Recovery after a Caesarean birth

Congratulations on the birth of your baby / babies.
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

Elective Caesarean births are planned and you will have had discussions with your midwife and obstetrician (doctor specialising in pregnancy and birth) about the reason for this mode of birth prior to the birth.

Emergency (unplanned) Caesarean births may be after labour has started, as well as the quite rare 'very urgently' needed Caesareans before labour (such as perhaps, after heavy vaginal bleeding. It is rarely necessary to deliver the baby in less than 30-minutes from the decision being made, and quite often, a timescale of 1-3 hours is perfectly appropriate. You should have been given explanations as to why this was recommended. It is usually because your baby needed to be born by Caesarean because the risks to him / her of not being delivered within this period of time were greater than the risks of Caesarean birth for either you, or your baby.

What happened in theatre?

A Caesarean birth involves 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 takes 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 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).

When this part of the baby has been eased up to the incision (hole), the assistant pushes on the top of the mother's abdomen (tummy) to help push the baby out.

If you were awake for the procedure, you may have felt sensation during the operation and a feeling of pulling and tugging (but no pain) as the baby is born.

Once your baby is born, the cord is clamped and cut before s(he) is taken by the midwife, who checks and dries the baby before passing them to you. The exact extent of this will depend on the reason for the Caesarean birth. We encourage immediate skin to skin contact as much as possible. Occasionally, the baby may need to be observed by the midwife or paediatrician (doctor specialising in children) and therefore is taken to the resuscitaire (a special trolley on which the baby is examined). The paediatrician may be present to give additional expert care at delivery. If the baby is unwell they will advise you and your birth partner about the concerns and explain what care is recommended.

All babies are labelled with the mother's name and their date of birth before they leave theatre. During an elective Caesarean birth, the baby will be weighed before you leave theatre, otherwise they are weighed once you are back in your room.

A drug called 'Oxytocin' or 'Carbetocin' (which is similar to Oxytocin but longer lasting in its

effect) is given to the mother via a drip to help the placenta 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 incision is then closed, which again takes time.

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 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 hot drink. If you have any pain we will give you pain relief drugs to help.
Staff cannot give any information about you and your baby over the telephone to friends and family so please ask your birth partner to contact them.
On the recovery ward the midwife caring for you will help you and your birth partner with your baby's first feed. Many mothers 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 many women 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 mothers, despite them being given a preventive dose of antibiotics at the time of delivery. For most women this is an inconvenience but some will have 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) 1 in 300, as compared to 1 in every 1000 pregnant women overall. 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 the patient's lungs) affects 1 in every 100 patients who have had a deep vein thrombosis and this can be fatal. 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.

- Massive haemorrhage (bleeding) leading to hysterectomy: in the Royal Berkshire NHS Foundation Trust in approximately 1 per 6000 deliveries (based on local audit).
- There is some evidence that mothers who have had two Caesarean deliveries in the past have a higher chance (1 in 50) than mother who have not had Caesarean deliveries before of having a low lying placenta across the front of the inside of the uterus (major placenta praevia), which may be difficult to remove once the baby is born (placenta accreta, percreta or increta).

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 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 either placed skin to skin with you or wrapped in blankets. 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 their mother has contractions (i.e. mothers having planned a 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. The doctor may leave the 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, she/he 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, he/she will be seen by a member of the neonatal team.

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.

Care on the postnatal ward

After your stay in recovery or Delivery Suite, you will be transferred to the postnatal ward on level 4. However, some women may need to stay 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 offer you help and assistance with baby care, feeding and helping you to move around. We advise you to ask for assistance the first time you get out of bed.

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 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 (a DVT – deep vein thrombosis).

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 DVT 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 approximately 12 hours following the operation and the 'drip' in your arm 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 after the Caesarean

You will feel some pain and discomfort after the operation. 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.
- You will be given tablets of paracetamol, ibuprofen and dihydrocodeine 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.
- If you are taking dihydrocodeine and breastfeeding please read the leaflet '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 a shower. Your partner may be of great help during this time, helping you to and from the shower or looking after the baby while you are in the shower. We encourage you to get out of bed as soon as your legs are strong enough (if you have had a spinal or epidural); however, please do not do this without assistance.

Blood loss

After a Caesarean delivery, you will have vaginal blood loss. Usually, the blood loss lasts for several weeks. Your midwife will ask you about your blood loss – she / he 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 for ladies with a higher BMI.

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

You may have some stitches across the wound. Your hospital or community midwife will let you know when or if, the stitches are to be removed.

The wound site may 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.

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.

How to prevent and detect a wound infection after a Caesarean

- After a shower, dry the surrounding area carefully using your own towel. Do not share towels.
- It is normal to see some staining on the dressing.
- The dressing will be removed on day 5.
- Make sure your underwear does not rub against the wound or cause any unnecessary friction or pressure on it.

What to do if you suspect you have a wound infection

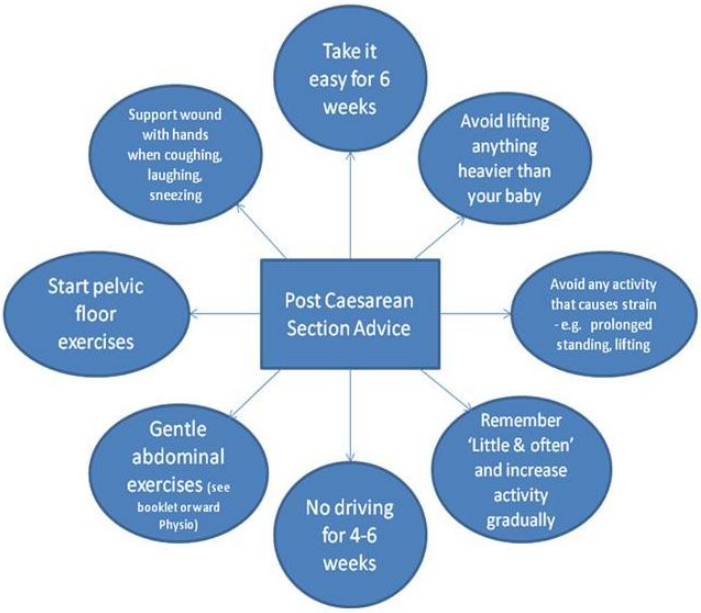
- Visit your GP or midwife who will swab the wound and may prescribe antibiotics.
- Your wound will be covered with a dressing that may need to be changed regularly.

Normal wound healing

- Slight redness along wound.
- Possibly some swelling.
- Possibly some pain.
- Small amount of clear fluid coming from wound.

Possible wound infection

- 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.



Going home

- 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 this will be delayed. 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 until your supply runs out.

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 mothers who drive within six weeks of a Caesarean. 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. 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 operation 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.

Next birth

- The obstetrician who delivered your baby will have written in your records, and on a letter to your surgery, whether your next baby could be born normally, or whether you should be advised to have a repeat Caesarean. Most mothers who have had a single Caesarean can safely have their next baby normally.

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.

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.

Further information

Prior to an elective Caesarean birth high risk women are seen in the anaesthetic antenatal clinic. Low risk women are seen during 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.

If you have had an emergency Caesarean birth and want any more information please speak to your midwife who will be able to answer your questions or refer you to the most appropriate place for this to happen.

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.

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).

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

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

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