

# Planned Caesarean Birth – information for families

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This leaflet explains what happens before, during and after a planned caesarean birth. It aims to answer common questions and help you feel prepared.

## Introduction

After discussing your birth choices, you and your care team have agreed that a planned caesarean is the safest or preferred option for you.

A caesarean is an operation where your baby is born through a cut in the lower part of your tummy.

During the appointment where your caesarean is booked, an obstetrician (doctor) will go over the benefits and risks and ask you to sign a consent form. This usually happens around 36 weeks, but it can be done at any time during your pregnancy.



## When is a planned caesarean (elective) usually done?



Most planned caesareans happen during your 39th week of pregnancy. Babies born after 39 weeks are less likely to need help with their breathing.

Sometimes the date needs to be brought forward - for example if your waters break or you go into labour before your planned day (this happens in about 1 in 10 people). If this happens, the team will talk through your options and agree a plan with you.

### Can my planned date change?

Yes. The date can change at any point, including on the day, if this is needed to keep you and your baby safe. We know this can feel upsetting, so we advise not making firm plans around the exact day.

We will update you as soon as possible if any changes need to be made.

## Sterilisation

If you are considering sterilisation during your planned caesarean, you must discuss and consent to this with an obstetrician (doctor) before the day of your surgery.

Sterilisation is a permanent method of contraception. It involves blocking or cutting the fallopian tubes so eggs cannot meet sperm. This procedure is also known as tubal ligation or "getting your tubes tied".

Reversing sterilisation is rarely successful and is not available on the NHS. If sterilisation fails, there is an increased risk of ectopic pregnancy (a pregnancy outside the womb).



## Antenatal preparation

A few days before your caesarean you will attend a pre-operative assessment appointment.

You will:

- Receive some medication (tablets) to take before your operation to help reduce stomach acid and any sickness. Please follow the instructions on your medication carefully.
- Be offered a blood test to check your iron levels (anaemia). We will also save a blood sample in case this is needed for a blood transfusion.
- Be offered MRSA screening where we take swabs from your nose and groin. MRSA is a type of germ many people have on their skin without knowing. Most people with MRSA stay completely well but we can provide treatment if needed. This can reduce the risk of infection in you and your baby.
- Meet an anaesthetist to discuss your pain relief options and talk about your general health and wellbeing.

## Getting ready for your planned caesarean

The night before your operation, we recommend you eat a carbohydrate-rich meal (such as pasta, rice, potatoes or bread) unless you have diabetes or a special diet - if so, follow your usual guidance.

On the day of your operation:

- Take your medication as prescribed. Your second dose (at 6am) should be taken with 400ml of Ribena or still Lucozade Sport unless you have diabetes. These drinks will help with your recovery.
- Take a bath or shower using the hospital-provided shower gel (Octenisan). Leave it on your skin for two to three minutes before rinsing.
- Do not apply creams or lotions the morning of your caesarean birth.
- Remove all jewellery, piercings, nail varnish/gel nails, false lashes, false teeth and clip-in hair extensions.
- Arrive on the Antenatal Ward at 6:30am with one birth partner or support person.
- Bring your maternity notes with you.

## What to bring into hospital

Pack a small bag with essentials:

For you:

- Dressing gown and slippers
- Nightdress
- Maternity pads
- Non-fizzy energy drink
- Toiletries (including Octenisan)
- Towel
- Any regular medication

For baby:

- Vests and babygrows
- Hat and cardigan
- Nappies
- Cotton wool / pads or water wipes
- Expressed colostrum
- Premade formula if using formula milk

Please leave larger bags and the car seat in your car unless you are staying in hospital the night before your procedure.

Avoid bringing valuables as we cannot safely store them.

## Arriving at hospital

On the ward, staff will check you and your baby are well. Your vital signs and blood pressure will be taken and you will change into a theatre gown and compression stockings designed to increase blood flow in your lower legs. You will also be offered a dressing gown and slippers.

If your birth partner is going to accompany you to the operating theatre, they will also change into surgical clothing.

You will meet the anaesthetic and obstetric teams before walking to theatre with a staff member.

There may be several planned caesareans that day. The order is based on clinical need, so waiting times can vary. We will give you regular updates – please let your care team know if you feel anxious or unwell while you are waiting.

## In theatre

You may be surprised at how many people are in the operating theatre. You will be cared for by a team including midwives, an anaesthetist, two obstetricians, theatre nurses and assistants. There may also be a Paediatrician on-hand to check your baby after birth and students may be present with your permission.

The anaesthetist will place a plastic tube (cannula) in your hand or arm so you can receive fluids via a drip. This will help keep your blood pressure stable.

Most people have a spinal anaesthetic (pain relief). The anaesthetist will ask you to sit down or lie on your side and will inject the anaesthetic by placing a thin needle into your back. The anaesthetist will check the spinal anaesthetic is working effectively before the operation begins.

A midwife will insert a tube called a catheter into your bladder.

A screen will be placed by your chest so you cannot see the operation.

When the spinal anaesthetic starts to work, you will feel numb from the chest down but you will be awake. During the caesarean, you may feel pressure or movement in your stomach but not pain.

## **Giving your baby the best start**

Where possible, your baby's cord will be clamped after one minute to allow extra blood flow from the placenta. This will help reduce the risk of your baby having low iron (anaemia) in the first few months after birth.

After birth, we encourage you to have skin-to-skin contact with your baby. This helps your baby stay warm, settles their breathing and heartbeat, supports feeding and boosts their immune system by transferring "good" bacteria.



You can offer your baby a first feed of breastmilk or colostrum, even if you plan to formula feed later. Expressed breastmilk will help your baby adapt to life outside your womb and helps their immune system.

Your midwife will be nearby during this time and will assess and weigh your baby and give vitamin K if you have chosen this. They will also place name labels on your baby's ankles.

Skin-to-skin can continue in the recovery area once you are transferred onto a bed. Your birth partner or support person can also hold your baby while staff settle you.

## **If your baby goes to the Neonatal Unit (NNU)**

If your baby needs extra support, they may go to NNU. Assessment can take up to an hour.

We know this can be a worrying time for you. We encourage your birth partner or support person to take photos or short videos of your baby during this time to support bonding and milk supply.

## **Recovering after surgery**

You will be encouraged to drink water and gradually introduce a normal diet.

To reduce the risk of blood clots and chest infection, please do deep breathing and ankle exercises every hour.

Once the spinal anaesthetic has worn off (usually 6–8 hours), we will help you stand and walk. You will receive ongoing pain relief and anti-sickness medication if needed.

The catheter (tube) will be removed from your bladder as soon as you are safely mobile.

## **Going home**

Most people are well enough to go home the day after their caesarean. We will make a discharge plan with you when you feel ready and:

- You can walk around on your own
- You are eating and drinking normally
- Your pain is manageable with simple over the counter painkillers such as Ibuprofen and Paracetamol, if you can take these.
- You have passed urine (had a wee) twice after the catheter (tube) is removed from your bladder
- Your baby has had their newborn examination
- You have your medication and postnatal notes

Please plan ahead with your friends and family. You will need someone to take you home and you will need a car seat for your baby.

## **Blood loss**

Vaginal bleeding is normal after a caesarean birth and may continue for several weeks. Your midwife will check your bleeding and monitor how your uterus (womb) is returning back to its normal size.

## **Wound care**

Your dressing is shower-proof. You can shower the day after surgery but avoid soaking the dressing.

The dressing will usually be removed after 48 hours. After this, gently let water run over the area while in the shower - do not rub or use soap, gels or lotions on the wound.

Use the hospital-provided shower gel (Octenisan) elsewhere on your body for the first few days.

Contact your GP, community midwife or Maternity Triage if you notice:

- redness, soreness, heat or increasing pain around your wound
- a green or yellow discharge (pus)
- feeling unwell or feverish or you have a temperature

## **What wounds can look like**

Wounds can vary. You may have:

- A suture (stitch) with beads at the ends – this will be removed by your midwife around day five after your baby is born
- Dissolvable stitches – these cannot be seen and will melt away on their own
- Staples – these will be removed by your midwife between days five and seven after the birth

Bruising or swelling can also be normal.

## **What can help recovery?**

- Rest often and take gentle walks to help with healing.
- Eat a healthy diet with fruit, vegetables, protein and fibre and drink plenty of fluids
- Support your wound when coughing or laughing
- Avoid lifting anything heavier than your baby for the first two weeks
- Wash your hands regularly with soap and water, especially before touching your wound and after changing your baby's nappy
- Do not drive for around six weeks (check your insurance)
- Follow advice from your obstetrician (doctor) and midwife about blood clot prevention such as wearing compression stockings (TEDS) for the first few weeks after birth and / or taking blood thinning injections if these are offered to you

## **Constipation**

It is quite common to feel constipated following your birth. This is due to hormones, pain medication, iron tablets and the change in your normal diet and activity.

There are a few ways you can prevent this from happening:

- Drink plenty of water
- Eat lots of whole grains, fruit, vegetables, beans and lentils

- Gentle walking regularly throughout the day
- Sitting forwards with feet propped on a stool when going to the toilet
- Letting your Midwife or Doctor know if you are feeling constipated
- Regularly taking any prescribed medication to help you open your bowels

## Follow-up care

A community midwife will visit you the day after you go home and arrange further visits.

Make an appointment to see your GP for a postnatal check at six to eight weeks after your caesarean birth.

## Getting back to normal

Healing can take between six weeks to three months. Only do light activities until you feel well; you may not be able to exercise, carry or push items until your wound is completely healed.

Check with your insurer before driving, as many require no driving for six weeks.



## Contraception

You can become pregnant again as soon as 21 days after birth. However, internal stitches take around six weeks to heal, so we advise waiting at least that long before resuming sex.

You can start implants, injections and the mini-pill before your baby is 21 days old.

Coils (IUD) and Mirena (IUS) can be inserted at the time of your caesarean or from four weeks after birth.

Speak to your GP about when to start taking combined contraception (pill/patch/ring).

## Future pregnancies

After a caesarean birth, it's generally advised to wait 12–24 months before becoming pregnant again. This can reduce the risk of complications, such as a tear in the uterus (womb) called a uterine rupture.

In future pregnancies you will be offered consultant-led care with an obstetric doctor alongside your usual midwife care.

Most people go on to have healthy pregnancies and births after a caesarean.

## Risks and complications of a caesarean birth:

### Infection

There is a risk of developing infection after a caesarean birth. To reduce this risk:

- You will be given antibiotics before the operation
- We may remove pubic hair around the bikini line
- You should wear suitable clothing before and after the operation to keep warm

## Injury to internal organs

Rarely, organs such as the bladder or bowel may be injured (around 1 in 1000 people). If this does happen, this will be repaired straight away.

## Blood loss

The average blood loss during a caesarean birth is 750–1000ml. Some people may need iron tablets, an iron infusion or a blood transfusion to reduce the risk of developing anaemia (low iron levels).

## Blood clots - deep vein thrombosis (DVT) or pulmonary embolism (PE)

You may be given a 10-day or six-week course of blood-thinning injections to reduce the risk of a blood clot forming in your lower leg or pelvis.

You will also be given compression stockings to wear day and night for two weeks after the operation.

## Breathing difficulties in babies

About six in 100 babies need support with breathing after a caesarean birth. These babies will be admitted to the neonatal unit for extra care.

Skin-to-skin contact, keeping your baby warm and feeding soon after birth help to reduce this risk. Waiting until 39 weeks of pregnancy to give birth also lowers the risk.

## **Future pregnancy risks**

Placenta-related problems are more likely after a caesarean birth.

- Sometimes the placenta can grow into the caesarean scar on the womb (called placenta accreta or percreta). This is uncommon – around 100 in 100,000 pregnancies but it can make the placenta difficult to remove.
- The placenta can also sometimes grow lower in the womb (placenta praevia), which may cover or reach the cervix. The risk increases with each caesarean:
  - 0.5 in 1,000 with no previous caesarean
  - 10 in 1,000 after one caesarean
  - 28 in 1,000 after three caesareans
- This can cause bleeding later in pregnancy or during labour and in some cases may mean extra treatment, such as a hysterectomy.

Scar problems: in rare cases, the old scar on the womb can open during pregnancy or labour. This is called a uterine rupture and happens in about 200 in 100,000 pregnancies.

Fertility: having a caesarean can sometimes make it harder to conceive again, but this isn't the case for most people who go on to have future pregnancies without difficulty.

Stillbirth risk: the risk of stillbirth in a future pregnancy is slightly higher after a caesarean – about four in 1,000 births, compared to two in 1,000 for those who have only had vaginal births before. Even with this increase, the overall risk is still low.

## **Long-term effects on babies**

Recent studies show that babies born by caesarean are slightly more likely to develop asthma or childhood obesity. The reasons for this are not yet fully understood.

## Further information

Choosing to have a Caesarean section – Royal College of Obstetricians and Gynaecologists:

<https://www.rcog.org.uk/for-the-public/browse-our-patient-information/considering-a-caesarean-birth/>

The information on anaesthetics has been adapted from that written by the Information for Mothers Subcommittee of the Obstetric Anaesthetists Association. More information is accessible through the Obstetric Anaesthetists Association on [www.oaa-anaes.ac.uk](http://www.oaa-anaes.ac.uk) (look for the 'Information for expectant parents and midwives' link at the bottom of the page).

The information on enhanced recovery is based on an NHS improvement document:

<https://pubmed.ncbi.nlm.nih.gov/28836932/>

Long-term risks and benefits associated with Caesarean delivery for mother, baby, and subsequent pregnancies: <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002494#sec010>

## Your Feedback

We want your visit to be as comfortable as possible - talk to the person in charge if you have any concerns. If the ward/department staff are unable to resolve it, then ask for our Patient Advice and Liaison (PALS) information. Please be assured that raising a concern will not impact on your care.

**Before leaving please complete a Friends and Family Test feedback card.**

Help us transform NHS services and to support patient choice.

## OUR VALUES

### **Collaboration**

We work positively with others to achieve shared aims

### **Accountability**

We act with professionalism and integrity, delivering what we commit to, embedding learning when things do not go to plan

### **Respect**

We are anti-discriminatory, treating people fairly and creating a sense of belonging and pride

### **Empowerment**

We speak out when things don't feel right, we are innovative and make changes to support continuous improvement

### **Support**

We are compassionate, listen attentively and are kind to ourselves and each other



The hospital can arrange for an interpreter or person to sign to assist you in communicating effectively with staff during your stay. Please let us know.

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