

Information for women having a booked (elective) Caesarean birth

This information has been written to answer your queries and reduce any worries you may have. It also explains the concept of enhanced recovery after Caesarean birth – helping you to recover quickly and get back to normal daily activities sooner. We co-created this leaflet with the input of women who have had Caesarean births.

To help you visualise the process before, during and after your caesarean birth, we have created a YouTube® video link – ‘Enhanced recovery for your elective caesarean birth at the Royal Berkshire Hospital’.



Introduction

Elective (planned) Caesarean births are normally performed after you have reached 39 weeks of pregnancy. During your antenatal appointment your Obstetrician (specialist doctor in pregnancy and birth) will request a date for your planned Caesarean to be booked, you will be given a time frame of a week and then later receive a letter confirming the exact date of your planned Caesarean. The obstetrician who books you for the Caesarean birth will also go through a consent form at the time and ask you to give written consent. This is kept in your notes and will be discussed again and confirmed on the day of surgery. The clinic midwife will then discuss the arrangements and give you an appointment for pre-operative clerking as detailed below and you will be given this information leaflet and an information leaflet about anaesthetics for Caesarean birth. Most women should expect to have their caesarean birth while awake with a spinal anaesthetic that numbs the bottom half of the body.

What happens if you go into labour before your booked Caesarean?

It's important to understand that the timing of your caesarean birth will be planned according to what is safest for you and your baby. The majority of Caesarean births will not be booked before 39 weeks as this has been found to be the best time to reduce the possibility that your baby will need additional support with their breathing. Approximately 10% of women will, however, go into labour before this date. If your waters break or you are experiencing regular contractions, please phone the triage line and explain that you have a Caesarean birth booked. You will then be invited into the unit for a full assessment and

discussion about the best and safest way to proceed. If your labour is progressing quickly it may be safer to allow labour to take its course rather than undertake an emergency Caesarean birth. On the other hand, if you are in early labour, we will endeavour to perform your Caesarean birth as promptly as we can, bearing in mind that other women and babies may need to go to theatre more urgently. Our staff will ensure you get pain relief, and will keep you updated on the workload /case complexity in the Maternity Unit, which is always somewhat unpredictable, and when we can perform your Caesarean.

Arrangements before your admission

About two weeks before your Caesarean the date will be confirmed in a letter from the Maternity Unit. You will also receive, through the post, a pre-delivery preparation link which includes a video and multiple information leaflets. It also includes a form to have your bloods taken (You should have your blood tests taken at one of the specified clinics on the form) and a prescription will be posted to you. You will be able to take the prescription to a local pharmacy (chemist shop) to have the items dispensed.

Please read this letter carefully as the timing of blood tests is critical, and, at present, we are asking all women to have a covid swab taken 72 hours before she comes in for her birth. (The covid testing team will contact you directly to arrange the appointment).

Your Caesarean birth has been requested for the week between _____ and _____

You should take some medication the night beforehand and two tablets on the morning of your Caesarean, known as antacids to help empty your stomach, as instructed in the pre-delivery pack sent with the prescription. Very occasionally, some women may need to be admitted the night before their Caesarean birth. If you have been asked to come the night before, please arrive on Iffley Ward, Level 4 at 6.00pm.

Most women are invited to come in at 7.30am to the Day Assessment Unit (DAU) on Level 3 of the Maternity Block at the Royal Berkshire Hospital on their confirmed delivery day. Please do not arrive very much earlier than this time, no later than 7.45am as staff cannot see you before 7.30am, or do the necessary checks if you are later.

It is important that you do not have anything to eat after midnight and your last drink of water or energy drink should be before 6.00am as if you do, you may have your Caesarean postponed for safety reasons. Your partner is welcome to come with you, but please ensure they have read the next section of this leaflet beforehand.

Your birth partner

We are happy for your partner, or another close relative to come to the Delivery Suite theatre for the birth of your baby. If your partner does not wish to be in theatre, but you would like a familiar person with you, one relative or friend of a responsible age may accompany you. If your partner wishes to 'swap' once you have been transferred to the recovery ward, please tell us on the day of your Caesarean birth. Please do not bring someone along who has had an upset tummy in the preceding 48 hours as the hospital asks that no-one visits, let alone comes into theatre with a tummy bug, as these can make new-born babies very ill.

Preparations before your planned Caesarean birth

Look after yourself and make sure that you are as well rested as possible before admission. You need to be fit and well to make the most of the first few days with your baby and to recover from your baby's birth. Eating a healthy, balanced diet provides your body with sufficient energy to help it recover and having a high carbohydrate meal the night before also helps. In order to further avoid prolonged starving times, we will ask women who are not having their baby first on the operating list to continue to drink energy drinks. Please wait to be told by the anaesthetist on the day when you can drink and what time to stop. If either you or your birth partner is unwell in the days prior to your baby's Caesarean birth, please contact the Day Assessment Unit before you come into hospital.

What to bring into hospital

A list of what you and your baby will need is included in the maternity unit's information booklet (in the Bounty pack given to you at the beginning of your pregnancy).

You will need to bring a small bag containing:

Dressing gown and slippers	Baby vest
Sanitary towels	Baby hat
Non fizzy energy drink (Lucozade sport)	Baby grow
Mobile phone	Baby cardigan
	2-3 nappies
	Formula pre-made bottles (only if you're planning to formula feed your baby)

We ask that you leave your big case in your car until after your baby is born because your belongings will be taken to theatre with you and then on to the recovery ward, and finally up to the postnatal ward. Your partner or relative can then bring the rest of your luggage in when you have been transferred to the postnatal ward.

If you are admitted the night before your Caesarean birth, or transport is difficult, then you may bring your luggage with you.

We strongly advise you not to bring large amounts of money, credit cards or jewellery into hospital with you.

Jewellery

During your baby's Caesarean birth, the surgeon will use diathermy and/or an electric knife, to seal bleeding vessels, thereby preventing excessive blood loss. If you are wearing any metal, such as jewellery, and it comes into contact with fluid during the use of diathermy, it can burn your skin. The surgeon could be unaware of this as most of your body is under sterile sheets and you would not be able to feel it because of your anaesthetic.

Before the Caesarean birth of your baby you will be asked if you are wearing any jewellery or have any body piercings. If you have, you will be asked to remove them with the exception of your wedding ring, which can be covered with tape.

Plastic jewellery inserted into the piercing is safe to remain in place during a Caesarean birth. However, depending how near it is to the Caesarean site, it may increase the risk of infection.

False nails

During the birth of your baby the anaesthetist will place a clip on your finger to monitor the oxygen levels in your blood. Acrylic nails prevent this probe from working correctly. We strongly advise you to have them removed before your Caesarean birth.

If you decide not to remove your jewellery or false nails, you will be required to sign a consent form stating it is your choice not to remove them and that you accept the associated risks in doing so. The Trust would not be liable for any injury caused by failure to remove these items.

Admission for your Caesarean birth

Most women are admitted on the morning of their Caesarean birth. Even if you were expecting to be the second or even third woman to have a Caesarean delivery that day, please arrive by 7.30am because the order may have changed in the week between your pre-delivery checks and the 'birth day'. You will be offered the opportunity to drink some water or an energy drink if you are not first on the operating list - *see above*.

On arrival, you will be given a theatre gown to wear, and the midwife will complete the pre-operative check. Your blood pressure, temperature and pulse will be taken,

Your midwife will ensure that you have removed your jewellery, nail varnish and all make-up. Your wedding ring will be taped over if it cannot be removed.

A name band will be placed around your wrist and if you have any allergies an 'alert band' will also be placed around your wrist. The anaesthetist and surgeon will introduce themselves and you can ask any further questions.

Your birth partner who is accompanying you into theatre will be given theatre clothes to wear.

The operating theatre staff

There will be a lot of people present in the operating theatre to care for you and your baby during the birth. Those staff present will usually be:

- A midwife and care assistant to attend to you and your baby.
- Two obstetricians, who will perform your baby's Caesarean birth.
- Theatre nursing staff (usually three).
- One or two anaesthetists and the theatre technician.

For most elective Caesarean births, a paediatrician (doctor specialising in the care of babies and children) is not present in theatre. If there is a reason for their presence you will be told. For example, if you are having twins there may be a paediatrician and another midwife present.

From time to time there may be a student midwife, student nurse or medical student present in theatre. You will be informed if a student is going to be there. They are there to observe and learn. They will not undertake any procedure that is inappropriate for their stage of training, nor would they be unsupervised at any time. If you wish, you can ask that the student leaves during your delivery.

What happens in theatre?

Anaesthetics for Caesarean birth are covered in a separate leaflet.

A Caesarean birth is major abdominal surgery and involves a transverse incision (horizontal cut), approximately 12-15 cm long and about 2.5 cm above the pubic bone.

It will take time for the surgeon to deliver the baby, as there are several layers of the body surrounding the uterus (womb).

The uterus is opened with a small cut initially, which is then enlarged with scissors.

The obstetrician then puts his/her hand into the cavity around the presenting part of the baby (this is the lowest part of the baby, usually the head, but may be the bottom if breech presentation). It is relatively common for doctors to need to slip a lightweight pair of forceps around your baby's head to deliver it up to the incision in your uterus and the assistant will also push on the top of the mother's abdomen (tummy) to help push your baby out.

If you are awake for the procedure, it is normal to feel sensation during the Caesarean birth of your baby and a feeling of stretching, pulling and tugging (but no pain) as the baby is delivered.

Once your baby is born, delayed cord-clamping will be done routinely for at least one minute unless there are any immediate concerns about your baby. Do not be alarmed if your baby does not cry immediately as it often takes a minute for the baby's system to change from the mother's to its own. Occasionally, your baby may need suction to the mouth and nose and a bit of oxygen.

A drug called 'Carbetocin' will be given to you via the drip to help the placenta (afterbirth) separate from the wall of the uterus and minimise blood loss.

The placenta and membranes are delivered and the uterine cavity (inside the womb) checked to ensure it is empty.

The layers of the body are then closed, which again takes time.

Seeing and holding your baby

You will have the chance to see your baby immediately after s/he has been delivered, but it is important to have the baby dried off by the midwife, as s/he can quickly become cold. After this you are encouraged to cuddle your baby 'skin to skin' if you wish. This can be done before he or she is weighed if there are no concerns about the babies breathing pattern or heart rate. Most babies are weighed and wrapped before they leave the Delivery Suite Theatres and all are labelled with their date of birth and mothers name.

Care in the recovery room

After the birth of your baby you will be moved onto a bed and taken to the recovery room. Your partner and baby will go with you. Your care will be handed over to the nurse working in the recovery room. You will stay in recovery for 1-2 hours where our main concern is yours, and your baby's health. Regular checks of your blood pressure, pulse and vaginal blood loss will be made. You will be helped to change into a nightdress 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 cup of tea or coffee. If you have any pain we will give you drugs to help. Most couples find this period of time valuable in getting to know their new baby: we ask that visitors do not try to see you until we know all is well and you are safely on the postnatal ward. You are able to

call them on your mobile phone, but staff cannot take calls on the ward phones and relay information to your relatives.

The midwife caring for you will help you and your birth partner with your baby's first feed in the recovery ward. If you are breastfeeding, the best position just 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 can support you to feed your baby.

Visiting hours are currently subject to change due to coronavirus.

Please ask your community midwife when you know the specific date of your planned Caesarean.

Personalised Caesarean birth

We are very keen to ensure you have a positive as well as safe birth experience and therefore you may wish to consider the following options:

- We will encourage you to have early skin to skin contact with your baby provided you are feeling well. In order to make this easier the anaesthetist will place their monitoring leads on your back rather than your chest, the finger probe can go on your ear, and you will be encouraged to have one arm out of your gown. This allows easier access to your chest for the baby should you want to have early skin to skin contact however we will ensure that you are always covered. Your baby will be handed by the surgeon to the midwife who will quickly dry the baby as she helps to position them on your chest. The necessary checks and weighing will take place once the Caesarean birth of your baby has finished just prior to leaving the theatre.
- Should you not wish, or feel well enough, to have early skin to skin contact your birth partner may do this. A gown can be provided for them to wear to facilitate this.
- We are working towards a pathway for mothers who wish to have immediate skin to skin contact, even before the cord is cut. If you are keen to have this experience, please ask at your pre-Caesarean visit from the obstetrician
- You may wish to bring your own music with you.

The safety of yourself and your baby is of paramount importance and therefore it may not always be possible to accommodate your wishes however you will have the opportunity to talk to the team caring for you to plan your personalised Caesarean birth.

Possible problems for your baby

Most babies born by Caesarean are well after birth. However, a number of babies may develop problems. In most cases, the baby will be seen by a neonatal practitioner (a doctor or nurse specialising in care of unwell, newborn babies) and will be able to stay with his or her mother. However, a few babies will need to go to the Neonatal Intensive Care Unit, which is called Buscot Ward on level 6.

Common problems of newborn babies are:

Getting cold

Newborn babies are not good at keeping themselves warm and chill easily. To avoid this happening, your baby will be dried thoroughly after birth and then wrapped in blankets. Your

baby's temperature will be checked. If it is low your baby will be placed skin to skin with you. This warms up most babies very well.

Breathing problems

Some babies have difficulty with their breathing after birth. A sign that your 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, and 1 in 12 at 37 weeks, and is more likely to be seen in babies born before their mother has contractions (i.e. mothers having planned Caesarean births).

If your baby appears to have breathing difficulties, a paediatrician will be asked to assess the baby. Mild problems often settle quickly. The doctor may leave your baby with you and come back later to check all is well. 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 their heel. Feeding your baby usually resolves a low sugar level. If the level is very low or your baby appears unwell in any way, s/he will be seen by a paediatrician.

Neonatal Intensive Care Unit – Buscot Ward

If your baby is taken to Buscot Ward it may take up to an hour for the staff to assess your baby and to make him/her comfortable. This can be an anxious time for you. Your partner will be able to go to Buscot Ward as soon as the baby is settled. Later in the day you can be taken in a chair to Buscot Ward to see your baby.

Long term consequences of a planned Caesarean birth on your child's health

A very recent scientific paper from the University of Edinburgh looked at nearly 30 million births worldwide from eighty studies. They found that children who were born by Caesarean were 20% more likely to grow up with asthma and 59% more likely to become obese compared to those born vaginally. The chance of your baby being diagnosed with asthma by the age of 12 years is around 12 in 100, whereas babies born vaginally have a 9 in 100 chance. 12-13 children in 100 will be diagnosed as obese if born by Caesarean compared to 9 per 100 born vaginally. It is not yet clear what factors might be the cause, or contributory causes, to these health problems.

The paper also noticed an increased risk in future stillbirth, both around 20% higher compared to women who had only vaginal births in their past. The risk is about 6 per thousand births compared to 5 per thousand for women who have not had a Caesarean in the past.

Recovering from your Caesarean birth

Care on the postnatal ward

After your stay in the Recovery Ward, most mothers will be transferred to either Iffley or Marsh Ward. However, some women may be transferred to a room on the Delivery Suite for further monitoring, e.g. women with 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 give you help and assistance with baby care, feeding and helping you to move around. Please feel free to ask for help when you need it. If you have been awake, the feeling and movement in your legs will return during the day and you will be encouraged to get out of bed as soon as your legs feel strong enough. It is important to be getting out of bed and moving around gently as soon as you feel able, to reduce the risk of both deep vein thrombosis and chest infections delaying your recovery. Women who are at a particularly higher risk of these complications are prescribed treatment to reduce the risk of such problems.

The urinary catheter (tube in the bladder) will be removed 12 hours following the Caesarean birth of your baby and the 'drip' in your arm will be removed when you move upstairs to the ward.

Pain relief after the Caesarean

You will feel some pain and discomfort after the birth of your baby. The best way to control this is to have regular pain relief to make sure that you are comfortable and able to move around. Drug rounds are done regularly on the wards; however, please ask the midwives if you need pain relief.

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

- If you have had a spinal or epidural, a long acting painkiller will be used.
- Painkilling suppositories (capsules) are sometimes given at the end of the birth of your baby into your back passage.
- You will be given paracetamol, ibuprofen and Dihydrocodeine tablets to take at regular intervals.
- If you need more pain relief, liquid morphine (Oramorph) is available and some women need 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.

Eating and drinking

If you feel that you would like to try 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. To help reduce the pain and discomfort of trapped wind and constipation it is recommended you bring some chewing gum to chew before you start eating food after the birth of your baby.

Personal care

Once on the postnatal ward, a midwife or health care assistant will help you freshen up. Once your anaesthetic has worn off enough for you to be able to stand and begin to walk, you can get up and have a wash or shower. Your birth partner is welcome to help you to and from the shower, or look after your baby while you are in the shower.

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 – s/he will also feel your tummy to check that your uterus (womb) is returning to its normal size.

Your wound

You will have some stitches. Your hospital or community midwife will let you know when or if, the stitches are to be removed. Most sutures will dissolve after 2-3 weeks, but if Prolene has been used, this is normally removed around day 5.

The wound site will be sore, and can be quite bruised.

You will have a dressing across your wound and this will remain for 5 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 (a weight / height ratio) is over 35, a negative pressure dressing will be used called a 'PICO' dressing. This has been shown to reduce wound infections for women with a higher BMI.

Going home

You will probably go home on the first full day after your Caesarean birth. If you or your baby require any medical treatment, then this will be delayed. Written information about your discharge home will have been given to you before your caesarean birth and is also available from the ward. You will have been given a prescription for laxatives and painkillers (Dihydrocodeine) at your pre-operative appointment so you have these available when you go home. You should take these on top of regular paracetamol and ibuprofen. A community midwife will see you the day after you go home.

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. **Babies must be taken home from hospital in a car seat if travelling by car.**

Most insurance companies do not provide cover for women who drive within six weeks of a Caesarean birth. Please check with your insurance company about the cover they provide for you. As a guide, if you couldn't do an emergency stop if necessary, you should not plan to drive a car.

Moving about and exercise

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. 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 start pre-pregnancy exercise until six weeks after your Caesarean birth.

Rest

It is still important to rest as much as possible. For at least two weeks following your baby's birth it is a good idea to arrange for help at home from your partner, a relative or friend. Somebody to do the shopping and ironing is especially helpful. 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.

Pain relief at home

You will still feel some pain and discomfort once home. Paracetamol and Ibuprofen should be suitable painkillers and you are advised to have supplies of these at home. Other 'prescription only' painkillers will be prescribed for you and you will have been advised to get these before you come into hospital. We have a separate information sheet about Pain relief and Breastfeeding, which you should be given at the pre-Caesarean class. If you do not have one, please ask on the postnatal ward.

Wound care

Your community midwife will check your wound and your abdomen to make sure there are no signs of infection. It is common to still feel sore and tender around the wound for several weeks. However, this discomfort will get better over three to four weeks. If your wound becomes hot to touch, looks red, or there is a discharge you must contact your GP in the first instance for advice as you may have an infection. Some women also complain of a feeling of numbness around the wound. This is normal and will gradually get better.

Potential complications after a Caesarean birth

Planned Caesarean births are very safe, but women may experience minor 'complications'.

Frequent 'consequences':

- persistent wound and abdominal discomfort in the first few months after surgery, 9 women in every 100.
- increased risk of repeat caesarean birth when vaginal delivery attempted in subsequent pregnancies, 1 woman in every 4.
- readmission to hospital, 5 women in every 100.
- haemorrhage (bleeding), 5 women in every 1000.
- infection, 6 women in every 100.
- lacerations, 1 to 2 babies in every 100.

There are some much less common short to medium term issues following Caesarean birth:

Uncommon consequences:

- need for further surgery at a later date, including uterine curettage, 5 women in every 1000.
- admission to intensive care unit 9 (dependent on indication) women in every 1000.

Rare complications:

- blood clots 4–16 women in every 10,000.
- urinary bladder (organ that stores urine) injury, 1 woman in every 1000.
- ureteric (tube connecting the kidney, where urine is made to the urinary bladder, where the urine is stored) injury, 3 women in every 10,000.
- death, approximately 1 woman in every 12,000.
- admission to intensive care, infection, blood transfusion, admission to neonatal intensive care (baby), persistent wound and abdominal discomfort, repeat Caesarean birth in subsequent pregnancies, readmission to hospital, minor cuts to the baby's skin.
- emergency hysterectomy (removal of the womb and/or neck of the womb) 7 to eight women in 1,000.
- future placenta praevia (low lying placenta) 4 to 8 women in 1,000.

Pulmonary embolus* (blood clot moving to lungs) is a serious complication which could be life threatening. To prevent this complication, women who are at a higher risk of developing blood clots are given injections of a blood thinning drug called 'Tinzaparin' 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. You or your partner will be shown how to do this before you go home.

Future pregnancies

- increased risk of uterine rupture during subsequent pregnancies/deliveries, 2 to 7 women in 1,000.
- increased risk of antepartum stillbirth (before birth), 1 to 4 women in 1,000.
- increased risk of placenta praevia (low lying placenta) or placenta accrete (abnormally embedded placenta), 4 to 8 women in 1,000.

There is evidence that mothers who have had two Caesarean births in the past have a higher chance than mothers who have not had Caesarean births before of having a low lying anterior placenta across the front of the inside of the uterus (major placenta praevia, possibly as frequently as 1 in 50 after two Caesareans), which may be difficult to remove once the baby is born (placenta accreta, percreta or increta). The Edinburgh study indicates that the increased risk of placenta praevia is about 1 in 200 births Caesarean births overall, compared to 1 in 300 vaginal births. Placentas which will not separate from the lining of the uterus are also more common when compared to women who have not had prior Caesareans, although the absolute chances are small at 6 in 10,000, compared to just 2 in 10,000 for women with no history of Caesarean birth. Many of these women will undergo a hysterectomy.

If you are having a Caesarean birth because you have placenta praevia (where your placenta is situated in the lower part of the womb) your doctor will make you aware before booking your Caesarean what the possible risks are.

Sterilisation at Caesarean section is less likely to be reversed. Reversal of sterilisation is not available under the NHS.

A number of studies have reported that the incidence of regret and dissatisfaction is increased when sterilisation has been performed at the same time as a Caesarean section. Tubal occlusion should ideally be performed at an appropriate interval after pregnancy wherever possible. In case of failure of sterilisation there is increased risk of ectopic pregnancy (where the pregnancy is not situated inside the uterus).

A separate information leaflet '*Sterilisation at the time of Caesarean section*' will also be given.

Contraception

At present, the Care Commissioners locally have not agreed to pay for sterilisation procedures or the lab tests to confirm sterilisation (Dec 2017). We can request 'special funding' on a patient by patient basis, but this is a slow process, taking many weeks, and is without a guarantee that any request will be approved, so it is important to consider effective other methods in detail.

It is possible to get pregnant from having sexual intercourse as soon as 21 days after having your baby. However, as it can take 6 weeks for your internal stitches to heal we advise you to wait for 6 weeks before having sex again. Implants, injections and the Progesterone Only Pill (POP or mini pill) can be started before your baby is 21 days old. Methods that work directly in your womb (IUD (coil) or IUS (Mirena)) can be inserted from 4 weeks if they are not put in within 48 hours after you have your baby. Please speak to your GP regarding when the combined methods (Pill/Patch/Ring) can be started.

Acknowledgements

1. 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. High risk women are seen in the anaesthetic antenatal clinic. Low risk women are seen the week before an elective Caesarean birth by a midwife who is able to contact an obstetrician or anaesthetist if need be, to enable further questions to be answered.
2. The information on anaesthetics has been adapted from that written by the Information for Mothers Subcommittee of the Obstetric Anaesthetists Association. There is more information accessible through the Obstetric Anaesthetists Association on www.oaa-anaes.ac.uk (Look for the 'Information for mothers' link in the left column).
3. The information on enhanced recovery is based on an NHS improvement document: "Fulfilling the potential: a Better journey for patients and a Better Deal for the NHS", http://www.natcansat.nhs.uk/dlhandler.ashx?d=pubs&f=er_better_journey.pdf
4. <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002494#sec010>
5. Long-term risks and benefits associated with cesarean delivery for mother, baby, and subsequent pregnancies: Systematic review and meta-analysis. PLOS Jan 2018 Oonagh E. Keag, Jane E. Norman, Sarah J. Stock <https://doi.org/10.1371/journal.pmed.1002494>

This document can be made available in other languages and formats upon request.

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