

Recovery after a Caesarean birth

This information has been written to answer your queries and reduce any worries you may have as you recover from the planned or unplanned Caesarean birth of your baby /babies.

Introduction

This leaflet will explain what happens directly after your Caesarean birth, what complications could arise for you and your baby/babies and how we can treat these. We will also explain your aftercare, including caring for your wound and pain relief options, both on the postnatal ward and when you return home. If you have any questions please speak to your midwife or doctor.

Care immediately after the birth of your baby

When you leave theatre you will either go back to the delivery or recovery suite and be looked after by a nurse or midwife for approximately two hours. Regular observation of your blood pressure, pulse and vaginal blood loss will be made. You will be helped to freshen up, change into clothes or a fresh gown and to sit up in the bed. At first you will be given sips of water to drink. If you feel well, you may also have a hot drink. If you have any pain we will give you pain relief drugs to help.

On the recovery ward the nurse/midwife caring for you will help you and your birth partner with your baby's first feed if this has not happened yet. You may find that the most comfortable position to breastfeed after a Caesarean birth is lying on your side. We can show you how to do this if you need help. If you are bottle feeding, we will support you or your birth partner to give your baby the first feed.

Your birth partner can be with you during your stay in the recovery ward or delivery suite. However, we cannot allow other visitors because other patients are recovering or in labour in these areas. Please speak to the midwife caring for you about specific visiting arrangements as these are currently subject to change.

Complications after a Caesarean birth

Caesareans are safe, but you may experience minor 'complications. As a preventative measure we give you a dose of antibiotics at the time of delivery to minimise the risks of infection.

- Bladder infection (cystitis)
- Anaemia
- Infection in the lining of the uterus (womb)
- A wound infection is common, probably affecting up to 1 in 20, despite them being given a preventive dose of antibiotics at the time of delivery. This can be an inconvenience can also lead to more prolonged infections which delay healing. See more information below.
- A chest infection is also possible but more so in smokers and after a general anaesthetic.
- The more serious complications include:
 - Surgical complications such as damage to bladder, venous thrombosis (blood clots in the veins of the legs) increases to 1 in 300, compared to 1 in every 1000 cases without a

Caesarean birth. Treatment for this condition involves the use of blood thinning medication for several months after the clot is detected.

- Pulmonary embolus (when a clot in a leg vein breaks off and then lodges in your lungs) affects 1 in every 100 who have had a deep vein thrombosis, and this can be fatal. To prevent this complication those who are at a higher risk of developing blood clots are given injections of a blood thinning drug every day into the abdomen or thigh and this may continue for either 10 days or 6 weeks so will need to be continued at home given by yourself, family member or friend.

Possible problems for your baby

Most babies born by Caesarean birth are well after birth. However, a small number of babies may develop problems. In most cases, the baby will be seen by a neonatologist (baby doctor) and will be able to stay with you. However, some babies do need to go to the Neonatal Intensive Care Unit, which is called Buscot Ward on Level 6. If your baby needs further care on Buscot it can take up to an hour for the staff to undertake a full assessment of your baby. This can be an anxious time for you. Your partner will be able to stay with your baby and you can be taken to visit them as soon as you are able to be helped into a wheelchair.

Common problems that can occur in all newborn babies are:

- **Getting cold:** Newborn babies cannot keep themselves warm and can chill easily. To avoid this happening, your baby will be dried thoroughly after birth and placed skin to skin with you or your partner with additional blankets if needed. A hat is very important as we know babies lose heat from their heads. Your baby's temperature will be checked regularly to ensure they are not getting cold.
- **Breathing problems:** Some babies have difficulty with their breathing after birth. A sign that a baby is having breathing difficulties is usually that they may breathe faster, or their breathing may be noisy called 'grunting.' This can be for many reasons. The most common reason is that a small amount of fluid has remained in the baby's lungs and has not fully cleared at birth; this happens to about one baby in 50 at 39 weeks, 1 in 25 at 38 weeks and 1 in 12 at 37 weeks, and is more likely to be seen in babies born before contractions started, for example at a planned Caesarean birth. If your baby appears to have breathing difficulties, a member of the neonatal team will be asked to assess the baby. Mild problems often settle quickly without any need for treatment. The doctor may leave the baby with you and come back later to check all is well. It is important that your baby is kept warm and fed early. Babies who have more severe difficulties will be transferred to Buscot Ward where they can be given any special treatment that may be needed.
- **Low blood sugars:** Babies have stores of energy to use in the hours after birth. Sometimes, this energy may be used up during delivery or if the baby is cold, they may not use it properly. If the midwife is worried, they will test your baby's blood sugar level by taking a drop of blood from the baby's heel. Feeding your baby usually resolves a low sugar level. If the level is very low or your baby appears unwell in any way, a member of the neonatal team will see them.

Care on the postnatal ward

After your stay in recovery or Delivery Suite, you will be transferred to the postnatal ward on level 4 this usually takes around 2 hours. However, you may need to stay on the Delivery Suite for further monitoring, e.g., if you have raised blood pressure or who have lost a lot of blood during the delivery or any other complications of surgery.

Moving about

The ward staff will offer you help and assistance with baby care, feeding and helping you to move around. Please ask for assistance the first time you get out of bed, and do not attempt to do this without assistance.

If you have been awake, the feeling and movement in your legs will return within a few hours and you will be able to get out of bed as soon as your legs feel strong enough.

Please ensure that you move your ankles and calves whilst you are in bed to prevent blood clots forming in the backs of your legs (which can cause a DVT – deep vein thrombosis).

It is important you get out of bed and move around gently as soon as you feel able, to reduce the risk of both DVT and chest infections delaying your recovery. The urinary catheter (tube in the bladder) will be removed approximately 12 hours following your Caesarean birth and the cannula will be removed when you move upstairs to the ward. The staff will ask you to measure how much urine you are able to pass when you use the bathroom: please tell us if only small volumes are being passed.

Pain relief

You will feel some pain and discomfort. The best way to control this is to have regular pain relief to make sure that you are comfortable and able to move around. Ward drug rounds are done regularly; however, please ask the midwives if you need pain relief.

There are several ways to give you pain relief after a Caesarean birth:

- If you have had a spinal or epidural, a long acting painkiller will be used.
- Painkilling suppositories (capsules) are often given at the end of the operation into your back passage (bottom).
- You will be given tablets, during drug rounds of paracetamol, ibuprofen and Dihydrocodeine. If you need more pain relief, liquid morphine (Oramorph) is available and if needed you can receive pain relief by an injection into a drip (morphine or similar drug). This is called patient-controlled analgesia or PCA and is a safe way of controlling the amount of painkiller yourself.
- If you are breastfeeding and taking Dihydrocodeine, please read 'Pain relief when breastfeeding.'

Eating and drinking

If you feel that you would like something to eat and drink, start off with something light, e.g., water, a couple of plain biscuits and maybe a sandwich. Avoid fizzy drinks, fruit or a heavy meal.

Personal care

When you feel ready, you can get up and have a wash or shower. Your partner can be a great help at this time, helping you to and from the shower or looking after the baby while you shower.

Compassionate

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Blood loss

After a Caesarean birth, you will have vaginal blood loss. Usually, the blood loss lasts for several weeks. Your midwife will ask you about your blood loss – they will also feel your tummy to check that your uterus (womb) is returning to its normal size.

Your wound

You will have a dressing across your wound, and this will remain for five days unless it becomes soaked. If necessary, another dressing will be applied. The midwives will advise you on how to care for your wound. If your BMI is over 35, a negative pressure dressing will be used called PICO. This has been shown to reduce wound infections if you have a higher BMI.

You may have a very small tube coming from your tummy. This is a drain, and it is usually removed the day after your operation.

There are different types of stitches used for Caesarean birth, usually they cannot be seen and will dissolve over a period of time and do not need removing; however, you may have some stitches that you can see across the wound. Your hospital or community midwife will let you know when or if, the stitches are to be removed.

The wound site will be bruised and sore in the first few days. New patches of redness, oozing from the stitches or increasing discomfort may be signs of infection, so do tell your midwife or doctor if you notice these signs.

Looking after your wound

- Your midwife will check your wound and abdomen when she visits to ensure it is healing well.
- Clean gently every day, after a bath/shower, dry the surrounding area carefully using your own towel. Do not share towels.
- Take regular painkillers
- It is normal to see some staining on the dressing.
- The dressing will be removed on day 5 by your midwife
- Make sure your underwear does not rub against the wound or cause any unnecessary friction or pressure on it.

See the table below for signs of infection

<u>Normal wound healing</u>	<u>Possible wound infection</u>
<ul style="list-style-type: none"> • Slight redness along wound • Possibly some swelling • Possibly some pain • Small amount of clear fluid coming from wound • Numbness around wound which will gradually get better over time 	<ul style="list-style-type: none"> • Increasing redness • Increasing swelling • Increasing pain or tenderness (especially at rest)Change in the colour of fluid, increasing amounts of fluid or odour of fluid coming from the wound • Developing a higher than normal body temperature • Feeling generally unwell

What to do if you suspect you have a wound infection

- Visit your GP or speak to your midwife who will swab the wound and may prescribe antibiotics. You may also be given some microbial gel (Flaminal) to apply to your wound.
- Your wound may be covered with a dressing that may need to be changed regularly but you will be advised on what care is appropriate for your individual case.

Going home

- All being well you will probably go home on the first or second day after your Caesarean birth. If you or your baby/babies require any medical treatment, then you will all remain in hospital. A community midwife will contact you and arrange to see you the day after you go home.
- You will be given a prescription for laxatives and painkillers (Dihydrocodeine) to take home. You should take these in addition to regular paracetamol and ibuprofen, if needed. If you have been prescribed injections to prevent clots forming, please continue with these for as long as advised by the doctor while in hospital, usually either 10 days or 6 weeks.

Travel and driving

- Please be aware that you are required by law to wear a seatbelt when travelling by car, even if your tummy is sore.
- Most insurance companies do not provide cover for you to drive within six weeks of a Caesarean birth. Please check with your insurance company about the cover they provide for you.
- Babies must be taken home from hospital in a properly fitted car seat.

Moving about and exercise

- Once home, you will begin to feel better and find moving around easier. Gentle exercise such as walking, will help you recover from your Caesarean birth, but avoid anything more active until you have no pain and feel ready. A leaflet about postnatal exercises is available from your hospital midwife. It is important to continue these exercises at home. Your community midwife can also advise you.
- You should not go swimming or return to your pre-pregnancy exercise routines until after your 6 week check with your GP.

Rest

It is still important to rest as much as possible. For at least two weeks following your Caesarean birth it is a good idea to arrange for help at home from your partner, a relative or friend. It will probably take several weeks for you to return to all your normal activities. If you have any concerns about this, please discuss them with your community midwife.

Next birth

Vaginal birth after Caesarean, known as VBAC is entirely possible. The obstetrician who was there during your birth will have written in your records, and on a letter to your GP surgery, whether they would suggest that any further births should be vaginal births or another Caesarean birth.

Sex after a Caesarean

It will take up to six weeks for your internal stitches to heal completely. We advise that you do not have sexual intercourse before your postnatal check at six weeks.

Acknowledgements

The information in this booklet is based on good evidence. Please speak to an anaesthetist or obstetrician if you wish to be given any of the references used.

- Caesarean Section - Recovery, <https://www.nhs.uk/conditions/Caesarean-section/> January 2023
- How to recover from a Caesarean section at home,
- <https://www.tommys.org/pregnancy-information/giving-birth/Caesarean-section/recovering-home-after-c-section>

Please ask if you need this information in another language or format.

J Siddall, Consultant Obstetrician, December 2015

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Our Maternity Strategy and Vision

'Working together with women, birthing people and families to offer compassionate, supportive care and informed choice; striving for equity and excellence in our maternity service.'

You can read our maternity strategy here



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