

# **Elective Caesarean Birth Enhanced Recovery Pathway for Mothers and Babies**

## **Information for women**

This leaflet is intended to help answer your questions now that you have been booked to have an elective caesarean birth.

It will also explain our Enhanced Recovery Pathway for mothers and babies. This is a research based model of care that helps people to recover faster from major surgery by using modern anaesthetic and pain relief methods and an emphasis on getting you up and about as soon as possible. It means that you should be fitter sooner and ready to go home earlier with less chance of problems.

Where possible our aim is that you will be able to return home the day following surgery if all is well.

### **Introduction**

You and your doctor have discussed the options for the birth of your baby and have decided together that you will have an elective (planned / booked) caesarean birth.

The doctor or midwife will have given you a date for this, as well as discussing risk factors and possible complications.

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## Main risks and complications include:

- **Infection**

Some women develop an infection following a caesarean birth. However, we work closely with the Infection Prevention and Control Team to look at ways to reduce the risk. You will be given antibiotics immediately before your caesarean birth.

It is recommended that you do not shave, wax or use depilatory cream to remove pubic hair for at least two weeks before your caesarean, to reduce the risk of infection to the wound.

Research has shown that keeping your temperature at 36.5°C or above reduces the risk of infection; so please ensure you are wearing sensible clothing and keep warm before and after the procedure.

- **Increased blood loss (haemorrhage)**

On average you are likely to lose more blood than if you were having a vaginal birth. The average amount of loss during a caesarean birth is 750 - 1000ml. Because of this, you are at a higher risk of developing anaemia and requiring either iron tablets, iron infusion or a blood transfusion.

- **Deep vein thrombosis (DVT) and pulmonary embolism (PE)**

There is an increased risk of a blood clot (DVT) forming in the calf of your leg or pelvis and travelling to your lung (PE). You may be given a 10 day course of anticoagulant injections to thin your blood, which you or your partner will be shown how to give at home. You will also be given 'anti-embolism' stockings to wear day and night for two weeks following surgery.

- **Breathing difficulties for your baby**

Before birth babies' lungs are filled with fluid. During a vaginal birth the contractions and the process of passing through the birth canal prepares the baby for breathing by squeezing out the fluid from the lungs. This is not the case with an elective caesarean birth and your baby may be less prepared for birth leading to breathing difficulties.

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There is a six percent chance your baby may need to be admitted to the neonatal unit. This risk can be reduced if you nurse your baby skin to skin as soon as possible and for a few hours after the birth. You will be helped to do this.

### **Antenatal preparation**

You will be seen by a nurse or midwife before the date booked for your caesarean birth. This appointment can take up to 60 minutes and you may be seen individually or in a group. If you require any additional information please take the time after your consultation to ask the nurse any questions.

You will have a blood test, either during this appointment or within three days (72 hours) before the date of your caesarean. This is to check whether you have low iron levels (anaemia) and to save a sample of blood in case you need to have a blood transfusion.

You will have swabs taken from your nose, throat and groin to check for any harmful bacteria on your skin. You will be informed of what to expect during your stay in hospital and will be given a prescription of tablets for you to take home. Please follow the instructions on the box carefully. These tablets help reduce stomach acid and reduce the risk of sickness before and after the procedure.

Mobile phones are allowed, provided they are on airplane mode, and cameras are permitted in theatre, but only for personal still photos (we do not allow the use of videos in the operating theatre). If you would like a specific piece of music played during your operation, please bring the CD in with you.

### **Preparations before your planned caesarean**

You should try to have a high carbohydrate meal the night before your surgery to give you energy for the following day, for example potatoes, rice, bread or pasta.

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If your caesarean birth is in the morning please do not eat after 2.00am. You can have water until 6.00am. Please take the prescribed antacid medication before you go to bed or at 10.00pm.

**On the day of the operation, please:**

- Take the medication you have been prescribed at 6.00am in the morning of your surgery with 400mls of Ribena or still Lucozade Sport (unless you are diabetic when you can take 400mls of water instead). This drink will give your body additional nourishment and help you to recover more quickly.
- Have a bath or shower before coming in, using soap or shower gel, paying attention to your lower abdomen and groin. Don't apply any creams to your skin on the morning of your caesarean birth.
- Remove all jewellery, piercings and nail varnish (including false nails), false eyelashes and hair extensions (if they are clipped in).
- Come to the Postnatal Unit, Level 3, Women and Children's Department at 7.15am.
- **Call if you are running late:** ☎ 01892 634791 / 633498
- **Bring your maternity notes.**

**Arrival in hospital**

You will be shown to your individual room. However, if your room is not ready, you may be assessed in the lounge and taken to theatre from there. The nurse looking after you will check your blood pressure etc. and prepare you for theatre. You will meet a member of the anaesthetic and obstetric team before you are taken to theatre.

Your anaesthetist will discuss the anaesthetic with you. In the majority of cases, this will be a spinal anaesthetic which means that you will be awake during the operation, but your lower body will be numb and heavy. You may be aware of touch but should not feel pain. This type of anaesthetic also means your partner can be with you in theatre.

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Once you're ready (wearing a theatre gown, anti-embolism stockings, a dressing gown and slippers) and the time for your operation has arrived, you will walk down to the delivery suite theatre with a member of the Theatre Team. If your partner or other supporter accompanies you to theatre, he or she will be provided with surgical clothes in which to change.

### **In theatre**

Once you are in theatre, your anaesthetist will insert a plastic tube (cannula) in your hand or arm so that a drip can be started to give you extra fluid and help maintain your blood pressure. You will be asked to sit or lie on your side for the spinal anaesthetic. This involves placing a thin needle into your back and injecting a mixture of local anaesthetic and pain killers, which will make you numb from your breasts downwards. Your anaesthetist will check that the spinal anaesthetic is working effectively before the operation starts. Please be aware that although you will be numb, it is normal to feel some sensation of movement and pressure inside your stomach during your operation.

Whilst you are being monitored and given antibiotics, your nurse, or midwife, will insert a small plastic tube (catheter) into your bladder to remove any excess urine so that your bladder remains empty. They will also shave your pubic hair as required using sterile clippers.

You will then have a drape placed by your chest so you are unable to see the operation. This can be lowered for you to see your baby being born if you want to.

### **Giving your baby the best start**

Ideally, your baby's cord will not be clamped and cut until a minute has passed (known as optimal cord clamping), unless there are any problems. This will help your baby to receive the right amount of blood from the placenta and reduce the risk of low iron (anaemia) in the first few months after birth.

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Your baby will be handed to you for skin-to-skin contact immediately after the birth, as long as there are no problems. This is a really special time for you to get to know each other, and help your baby to regulate its heartbeat, breathing and temperature. It will also help your baby to receive 'good' bacteria from you and helps establish breastfeeding.

Your baby will stay skin-to-skin with you until the surgeon has finished stitching you up. Your baby will be weighed whilst you are being transferred to a bed and will be given back to you as soon as possible so that you can continue skin-to-skin contact in the recovery room and afterwards.

### **Helping you to recover following surgery**

We encourage you to start drinking and will gradually introduce a normal diet following your surgery as soon as possible to help you recover more quickly.

Throughout your recovery, we also encourage you to do deep breathing and ankle exercises every hour to reduce the risk of chest infection and blood clots.

You will be helped to stand and move about as soon as the spinal anaesthetic has worn off (usually six to eight hours after your operation). Ongoing pain relief will be prescribed to enable you to walk about with minimal (tolerable) pain. Anti-sickness medication will also be prescribed for you to take if needed.

The urinary catheter put in at the start of your operation will be removed as soon as possible once you are mobile, to reduce the risk of infection and to help you walk around more easily.

### **Wound care**

The original dressing stays in place for five days and will be removed by your community midwife. Please also read our 'Care of your Caesarean Section Surgical Wound at Home' information leaflet.

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## Going home

You should be well enough to go home the following day, provided:

- You can walk around on your own
- You are eating and drinking normally
- You feel your pain is bearable
- You have passed urine following removal of the catheter
- You have adequate support at home
- Both you and your baby are fit for transfer home
- Your baby has had a hearing test or an appointment made
- You have all the medications you need to go home with
- You have been given your postnatal notes

We encourage you to think about and plan for your recovery at home with the assistance of friends and family. You will normally go home the next morning, so you will need to organise who will be taking you home and ensure you have a car seat for your baby. You may be required to wait in the Day Lounge on the Postnatal Unit for your transport home.

If you are not fit to go home, or your baby needs more care, then you can stay in hospital until any specific needs are met to enable you both to go home safely.

## Follow-up

Your community midwife will see you the day after you go home, and advise you when they will visit again. You will need to make an appointment to see your GP six weeks after your caesarean.

## Getting back to normal

It can take six weeks to three months for you to heal completely; only do light activities till then. You may not be fit to do exercise, carry or push items until your wound is completely healed and you feel well enough. You may not be insured to drive for up to six weeks; please check with your insurance company.

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## Further information and advice can be obtained from:

A short film produced by Maidstone and Tunbridge Wells NHS Trust (five minutes duration) about Caesarean birth can be obtained from: <https://youtu.be/fR-39ITbJOQ>



**Maidstone and Tunbridge Wells NHS Trust Maternity**  
**website:** [www.mtw.nhs.uk/service/maternity](http://www.mtw.nhs.uk/service/maternity)

**Maternity Triage**

 01892 633500

**MTW NHS Trust is committed to making its patient information accessible in a range of languages and formats. If you need this leaflet in another language or format please ask one of your clinical care team or the Patient Advice and Liaison Service (PALS). We will do our best to arrange this.**

Maidstone and Tunbridge Wells NHS Trust welcomes all forms of feedback from our service users. If the standard of service you have received from the Trust does not meet your expectations, we want to hear from you. Please speak with the ward manager or the nurse in charge in the first instance, or you can contact the **Patient Advice and Liaison Service (PALS)** on:

**Telephone:**      01622 224960 or  01892 632953

**Email:**            [mtw-tr.palsoffice@nhs.net](mailto:mtw-tr.palsoffice@nhs.net)

**or visit their office** at either Maidstone or Tunbridge Wells Hospital between 9.00am and 5.00pm, Monday to Friday.

You can be confident that your care will not be affected by highlighting any areas of concern or making a complaint. The Trust will retain a record of your contact, which is held separately to any medical records. If you are acting on behalf of a patient, we may need to obtain the patient's consent in order to protect patient confidentiality. More information on PALS or making a complaint can be found on the Trust's website: [www.mtw.nhs.uk](http://www.mtw.nhs.uk) or pick up a leaflet from main reception.

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