Caesarean Birth

wdhs Western District Health Service

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There are situations where the safest option for you and/or your baby is to have a caesarean birth.

Your obstetrician will explain why a caesarean birth is recommended for you and inform you of any possible risks and side effects. Do not hesitate to ask questions. It is important to make an informed decision. Your doctor will ask you to sign a consent form prior to your surgery.

A caesarean birth planned in advance is called an elective caesarean birth.

Potential risks associated with a caesarean birth for women include:

- increased blood loss
- wound infection and breakdown
- blood clots in your legs (DVT)
- pulmonary embolus (a blood clot that moves from your leg to your lungs and is very dangerous)
- potential damage to organs near the operation site, including your bladder
- increased likelihood of needing a caesarean with your next baby
- slower recovery due to having a major operation.

Potential risks associated with a caesarean birth for babies include:

- breathing difficulties—this is significantly reduced if your baby is born after 39 weeks
- being cut with scalpel during operation (very rare)
- bruising to the face or head due to the use of forceps, if required.

Preparing for surgery

- You will receive a phone call from the hospital approximately 48 hours prior to your scheduled operation to confirm your admission time—you will be asked to present to the admissions reception, approximately two hours prior to your procedure.
- After your admission process has been completed a midwife will prepare you for surgery.
- Your midwife will clip the front of your pubic hair as far as the groin. This allows the wound dressing to stick to your skin. Do not shave or wax your pubic hair in the week prior to your operation as this can increase the risk of developing a wound infection.
- All make-up, hair pins and jewellery, including any piercings, need to be removed. Your wedding band, or jewellery that cannot be removed, will need to be covered with tape during the procedure.
- You will be fitted with special stockings which assist in preventing blood clots in your legs during periods of immobility. These are to be worn prior to your caesarean birth, and then until you are discharged. You may remove them for showering.

When getting in and out of bed:

- lie on your back in the centre of the bed with both knees bent
- roll over to your side without twisting too much (keep your knees bent)
- with your top arm well in front of you, push your upper body forward and up, and allow your legs to go down at the same time
- remember to keep breathing, keep your knees well bent and come forward and up to a sitting position in one smooth action.

Your physiotherapist or midwife will help you to get out of bed the first time.

If you have not passed wind, or have some wind pain, try:

- pelvic rocking and knee rolling
- gentle wind massage: start at the lower right side of your tummy, using a gentle slow circular motion as you slowly move up to waist level, move across the belly button and down the left side
- standing, lean forward onto the end of the bed and do some gentle hip circles
- warm showers
- frequent walks
- relaxing on the toilet in the 'hips flexed' position.

How to protect your incision when you cough:

- with your knees bent, place both hands over your wound, anchoring your fingers onto the pubic bone, and your forearms resting firmly across the abdomen.
- draw in the pelvic floor and hold arms in firmly as you cough.

Support person

- If you are having a spinal anaesthetic, you may have one support person with you in the theatre. Your support person will be required to dress in theatre clothes and will sit next to you during the operation. However, if there is a complication during your surgery it may be appropriate for theatre staff to ask your support person to leave.
- If you require a general anaesthetic your support person can come with you to the operating theatre but will be asked to wait in the recovery room until you arrive there after your surgery.

In the operating theatre

After you arrive in the operating theatre, the anaesthetist will insert an intravenous drip, and may give you a small drink of sodium citrate to neutralise the acid in your stomach. The anaesthetist will ask you to either sit up or lie on your left side, and then proceed to insert your spinal anaesthetic. This involves placing a needle into your lower back under local anaesthetic. A small dose of local anaesthetic and usually some opioid medication, such as morphine, are injected into your spinal fluid. Only small amounts of drug are used, so they do not affect your baby.

The anaesthetist may also insert an epidural catheter, which is a fine plastic tube. Extra local anaesthetic can be injected down this tube if needed. This is called a combined spinal-epidural, or CSE. Both these anaesthetics are effective.

The drugs injected into your spinal fluid act directly on the nerves as they leave the spinal cord. These nerves will be affected fairly quickly and your lower abdomen will go numb, so you will not be able to feel anything sharp or painful during the operation. Your legs will also become quite heavy. This is normal. Before the operation begins, the anaesthetist will check that the anaesthetic is working properly.

Sometimes the anaesthetic lowers your blood pressure, and you might feel a bit dizzy or sick. The anaesthetist will measure your blood pressure frequently and give you something in your drip to stop this happening.

If you have a spinal or combined spinal-epidural anaesthetic you will be awake throughout the operation but you will not feel pain. After your anaesthetic is established, a small tube will be inserted into your bladder (urinary catheter) and, to reduce the chance of infection a small swab will be used to clean inside your vagina. Your abdominal skin will be cleaned with another antiseptic solution and you will also be given an antibiotic through your drip prior to the operation. A screen will be put across your chest so that you cannot see the operation. However, your doctors will speak to you and let you know what is happening. You may feel tugging, pulling and possibly some wetness when your waters break.

The operation usually takes about 30 to 40 minutes. One advantage of a spinal anaesthetic is that you are awake during the birth and can see your baby immediately

Common side effects of spinal/epidural anaesthetics

- Low blood pressure—this can make you feel faint or sick, and can be controlled with fluids and medication given via the drip.
- Itching—medication can relieve this.
- Headaches—as the spinal/epidural wears off and you begin to move around.

Supporting breastfeeding when having a caesarean birth

Skin-to-skin contact with your baby after a caesarean birth is important. Where possible, the midwife caring for you throughout your caesarean can help facilitate this process for you.

Your baby should be naked against your skin and will have warmed blankets placed over their back and a hat placed on their head. Skin-to-skin contact will help your baby to stabilise their temperature and start to initiate an instinctive feeding response that will enhance bonding and breastfeeding establishment. Your baby's instinctual response to breastfeed is heightened in the first two hours after birth; skin-to-skin contact during this time increases these responses and the likelihood that your baby will attach and feed well at the breast. It will also help to stop some of the shaking you may experience after your caesarean birth and spinal anaesthetic.

After your caesarean birth there are a number of feeding positions you can try to help decrease any pressure on your wound. You may be more comfortable lying on your side. When you are more mobile, you can sit in bed or in a supportive chair with a footstool for comfort.

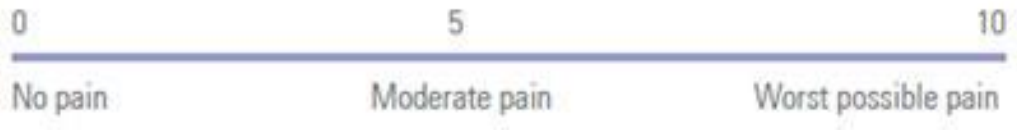
Recovering from your caesarean birth

Pain management

During your spinal anaesthesia your anaesthetist will have given you an opioid (strong medication) with your anaesthetic which lasts for up to 24 hours after the birth and reduces the need for other pain relief during that time. Most women will then require only oral tablets to control any pain. By using a combination of drugs you will need less medication to have good pain relief with fewer side effects.

Assessing your pain

After your surgery you will be asked to regularly score your pain with a number where zero equals no pain and 10 equals the worst pain you can imagine. Our aim is to manage your pain so that you are comfortable enough to care for both yourself and your baby with minimal assistance (i.e. pain score of 4 or less).



Wound care

- Your wound dressing will remain on for five to ten days. Your midwife or obstetrician will tell you when, and how, to remove it.
- If you have a wound drain it will be removed in the first one to two days.
- If your wound oozes fluid or blood, report this to your midwife or doctor immediately. Maintaining good hygiene is important to prevent infection.
- Do not use a hair dryer on the wound, as drying the wound delays the normal healing process.

Bladder care

If you have a urinary catheter it will be removed in the first one to two days depending upon your recovery.

Please let your midwife and physiotherapist know if you are having difficulty passing urine, are only passing small amounts of urine, or are having accidental loss of urine.

Mobility and exercises

While you are recovering in bed, it is important to slowly and gently get your muscles working again. Gentle, but regular, stretches and exercises will help you recover faster, as will getting in and out of bed carefully, and caring for yourself and your baby by using movements and activities that do not cause strain or increased pain.

Initially, after your operation you will be resting in bed. During this time it is important to do deep breathing and leg exercises regularly. Bed exercises and walking around in the early stages after your operation will reduce the likelihood of chest infections and blood clots in your legs.

While still in bed, you can:

- take five or six deep, slow breaths each hour—relax your shoulders as you exhale
- bend your ankles up and down, tighten thigh and buttocks muscles
- gently draw in the pelvic floor muscles, pause, and then let go
- draw in the pelvic floor muscles before and as you move your legs, but always keep breathing—this protects your tummy from strain
- with both knees bent up, try slow, gentle pelvic rocking and knee rolling (aim to do these exercises two or three times each hour)

Pelvic rocking

Pelvic rolling

- change your resting position regularly
- if sitting in bed to feed, make sure the back of the bed is upright and place a small pillow or rolled up towel behind your lower back. Try not to slide down the bed.
- if lying on your side in bed to feed, make sure your head and neck are supported on a pillow. Ensure that your body is not twisted; a pillow between your knees might feel more comfortable.

Discharge

Planning for going home

You should expect to go home between the third and fifth day after your operation. You may choose to go home earlier.

Going home

The discharge time from Western District Health Service is before 10 am each day.

On the day you go home you will be independently caring for yourself and your baby and understand how to assist your physical recovery. Your pain will be controlled with tablets and your wound will be free from signs of infection (i.e. no redness or discharge). Your baby will be checked by a paediatrician or midwife and you will have had a medical check since your surgery. Please discuss any concerns, regarding you or your baby, with your midwife or doctor prior to discharge.

While you should be able to perform all the normal activities to care for yourself and your baby, you should avoid doing anything which will cause you significant discomfort. Gradually, you will be able to return to your full range of activities. This can take a variable amount of time—usually between two and six weeks. Listen to your own body.

Driving can be resumed when you can comfortably drive with full control of the vehicle. This may take three to four weeks—your doctor can advise you about this.

Please speak to your GP or obstetrician if you have any concerns about your recovery.

Mater acknowledges consumer consultation in the development of this patient information.
Mater Doc Num: PI-CLN-430054
Last modified 29/9/2017.
Consumers were consulted in the development of this patient information.
Last consumer engagement date: 18/9/2017