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# Elective Caesarean Section

## Women's Health and Paediatrics



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## Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email [asp-tr.patient.advice@nhs.net](mailto:asp-tr.patient.advice@nhs.net). If you remain concerned, the team can also advise upon how to make a formal complaint.

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## Further Information

Further Information and support may be obtained from:

[www.infochoice.org.uk](http://www.infochoice.org.uk)

[www.NICE.org.uk](http://www.NICE.org.uk)

National Childbirth Trust   **0870 444 8708**

[www.nctpregnancyandbabycare.com](http://www.nctpregnancyandbabycare.com)

For breast feeding advice and support:

Infant feeding advisors   **01932 722678**

## Elective Caesarean Section

This leaflet is intended to give you additional information to that received from a healthcare professional.

If, after reading this, you have any questions, please ask these at your next antenatal appointment and contact your community midwife.

### So you are having a Caesarean Section

Following discussion with the obstetrician, you have agreed that your baby will be born by Caesarean section. You will have discussed the risks particular to this procedure. In the main they fall into three categories. These are:

- infection
- haemorrhage - bleeding
- deep vein thrombosis (DVT) – blood clots in the veins of your legs

Our usual operating and post-operative care practices aim to reduce the chance of these problems occurring and if you have any further questions, you must not hesitate to ask.

Once you understand everything, you will be asked to sign a consent form.

**If you think you are in labour, or if your waters break prior to your admission date, please contact Pregnancy Advice Line immediately on 0300 123 5473.**

## Before Your Operation

You have been given an appointment to attend the pre-assessment appointment; this will be approximately one to two weeks prior to the date of your Caesarean.

### Pre-Assessment Clinic

At your appointment, there will be an opportunity to ask questions. You will be given 2 types of antacid tablets and instructions on when to take them. The instructions for taking these are on the front sheet of your admission pack– **you must read this**. Also you may have a blood test to check your haemoglobin level and a sample of blood will be kept in the laboratory should it be required to arrange a blood transfusion in an emergency.

### On the day of operation

Please follow your individual instruction given to you at your pre-assessment appointment

Please report to labour ward on the 3rd floor at the time on your admission pack. A member of the theatre team will see you, answer any questions you may have and complete the pre-operation checks.

Please remove face make-up and jewellery apart from your wedding ring. Do not bring valuables to the hospital. Whilst in hospital ensure your luggage is small enough to fit into a small bedside locker.

There is a Radio/CD/Bluetooth player available in theatre. Please feel free to bring your choice of music to listen during the birth.

## Transfer to Community Care

If all is well the normal stay in hospital is 24 hours. Your community midwife will see you at home the next day and will agree a plan for further visits with you.

Try to arrange extra help at home, as you will feel tired and will need to have plenty of rest on discharge from hospital. Heavy housework such as ironing and Hoovering should be avoided for a few weeks also.

If you have any queries after you have been discharged and cannot contact your community midwife, please phone Pregnancy Advice Line on 0300 123 5473.

You will be unable to drive for some weeks and should take the advice of your doctor and insurance company.

## On the Postnatal Ward

On transfer to the postnatal ward you will be in an observation room with other mothers who have had caesarean births.

Pain relief - you will be offered regular pain relief which we advise you to accept in the first few days to enable you to be as comfortable and active as possible. The medication we prescribe can be taken whilst breast feeding. Some homeopathic remedies such as Arnica may help, but please discuss with a homeopath prior to admission and bring in your own supply.

After 24 hours if all is well you will be seen by a doctor and then discharged home.

Bowels - we would expect you to have a bowel movement within 3 - 4 days after your operation. Your midwife may suggest a laxative if you are finding this uncomfortable and encourage you to increase the fibre in your diet and to drink plenty of water.

Wound care – your wound will be closed using staples or stitches; these will remain in place for a minimum of 72 hours. Your wound will be covered by a dressing which will be removed after 2-3 days. Most sutures are dissolvable but you will be told if you need either sutures or clips removed.

## Medical Checks

An anaesthetist will check your general health and answer any questions about your anaesthetic.

**Please be sure to tell the staff if you have any allergies (even if you have mentioned them in clinic before). Mention any other medical conditions you may have.**

For most women the safest anaesthetic is a spinal anaesthetic. This allows you to be awake for the birth of your baby and provides you with good pain relief after the operation. The anaesthetist will explain the procedure and discuss any possible side effects.

One of the obstetric team will explain the operation to you and once you understand everything, you will be asked to re-confirm your consent prior to the procedure.

## In Theatre

You will be transferred to the Labour Ward theatre for your operation. The midwife/maternity assistant will walk with you to the theatre where you will meet the anaesthetist again and his/her assistant (an Operating Department Practitioner).

Please tell the staff if you are wearing contact lenses. You can continue to wear glasses or contact lenses if you are having a spinal anaesthetic.

Whilst in theatre your birth partner can be present. They will be expected to wear theatre clothing and a visitor's label.

Your birth partner may take photographs of you and your baby.

The anaesthetist will insert a cannula (small plastic tube) into your arm, which will allow fluids to be given into your vein to maintain your blood pressure, to give you an antibiotic to help prevent infection, and oxytocin to help the womb to contract after your baby's birth.

During the spinal procedure you will be asked to sit or lie on your side on the theatre table. The anaesthetist will insert the spinal anaesthetic into your back. As soon as the procedure is complete and the anaesthetist is satisfied that you are comfortable, the midwife will pass a small tube (catheter) into your bladder so that it remains empty throughout the operation. This will usually remain in place for at least 12 hours and allows the bladder to empty while you are less mobile.

The obstetric team will clean your abdomen with skin cleaning fluid and a drape will be placed on your abdomen and over a bar at chest level. This will prevent you from seeing your surgery. You will feel some sensations of touch or pressure but there should not be any pain throughout the procedure.

If your baby is in the breech position or you have any other risk factors, a paediatrician may be asked to be present at the birth as a precaution. Your midwife will discuss this with you at the time.

## **General Anaesthetic**

If, for any reason a general anaesthetic is necessary, your birth partner will not be able to be present for the birth. As soon as your baby has been born and it is safe to do so, the baby will be taken out of the theatre and shown to your partner.

## **When your baby is born**

Your baby will be shown to you as soon as he/she is born and will then be dried and wrapped. He/she will be weighed, examined and a name tag placed on each ankle. With your prior permission he/she will also be given Vitamin K<sup>1</sup> by either injection or by mouth. If all is well, you or your partner can provide skin to skin contact with your baby while the doctors complete the operation. When the surgery is complete you will probably be given a pain relief suppository and made comfortable. You will be given anti embolic stockings (special stockings to aid your blood circulation while you are immobile) and you may need anti thrombosis injections (Clexane). You will be transferred to your bed and your baby placed on your chest for skin to skin contact. This will keep your baby warm, help with breastfeeding and bonding. You will then be transferred to the observation bay on the labour ward.

You will normally remain on the labour ward for about two hours. The drip giving you fluids will remain until you are drinking fluids freely without feeling sick. You are advised not to eat for several hours after the operation until your digestive system starts working again. During your time on labour ward visiting should be kept to a minimum.

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<sup>1</sup> See Vitamin K page in the orange pages at the front of your notes.