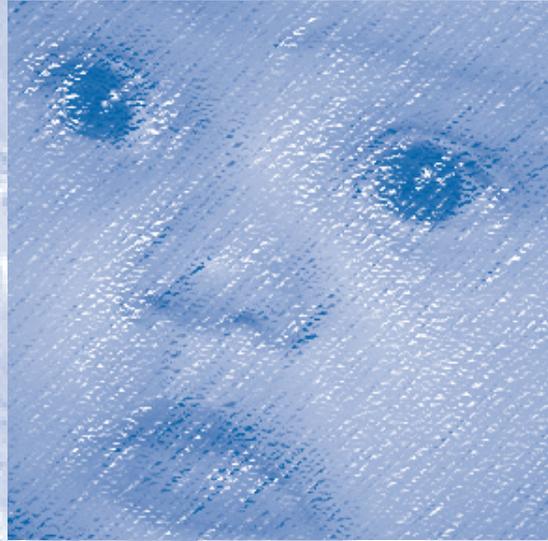




Bradford Teaching Hospitals
NHS Foundation Trust

Caesarean Section



Patient Information



**(Caesarean Associated Recovery
Enhancement)**

**Appointment for pre-assessment clinic at the
Bradford Royal infirmary:**

Date

Time

**Please bring this booklet to your pre-assessment
appointment**

The date for your caesarean birth is:

.....

**Please attend ward M3 on level 4 of the Women
and Newborn Unit on the above date at 7.45am.
There you will be welcomed by a member of the
theatre team.**

In Bradford, approximately one in five babies are born by caesarean birth. It can be planned in advance (elective) or may be carried out as an emergency.

Caesarean birth is a major abdominal operation. This involves making a horizontal cut along the bikini line to birth your baby / babies and the placenta and therefore carries with it some risks which are:

- An increased risk of bleeding during and after the caesarean birth. This may result in you returning to theatre or requiring care in either an intensive care or high dependency unit.
- An increased risk of infection.
- Increased risk of blood clots in the circulation, which could lead to complications such as deep vein thrombosis.
- Risk of damage to the bladder, bowel and blood vessels.
- The operation creates a scar on the uterus (womb), which can affect future pregnancies.
- Risk of uterine (womb) rupture in future pregnancies.
- Increased risk of a caesarean birth in future pregnancies.
- Risk of hysterectomy. Although rare, this is increased in the presence of placenta praevia (low lying placenta) or two or more previous caesarean sections.
- Your baby / babies may be more likely to have breathing difficulties which increases the risk of requiring admission to the Neonatal Unit.
- Injury to your baby / babies such as fetal laceration (cut).
- It can sometimes take longer to recover following a caesarean birth and therefore a longer hospital stay may be required.
- There is a rare risk of death.

Benefits of a caesarean:

- A caesarean birth may be an option if there are concerns regarding the safe delivery of your baby / babies and may be a life saving measure.
- If the caesarean birth is planned, you will not have to go through labour and you will know when your baby / babies will be born.
- Some women feel more in control of their birth experience when having a caesarean birth.

Elective caesarean birth

May be recommended for many reasons, here are a few:

- Two previous caesarean births
- Low lying placenta (placenta praevia)
- Breech (baby coming bottom first)

On the day you arrive on the Labour Ward for your planned elective caesarean birth, very occasionally it may be necessary to postpone this to another day. The reason for this will be explained at the time.

Your doctor and midwife will discuss with you the reasons why a caesarean birth is needed and whether there are any alternatives. You and your birth partner will be given the opportunity to discuss any concerns you may have. The doctor will discuss and complete a consent form with you. You will be given a prescription to collect your premedication tablets from the hospital pharmacy.

What about my birth plan?

Your birth plan is your chance to tell us what you would like for your birth. You can still make choices if you are having a caesarean birth.

Discuss your birth plan with your midwife, below are some examples you may like to think about.

- Do you want staff to tell you what is going on during the operation, or would you prefer quiet?

- Would you like music for the birth? A digital radio is available in theatre.
- During the operation there is a screen so that you cannot see what is happening, however you may prefer no screen.
- Skin-to-skin contact with your baby is encouraged so baby will be delivered on to a sterile towel, dried and then placed directly on to your skin (or your birth partner's skin) if you should wish to wait for skin-to-skin once the delivery is finished.

My Elective Caesarean Birth Preferences

For my elective caesarean I would like...

(please tick)

- To listen to music when in theatre
- To have the drapes lowered when my baby is born
- To find out the sex of my baby myself
- My birth partner to tell me the sex of my baby
- Delayed cord clamping (this is routine at BRI)
- My baby to have vitamin K
- Skin-to-skin contact with my baby in theatre
- My partner to have skin-to-skin contact with baby
- To take photos in theatre
- (Please bring a camera as mobile phones are not permitted in theatres)

Add any further comments here...

Pre-assessment clinic

- You will be seen by a member of the theatre team 48 hours before your surgery. Blood tests will be performed. The blood tests check your Full Blood Count, and blood group to enable some blood to be saved in case it is needed during your caesarean.
- The anaesthetist will discuss your anaesthetic plan with you and document it for the day of your surgery.
- A member of the theatre team will provide an explanation about the operation. A DVD will be provided to explain the exercises which will be encouraged after the operation.
- If you go into labour and therefore need to have your caesarean birth earlier, do not worry if you have not attended the pre-assessment clinic. The assessment will be performed immediately prior to your caesarean birth.
- If indicated, MRSA Screening will be performed by taking a groin swab. Nasal and throat swabs may also be taken to test for Covid 19.
- There will be an opportunity to ask any questions that you may have.
- Please bring with you the pre-medications you have been prescribed along with any other medication that you usually take. We recommend harvesting colostrum. This is when you collect colostrum and have it prepared in a syringe in so as baby can receive your expressed colostrum if breastfeeding is slow to get off to a good start.

If you have been diabetic in pregnancy or have a family history of diabetes then having harvested your colostrum may help to keep baby's blood sugar within a normal range

Caesarean Associated Recovery Enhancement

Fasting Instructions

The night before

- We recommend that you eat a carbohydrate-rich supper (such as rice, pasta or pizza).
- At 10pm you will need to take one Omeprazole 20mg.
- You can eat light snacks such as toast or cereal and have dairy products until 2am. **No more food after 2am but you can continue to drink water only.**

On the Morning of your Caesarean

- At 7am on the morning of your caesarean take one Omeprazole 20mg and one Metoclopramide 10mg tablet with some water.
- Drink **ONE** of the following to enhance your recovery:
 - Black tea / coffee (max 400mls) + 2 sugars, no milk.
 - Small carton of Ribena (max 400mls) (this should not be sugar free).

Do **not** drink orange juice or drinks that are cloudy or 'with bits' or milky drinks.

- Make your way to Ward M3 for 7.45am and bring with you another spare drink (one from the list above). If your caesarean birth is the second or third on the list you will be advised to drink the drink. This will aid your recovery.
- **Do not have a drink while travelling to hospital or once you arrive. You must remain nil by mouth unless a staff member gives you permission.**

The day of your caesarean birth

- You will be asked to remove all jewellery, it is safest to leave jewellery at home or give it to your birth partner for safe keeping. Bradford Teaching Hospital NHS Foundation Trust (BTHFT) do not accept any liability for anything valuable brought to the trust. please leave items of value at home.
- You should remove any makeup, false nails or nail varnish from fingers and toes.
- Before admission it is essential to have a bath or shower to reduce the risk of bacteria on your skin that may increase your risk of infection. You will be asked to confirm that you have showered on the morning of your surgery by a member of the theatre team
- You should not shave your pubic area. The midwife will do this for you on admission, this helps to reduce the risk of infection.
- Your caesarean birth may be delayed if an emergency is taking place. In some instances your caesarean may be cancelled but this is very rare.
- Please do not chew chewing gum on the morning of your caesarean birth.
- If you wear contact lenses or glasses, please provide a case for them if they need to be removed.
- If you have diabetes and use a blood glucose monitor please bring this and all your medication with you on the morning of your operation.
- Please bring a dressing gown; slippers and a nightie with short sleeves, to ensure you maintain your temperature at 36°C (pyjamas not suitable). Keeping warm helps your body to heal and reduces the risk of wound infection. Also have a hat and nappy ready for your baby.
- On arrival you will be admitted onto ward M3. You will be given a bed, this will be where you wait to be taken to theatre and also where you will return to once your baby is born.

- You will be measured and fitted with elastic stockings, this helps to prevent blood clot formation. You must continue to wear the stockings throughout your stay in hospital
- When you are in hospital it is essential to wear a wristband at all times to ensure your safety during your stay. The wristband will contain accurate details about you on it including all the essential information that staff need, to identify you correctly and give you the right care. All hospital patients including babies, children and older people should wear a wristband at all times. If you do not have a wristband whilst in hospital, then please ask a member of staff for one. If it comes off or is uncomfortable, ask a member to staff to replace it.
- You will wear a red allergy band to alert all the medical and nursing staff if you have any allergies, .
- Please remember to bring any maternity notes you may have.
- If you are planning to bottle feed please bring a supply of powdered milk or pre-made milk with you.

What happens in theatre?

You can usually expect to see a minimum of seven staff in the theatre, these consist of:

- **Obstetricians** - doctors who perform the operation.
- **Anaesthetist** - doctor who gives the anaesthetic.
- **Operating Department Assistant** - helps the anaesthetist.
- **Paediatrician** - doctor who looks after the baby if needed.
- **Midwives** - look after and provide support to you, your birth partner and baby during the operation and assist the doctors.
- **Nurses** - provides support to you during the operation and also may have specialist anaesthetic skills to assist the anaesthetists.

The Anaesthetic

During your caesarean birth, the anaesthetist needs to monitor your heart rate, blood pressure and oxygen levels. These monitors will be attached to you before the anaesthetic is given and the operation has started. You will also have a drip in the back of your hand to give fluids and medication. If you have a spinal anaesthetic you will be asked to sit on the operating table while the anaesthetic is put in. Your birth partner can stay with you but will need to change into theatre clothing prior to entering theatre. They will be given a seat next to you during your caesarean birth to support you.

Once the anaesthetic has been given, you will be helped to lie down. You will be tilted slightly to your left side to reduce the pressure from the weight of your baby on your blood circulation.

If you are having a general anaesthetic your birth partner will not be able to stay with you during your caesarean birth and will be asked to wait in the recovery room. You will be helped to lie down as above. The anaesthetist will explain what will happen next regarding your anaesthetic.

The anaesthetist will check that the anaesthetic is working properly before the operation starts.

Final preparations before starting the operation

- A urine catheter will be inserted. This is a small tube which is passed through the urethra into the bladder, to keep the bladder empty throughout the operation.
- The skin around your stomach area and operation site will be washed with a cleansing solution and allowed to dry for approximately 2-3 minutes prior to starting the operation.
- You will be covered with a sterile sheet to help reduce the risk of infection; you or your birth partner should not touch this.
- Once the operation is underway you can expect to feel some pushing and movement. You should not experience any pain. Please let the anaesthetist know if you are feeling unwell or uncomfortable.

- Your temperature will be monitored throughout your caesarean birth.

The Birth

- Your baby / babies will then be placed in skin-to-skin contact with yourself or dried and given to your birth partner.
- A baby born at term and who is fit and well, delayed cord clamping for 1 minute will be carried out. Evidence suggests that this is in the best interest of the baby to help reduce the risk of anaemia. Your baby / babies will then be placed in skin-to-skin contact with yourself or dried and given to your birth partner.

After your caesarean birth

- You, your birth partner and your baby / babies will be transferred to the Labour Ward, where you will stay for approximately 30 minutes to an hour. You will be transferred back to ward M3 after this time.
- Sometimes you may feel or be sick.
- You will be offered regular pain relief and anti-sickness medication if needed. Midwives will give you regular pain relief. If you need more please let your midwife know so they can give you something in addition. Routine pain relief is advised even when your pain is controlled. You will be required to purchase paracetamol 500mg tablets and ibuprofen tablets in preparation for discharge home. If you have allergies to either medication please inform staff and they will advise on alternative medicines..
- If you feel hungry and or thirsty you will be offered a drink and something to eat. You can continue to drink and eat normally from this point. When you are transferred to the postnatal ward the staff will inform you when meal times are and initially bring food to you. However moving around will aid your recovery.
- You will be helped to feed your baby / babies and continue to have skin-to-skin contact.

- You will be encouraged to start getting up and moving gently as soon as you are comfortable to do so. This helps reduce complications. BTHFT operates a no lifting policy. If you require assistance to sit up or mobilise, staff will use equipment and methods to minimise back injuries to staff and injury to you.

Emergency caesarean birth

What will happen?

Some things will be slightly different with an emergency caesarean birth

- You will be asked to sign a consent form for the operation.
- You will be transferred to the operating theatre as soon as possible.
- Blood samples will be taken unless this has already been done.
- An intravenous infusion, commonly known as a 'drip' will be started if you don't already have one.
- One or two inches of pubic hair will be removed.
- Premedication will be given via the drip and you will be asked to drink some medicine to reduce the acid in your stomach.
- Throughout all this preparation you and your baby / babies will be closely monitored.
- The staff will appear busy as they are working quickly to prepare the theatre for your caesarean birth.
- Your birth partner can remain with you for your caesarean birth if you are to remain awake with spinal / epidural anaesthesia.

- If you have a general anaesthetic you will be asleep for your caesarean birth. Your partner will be asked to wait in the recovery room, this is usual for any procedure involving a general anaesthetic and is to maintain safety in the theatre environment.
- The anaesthetist will discuss which type of anaesthetic is right for you and the anaesthetic will be given.
- Your caesarean birth will be carried out as previously described. The risks remain the same as noted earlier.

Sometimes things need to happen very quickly and you may not be able to remember what is said to you at the time. It is important to discuss your caesarean birth with the staff afterwards so that you can understand why the caesarean was needed and how this may affect future pregnancies.

You may wish to come back to the hospital at a later date to discuss what happened at your caesarean birth.

What to expect from your stay in hospital after a caesarean birth

Intravenous infusion (IVI) and urinary catheter

Usually the IVI going into your hand will stop when you can tolerate oral fluids. Feeling or being sick can occur sometimes due to the medication given as part of your caesarean birth. The catheter will be in place for 6 hours (if an elective caesarean birth) or 12 to 24 hours after an emergency caesarean birth.

Mobilising

You will receive an injection to reduce the risk of developing blood clots and will be encouraged to wear supportive stockings which can reduce the risk of clots to the lungs and legs. You will be shown how to give these injections yourself as they will be required for 7 days after your caesarean birth.

Steps you must take after your operation to reduce the chance of wound infection:

Your wound will have a dressing on; this will have been put on in theatre. The staff will inform you of when to remove your dressing. You will be provided with a wound care leaflet. Any health professional wishing to see your wound or remove stitches / clips will wash their hands before and after changing your dressing. They will also wear gloves during the procedure to reduce the chance of wound infection. It is OK to challenge any health professional who does not wash their hands before and after changing your dressing – do not be afraid to challenge.

Whilst the procedure is taking place you should not touch the area exposed. This could introduce 'germs' to the wound which may lead to an infection.

If you feel the need to cough or sneeze when the dressing is being removed or changed, please turn your head away from the exposed wound, use a tissue and wash your hands as soon as you can.

You should not remove the dressing unless instructed by a health care professional. If the dressing starts to come off please inform a member of the health care team.

When do surgical wound infections develop?

A surgical wound infection occurs when germs from the skin or the environment enter the incision (cut) that will be made by the surgeon for your operation.

A surgical wound infection can develop at any time from two or three days after surgery until the wound has healed (usually two to three weeks after the operation).

How will I know if I have a surgical wound infection?

You may develop one or more of the symptoms listed below:

- The skin around the wound becomes red or sore, or it feels hot and swollen
- Your wound has a green or yellow coloured discharge (pus)
- You may feel generally unwell or feverish, and / or have a temperature

If you have questions about the risk of infection associated with your surgery / procedure please ask the nurse, midwife or doctor caring for you and they will discuss any concerns you have.

What happens if I develop symptoms?

If the nurse, midwife or doctor suspects that you have a surgical wound infection, they may take a wound swab. This is sent to the laboratory for tests and you may be prescribed antibiotics to treat the infection.

If you have any concerns about your wound then please speak to your nurse, midwife or doctor.

What to do if you think you have a wound infection after discharge home

If you think you may have an infection after you have been discharged home tell your visiting health professional or contact your GP's surgery and explain that you have recently had surgery and you think you may have an infection.

Where can I get further information about infections in hospital?

The HPA (Health Protection Agency) website www.hpa.org.uk has a section on surgical wound infections which includes the latest report. You need to type in surgical wound infection in the search button in the top right hand corner of the website.

Bleeding

Some women may have increased vaginal bleeding when they stand up out of bed for the first time. It is normal to have some bleeding as if having a period. If bleeding is more than this inform your midwife.

Wound care

The dressing on your wound needs to remain in place for 5 days. You can remove your dressing after this time and not before. If your dressing becomes unstuck or a midwife or doctor needs to view the wound they will decide if they need to replace with a new dressing after inspection. You can shower or bath with your dressing in place. Once your dressing is removed we advise you to keep your wound clean and dry by taking a daily bath or shower once your dressing has been removed. Avoid touching your wound unnecessarily to prevent contamination. Ensure you wash your hands for the same reason. Avoid products such as talc and creams.

Tests

You will have a blood test, usually on day 1 after your caesarean birth to check if you are anaemic and require any treatment. The midwife will advise you of the results and any treatment required. Your baby / babies will have some routine checks with your consent, including a hearing test and physical examination by either a midwife neonatal examiner or paediatrician.

Feeding and looking after your baby / babies

We appreciate that you will find it difficult in the first couple of days to perform all your own baby / babies care, therefore we encourage you to have your named carer present to support you. However you choose to feed, we encourage you to feed your baby / babies yourself. By keeping baby / babies close, you will become aware of baby feeding cues and need for comfort. Responsive feeding is encouraged, unless advised otherwise. We will assist you with bathing your baby / babies and any other cares as required.

Preparation for discharge

The midwife will discuss your discharge plan with you. Most women go home about 24hrs hours after their caesarean birth providing they are caring for themselves and their baby / babies with support from their named carer. You should be eating and drinking normally and mobilising regularly. Please do not hesitate to ask if there is anything further you would like to discuss about the reason for your caesarean birth.

Recovery at home

Remember to take the regular pain relief. You will be required to purchase paracetamol 500mg tablets and ibuprofen tablets in preparation for discharge home. If you have allergies to either medication please inform staff and they will advise on alternative medicines. You should limit yourself to gentle activity for the first few weeks. The blood loss from your vagina may increase slightly: this is normal. If you have a wound that has stitches or staples to the skin surface, these will be removed by the community midwife on day 5 or 6 after your operation. Internal wound stitches will dissolve on their own.

We recommend you check with your car insurance company before driving as they all have different clauses regarding the length of time before you are legally covered for driving after your caesarean birth.

Your midwife, health visitor or G.P. will advise you regarding contraception.

If you have any further queries after reading this leaflet or would like to discuss your options you can contact:

The 24 hour maternity helpline on	01274 364533
Labour Ward	01274 364515 (24hrs)
Maternity Assessment	01274 364531 (10am-10pm everyday)
M4 Post Natal Ward	01274 364540

People with hearing and speech difficulties

You can contact us using the Relay UK app. Textphone users will need to dial 18001 ahead of the number to be contacted.

Below are some links for more information that you may find helpful:

National Childbirth Trust

08704448707

www.nct.org.uk

National Institute of Clinical Excellence (NICE)

Royal College of Obstetricians and Gynaecologists

<http://www.nice.org.uk/pdf/CGO>

www.rcog.org.uk

Obstetric Anaesthetists' Association

www.oaa-anaes.ac.uk



Smoking

Bradford Teaching Hospitals NHS Foundation Trust is a smoke-free organisation. You are not permitted to smoke or use e-cigarettes in any of the hospital buildings or grounds.

If you need this information in another format or language, please ask a member of staff to arrange this for you