before the date of your caesarean, please contact the maternity triage on 01737 231746 to arrange a review of your health and wellbeing. A revised plan regarding your delivery will be made based on all of your personal information. This may mean waiting to have an operation the next day or you may make the decision to continue with a planned vaginal birth.

The Evergreen Midwifery Continuity of carer team

We are pleased to be able to offer you ongoing care from a small, dedicated team of midwives specialising in caesarean birth for the remainder of your pregnancy, during the birth and the immediate postnatal period. The Evergreen team aim to provide you with an increased opportunity for continuity of carer, bringing with it all of the positive benefits that you can get from developing a relationship with the midwife at your birth. The midwives will prepare you with what to expect when having a caesarean by running an informative antenatal group session and undertaking your pre-operative appointment. These appointments also give you a chance to meet the team before the day of your surgery.

What happens in the lead up to your elective caesarean birth?

At 36 week:

You will be invited to a pregnancy circle appointment at around 36 weeks gestation, though this may be earlier or later in your pregnancy depending on your clinical need. This appointment may take up to two hours as it forms the antenatal education component of your care. It also allows you a better opportunity to get to know at least one member (usually two) of the midwifery team that will be caring for you during your surgery and after your baby has been born.

During this appointment you will have your routine wellbeing check, in addition to a group facilitated discussion providing information on the following topics:

What happens at a caesarean section - including information on staff present, the theatre environment, and your birth choices;

- What happens on the day of surgery - waiting times, eating and drinking etc;
- How to prepare for your birth - diet, hydration, exercise, smoking cessation, relaxation, blood tests, medication, antenatal colostrum harvesting, bonding with your baby, packing your bag;
- Postnatal recovery - what to expect, how to optimise your recovery, your care provision, common complications including infection and DVT;
- Wound care;
- Breastfeeding;
- Your perinatal mental health and wellbeing

We hope that you can find the time to attend this important session.

One to two days before the planned caesarean birth:

You will be invited in for a pre-operative assessment appointment. At this appointment you will have blood tests including a check of your haemoglobin and platelet levels and your blood group. We will provide pre-operative medication that lowers the level of acid in your stomach. We will measure and provide you with your thromboembolic socks that are required to reduce your risk of DVT at surgery. You also have an opportunity at this appointment to discuss any concerns you have and conduct a final antenatal check before your planned caesarean birth.

What should you do to prepare for your caesarean birth?

Diet and exercise

You can optimise your opportunity for healthy recovery by reviewing your diet and exercise in the build up to your surgery. Being active every day can make a big difference to how your body is able to recover from an operation, even if this is simply through regular walks.

Making healthy food choices by reducing your refined sugar intake and increasing the amount of vegetables you eat is a positive choice for your health during and after pregnancy. Please see www.nhs.uk/livewell or www.nhs.uk/start4life/pregnancy for more information on healthy diet and exercise choices during pregnancy. We encourage a high iron diet during pregnancy and advise you to drink two to three litres of water per day.

Washing and hair removal

Please have a thorough wash with soap the day of your surgery, paying particular attention to the area under your bump and around your bikini line.

Please remove all false nails and nail polish from your fingers. Please also remove any jewellery and leave this safely at home. If you are unable to remove a wedding ring then advise your midwife on the day of surgery and we will safely secure it.

Your pubic hair will need to be removed down to around a fingers width above your pubic bone. Please do this at least three days before your surgery to allow the skin to recover. If not, it is best done by a member of staff on the day of your surgery to reduce the risk of infection.

Smoking

Smoking increases your risk of developing bed sores, DVT's and infection, amongst other health complications, which are all risks also associated with recovery from surgery. If you smoke please try to stop or reduce the amount you smoke in the weeks leading up to your surgery.

If you continue to smoke, please try not to the evening before and day of your surgery to improve your breathing and recovery. For free advice please call the NHS Stop Smoking Helpline on 03001231044 or Quit4Life on 0845 602 4663.

Packing your hospital bag

At Surrey and Sussex Healthcare NHS Trust we ask that you bring two small bags only for your birth and postnatal recovery.

On arrival you should bring one small bag which includes:

- your baby's first outfit - a nappy, vest, baby grow and hat
- some loose cotton underwear for yourself

- maternity sanitary towels
- one set of loose comfortable clothes (which you may choose to wear on arrival)
- slippers/flip-flops
- there may be some wait before your operation so a book/magazine and phone for entertainment
- Camera/mobile phone and charger
- Any medication that you are currently taking

A second bag should be stored in your car or bought by relatives after the birth where possible including:

- a spare set of clothes for yourself
- several pairs of spare knickers
- a water bottle
- a washbag of sanitary items
- two to three spare baby outfits
- nappies
- Any hand expressed colostrum in a freezer bag. If you are choosing to bottle feed then we also ask that you bring readymade formula of your choice and we will provide sterile bottles.

The area by your bedside in the postnatal ward is very small. Please do not bring large bags for your short stay as these can become a safety hazard in a clinical environment. We therefore also ask that you leave your baby's car seat in the car until point of discharge.

Please ensure you have purchased some paracetamol and ibuprofen if you are able to take these for use in the postnatal period at home. We will provide all pain relief required during your hospital stay.

Medication

It is important that you have a discussion with the consultant leading your care regarding any medication that you are taking during pregnancy. You may be required to omit a dose on the day

before and/or of your caesarean. Equally there will need to be a plan in place regarding your medication post-operatively with regard to clinical requirement and contra-indications.

What happens on the day of your caesarean birth?

It is natural to be a bit nervous or apprehensive on the day and as a team, we are here to listen to any concerns. We will take every opportunity to maintain your comfort and dignity throughout and make your special day run as smoothly as possible.

Whilst every effort is made to ensure that your baby will be born on the day your caesarean birth is planned for, due to circumstances beyond our control, your operation may be delayed for a few hours or put off until another day. We apologise if this happens and you will be kept fully informed of the reasons for the delay.

If your birth is planned for the morning, then please eat as normal the day before surgery, but do not eat after midnight. You can drink clear fluids until 7am the day of your surgery.

If your birth is planned for the afternoon, then please eat as normal the day before surgery and have a light breakfast before 7am on the day of your surgery. You can drink clear fluids until 11am.

It is important that you follow these instructions to minimise the risks to you during your operation, or the delay of your surgery.

You will be asked to attend the Burstow Ward with your birthing partner at:

- 7am on the day of the operation for a morning caesarean birth
- 11am on the day of the operation for an afternoon caesarean birth

You will meet a midwife from the Evergreen team on admission to the ward who will also be accompanying you to theatre. This midwife will help to prepare you and your partner for your birth experience.

You will meet the obstetric doctor who will be performing the caesarean birth and the anaesthetic doctor who will also be present at your birth and responsible for your pain relief. All members of the team are happy to answer any questions or queries at any point.

Once you have been assessed by the doctors and are happy to go ahead, a member of the team will walk you and your birthing partner to the operating theatre waiting area (POPPA), to complete a few final checks.

The birth

During the operation a team will be present to care for you, their roles are as follows:

- Operating surgeon
- Operating assistant
- Anaesthetist
- ODP – Operating department practitioner (part of the anaesthetic team)
- Scrub practitioner
- Circulating practitioner (to help with equipment necessary in the theatre)
- Midwife
- Paediatrician (if indicated)

You may also be asked if you would agree to one or two midwifery or medical students being present during the surgery. Your co-operation with this is greatly appreciated though this can be declined if you would prefer.

During the anaesthetic:

You and your birth partner will be greeted in the operating theatre by the theatre team and the anaesthetist, who will insert a plastic tube called a cannula, into a vein in your hand or arm. This is needed to give fluids and medication during and after the operation.



The majority of women having a planned caesarean birth have a spinal anaesthetic, which is a type of regional anaesthetic used to give total numbness, lasting about three hours, to the lower parts of the body, so surgery can be safely carried out in this area. A spinal anaesthetic allows you to be awake during the procedure. It will stop you from feeling pain during the operation, but it is normal to still feel touch and pressure.

The anaesthetist will feel down your spine for the right area to give the medication. This can sometimes feel like lots of pressure and pushing on the small of your back. When they have found the appropriate area, we will ask you to slouch over a pillow in a position that pushes out the small of your back to allow the doctor to give the medication. This position can be tricky because of your bump however we will assist and guide you into the right position.

Once the spinal injection is complete, we help you lie down as your legs will quickly feel numb and heavy and will be difficult to move by yourself.

Before surgery commences

Monitoring equipment will be put in place to assess your heart rate, blood pressure and oxygen levels throughout the surgery. We will place these on your arm and back to allow for immediate skin to skin contact between you and your baby and early breastfeeding. The midwife will listen one more time to your baby's heartrate.

The spinal anaesthesia will also affect your bladder control. Therefore, with your consent, a urinary catheter will be inserted into your bladder via the urethra (where you pass urine from) by your midwife. This will be performed when you have effective pain relief.

Soft wraps are placed on your lower legs over which inflate and deflate to massage your calves, helping to prevent blood clots from forming.

We complete a safety check once you and the team are prepared, where you will hear us confirming your identity, introducing ourselves by name and role, as well as details about the operation, ensuring

everything is ready. You will also be encouraged to introduce yourself and express any birth preferences at this time.

Routinely, the operation will include:

1. A sensation of pressure and touch, but not pain. The operation will not start until we are sure your anaesthetic is working with multiple tests.
2. As mentioned previously, a urinary catheter will be inserted in to your bladder to collect your urine.
3. A bikini-line cut in your abdomen and womb (uterus), through which the baby and placenta are lifted out.
4. A short vaginal examination following the surgery to ensure there is no heavy bleeding
5. A suppository medication inserted in your rectum (bottom) to help with pain following the operation
6. After the operation, it is normal to help you on to clean sheets by gentle rolling from side to side and ensuring your skin is clean with skin wipes.

Please indicate 'YES' if you have any concerns about this and share this with your midwife at your evergreen appointment and we will discuss this further. If you answer 'NO' we will assume you have no concerns with these.

YES / NO

NAME:

SIGNATURE:

DATE:

SASH Caesarean Birth Choices

Depending on your preferences and what is safest for you and the baby, it is often possible for the following during the birth of your baby:

- Lowered lightening in the surrounding theatre
- Music on – you may bring a prepared playlist or we can provide music

- Dropping the drapes for you to see baby's birth (it is not possible to see detail of the operation)
- Passing your baby straight to your chest for skin to skin and delaying cord clamping
- Alternatively, your baby can be quickly cleaned away from you before you having time skin-to-skin
- At any point, if you do not feel well, your baby can also have skin-to-skin time with your birthing partner

As long as it is safe for you and your baby, these birth preferences are your choice. There may be a reason why the team feels any of these steps are not safe for you and will be happy to discuss this if necessary.

During the operation, the anaesthetic team and your midwife will be with you and your birth partner throughout the procedure. Your midwife will be there to receive your baby from the surgeon and if your baby does not require any extra attention and you are well, you will have time together skin to skin while the operation continues. We will assist with the position of baby if you would like to initiate breastfeeding here.

When the operation is complete, we will transfer you to your ward bed. Routinely the operation takes less than one hour. There you will be cleaned and any dirty sheets/gowns removed to ensure your comfort. Your baby will be skin-to-skin for the journey to the recovery area where you will stay for some time for us to monitor you and baby after the procedure.

After your caesarean birth

Your stay on the Burstow Ward

You will be provided with a ward information pack for the Burstow ward. To summarise:

- Visiting for your partner is open access 24 hours a day
- We provide a chair for your partner to rest in, but ask that they return home for showers and further rest
- General visiting for relatives is 2- 8pm

- Your birthing partner can obtain a reduced charge parking ticket from the ward clerk when he leaves
- You will be supported by midwives, maternity support workers and infant feeding team during your stay on the ward. You will also be reviewed by doctors as required.

All women who have had a surgical birth experience are required to remain in an open ward bay with up to five other mothers for at least 24 hours so that we can monitor you safely. After this time you may have the option to pay for a private room. We expect you to be in bed for a short time after the procedure. You can start to mobilise approximately six hours after birth, and we will assist you walking to the bathroom to help you freshen and remove your catheter. When we are assured of your healthy recovery, you are eating, drinking and mobile we will remove your cannula (line in your hand).

The midwives will offer you regular pain relief throughout the day. It is recommended that you take this when offered to maintain a good level of pain relief. We will continue to assist you and monitor both you and your baby throughout your stay with us on Burstow ward until you are ready to be transferred home.

Please refer to the suggested packing list on pages five-six and bring enough clothes and toiletries for your and your baby's stay. It is best to wear knickers with a waistband that comes above your bikini line so it does not press on the wound and cause discomfort. Following a caesarean, you will have the same amount of bleeding as if you had given birth vaginally so please bring maternity sanitary towels.

Going home

Most mothers and babies can be discharged home the day after their surgery. Your discharge date will be determined by your mobility and recovery, your and your baby's general wellbeing and your confidence in feeding and caring for your baby.

You will be given advice on your discharge from hospital about wound care, recovery from surgery, follow up appointments and midwife visits to your home. Medication prescribed for you to take home will be fully explained.

A caesarean birth is a major operation and you will need time to recover. Rest as much as your new baby allows and concentrate on caring for yourself and your baby. Ask for help from family and friends. You can safely lift up your baby but try not to lift anything heavier than this.

Your midwife will come and see you regularly and check that you are recovering well from the operation. They will change your dressings, support you with advice on caring for and feeding your baby, monitor their growth and development, offer screening and support you with your emotional wellbeing during this time.

You will need to have a check at six weeks with your GP. If you wish to discuss any aspect of your caesarean or future pregnancies, please talk to your midwife or GP. Many women who have had a caesarean birth go on to have a vaginal birth next time.

You can start having sex again when you feel comfortable to but remember that you will need to use contraception as you can get pregnant again straight after having a baby. We advise that you avoid pregnancy for a year after caesarean birth.

You should not drive until you feel confident in doing so; this is usually four to six weeks. You should check with your insurance company regarding their policy before birth and make a plan for support as required.

We hope that your birth experience is as positive as you had imagined it will be and that you are able to recover swiftly and enjoy your baby following your caesarean birth.

Further information resources:

Royal College of Obstetricians & Gynaecologists	https://www.rcog.org.uk/
Obstetric Anaesthetists Association	https://www.oaa-anaes.ac.uk/home
NHS choices	https://www.nhs.uk/conditions/caesarean-section/

Contact us

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For medical advice please call NHS 111 or visit the NHS Choices website at www.nhs.uk

Tell us about your experience

We welcome your feedback and comments about our staff and services. This will help share what we do well, learn and make improvements. To share your compliments, comments, concerns or complaints please speak to the Patient Advice and Liaison Service (PALS) in the first instance.

Patient Advice and Liaison Service (PALS)

PALS can provide confidential advice and support, and can negotiate prompt solutions by liaising with staff and, where appropriate, relevant organisations on your behalf. You can also ask a member of staff to contact PALS on your behalf.

Telephone: 01737 231 958

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