



## Elective Caesarean birth

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**This booklet was co-created with people who have had Caesarean births and will explain what happens, what you need to do, and what to expect before, during and after your birth. This will include information on ‘enhanced recovery’ and what you can do to physically and mentally prepare for the birth. You will have a pre-assessment phone call before your birth if you have any questions or you can speak to your doctor or midwife.**

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### What is elective Caesarean birth?

An elective Caesarean birth is sometimes called a ‘booked’ or ‘planned’ Caesarean birth. Every birth is different and your reasons for wanting or needing an elective Caesarean birth will be personal to you. Your care team, which will include midwives, and your obstetrician (doctor) will have explained the risks, benefits and alternatives so that you can make a choice about your birth preferences.

The timing of your birth will depend on your and your baby's needs. Most elective Caesarean births happen within the 39th week of pregnancy, at some point in the seven days before your estimated due date at 40 weeks.

### Your journey to elective Caesarean birth

- You decide you would like an elective Caesarean birth, or it is recommended that you have an elective Caesarean birth.
- You have read and understood the risks and benefits and feel you can make an informed choice.
- You have had a meeting with a consultant midwife or Obstetrician who will explain everything in person and ask you to sign a consent form.
- The obstetrician will request a date, and you will find out **what week** it has been scheduled for.
- About 2-3 weeks before you will get an email confirming the exact day, time and where to attend.

You will also get an appointment time for a pre assessment call with a nurse, **this will be at least one week before your birth**. They specialise in elective Caesarean births to discuss your birth preferences, your health and medical history to help us plan for your birth. The nurse will explain what medications to take and when and can answer any questions you may have after reading this booklet.

If you do not receive email, please call the Administration Team (CAT6) on **0118 322 1886**. It is important to have these conversations before your birth and discuss any additional tests that might be needed.

## Appointment with pre-op nurse

The pre-op nurse will discuss the following with you, **please record times below**:

- When to have my last food \_\_\_\_\_
- When to have my last drink \_\_\_\_\_
- When to take medication Omeprazole \_\_\_\_\_
- When to take medication Metoclopramide \_\_\_\_\_
- Where to come on the day \_\_\_\_\_

The pre-op nurse will also go through with you the following:

Type of anaesthetic planned: \_\_\_\_\_

Birth preferences and your choices:

- lowered drape
- skin to skin
- music
- delayed cord clamping

Family bay preference \_\_\_\_\_

Feeding preference \_\_\_\_\_

Expressed colostrum \_\_\_\_\_

## Before your birth you will need to:

1. **Book a blood test appointment** online via **Swift Queue\*** to have your blood taken as soon as possible - see information below. Tests take place at the Royal Berkshire Hospital, West Berkshire Community Hospital or Bracknell Urgent Care Centre. The blood test will be for your full blood count, your blood group and give an antibody screening. Do this as soon as you get your email as the results must be available in time for your birth. Book an appointment based on when your Caesarean birth is booked for:

The day of the week of your planned Caesarean:	The day of the week you need the blood test are required:
Monday	Friday between 1pm-3.30pm
Monday (PM List)	Friday between 3pm-4pm
Tuesday	Monday before 12pm
Wednesday	Monday (anytime) or Tuesday (before 12pm)
Thursday	Tuesday (anytime) or Wednesday (before 12pm)
Friday	Wednesday (anytime) or Thursday (before 12pm)

2. **Collect your prescription from Rowlands Pharmacy at the RBH** – see information below.

- At least 24 hours before your birth come into the hospital to collect the prescriptions (medication) from Rowlands Pharmacy on Level 2, Royal Berkshire Hospital, RG1 5AN.

**The prescription should include:**

- Antacid (anti acid) – 2 tablets Omeprazole 40mg.  
You will need to take one at 10pm the night before and one on the day of your Caesarean birth, either at 6am, if you have a morning booking or 11am if you have an afternoon booking.
- Antiemetic (anti sickness) – 1 dose Metoclopramide 10mg.  
One dose to take either at 6am, if you have a morning booking or 11am if you have an afternoon booking
- Analgesia (pain relief) for after your Caesarean – Dihydrocodeine. (You will need to purchase your own paracetamol and ibuprofen for the postnatal period).
- Laxative – Lactulose for after your Caesarean.

You may also be prescribed an anticoagulant (injection to prevent blood clots) called Enoxaparin; however, this will only have been prescribed if you have certain risk factors. These risk factors will have been identified and discussed with the doctor when booking your planned Caesarean birth.

3. **You will need MRSA screening** (Meticillin Resistant staphylococcus aureus) if you have had an overnight stay/admission to hospital in your current pregnancy or if you work in a hospital or care setting. If you are positive or you have been admitted to hospital after a negative swab, you will be given a scrub that needs to be used for 5 days in the shower prior and on the day of your elective Caesarean birth. This is collected from Maternity Assessment Unit on Level 3 in the Maternity Block.
4. **One week before** – do not wax or shave bikini line.
  - **Remove false nails, nail polish on fingers and toes-** the anaesthetist will need to monitor your oxygen levels. They use a clip on your finger which won't work correctly if you have anything on your nails.
  - **Check all jewellery can be removed.** During the birth the surgeon will seal your blood vessels to prevent excessive blood loss with diathermy. If this encounters metal (i.e. jewellery) and fluid it can burn your skin. The only jewellery permitted is a wedding ring which can be covered with tape.
5. **Morning of Caesarean** – **shower or have a bath, wash with soap.** Pay particular attention to your tummy area. Do not apply any lotions, talcum powder or creams after you wash.

## What if I go into labour before the date?

You might experience spontaneous labour (for example regular contractions or your waters breaking) before you reach your elective Caesarean date. This happens to about 10% of people. If this happens, phone the triage line on **0118 322 7304** and you will be asked to come in for an assessment.

We will look for signs of how far your labour has progressed. If you are happy for us to do a vaginal examination, we can check how dilated you are. If it is safe to proceed with the Caesarean, we will organise this and timing will be based on your individual clinical circumstances and also current theatre activity.

If your labour has progressed quickly – for example if you are too dilated or your baby has moved down ready to be born, then it may be safest to have a vaginal birth rather than an emergency Caesarean. We will discuss the risks and benefits of both options and make a recommendation personalised to you.

## Other things you need to do before the date of your Caesarean

You can find a good list, written by other parents, on our website here:

[www.royalberkshire.nhs.uk/media/mf0bsikp/what-to-get-ready-for-your-birth-experience.pdf](http://www.royalberkshire.nhs.uk/media/mf0bsikp/what-to-get-ready-for-your-birth-experience.pdf)

As well as those items we would recommend you pack:

- Peppermint chewing gum – this is to start chewing after your birth in recovery as this helps stimulate digestion and helps your body prepare for food.
- A Sports energy drink. An isotonic energy drink contains carbohydrates and electrolytes to help hydrate you. You will need one that ideally provides 28 calories in every 100mls (28 Kcal/100mls) and non-fizzy. We will tell you when to drink this. **DO NOT BUY THIS IF YOU HAVE DIABETES or HAVE GESTATIONAL DIABETES.**

It is a good idea to have a small bag with your essentials and leave a bigger suitcase or bag in the car or arrange for someone to bring it in once you are on the postnatal wards.

Please separate your baby's first outfit into a small plastic bag, including a nappy and a hat.

## What happens on the day of the birth?

To prepare for the birth and limit the risk of complications you will be asked not to eat or drink anything for a period of time. This will depend on whether you have a morning or afternoon slot.

- ☐ **Caesarean birth planned for morning – arriving at 7.15am:** Have no food or drink (other than water/energy drink) after 2.30am. Do not drink any liquids including water after 6.30am.
- ☐ **Caesarean birth planned for afternoon – arriving at 11am or 12.30pm:** Have no food or drink (other than water/energy drink) after 7.30am; just have a small breakfast. Do not drink any liquids including water after 11.30am.

Very occasionally, you may need to be admitted the night before your Caesarean birth. If you have been asked to come the night before by your consultant, please arrive on Iffley Ward, Level 4 Maternity Unit at 6.00pm.

Come to the Maternity Assessment Unit on Level 3 of the Maternity Unit. You will be shown to a bay on the wards and given a gown to wear and a wrist band to wear. If you have any allergies, you will also get an alert band. You will meet the anaesthetist and the surgeon, who can answer any last-minute questions and will tell you when to drink your sports energy drink.

When the time comes to go to the operating theatre – where your Caesarean birth will happen – your midwife will ask your partner to get changed into scrubs and will then walk with you to the theatre.

## Who will be in the theatre, what will it be like?

There will be a team of people, including:

- A midwife and care assistant to care for you and your baby.
- Two obstetricians, who will perform Caesarean birth.
- Theatre nursing staff (usually three).
- One or two anaesthetists.
- A theatre technician.
- If needed there may also be a neonatal doctor (doctor who cares for babies).
- Student midwife, nurse or medical student.

The students are there to observe and learn. They will only take part if appropriate to their stage of training and would always be supervised. You can ask them to leave if you are not happy to have them there. Everyone will introduce themselves and explain their role.

**You can bring a camera or recording device into theatre but please be respectful and do not film staff members. You can ask for your own music to be played during the birth.**

## What happens during the birth?

**Preparation:** You will be wearing just a gown and will remove any underwear. You can wear a headscarf/covering for religious reasons.

We will monitor your blood pressure with a BP cuff, and your heart rate and the amount of oxygen in your blood with a clip on your finger. The anaesthetist will insert a cannula (fine needle) so you can receive fluid through a drip into your veins.

**Anaesthetic:** For most elective Caesareans, you'll have a regional anaesthetic (spinal), where you remain awake but will be numb. If you have certain conditions (blood clotting issues, back surgery or certain injuries or spinal abnormalities) you may be advised to have a general anaesthetic where you are unconscious for birth.

For a regional anaesthetic you will be asked either to sit or to lie on your side, curling your back. The anaesthetist will spray your back with a cold sterilising solution. They will then find a suitable point in the middle of the lower back and will give you a little local anaesthetic injection to numb the skin. This may sting for a moment. Sometimes, an ultrasound scan is used on your back to find the best location. During the insertion of the needle, the midwife or member of the theatre team will stand in front of you to offer support.

A fine spinal needle is put into your back; this is not usually painful. Sometimes, you might feel a tingling, like a small electric shock, going down one leg as the needle goes in. You should tell us if you feel this, but it is important that you keep still while the needle is being put in.

When the needle is in the right position, local anaesthetic and a pain-relieving drug will be injected, and the needle removed. It usually takes just a few minutes, but if it is difficult to place the needle, it can take longer. You will know the anaesthetic is working because your legs will begin to feel very heavy and warm. They may also start to tingle. Numbness will spread gradually up your body. The anaesthetist and team will support you into a lying position with a slight tilt to the left.

The midwife will then need to place a catheter into your bladder. This will drain your urine for the next 12 hours, so you don't need to worry about going for a wee during or after the birth. They will explain the procedure and ask you to lay with your legs apart to place the catheter in your urethra which is between your clitoris and vagina.

Finally, the anaesthetist will check how far the anaesthetic has spread to make sure that you are ready for the Caesarean birth to begin.

**The procedure:** During birth, you will be lying on your back with a slight tilt towards the left. Sometimes a drop in blood pressure can make you feel nauseous (like you may be sick) – always tell someone straight away.

There will be a screen across your tummy separating you and the team doing the surgery. A Caesarean birth is major abdominal surgery and involves a horizontal cut, approximately 12-15 cm long and about 2.5 cm above the pubic bone. The cut will go through several layers of the body and then your uterus will be opened with a small cut and enlarged with scissors.

The obstetrician then puts their hand into your uterus to find the lowest part of the baby (usually the head but if your baby is breech it could be their bottom). They sometimes use forceps and light pressure applied to your tummy to guide your baby through the cut. Others who have had a Caesarean birth describe a feeling of stretching, pulling and tugging with no pain as your baby is born.

**The birth:** Do not be alarmed if your baby does not cry immediately as it often takes a minute for the baby to adjust to the new surroundings.

Before the birth it's worth thinking about your preferences as these will affect what happens next. If there are no concerns about baby's breathing pattern or heart rate then the weighing, observations, dressing and giving your baby a wrist band to identify them can wait till after you've had a chance to bond and, if you want, try a first feed.

**Delayed cord-clamping** will be done routinely for at least one minute, unless there are any immediate concerns for you or your baby. The doctor will cut the cord, and the baby will be passed to the midwife. The midwife will take the baby to the resuscitaire, a large standing device with a flatbed for baby. The device has resuscitation equipment and oxygen if required. If there are no concerns the baby will be passed to you and your partner immediately.

**Skin to skin:** We encourage you to have immediate skin to skin with your baby and place monitors on your back and a finger probe on your ear to make sure these do not get in the way. Skin to skin is when they are placed directly onto your skin (normally your chest) and it's beneficial for regulating their temperature and releasing oxytocin which can help establish breastfeeding if that is your chosen feeding method. Your choices and dignity will be always respected and if you prefer, or it isn't possible for you to have skin to skin, then your birth partner can offer skin to skin. While you are bonding and sharing in these moments, the theatre team will continue with the surgery.

**Placenta and membranes:** Carbetocin is a drug given via a drip (through your cannula) to help the placenta to separate and be removed from your uterus; this helps minimise blood loss. The midwife will check the placenta and membranes at this point to ensure that they appear complete. If they have any concerns they will inform the obstetrician before they close the uterus. When the obstetrician is confident your uterus is empty, they will begin to close the layers of your body.

**Closing the wound:** We use dissolvable stitches to close your wound. The wound is then dressed with a special Caesarean dressing and a maternity pad is placed between your legs to absorb lochia, which is a mixture of blood, uterine tissue and mucus that you'll lose for the next few weeks. It starts off heavy and red and will gradually lessen and darken.

**Pain relief:** Long acting painkillers were given with the anaesthetic into your spine so these will continue to give pain relief. Sometimes painkilling suppositories are given by placing capsules into your bottom. The team will explain before doing this, even though you will not be able to feel it. This closing process takes roughly 30 minutes and if all is well, your baby can stay on you or your partner the whole time.



## What happens after the birth?

This section will explore what happens immediately after your Caesarean and during your time on the postnatal wards. Your recovery after a Caesarean birth will take time. We've explained ways in which you can prepare for a Caesarean birth and plan for an enhanced recovery.

During your recovery you can help yourself by: early mobility, regular pain relief and good wound care and hygiene.

- **You, your baby and birth partner will move to the Recovery Ward**, where you will stay for a couple of hours and a nurse will monitor your blood pressure, pulse and blood loss. They can also help you sit up and change out of the surgical gown. You will be given fluids from a drip through your cannula to hydrate you and offered small sips of water if you feel able. This is also a good point to start chewing the peppermint gum to help your digestive system and begin your enhanced recovery. The nurse can also help you with feeding, showing you how to comfortably breastfeed on your side or support you and your partner with bottle feeding.
- While in recovery, your anaesthetic will gradually wear off and you may feel a tingling sensation in your legs. If you need pain relief, please ask the nurse caring for you. You will still have a catheter in place so do not need to leave the bed to go to the toilet.
- **From Recovery Ward you will either be transferred to our postnatal wards (Iffley or Marsh) or into Delivery Suite if you need more monitoring.** If there is space, and you want to be, you will be placed on one of our family bays where your partner can stay with you 24/7. Please take a look at our family bays guide for you and your partner and be aware of the key do's and don'ts.
  - For you: [www.royalberkshire.nhs.uk/leaflets/family-bays-trial-information-for-you](http://www.royalberkshire.nhs.uk/leaflets/family-bays-trial-information-for-you)
  - For your partner: [www.royalberkshire.nhs.uk/leaflets/family-bays-trial-information-for-partners](http://www.royalberkshire.nhs.uk/leaflets/family-bays-trial-information-for-partners)
- You will have a bed on our bays while you recover and a midwife or maternity support worker (pink scrubs) can help you freshen up and change your pads until you are able to stand and use the toilet. You will still have a catheter so will not need to wee and your food intake will be limited so should not need to poo.
- **Food and drink:** Once on the postnatal wards you will be offered a light snack and given Lactulose, which is a laxative to help loosen your bowels and help with any pressure the first time you need to poo. While you can have your own food and drink we advise choosing our light option, available in all dietary requirements and avoid all fizzy drinks.
- **Moving around:** As the numbness from the anaesthetic wears off you will start to be able to feel your legs and be able to move around in bed and change position. Once a midwife is confident you can stand (normally within 12 hours), they will remove your catheter and help you to stand, visit the bathroom and begin mobilising. This is an important step in your enhanced recovery; the sooner you move the less risk of blood clots. If needed, we will also reduce this risk with an anticoagulant injection which you will be shown how to inject yourself.
- You will be encouraged to drink water and for your first few visits to the toilet you will have a cardboard jug to pee into so we can monitor the amount of liquid.
- **The Caesarean wound and hygiene:** The wound site will be sore and can be quite bruised. Proper care of your wound can help prevent infection and help the wound heal. You will have a dressing across your wound to keep it clean and dry. This will be removed by the midwives

on day five. Check it is still in place and has not become saturated after showering. If it gets too wet, call the triage line so we can arrange a replacement. Avoid touching the wound, never scratch or remove scabbing and do not apply anything (creams, lotions etc.) to the wound. If it is necessary to touch the wound, make sure you have washed your hands with soap and water. We would suggest loose comfortable clothing and cotton underwear. The wound will feel sore and tender for a while but will start to feel better within 3-4 weeks. Some people also say that it can feel numb; this feeling will go away.

**Warning signs of infection to watch out for include if it becomes red or hot or has any sort of discharge. You should contact the maternity triage line if there are signs of infection or if you have severe pain, a cough or shortness of breath, any swelling or pain in your lower leg, are leaking urine or have pain when peeing.** Your community midwife will check the wound when they visit and your GP will review the wound at your 6-week postnatal checkup.

- **Pain relief:** Regular pain relief is important to aid your recovery, and you will be offered paracetamol, ibuprofen and dihydrocodeine tablets at the drug rounds, which happen once in the morning and once in the evening. You can request more pain relief by using the call bell. Liquid morphine (Oramorph) is available or in some cases pain relief can be given via a drip - this is called patient-controlled analgesia or PCA and allows you to administer pain relief yourself.

Continue to take regular pain relief, as needed, when you get home. Information around pain relief and breastfeeding can be found here:

[www.royalberkshire.nhs.uk/media/jzmjc0by/breastfeeding-and-pain-relief.pdf](http://www.royalberkshire.nhs.uk/media/jzmjc0by/breastfeeding-and-pain-relief.pdf)

## Feeding your baby

Whether you are breastfeeding or formula feeding, we would encourage you to express colostrum before your birth. This is safe to do from 36 weeks (unless advised otherwise) and provides a nutrient-rich, anti-viral and anti-infective liquid which can be used in addition to breastmilk or formula – or if you are separated from your baby if they, or you, are unwell. Read more information here: [www.royalberkshire.nhs.uk/media/dptbymxe/expressing-colostrum.pdf](http://www.royalberkshire.nhs.uk/media/dptbymxe/expressing-colostrum.pdf)

Feeding your baby can be challenging in the early days when you are recovering from surgery and sometimes it can take a little longer for your milk supply to establish after a Caesarean. However, there are things you can do to help get breastfeeding off to the best start. Hand expressing frequently and safe skin to skin contact will help to encourage the milk making process. Frequent milk removal in the early days is key to ensuring a good milk supply long-term and is helpful to support your breastfeeding journey whilst you and your baby are learning the skill of latching. Offering formula milk to your baby to replace a breastfeed may affect your supply. For more information see: [Breastfeeding leaflet](#) and [Possible effects of offering formula milk to a breast fed baby](#).

Staff can help you find a comfortable position to feed your baby. Two positions that avoid putting pressure on your wound are the [under-arm \(rugby\) hold and the side-lying hold](#).

### **For the under-arm hold:**

- ☐ Position your baby at your side, under your arm.
- ☐ Place a pillow vertically and doubled over in your lower back, to give baby room for its legs and feet and to support your back.
- ☐ Avoid holding baby's head – support neck and shoulders instead.



- ☐ Bring baby from beneath the breast with their arms either side of your breast.
- ☐ You might want a cushion under your wrist/lower arm to support you.

**In the side-lying hold:**

- ☐ Lie on one side.
- ☐ Support your head and back with pillows.
- ☐ Lie your baby on the bed so they are facing you, tucked up close to your body.

For more information see: [Positioning & Attachment - La Leche League GB](#) and [Unicef UK Baby Friendly Initiative | Positioning and attachment](#)

If you are choosing to bottle feed your baby with formula, you will need to bring ready-to-feed liquid infant formula with you when you come into hospital. This can be decanted into smaller quantities to avoid waste and save you money. The staff on the postnatal ward can help with this while you are not mobile. They will also be able to show you the 'nursery' where you can wash and then sterilise bottles in microwaveable bags.

For more information see: [Bottle feeding leaflet](#)

## How should I get in and out of bed?

From lying on your side as above, push through your arms to lift your head and trunk up, and at the same time allow your feet to lower over the side of the bed for a few moments and then stand up by leaning forwards and pushing up with your hands and legs. Try not to stoop, stand tall.

## What is the best position to help me empty my bowels?

- Keep your knees apart and higher than your hips.
- Lean forwards.
- Let your stomach muscles relax and bulge outwards, making your waist widen.

## Can I start exercising my pelvic floor muscles?

- Yes, if you feel comfortable. It is important to carry on exercising your pelvic floor muscles after delivery of your baby/babies.
- Remember, imagine you are trying to stop yourself passing urine and at the same time trying to stop yourself from passing wind.
- You can practice short and long squeezes.
- Don't hold your breath.

## Other things to know before going home

It will take several weeks to return to normal activities and during this time you should be resting. If you have a partner or family member/friend who can help you now is a good time to rely on them. You shouldn't be lifting anything heavy or doing any strenuous activity. Once home, you will begin to feel better and find moving around easier. You may even feel well enough to go for a short walk. Here are some tips to help with your mobility

- Stand straight and gently pull your lower stomach muscles in before you start walking
- If you need to cough lean forwards, and cough using a pillow or towel for support.
- Sit well back in a chair and make sure your feet touch the floor

**Car travel:** For your safety you are required by law to wear a seatbelt when travelling by car, even if your Caesarean wound/tummy is sore. **Babies must be taken home from hospital in a car seat if travelling by car, but you should not be carrying the car seat while recovering from a Caesarean birth.**

Most insurance companies do not provide cover to drive within six weeks of a Caesarean birth as you are unable to do an emergency stop following surgery. Please check with your insurance company about the cover they provide for you.

## Acknowledgements

1. Royal College of Obstetricians & Gynaecologists - Considering a Caesarean birth  
<https://www.rcog.org.uk/for-the-public/browse-our-patient-information/considering-a-Caesarean-birth/>
2. Obstetric Anaesthetics Association <https://www.oaa-anaes.ac.uk/> or LabourPains  
<https://www.labourpains.org/>
3. Long-term risks and benefits associated with Caesarean delivery for mother, baby, and subsequent pregnancies: Systematic review and meta-analysis  
<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002494#sec010> –

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

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

RBFT Maternity, S Bailey, Head of Midwifery/D Ongaya, ANC & NN BCG Nurse, May 2025  
Next review due: May 2027