Enhanced Recovery for Caesarean Section

NHS Salisbury NHS Foundation Trust

This leaflet gives you information to help you understand and prepare for your planned (elective) caesarean section, and the birth of your baby.

It explains the care you can expect to receive before your caesarean section, on the day of your surgery and during the first few days after your baby's birth. Enhanced Recovery is an evidence-based approach designed to help people recover more quickly from surgery, including caesarean section. This will mean your stay in hospital should be shorter, and your recovery overall should be improved.

We describe the usual plan of care for Caesarean Section birth followed at Salisbury District Hospital. It may be that your situation requires different care – if this is the case the midwives and doctors will discuss this with you.

- **If you have any questions about the Enhanced Recovery programme for caesarean section, please speak to your midwife.**
- **Please look at the'Patient Diary' leaflet to see the planned progress and targets for your care.**

Before your operation

When your Caesarean section is booked the doctor will complete a consent form with you, they will also give you omeprazole tablets to take the night before and the morning of your surgery to reduce acid in your stomach.

You will also be asked to attend the Day Assessment Unit two days before your Caesarean Section for blood tests to check your iron levels and your blood group.

If you are planning on or considering breastfeeding your baby, your midwife may also discuss with you the option of expressing colostrum (milk) in advance of coming into hospital. You can then feed this colostrum to your baby whilst you are establishing breastfeeding or if there is a delay in your baby beginning to feed.

You are advised to have analgesia (Paracetamol and Ibuprofen) at home for pain relief for once you return home after the birth of your baby. Evidence also suggests chewing gum 2 or 3 times a day after a caesarean section can speed up the return of normal bowel function, so please bring your favourite chewing gum!

Your Caesarean section

Eating and drinking

- Please take your Omeprazole tablet at 10pm the night before – this reduces the amount of acid in your stomach.
- Please take your second Omeprazole tablet at 06:30am on the day of your surgery.
- Please do not have anything to eat after 12am – this includes any milky drinks.
- You can continue to drink clear fluids (water, squash, non-fizzy isotonic drinks, black tea or coffee).
- When admitted to hospital you can continue to drink up to 150ml of clear fluids per hour before your Caesarean section.

Arriving on labour ward

Please arrive on labour ward by 07:45am. Unfortunately, we are not able to confirm the time of your Caesarean section in advance – there are usually one or two planned caesarean sections per day. Emergencies on labour ward can arise and do take priority. If so, this may lead to a delay in your delivery time. You are welcome to bring a birthing partner

with you, they can accompany you to theatre (unless a general anaesthetic is planned) but we ask you not to bring any children with you.

Please bring a dressing gown and slippers to wear on the way up to theatre. You may also wish to bring a camera and music CD to be played in theatre.

On arrival to the Labour Ward you will be greeted by a member of the maternity team. You will be seen by a midwife, the anaesthetist and the obstetrician who will perform your caesarean section. They will prepare you for theatre and answer any questions you may have.

The midwife will assess your wellbeing by checking your blood pressure, pulse, temperature and urine sample, as well as checking your baby's heartbeat and position. Your operation site will be checked and if necessary they may shave the top of your pubic hair along your bikini line. You will be given your theatre gown and your birthing partner will be given clothes to wear in theatre. Please bring a hat and nappy to theatre for your baby.

Going to theatre for the birth

When it is time for your caesarean section the midwife caring for you will accompany you to theatre and support you throughout.

Anaesthesia for your elective caesarean section

Most women undergo a spinal anaesthetic block for a caesarean section. This will be performed in theatre and the Anaesthetist will discuss this with you. Please see the provided information sheet which details this.

You will have a cannula (a thin plastic tube) inserted, usually into your hand or forearm, this allows the anaesthetist to give you fluids, antibiotics, drugs to help the uterus contract and possibility drugs to correct low blood pressure.

Urinary catheter

Whilst your spinal anaesthetic is working you will not be able to walk to the toilet or be aware of the sensation of needing to pass urine. Due to this you will need to have a catheter inserted to empty your bladder. This will be inserted in theatre by the midwife once you are comfortable, and usually stays in for 12 hours post-surgery or until you are mobile.

The birth of your baby

When the anaesthetic is working, your tummy will be cleaned with antiseptic and then a sterile drape placed over it, this drape will be brought up to create a screen so that you cannot see the operation being performed. Your birthing partner will be seated with you for the surgery. The obstetrician will then begin the surgery.

When your baby has been born

Deferred cord clamping

Once your baby has been born, if it is appropriate, your obstetrician will wait for up to two minutes before clamping and cutting your baby's umbilical cord. This process of deferred (or delayed) cord clamping allows blood to flow from your placenta to your baby. This helps to stabilise your baby's blood pressure and increases your baby's iron levels, both of which help your baby to adapt to life outside of your uterus.

During this important process, your baby will lie on your legs and will be held and kept warm by the obstetric team. The cord will then be cut and you will be able to hold and cuddle them against your skin. Skin-to-skin contact helps to regulate baby's temperature, heart rate and breathing, and helps support breastfeeding. Usually you will start skin-to-skin contact in theatre, but if this isn't possible for any reason, you will be encouraged to hold your baby against your skin in the recovery area. Your partner can enjoy skin-to-skin contact as well.

After the operation

At the end of surgery your partner will be taken to the recovery room alongside the theatre whilst you are transferred onto a bed and made comfortable. Your baby can then be placed back in skin-to-skin contact.

If possible we advise at least one hour of uninterrupted skin-to-skin contact with your baby. Once you and your baby are ready we will ask to perform an initial newborn check and weigh your baby. You will be asked for your consent to give your baby vitamin K (Konakion) this can be given by an injection or oral drops. The Department of Health recommends that all babies should be given a vitamin K supplement (Konakion). This is because babies have very little stores of vitamin K at birth, and vitamin K deficiency can cause bleeding in babies in the first few months of life.

After a period of monitoring in the recovery room you will be transferred back to the Labour Ward. You will be cared for and observed on the Labour Ward for 6 to 12 hours dependant on clinical need before being transferred to Beatrice Ward (Postnatal Ward).

During this time your blood pressure, pulse, temperature, blood loss and wound will be monitored regularly. We will ask you about your pain levels and

you will be offered regular analgesia. You will be supported with the care of your baby and to establish feeding your baby.

Birthing partners are welcome to stay overnight on the Ward in a reclining chair to support you.

Eating and drinking

You can eat and drink when you feel hungry or thirsty.

We encourage you to try chewing gum 2-3 times a day as this has been shown to speed up the return of normal bowel function after an abdominal operation.

Pain control

The spinal anaesthetic will contain a long-acting painkiller which continues to work after the numbness of the spinal has worn off. This is usually 4 to 6 hours after the spinal anaesthetic. If appropriate you will also have been offered a pain-relieving suppository (Diclofenac) into your back passage (rectum) immediately after your caesarean in theatre. You will have regular pain relief prescribed, the midwives will ask you about your pain levels and can give additional pain relief if the regular medication is not enough. You may request pain relief at any time and a midwife will be happy to advise you. All the pain relief you are offered will be safe to take if you are breastfeeding.

Blood clots (deep vein thrombosis and pulmonary embolism)

Depending on your medical history and risk assessment you may be prescribed a regular blood thinning injection (daltaparin) to prevent blood clots in the legs and lungs. If this is required, it will continue for a minimum of 10 days and you will be taught how to give yourself the medication by the midwives. The most common cause of a deep vein thrombosis is immobility, for example not moving around enough after surgery. It is therefore important that when you can move around, you do so. It is also a good idea to keep well hydrated. During your postnatal checks the midwives will ask you about any symptoms of blood clots.

Scars and Stitches

In most cases the caesarean section scar will run horizontally across your lower abdomen just along the line of your pubic hair.

Usually a single stitch is used which will dissolve, or a thin non dissolvable stitch which would need to be removed on the 5th day post-surgery. The surgeon will discuss this with you. The wound dressing is usually removed 24 hours after surgery.

It is a good idea to wear loose comfortable clothing and keep the wound clean and dry to help prevent infection.

Getting out of bed and mobilising

You will be encouraged and helped to get up out of bed as soon as you are able to. You will need to wait until the spinal anaesthetic has worn off and the sensation to your legs and bottom feels back to normal, this will take a few hours to wear off completely. You should only get out of bed for the first time when a midwife or care assistant is with you, to support you in case your legs are still weak.

Early mobilisation is important in aiding a swift recovery and also helps to reduce postoperative complications such as blood clots in the legs and pressure injuries. You are therefore encouraged to walk around the ward and sit in the chair – you can do this with your catheter still in.

Catheter

Your urinary catheter usually stays in for 12 hours, so that you are able to get up and go to the toilet when it is removed. Once your catheter is removed, you will be encouraged to drink plenty of fluids. When you pass urine you will be asked if you had normal sensation (feeling) at the time. You will also be asked to measure the amount of urine you pass. This will allow your midwife to assess your bladder function.

Blood loss after birth

As with a vaginal birth you can expect to have some vaginal bleeding following the operation. This bleeding can continue for 2 to 6 weeks and should get lighter each day. The midwife will monitor this. Please ask your midwife if you have any questions or concerns.

Caring for your baby

While you are in hospital, staff will be on hand to provide any advice and support you may need with infant feeding and caring for your baby. You are encouraged to ask for help lifting your baby in and out of the cot initially.

The hospital operates a rooming in policy, which means your baby always remains with you, unless concerns about their wellbeing require their admission to the neonatal unit. If this is the case you and your partner will be able spend time with your baby there. Partners are also able to stay overnight on the ward in a reclining chair to help support you.

After your hospital stay

Going home and length of stay

The length of your hospital stay depends on how quickly you recover from your operation. With good pain control and mobilisation (getting up out of bed and moving) you may only need one night in hospital. You will require a review by an obstetrician before your discharge home. The midwife caring for you will also assess your readiness for discharge with a postnatal check for yourself and your baby. The midwife caring for you will complete your personalised postnatal care plan and prepare you for discharge. Your baby will require a paediatric check which should take place within 72 hours of birth.

Postnatal exercises

Your abdominal and pelvic floor muscles will take time to recover after pregnancy and a caesarean section. Postnatal exercises should be started gradually and when you feel able to. These exercises can help to aid your recovery and help to avoid future health problems. Your midwife will discuss postnatal exercises with you and can answer any questions. You will be provided with a leaflet on how to do the exercises prior to discharge.

- Pelvic floor exercises can be started straight away.
- Leg and foot exercises should start as soon as you have movement back.
- Abdominal exercises can start after a few days when you feel comfortable to do so.

Your recovery continues at home

- You should continue to take regular painkillers at home.
- Avoid putting too much strain on your tummy muscles while they are healing; gentle activities which cause you no pain will do you no harm.
- Gentle exercise can be resumed when your wound is healed, and you feel ready.
- Avoid strenuous activities, high impact exercise such as aerobics until after your 6 weeks postnatal check with your GP.
- Ask for help with strenuous housework such as hoovering.
- You should avoid driving for 6 weeks. It may be useful to check with your insurance company before driving again if you are taking strong painkillers.
- Sexual intercourse can be resumed when you feel ready.

Postnatal checks

- When you are discharged home from hospital your community midwife will take over your care and visit you at home or arrange for you to be seen in clinic.
- Maternity telephone triage can be contacted if you have any questions or concerns.
- Please book a postnatal appointment with your GP at 6 weeks.

Future pregnancies

Your doctor will advise you about future pregnancies and delivery mode. It is advisable to leave a 12 month gap between pregnancies. This enables your body to recover from your caesarean section and reduces your risks of complications. Although having one caesarean section increases the likelihood of you having subsequent caesarean sections, most women who have had a previous caesarean section are able to give birth vaginally in subsequent pregnancies.

Further information

Visiting times

One birthing partner is welcome to stay with you on the ward at all times. All other visitors 3pm to 7pm

Information online

You can find more information and helpful links on the Salisbury Maternity website:
www.salisbury.nhs.uk/wards-departments/departments/maternity

Enhanced recovery:
www.nhs.uk/conditions/enhanced-recovery

Obstetric Anaesthetists Association:
www.labourpains.org

Our Maternity Information Leaflets for parents and service users are reviewed regularly by parents and service users. If you have any comments/feedback about this leaflet or are interested in looking at future leaflets, please contact our Maternity & Neonatal Voices Partnership (MNVP) www.bswmaternityvoices.org.uk

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