

Care and advice after a caesarean section

Information for women and birth partners



You have been given this booklet because you have recently given birth to your baby via caesarean section. A caesarean section is an operation involving a surgical cut, usually in the lower part of your abdomen and the lower segment of the uterus (womb), through which your baby has been born.

This booklet contains information about your recovery from the operation and the care you will now receive. If you have any questions about the reason for your caesarean or would like more information regarding anything in this booklet, please speak to your midwife.

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Care you will receive immediately after your baby's birth

Your wellbeing will be assessed through:

- regular monitoring of your blood pressure, pulse and temperature
- how well you are able to tolerate fluids and food
- how well you are able to move around (if you have any pain and discomfort)

This is usually undertaken within the labour ward recovery area. However, if you have had a general anaesthetic you will be taken to the theatre recovery area for closer observation before returning to labour ward. To respect the privacy of other recovering patients, your partner won't be able to stay with you in theatre recovery.

Caring for your baby

Once your baby has been born and an initial assessment of their wellbeing has been completed, you will be encouraged to hold and cuddle them against your skin. This type of skin to skin contact helps to regulate baby's temperature, heart rate and breathing, and encourages 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.

Feeding your baby within the first hour after birth is also recommended and your midwife will be able to help you find a comfortable position. If you are breastfeeding, consider lying on your side or holding your baby under your arm, to avoid placing undue pressure on your abdomen.

You will be offered support to feed and care for your baby, however, if you need further assistance please discuss your requirements with your midwife.

Eating and drinking

You will be given fluid directly into your veins via a plastic cannula to ensure you remain hydrated until you feel able to drink fluids normally. This is usually for the first few hours although the exact length of time will depend upon your wellbeing. Your cannula will be removed when you are drinking normally. This is usually before you transfer to the postnatal ward.

You will be encouraged to eat a light snack such as a sandwich or toast when you feel hungry. However, if you experienced complications during your caesarean section you may be advised to wait until you have been reviewed by your obstetrician (specialist doctor) and normal bowel function has been confirmed.

Pain relief

Following your caesarean section, you will be offered:

- regular pain relieving tablets (paracetamol and ibuprofen)
- pain relieving suppositories in your rectum (back passage) if appropriate.

The first suppository will be given in the operating theatre immediately following your caesarean section. You will be offered a second suppository 12 hours after your caesarean section to help reduce your pain levels.

If you experience pain please let the midwife or recovery staff nurse looking after you know, as additional pain relief (oral morphine) can be offered if you need it. This will help you to remain mobile and care for your baby, as well as reduce the likelihood of you experiencing breakthrough pain. Breakthrough pain is the term used to describe recurrent pain or pain that occurs before your next dose of pain relief medicine is due. All the pain relief you are offered will be safe to use while breastfeeding. However, if you require oral morphine on a regular basis it is important to observe your baby for excessive drowsiness. Please discuss this with your midwife.

Blood loss after birth

It is normal for women to lose lochia (a combination of mucous, tissue and blood) after birth until the womb renews its lining. Following your caesarean you will be given a drug called Syntocinon (a synthetic version of the

naturally occurring hormone oxytocin) through your cannula into a vein. This will encourage your uterus to contract, helping it to shrink back to its normal size and reducing your blood loss. However, you may find that your lochia appears to increase when you first stand up. Please refer to the factsheet 'Blood loss – what to expect after the birth of your baby' for more information about what is normal and when you should ask for advice.

Catheter

Your urinary catheter will remain in place for a minimum of 12 hours after your caesarean section. The exact time will depend upon your individual wellbeing. Once your urinary 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 passed during your first two visits to the toilet. This will allow your midwife to assess your bladder function. Your midwife will also be able to give you information about pelvic floor exercises which are important after having a baby.

Wound care

Your wound will be covered with a dressing which should stay in place for about 48 hours after your caesarean section.

Stitches stop any bleeding from the wound and join the skin and muscle together. The thread used is dissolvable so they do not have to be removed. The stitches start to dissolve after about ten days and have usually completely disappeared after six weeks.

After 48 hours you should remove the dressing. You are advised to do this after having a shower as it will be easier to remove if it's wet. You can take care of your wound by having a bath or shower every day, gently patting your wound dry with a clean towel. A shower is advisable to begin with because it is easier for you to get in and out.

You are advised to wear loose, comfortable clothing and cotton underwear, and keep the wound clean and dry.

Please discuss care of your wound and infection prevention with your midwife.

Please let your midwife or GP know if:

- your wound becomes hot, swollen, weepy, smelly or very painful
- your wound starts to open
- you develop a temperature and flu-like symptoms.

If any of these occur you may be developing an infection and need treatment with antibiotics. Your midwife or maternity support worker will review your wound if you have any concerns.

Getting out of bed and walking

The numbness from the anaesthetic will take a few hours to wear off completely. You will be encouraged and helped to get up as soon as possible, however, you should only get out of bed for the first time when your midwife or a maternity care assistant is with you. You will be encouraged to walk round the ward, and once your catheter is removed walk out to the toilet. This not only aids your recovery but helps to reduce the risk of blood clots.

Blood clots (deep vein thrombosis and pulmonary embolism)

Blood normally flows quickly and uninterrupted through our veins. Sometimes however, clots can form that either reduce the blood flow or stop it completely. A deep vein thrombosis (DVT) is a blood clot in a vein, usually in the leg or pelvis, and its most common cause is immobility (not moving around enough, for example after surgery). A pulmonary embolism (PE) can occur if part of the blood clot breaks off and travels to the lung. In severe cases, PE can cause collapse and may prove to be fatal.

To help reduce the risk of developing blood clots in your legs after your caesarean section it is important for you to continue wearing your surgical stockings for at least seven days. They are to be worn day and night with a maximum 30 minute break each day. You may also receive a daily injection of medicine to thin your blood.

It is important that you are aware of the symptoms of DVT and PE so that you know when to seek medical advice if you are concerned.

Symptoms of a blood clot (DVT)

- pain in the calf or thigh associated with swelling of the limb - this may be worse when the foot is bending upwards towards the knee
- heat or redness particularly in the back of the leg, below the knee
- you may find it difficult to put weight on the affected leg

DVT usually affects one leg.

Symptoms of pulmonary embolus (PE)

- difficulty in breathing or shortness of breath
- coughing up blood-stained sputum (a thick fluid produced in the lungs)
- chest pain that is often worse when breathing in
- collapse

If you have any of these symptoms while in hospital please inform your midwife. If you have been discharged home and have any of these symptoms please call the obstetric day unit on 023 8120 6303 for advice.

Continuing your recovery

The length of your hospital stay and most suitable location for you to continue your recovery will be discussed with you. You will have the opportunity to ask any questions you may have.

Going to the New Forest Birth Centre

In order to continue your recovery at the New Forest Birth Centre (NFBC):

- you must have recovered enough mobility to get in and out of bed by yourself
- your post-operative pain must be controlled using paracetamol and ibuprofen

This is because the NFBC is unable to offer electronic beds or oral morphine for pain relief. If you have any questions about this please discuss them with your midwife.

Going home

You will be given a postnatal pack which includes:

- a summary of your notes and information for the midwives or maternity support workers that visit you at home. Your GP and health visitor will also receive a copy.
- information on what to expect over the forthcoming days in terms of your health, and that of your baby.
- contact telephone numbers, including numbers for breastfeeding support groups, if required.

Your midwife will discuss your pain relief and any other medication you are to take home. You will be asked to confirm the address and contact details for your postnatal visits.

Please ensure that whoever is taking you home or to the New Forest Birth Centre brings your baby's car seat to the ward, as you are unable to take your baby home in a car without one.

Midwife support at home

Arrangements will be made for you to receive a visit from your midwife or maternity support worker on your first day at home; unfortunately we cannot guarantee a time for this visit.

The midwife or maternity support worker usually visits you two or three times during your first ten days at home. Your care is then continued by your health visitor.

You can always phone to speak to a midwife if you have any concerns, or would like some advice.

Between 9am and 5pm call:

023 8120 8513 or **07786 266529** (if you live in Southampton)

023 8074 7693 (if you live in the New Forest; Totton, Hythe, Lymington and Romsey)

At any other time call:

Broadlands Birth Centre on **023 8120 6012** or

New Forest Birth Centre on **023 8074 7690**

Breastfeeding support

Breastfeeding Babes is a drop in service offering all aspects of breastfeeding support. Located within Broadlands Birth Centre it is open from 10am to 1pm, Monday to Friday and available for support while you are in hospital and for the first 14 days after your baby's birth. Please phone Breastfeeding Babes on **07786 267584** if you have any concerns, or would like some advice.

For details of local breastfeeding support groups please visit the hospital website **www.uhs.nhs.uk/feedingyourbaby**

Pain relief

You are advised to ensure you have paracetamol and ibuprofen at home to use for pain relief once you leave hospital. Your midwife will discuss the frequency and dose with you before you go home.

Headaches

A headache can often be the result of tiredness or a lack of sleep. If this does not clear after using pain relief (such as paracetamol and ibuprofen) or if you feel the headache is severe or is associated with other symptoms (such as drowsiness or nausea) please phone the obstetric day unit on **023 8120 6303** for advice.

Lifting

You are advised not to lift anything for six weeks. You may begin light housework and lifting after this, but avoid heavy lifting for three months. The exception to this is lifting your baby. If you already have older children or toddlers at home you will need to ask for extra assistance from family and friends to begin with because toddlers are too heavy to lift (although they can have plenty of cuddles for reassurance). If you are shopping, try to carry equal loads in each hand, not one heavy bag. It is worth remembering that car seats and prams can be quite heavy, so remember to ask for help when you require it.

Rest

Try to rest for at least one hour every afternoon. You will need someone to help you at home for at least two weeks. Where possible, make arrangements with family and friends who may be able to assist with daily household tasks.

Diet

It is important to eat properly. Try to eat three meals a day, containing plenty of protein such as meat, cheese, nuts, milk and fish. This will help your body with the healing process. Also include fibre such as fruit, bran and vegetables to prevent constipation, as this will cause strain on your abdominal muscles.

Driving

You may start driving when you feel comfortable, although you should check with your insurance company that you are covered to drive following major surgery. Before you start and before you put the keys in the ignition, try putting your foot on the brake while the car is stationary, as if you were doing an emergency stop. If this is painful you should wait a few more days and try again. Try to start with short journeys as you may become tired quickly.

Activities

A midwife will discuss postnatal exercises with you either in hospital or at home. We recommend that you continue with these once back home. Gentle sports such as swimming can be started when your wound is healed. It is not advisable to undertake energetic exercise such as aerobics until you feel comfortable. If you would like further advice or more information you can contact the obstetric physiotherapist on **023 8120 4351** or refer to the 'Shape up after pregnancy leaflet'.

Postnatal follow-up appointment

It is important that you attend your postnatal follow-up appointment six weeks after the birth of your baby. This enables your doctor to check that everything is healing well and that there are no problems. This appointment is usually with your GP, but you may be asked to come back to the hospital if there were complications that need to be discussed with the obstetrician. If you are thinking of going back to work, this is a good opportunity to discuss it with your doctor.

Intercourse

Sexual intercourse can be resumed when you feel comfortable. It will not damage your wound, but some positions may feel uncomfortable. Contraception is important because fertility can return quickly. Your midwife or doctor can discuss your future contraceptive needs with you.

Future pregnancies

It is advisable to leave a 12 month gap between pregnancies. This enables your body to recover from your caesarean and reduces your risk of scar separation during a future pregnancy and/or labour. Scar separation affects 2 in every 1,000 women who have had one previous caesarean section. You are advised to discuss the recommendations for your care in a future pregnancy with your midwife or GP before you conceive again.

Your caesarean section may also put you at increased risk of the placenta growing in the wrong place on the wall of your womb in a future pregnancy. This could lead to difficulties at the time of delivery or excessive bleeding. These are uncommon complications affecting between 4 and 8 women in 1,000. Although having one caesarean section increases the likelihood of you having subsequent caesarean sections, 75% of women (3 in 4) with one previous caesarean have a subsequent vaginal birth (NICE 2007). You are therefore advised to discuss the implications of your caesarean section with your midwife or obstetrician.

Support for you

There are support groups which give friendly, practical advice to women who have experienced a caesarean section, and for those women hoping to have a vaginal birth having previously had a caesarean (known as VBAC for short). Ask your midwife for more information.

Birth Afterthoughts

This service provides you with an opportunity to have any questions answered that you may not have previously asked. At any point in time after your caesarean section you may call **023 8079 6834**, leaving your name and contact number. You will be offered a one-off session with a midwife lasting up to an hour, at a mutually convenient time and venue.

Useful links

Our maternity services webpage

www.uhs.nhs.uk/maternity

NHS Choices

www.nhs.uk/conditions/caesarean-section/Pages/Introduction.aspx

www.vbac.com

**If you need a translation of this document,
an interpreter or a version in large print,
Braille or on audiotape, please telephone
023 8120 4688 for help.**

www.uhs.nhs.uk

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