

# Elective Caesarean Birth Enhanced Recovery Pathway

## Information leaflet

This leaflet is intended to help answer your questions regarding elective caesarean birth. It will also outline our Enhanced Recovery Pathway, a research based model of care that helps people to recover faster from major surgery.

### 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 caesarean birth.

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

### Main risks and complications include:

- **Infection**

There is a risk of developing an infection following a caesarean birth. We work closely with the Infection Prevention and Control Team to reduce this risk, including giving you antibiotics immediately before your caesarean birth.

It is recommended that, if required, pubic hair will be removed with a sterile single-use shaver just prior to the start of the operation.

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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)**

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 may lead to breathing difficulties.

There is a six percent chance your baby may need to be admitted to the neonatal unit. This risk can be reduced by having 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**

Please view the "Preparing for your caesarean birth" information slides under the heading "Preparation/Pre-operative care" available via <https://www.mtw.nhs.uk/caesarean-birth/>

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You will be given an appointment with a Midwife the week prior to your planned caesarean in order to collect the information pack containing the date for caesarean, pre-operative medication, blood and swab forms, as detailed in the above slides.

You will have a blood test within three days (72 hours) before 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 may have already had swabs taken from your nose, throat and groin to check for MRSA, if not these will be taken. You will also be given an appointment for a Covid swab before your caesarean.

You 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.

### **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.

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

- Take the medication as per your prescription. Take the second dose (two tablets) with 400mls of Ribena or still Lucozade Sport (unless you are diabetic). These drinks contain sugar and electrolytes which will aid your recovery.
  - 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.
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- Remove all jewellery, piercings and nail varnish (including false nails), false eyelashes and hair extensions (if they are clipped in).
  - Come to the Antenatal Ward, level 2, Women and Children's Department at the advised time.
  - **Call if you are running late:** ☎ 01892 633605
  - **Bring your maternity notes.**

### Arrival in hospital

You will be shown to the Elective Caesarean Lounge. You will be assessed either in the room or another room in the vicinity and taken to theatre from there. The staff looking after you will check your vital signs including your blood pressure 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 and movement, but should not feel pain. This type of anaesthetic also means your partner can be with you in theatre.

Once you're ready (wearing a theatre gown, anti-embolism stockings, a dressing gown and slippers and KangaWrap Kardi to facilitate skin to skin contact if desired) and the time for your operation has arrived, you will walk down to the Delivery Suite theatre with a member of the team. If your birth partner accompanies you to theatre, they will be provided with surgical clothes in which to change into.

### In theatre

Once you are in theatre, your anaesthetist will insert a plastic tube (cannula) in your hand or arm so that an intravenous infusion (drip) can be started to give you extra fluid and help maintain your blood pressure.

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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 mid chest.

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 tube (catheter) into your bladder to remove any excess urine so that your bladder remains empty.

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 wish.

### **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.

After the birth, the midwife will weigh and check your baby and then hand you your baby for skin-to-skin contact. 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 then stay skin-to-skin with you, utilising the KangaWrap Kardi, until the surgeon has finished the operation. Whilst you are being transferred to a bed **your baby can** be placed skin-to-skin with your birth partner and then be passed back to you to continue skin-to-skin contact in the recovery room and until at least the first feed.

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## 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.

For all elective caesarean sections we offer Self-Administration of Medications so that you can take pain relief when you feel you require it without delay. Please read “Self-Administration of Medication in Hospital - Information for patients” leaflet for further information.

## Wound care

You may have a shower after surgery as your dressing is shower proof for five days, but your dressing should not soak in water. Your community midwife or community support worker will remove the original dressing after five days. Following this your wound will be left without a dressing. This is perfectly safe.

After the dressing is removed, let the shower water gently wash around your wound. Do not rub the area or use any soaps, shower gel, body lotions or antiseptics directly over your wound.

If you develop the following symptoms, you may have an infection:

- Skin around the wound/dressing becomes red, sore or feels hot to touch
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- Your wound has a green or yellow coloured discharge (pus)
  - You feel generally unwell or feverish or you have a temperature

If you have any concerns about your wound you should contact your GP or Maternity Triage

## Going home

You should be well enough to go home the following day, and we will be working with you to plan your discharge for as soon as you feel able to go 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
- Both you and your baby are fit for transfer home
- 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 need to organise who will be taking you home and ensure you have a car seat for your baby.

## 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 to eight 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 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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