Caesarean section and enhanced recovery
This information has been written to answer your queries and reduce any worries you may have. It also explains the concept of enhanced recovery after caesarean section – helping you to recover quickly and get back to normal daily activities sooner.

**What is a caesarean section?**
A caesarean section is an operation to deliver your baby through your tummy (abdomen). The cut is usually made along the bikini line. There are many possible reasons why this operation may be recommended.

An elective caesarean section means that it is a planned operation carried out before labour begins. An emergency caesarean section is one that is carried out as a result of a complication arising during labour. Your obstetrician will have discussed with you the reasons for your caesarean section. Do ask if you are unsure why you are having the operation or need further information.

**What is the Enhanced Recovery Pathway?**
The Enhanced Recovery Pathway has been developed to help you recover sooner after your caesarean section. The aim is to improve the care that you receive and reduce the time you will need to stay in hospital after the birth.

It has been found that the earlier you get out of bed, start walking, eating and drinking after your operation, the shorter your recovery time will be.

By encouraging you to participate in your care, and optimising your health before and after the caesarean section, it is expected that you and your baby will be ready to go home the day after the caesarean section.

This leaflet will explain how you can improve your health before your caesarean section and how your care during and afterwards will help you to recover more quickly.
Before your caesarean section
Your blood test, taken at 28 weeks, will be checked and you will be encouraged to take iron supplements if it shows low iron levels.

Your obstetrician will discuss the reasons why a caesarean section is advised, the risks and benefits of the operation. You will be asked to sign a consent form and given a copy to take home with you. You will receive a letter confirming the proposed date of your caesarean section and an appointment for the pre-assessment clinic.

It is essential that you attend the pre-assessment appointment because you will be seen by a midwife and anaesthetist, who will make an individual plan for your caesarean section.

From 34 weeks, try to increase the amount of physical exercise that you do. For example, a brisk walk for 30 minutes or two 15 minute walks. If this is difficult, remember that any increase in activity will improve your health.

From 34 weeks, ensure that you eat a healthy diet, high in protein (eg. fish, meat, cheese, beans, pulses) and with plenty of fresh vegetables and fruit.

If you are a smoker we strongly recommend that you give up as soon as possible. We will re-offer you a referral to the Smokestop service if you have previously declined.

What are the risks of caesarean section?
A caesarean section is a safe procedure for you and your baby. However, as with any surgery, there are risks involved.

Risks to me:
Infection: The uterus or nearby pelvic organ such as the bladder or kidneys can become infected, although the most common site of infection is the wound. Antibiotics are given during your caesarean section to reduce the chance of these infections.
Bleeding: Blood loss on average is about twice as much with caesarean birth as with vaginal birth. Between two and four women in every 100 will need a blood transfusion.
**Collection**: Accumulation of blood under the skin and soft tissue (haematoma).

**Injury**: This can be to the bladder, bowels or other organs.

**Adhesions**: This is scar tissue that can develop causing organs to stick together.

**Thrombosis and pulmonary embolism**: These are blood clots that may affect the legs or lungs. This can be a very dangerous complication. You will be asked to wear special socks which improve blood circulation in your legs. Women who are at higher risk will be given blood thinning injections (clexane) after the operation to reduce the risk.

**Decreased bowel function**: The bowel sometimes slows down for several days after surgery, resulting in distention, bloating and discomfort.

**Longer hospital stays and recovery time**: The stay and recovery time may be longer than after a vaginal birth where women may go home in six hours.

**The risk of additional surgery**: For example hysterectomy or repair of any damage during the operation. This is rare. Women are more likely to be admitted to an intensive care unit after caesarean section than after vaginal birth, although the risk is rare. They are more likely to be readmitted with a complication.

**Risk for future pregnancies**: Tearing of the scar on the womb (uterine rupture) 1:500 and risk of the after birth (placenta) covering the entrance of the womb (Placenta Previa) or sticking to the previous scar or bladder (Placenta Accreta).

**Risk to my baby:**

**Breathing problems**: About 35 of every 1,000 babies born by caesarean section have breathing problems just after the birth compared with five of every 1,000 babies after a vaginal birth, particularly if delivered before 39 weeks.

**Fetal injury**: Although rare, the surgeon can accidentally cut the baby’s skin while making the uterine incision.

**Dislocation**: Very rare. Dislocation of the joints may result from delivery of the body and limbs.

**Breast feeding**: Women who have caesarean section are less likely to start breast feeding in the first hours after the birth, but if they do start they are just as likely to continue breastfeeding as those who have vaginal delivery.
Pre-assessment Clinic
At the pre-assessment clinic you will meet a specialist midwife who will explain your caesarean section to you in detail. The midwife will discuss ways to get breastfeeding off to a good start and may encourage you to start expressing and storing your colostrum (early breastmilk).

You will be told not to shave or wax the bikini area, or use hair removal cream for at least a week before your caesarean section.

You will also see an anaesthetist who will assess you, get your consent for your anaesthetic and also explain what happens during your caesarean section, including the pain relief that you will receive after your operation.

Your midwife will give you two energy drinks to take just before 6am the morning of your caesarean section (unless you are diabetic), and two Ranitidine (antacid) tablets to take one at 10pm the night before and one at 6am on the morning of your caesarean section.

You will be given a blood request form to come to either a drop in antenatal clinic or the pathology lab to have blood taken one to two days before your planned caesarean section.

You will be given an Enhanced Recovery Diary to complete so that we evaluate your feedback about the care you are given.

The day before the caesarean section
Take 30 minutes exercise (or two x 15 minutes).

Please ensure that any nail polish, especially gel or acrylic polish is removed.

Eat and drink as normal up to 2am on the day of the caesarean section. Take one Ranitidine tablet, as given at the pre-assessment clinic, at 10pm the night before and at 6am on the morning of your caesarean section.
On the day of the caesarean section
You must not eat anything after 2am.

You may drink water up to 6am and if you have been given an energy drink you must drink this before 6am (it tastes best straight from the fridge).

Take Ranitidine tablets at 6am. Please do not drink anything after 6am.

Come to the labour ward at 7.30am on the day of your planned caesarean section. Occasionally you may be asked to come in the night before if additional tests or treatments are required. You will be shown to your bay/room and the midwife or maternity support worker (MSW) will check your notes, and take your temperature, pulse, blood pressure and listen to the baby’s heartbeat.

You will be asked to remove any jewellery, make up and nail varnish and the midwife or MSW will check to see if your bikini line (the operation site) needs any hair removal.

You will have an ID band secured to your wrist and another on your ankle. If you have any allergies you will be given an ‘alert’ band.

You will be given a gown to change into.

The midwife or MSW will give you a pair of anti-embolic ‘flight socks’ to wear to help prevent blood clots forming in your calves while you are less mobile.

The surgeon and anaesthetist who will be undertaking the caesarean section will introduce themselves and answer any further questions you may have.
You may have one birth partner to support you in theatre. One additional birth partner may wait in your room on Labour Ward but there is no other visiting allowed until you go down to Freya Ward. You may bring a camera into theatre, or use your phone to take photos, but please turn it onto silent.

**What happens in theatre?**
You will walk down to the theatre, where the theatre staff will greet you and your details will be checked.

You will sit on the operating table whilst routine monitoring is set up, such as a blood pressure cuff on your arm. A drip will be put into your hand/arm for fluids and any drugs that are required to be given to you.

Your anaesthetist will give you your anaesthetic, usually a spinal, which will have been discussed at the pre-assessment visit. Once the spinal is in place you will be helped to lie down, and the theatre table will be tilted to the left. You will be quite safe and supported. The midwife will pass a tube (catheter) into your bladder. This will stay in for six hours.

The anaesthetist will check your anaesthetic with a cold spray and will only let the operation begin when both you and they are ready.

The surgeon will clean your tummy with antiseptic liquid. A screen will then be put up so that you and your partner cannot see the operation.

The baby will be delivered, usually in about five to ten minutes. The surgeon will delay clamping and cutting the cord for at least two minutes to enable the baby to benefit from the flow of blood from the placenta. The baby may not cry immediately; this is quite normal for babies born by caesarean section.

Once the baby’s cord has been clamped and cut, the midwife will bring the baby to you. This will only be delayed if the baby needs further stimulation or assessment. To help your baby stay warm and regulate its breathing and heartbeat, we will
encourage you to have skin to skin contact straight away. You may be given a strong pain-killing suppository (tablet into your back passage) before you leave theatre. A dressing will be applied to your tummy and occasionally a drain (tube) is left in the wound for about 12 hours.

**Recovery**
After your operation you will be moved onto a bed and taken back to your room on labour ward. Regular observation of your blood pressure, pulse and vaginal blood loss will be made. You will be encouraged to sit up and feed your baby.

Your baby will be weighed, measured and have an initial full examination by the midwife, who will also check his/her temperature.

You will be encouraged to start drinking, and to have a light diet as soon as possible to help your body recover quickly. You and your baby will be transferred to a shared bay on Freya where you will continue your recovery.

**On Freya Ward**
You will feel some pain and discomfort after the operation. You will be given a bedside locker to put your painkillers in (paracetamol and ibuprofen brought in from home) to keep in your bedside medicine locker. This allows you to take it every six hours without waiting for your midwife to give it to you.

It is important to take this pain relief medication regularly to prevent you being in pain. Morphine syrup will also be prescribed in case you need further pain relief.

The midwife or MSW will continue to take your observations, check your wound and vaginal bleeding, and help you with feeding your baby.

If you had a spinal, the feeling will start returning to your legs after about four hours. Try to move your legs and ankles to help prevent blood clots. Your urinary catheter will be removed about six hours after the caesarean section and you will be
encouraged to get out of bed and walk to the toilet about two to three hours after that.

In the evening you may get up for a shower or a wash; your partner can be very useful helping you with this or looking after the baby while you shower. A midwife or MSW will be available to assist you if needed.

You will be assessed for the need for clexane (a daily injection into your tummy for seven to ten days to prevent blood clots) and given your own supply if necessary. You will be taught how to self-administer, or the midwife will show your partner.

The following morning
At 6am a midwife or MSW will take a sample of blood to check your iron levels. The doctor will check the result before you go home so that you may start iron treatment if your levels are low.

The midwife will perform a full postnatal check, to include discussing how you are recovering from your caesarean section. A doctor will visit you and perform a medical check to see if you are fit to be discharged. A paediatrician, or midwife trained in the Newborn and Infant Physical Examination (NIPE) will examine your baby.

If you have a wound drain this will be removed. The wound dressing will be replaced only if it is soiled, otherwise it will remain in place for three days.

A physiotherapist may visit you on Freya Ward and discuss postnatal exercises with you. Pelvic floor exercises may be started straight away.

The midwife will complete the discharge documentation and inform your GP surgery, community midwifery team and health visitor of the details of the caesarean section and the birth of your baby. If there are no complications with either you or your baby you may go home.
At home
Please make sure that you have someone with you at home for the first few days.

A midwife or MSW will visit you at home the day after you are discharged from hospital. She will perform a full postnatal examination and check your wound dressing and vaginal bleeding. She will arrange further postnatal checks with you, so that you will always know when you will next be seen by a midwife. You will be advised to remove the waterproof dressing after three days. If you have a stitch that needs to be removed the midwife will arrange for this to be done on day six.

You should continue to take pain relief medication as long as you need it.

If you feel unwell...
You should contact Labour Ward or Freya Ward immediately if you have any of the following:

- Unusual or smelly vaginal discharge
- Any discharge from the wound
- A high temperature or you feel feverish
- Pain in the back of your leg
- Sudden episode of breathlessness or chest pain
- New or severe pain

Contact numbers:
Freya Ward 01935 384 303
Labour Ward 01935 384 350

Travel and driving
Please remember that you are required by law to wear a seatbelt, even after abdominal surgery. Most insurance companies will not insure you to drive until six weeks afterwards; please check with your own insurance if you wish to drive before this time.
Further information
Further information about your health and wellbeing can be found in your purple postnatal notes. Please give your completed Enhanced Recovery Diary to your midwife when your baby has his/her heel prick test.

If you would like this leaflet in another format or in a different language, please ask a member of staff.

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