

**Patient
Information**

Caesarean section

Introduction

This leaflet gives you information about having a caesarean section.

What is a caesarean section?

A caesarean section is the birth of your baby by way of an abdominal operation. A caesarean section may be 'elective' (that is planned in advance) or an emergency. An emergency caesarean may be necessary if complications develop and an immediate birth is needed. Whenever a caesarean section is suggested, your doctor will explain why it is needed. They will also answer any questions you may have and discuss the risks associated with the operation. About 1 in 4 women will need a caesarean section.

If you are having a planned (elective) caesarean section

You will be given a date for the operation. A few days before your operation, you will be seen in the pre-operative assessment clinic where the operation will be explained.

Before your operation, you will be asked to sign a consent form. A blood sample will be taken and sent to the laboratory to check that you are not anaemic. A blood sample will also be stored in case you need a blood transfusion.

Medication

You will be given 2 ranitidine tablets; these will reduce the acidity of your stomach. You will be asked to take 1 tablet before going to bed the night before your operation. The second tablet should be taken on waking on the morning of your operation.

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Eating and drinking

Do not have anything to eat or have milky drinks for at least 6 hours before your operation. When you are seen in the assessment clinic you will be advised of the latest time you can eat and drink. **Please be aware that you must not chew gum or suck sweets in the 6 hours before your operation as this can cause problems with your anaesthetic.**

Admission for your operation

At the pre-operation assessment appointment, you will be advised where you should go for your caesarean section. This will either be Maternity Assessment or the Delivery Suite on the 2nd Floor of the Women's Centre, Gloucestershire Royal Hospital. The operation will be performed in the Delivery Suite. After the delivery you will be transferred to the Maternity Ward.

Your anaesthetic (planned and un-planned caesarean section)

If your caesarean section is planned, the anaesthetist will see you on the morning of the operation to discuss what type of anaesthetic is appropriate for you. There are 2 main types of anaesthetic. You can be either be awake for the caesarean (a local anaesthetic) or asleep (a general anaesthetic).

Local anaesthetic

Most women like to be awake for the birth of the baby and, as long as there are no reasons not to, a spinal or epidural anaesthetic will be used. This involves an injection of local anaesthetic into your back. You will be pain free from your lower chest down. This option is safer than a general anaesthetic.

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General anaesthetic

You may prefer to have a general anaesthetic (GA) which means you will be asleep throughout your operation. Sometimes the anaesthetist or obstetrician will advise a general anaesthetic. It is not possible for your partner to be present at the birth of your baby if you have a general anaesthetic as the team have to be more involved with your care. The anaesthetist will give you oxygen to breathe through a mask for a few minutes.

Once everything is ready for the operation the anaesthetist will give the anaesthetic via a thin tube (drip) inserted into a vein in your arm. This will then send you to sleep.

The advantages of local anaesthetic

- Spinals and epidurals are usually safer for you and your baby
- You and your partner can share in the birth
- You will not be sleepy after the birth
- You will be able to feed and hold your baby as early as possible
- You will have good pain relief after the delivery
- Your baby will be more alert when it is born

The disadvantages of local anaesthetic

- Spinals and epidurals can lower your blood pressure although this is easy to treat
- This type of anaesthetic takes longer to work
- Sometimes the anaesthetic can make you feel shaky
- Rarely local anaesthetic does not work well enough, so you may then need a general anaesthetic. The anaesthetist will advise you on this
- You may get a tender area in your back where the needle is inserted - this may last for a few days

**Patient
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Your operation is usually performed between 9:00 am and 3:00 pm but sometimes it may be delayed if the labour ward is very busy and/or there are emergencies. There will be a number of people present (at least 7) in the operating theatre. They are there to ensure your safety.

If you are having local anaesthetic your birth partner will be asked to change into theatre clothes and join you in the operating theatre. Your birth partner will be asked to sit down and avoid certain areas of the room.

The anaesthetist will insert a drip (often called an IV or intravenous line) into a vein in your arm. This drip will be used if you need any medications during your surgery, such as anti-sickness medication.

You will be asked to sit or lie on your side, curling your back. It is important that you keep still during the injection. The area on your back will be cleaned and a local anaesthetic injection to numb the skin will be given. This will sting for a moment.

For a spinal anaesthetic, a fine needle is put into your back. Sometimes, you may feel a tingling going down one leg. If you do, you should tell the anaesthetist.

When the needle is in the correct position, the anaesthetist will inject local anaesthetic and a pain-relieving medication and then remove the needle. The injection usually takes a few minutes, but if it is difficult to find the right spot for the needle, it may take longer.

You will know when the spinal or epidural is working because your legs will begin to feel very heavy and warm. The anaesthetist will check that the anaesthetic is working well.

Once your anaesthetic is working, a catheter (a small tube) will be inserted into your bladder to keep drain any urine during your operation.

A theatre screen will be placed in front of you so that you will not see the operation being performed.

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This can be lowered so you can see your baby just after it is delivered. You will be on your back and tilted slightly to the left. The spinal injection can sometimes cause a temporary drop in your blood pressure. This may cause you to feel sick for a few minutes. If you do feel sick, please let the anaesthetist know. You will be given treatment for the sickness straight away.

Your baby will be born through a cut in your abdomen, usually along your bikini line. You may feel pulling and pressure, but you should not feel any pain. Some women have described it as feeling like 'someone doing the washing up inside my tummy'. From the start of the operation, it usually takes about 10 minutes until your baby is born. This may be longer if you have had a previous caesarean section.

If there are no concerns with your baby, your baby's cord will be left intact for at least 1 minute before cutting.

As long as you and your baby are well, your baby can be put straight on your front for skin to skin contact, if this is your preference.

If the team caring for you assess that you are at risk of heavy bleeding, they can give you medications to help your uterus contract. This will be given through the drip already placed in the back of your hand.

You will also receive some antibiotics and an injection to slightly thin your blood to reduce the risk of blood clots.

The wound is closed either with dissolvable stitches just under the skin or by one long stitch that is removed 4 to 5 days after the operation. Completion of the operation will take about 45 minutes.

You may be given a suppository to relieve pain when the anaesthetic wears off.

Emergency caesarean section

An emergency caesarean section is one that has not been planned. Some emergency caesareans are done in much the same way as a planned caesarean. The most common reason for an urgent caesarean section is if there is a sudden problem with your baby (sometimes called 'fetal distress').

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If you already have an epidural and it is working well, the anaesthetist may try to give you enough anaesthetic through the epidural for you to have an emergency caesarean section. The anaesthetist, with the surgeon, will make this decision. If there is not enough time, you will have a general anaesthetic.

Sometimes, if there is a great hurry, the team will not have time to explain fully what is going on to you and your birth partner. Your partner may also have to wait in the delivery room while you have the operation. However, the staff will always talk to you afterwards and explain what happened and why.

What are the risks of caesarean section?

Complications of caesarean section do not happen often but you should be aware of them. Please feel free to discuss the risks with your midwife, obstetrician or anaesthetist.

In 10 to 20 out of every 100 women, a 'minor' complication might happen, such as an infection of the bladder and infection or bruising of the wound.

Blood loss during the operation can sometimes be heavy and you may need a blood transfusion.

More serious risks are much less common (1 in every 1000 women) and include damage to the structures in your pelvis close to your womb (uterus) such as the bladder, ureters (tubes which carry urine from the kidneys to the bladder), bowel and major bleeding.

The anaesthetic carries a small risk. You can discuss this with the anaesthetist.

Blood clots in the leg and chest (called thrombosis) are uncommon, but can be life threatening. You will be given advice and treatment to reduce the risk.

After your operation

You and your baby will be cared for in a recovery room on the delivery suite until you are ready to be moved to the ward. You will have a drip in your hand or arm to replace fluid lost during the surgery. This will remain in place until you are drinking normally.

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There will also be a small tube in your bladder to keep your bladder empty. This will be removed as soon as possible, usually the next morning.

Pain relief

A caesarean section is a major abdominal operation and pain following the operation is to be expected. You will usually have been given pain relief by suppository while you were in the operating theatre. You will be offered regular pain relief on the postnatal ward.

It is better to take regular pain relief medication rather than to wait until you are sore. The medication that you are given will not affect your baby if you are breast feeding.

Movement

You will be encouraged to be up and about as soon as possible. This will help to prevent any complications from the surgery. The physiotherapists attend the maternity ward most mornings and will discuss movement, postnatal and pelvic floor exercises following your caesarean section. Please ask your midwife if you would like to speak to a physiotherapist before going home.

Infant feeding

You should be able to breast feed your baby straight after the birth. Your midwife can advise you about the most comfortable positions while breastfeeding.

It can be beneficial to keep your baby in skin to skin contact from birth until after your baby has had its first breastfeed.

Wound care and stitches

The wound will be covered with a dressing for the first 48 to 72 hours. After the dressing has been removed, you will need to keep the wound clean by taking regular baths or showers. If you have difficulty with taking a bath or washing, please ask the staff for help.

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You may have a drain (tube) in your wound which is attached to a drainage bottle. This should be removed after 24 to 48 hours.

Often, you will have dissolvable stitches which will not need to be removed. If the stitches need to be taken out, your midwife will do this on the 4th or 5th day after your operation. This will be done at home (unless you are still in hospital).

Bleeding

You will lose some fresh blood from your vagina which will gradually lessen and become brown in colour. The blood loss will continue for some time. You should only use ordinary sanitary pads, not tampons.

Going home

Mothers who have a caesarean section usually stay in hospital for about 2 days.

Mothers may transfer to a local maternity unit when they are well enough to travel by car. Please speak to the midwife caring for you if this is something you are keen to do.

You should not drive until you feel able to perform an emergency stop comfortably and are not taking regular pain medication. This usually means about 4 to 6 weeks before driving again. It is advisable to discuss this with your insurance company.

Most people will be asked to go to their GP for a 6-week postnatal check. Occasionally, some women will return to the hospital for follow up, particularly if there have been any complications.

Before going home, you will have the opportunity to discuss your operation with members of the medical team while you are on the postnatal ward.

An anaesthetist will visit you on the ward and an obstetric doctor may see you, particularly if you had an emergency caesarean.

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Frequently asked questions

A question often asked is ‘will I need another caesarean section if I have another baby?’ This depends on the reason for the caesarean section. Sometimes the problem can happen again. However, many women can successfully go on to have a vaginal birth after a caesarean section, but these pregnancies will always be under the care of a hospital obstetrician, who will discuss the choices for birth with you.

Each time you have a caesarean section, the operation will carry increased risk; this should be considered when planning your family. The chances of having a vaginal birth are higher if you have already had a successful vaginal birth in addition to your caesarean section.

If you would like to receive our leaflet ‘Vaginal birth after caesarean section’ please ask your community midwife.

Contact information

Maternity Triage Advice Line

Tel: 03004 225541

Available 24 hours

Maternity Assessment

Gloucestershire Royal Hospital

Tel: 0300 422 6104

Daily, 8:30am to 4:00pm

Delivery Suite

Gloucestershire Royal Hospital

Tel: 0300 422 5525

Available 24 hours

Further information

More information about caesarean birth and repeated caesareans can be found at:

Website: www.nice.org.uk/guidance/cg132

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For more information about anaesthetic for caesarean sections, please visit:

LabourPains.com

Website: www.labourpains.com

Click on the C-Section tab in the Videos and Leaflet tabs.

Pre-operative clinic

An appointment has been arranged for you to attend the pre-operative clinic on:

_____ at the

- Maternity Assessment Centre (MAC),
- St Paul Wing
- Cheltenham General Hospital

- Maternity Assessment (MA),
- The Women's Centre,
- Gloucestershire Royal Hospital
- Stroud Maternity Hospital

Admission information for women having a planned caesarean section

A date has been arranged for your caesarean section on:

_____ at the Women's Centre,

Gloucestershire Royal Hospital.

At your pre-operative appointment, you will be advised of where to attend and at what time. This will normally be between 7:45am and 9:30am at either the Maternity Assessment Centre or the Delivery Suite, Gloucestershire Royal Hospital.

Should you go into labour before your booked operation date, have ruptured membranes (waters broken) or any other concerns, please contact the Delivery Suite.

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Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>