

Fact Sheet

Having a baby by Caesarean section

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General

In Australia, about one-third of babies are born by caesarean. Some of these are **planned** 'elective' caesareans where you come from home straight to the operating theatre (occasionally you are already a patient in the antenatal ward). Others occur during labour. These are known as '**emergency**' caesareans even though thankfully, most of the time there isn't actually a real emergency, just the baby becoming a bit stressed by the contractions or the labour not moving well towards birth.

Planned Caesarean

Attending the pre-admission visit

If your baby is to be born by planned caesarean section, you will be given an appointment to come for a special visit some days before your operation. At this visit, you will see an anaesthetist and a midwife and begin preparations for your admission.

You will also be able to ask questions about the operation and your care in hospital and you will be given instructions about when to stop eating and drinking in preparation for the operation.

For a planned caesarean, you will be admitted to the hospital on the day of your operation, usually to the Operating Theatre Day Only Ward.

Put the details of your planned admission here:

Day: _____ Date: _____

Time: _____

Nothing to eat from: _____

Can drink water until: _____

Planned Caesarean: Coming in to hospital

You will usually come into hospital a few hours before your operation (we will confirm the time the night before). Once you are admitted to the Surgery Day Only Ward, you will fill out some paperwork, change into a hospital gown and have your temperature, pulse and blood pressure checked. You may also be given a medication to reduce the acid in your stomach and make the anaesthetic safer.

However, if you have already been admitted to hospital before this time because of health concerns involving your baby or yourself, the team on the ward will organise all of this for you.

PLEASE NOTE

There is not much space in the Day Only Ward, so we ask that you only have your partner or one support person with you while you wait for your caesarean.

Anaesthetic for a planned Caesarean

In the operating room, before your surgery, you will have an intravenous drip put into your arm if you don't already have one.

Your choice of anaesthetic is either local or general:

- Local anaesthetic is inserted into your lower back to numb the pain of surgery so you can be awake. This is the most common anaesthetic and usually the safest. There are 2 slightly different techniques called spinal or epidural and your anaesthetist will decide which is better in your situation. With this option, one person (your partner or support person) is allowed to go into the operating theatre with you.

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- General anaesthetic is where you are put into a deep sleep for the duration of the procedure. This is less common for a caesarean but is sometimes the better option. For safety reasons, this option does not allow a partner or support person to be in the operating room with you.

Anaesthetic for an emergency Caesarean

An emergency caesarean is usually carried out because your labour is not progressing well or your baby is becoming distressed. You may already have an epidural in place which can often be used for the caesarean. If you don't have an epidural, the choice of anaesthetic is the same as a planned caesarean – a spinal or epidural, or else a general anaesthetic. Your obstetrician and anaesthetist will decide which is best in your situation.

The birth of your baby

Once everything is ready, the obstetrician will start the operation. If you are awake, you may feel some mild pressure as your baby is lifted out of your uterus.

Your baby will be dried off and usually brought to you. Occasionally some babies are a bit sleepy or need a bit of help getting used to breathing in air. This may delay contact with you for a few minutes.

During this time, the obstetrician delivers the placenta and finishes the surgery which usually takes longer than the actual birth. The whole operation generally lasts 30 – 60 minutes.

- With a planned caesarean, we are mostly able to keep you and your baby together during the remainder of the operation and when you go to the theatre recovery room after the surgery. This allows your baby to have skin to skin contact with you and hopefully to have the first breast feed soon after birth.
- With an emergency caesarean however, and especially after hours, we may not have the extra staff needed to provide this service. In this situation, your baby will usually leave with your support person and midwife while you go to the recovery room for a short while (usually 1 – 2 hours) to be watched over by the theatre nurses. Your support person will then wait for you with your baby in the postnatal ward and we will get you to the ward as soon as possible to join them.

After the birth, your baby will be weighed, measured and examined by the midwife in the Birth Unit, recovery room or postnatal ward. The vitamin K and hepatitis B injections will also generally be given to your baby at this time.

Caring for your baby

Even though you have had surgery, unless your baby is in the newborn care unit (neonatal intensive care or special care), she/he will stay by your bedside so you can get to know each other. This is an important time.

Even if this is not your first baby, you will not be able to care for your baby alone in the beginning and will need help from our staff and your own family. Our highly trained postnatal midwives will assist you to attach your baby to your breast and help you with nappy changing, bathing and settling your baby.

It is also a good idea for your partner or support person to be actively involved in the care of your baby – good for them, your baby and you!

By the second or third day you will be feeling stronger and more confident and will need less help in looking after your baby.

If your baby is in the newborn care unit, our nursery and maternity postnatal staff will help you breastfeed or express milk for your baby, and also assist you to provide care to your baby.

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The first 24 hours

After any major surgery, the first 24 hours is an important time when we watch you very closely and make sure everything is going well.

- You will have a drip so we can give fluids and medications; it is usually removed the next day.
- You will have a catheter to drain urine which is usually removed after 12 – 24 hours when you should be able to pass urine normally.
- You will receive receive oxygen via an oxygen mask or nasal prongs for up to 24 hours.
- We will check your menstrual pads and the size of your uterus regularly to watch for bleeding.
- We will regularly check your wellbeing, including blood pressure, pulse, and temperature.
- If you feel sick on the stomach or have vomiting, we will give you some medication to fix it.
- We will usually give you a daily injection to reduce the risk of clots forming that can block blood vessels in your legs and pelvis.

Once any medication from your caesarean has worn off and you have full sensation and movement in your legs, we will generally help you get up and walk around a little bit; over the next few days we will encourage you to move around as much as you can. This is perfectly safe and is in fact much better for you than lying in bed. It helps you get back to normal more quickly and also reduces the chance of clots blocking important blood vessels; it also helps prevent problems such as constipation.

After the first 24 hours, you will generally no longer have a catheter, drip or oxygen mask/prongs, your bleeding will be less and you will be starting to feel more like your usual self.

Managing your pain after Caesarean

Anyone having a big operation worries about being in pain after the surgery. You can be assured that we know how important this is and have a lot of experience in making you feel as comfortable as possible. We even have a dedicated Pain Team, in case you having more pain than expected.

In the time immediately after surgery, there are a variety of ways to control pain and the choices will depend on what the anaesthetist thinks will work best for you, the type of anaesthetic you have received, any health problems or allergies you may have, and also what you prefer.

- Some women may receive 'spinal' injection of morphine in theatre. This will give good pain relief for the first 24 hours with further pain medication given as needed.
- Other women may have pain medication via a drip which is run through a machine that allows you to control your own pain relief (PCA).
- Other women may receive most of their pain relief in tablet form, even on the first day, with extra pain medication injections given if needed.

After the first day, most women move onto tablets.

- These are generally a combination of anti-inflammatory medications (such as those you can buy over the counter for period pain) and paracetamol.
- We will give you pain relief tablets every few hours, even if you don't ask for them. This is because regular medication after major surgery gives the best pain control and leads to the fastest recovery.
- You must let us know if your pain is not under good control, as occasionally something stronger is needed for a day or two.

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After you go home, you will usually need to continue with pain medication for a week or so, sometimes longer (see box below).

- However, your pain should be improving every few days. If it is not, or if you are concerned about it for any reason, you should speak to your doctor, obstetrician or midwife about the need for a checkup.
- All the medications we use for your anaesthetic and pain relief are safe for breastfeeding women. If you would like further information on breastfeeding and medication, you can ring MotherSafe on 9382 6539. You can find information about the organisation here- www.mothersafe.org.au/

Pain medication at home after Caesarean

Paracetamol 500 mg, 2 tablets every 4-6 hours, no more than 8 tablets (4000 mg) in 24hrs.

Diclofenac 50mg (1 tablet) every 8 hours or Ibuprofen 400mg (2 x 200mg tablets) every 6 - 8 hours with food. These can be bought at your local supermarket or pharmacy. They work well for most women. However, they are usually not recommended for women with high blood pressure – our staff will give advice about other painkillers.

You can take diclofenac or ibuprofen at the same time as the paracetamol or you can take them at different times.

Always discuss any concerns with your midwife or doctor. They can help you find the best way to keep your pain under good control.

Caring for your Caesarean wound

Wound care is an important part of your recovery after a caesarean section.

- Usually there will be a surgical dressing covering your wound for about 2 days after your surgery. You can shower with this dressing on.
- The dressing is then removed with the wound usually left uncovered - it just needs to be kept clean and dry.
- Showering daily is important. It is quite safe to get the wound wet and to use soap over the wound as long as you wash it off completely and pat it dry with a towel or tissue afterwards.
- Some women will need to lift their tummy up a bit to make sure the wound dries well – this reduces the chance of infection. You may ask the staff for some absorbent padding if the skin fold is staying damp.
- Do not apply creams or powders directly onto the wound unless advised to do so by the doctor or midwife.
- Sometimes the obstetrician puts a drain under the wound during surgery. This is generally removed within the next 24 - 48 hours.
- We recommend you wear loose clothing and cotton underwear which comfortably stretches over the wound.

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The colour and appearance of the wound.

- Bruising of the wound occurs in almost all cases - even in uncomplicated cases, sometimes there can be quite a lot of bruising.
- It is also normal to have some mild swelling, redness and tenderness along the cut – part of this is due to the stitch 'dissolving'.
- Infection is uncommon, but can occur in about 5% of women. Things that might suggest infection (and things you should see a doctor about) include:
 - extreme soreness after the initial pain has settled
 - an area of new redness, heat and tenderness developing around or near the wound, after the first couple of days
 - discharge or oozing, generally with a bad smell (a little bit of old blood coming out mostly isn't an infection)
 - having a high temperature
 - the wound opening up quite a lot
- About 3 - 4 weeks after surgery, some women will experience new wound pain as the nerves that were cut begin to work again. This pain lasts about a week or so and then settles. If you are worried, talked to your GP or obstetrician.
- Your wound will be reasonably well healed by 6 weeks. It will remain red for a few months but over time, usually it will fade to become a white or silvery line.

Food, rest and exercise after your Caesarean

These days it is common to resume eating quite soon after a caesarean, as it is good for your recovery.

- We will offer you something to eat depending on how hungry you are. Please let us know if you have dietary preferences. In the weeks after surgery, make sure you have a good diet with lots of vegetables and other healthy food as this will help you get your strength back.
- As long as you are not feeling sick, you should try to drink 2 litres of water every day. This is good for your kidneys and also helps prevent constipation.
- Both rest and exercise are important for good recovery.
- In the early weeks, your baby will generally be awake at night requiring feeding and settling. So make sure you get as much rest during the daytime as you can.
- Holding and caring for your baby does not harm the healing process and helps you get to know your baby.
- Early activity is also important for recovery, helping you to avoid complications and reducing your pain.
 - Gentle walking, building up the distance over the weeks, is a great way to start
 - Build up activity as you feel stronger and more comfortable
 - Most people can do all the activities they did before pregnancy by 6–8 weeks after surgery
 - It's best to avoid heavy lifting for 6 weeks
 - Do not drive until you are free from pain with any sudden movement

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Your bowels after surgery

It is normal for the bowel to slow down and take a few days to return to its normal state after an operation like a caesarean. Some women have 'wind pains' as it gets back to normal.

In addition, some women have trouble with constipation (hard bowel motion or stool). This can often be prevented by:

- Drinking 2 litres of water every day
- Eating lots of vegetables, fruit and high fibre foods
- Moving around and being active as much as possible
- Avoiding painkillers containing oxycodone or codeine, if possible

Sometimes we may also give you some medication to make the bowel motion soft. This often comes in the form of a drink. It is completely safe for you and your breastfed baby.

Your bladder after surgery

Sometimes an infection in the bladder can occur. The main symptoms are burning and stinging on passing urine and passing small amounts frequently. If you have any symptoms like this, talk to your midwife, GP or obstetrician.

In addition, in the first month or so you may have some 'normal' low tummy discomfort as the bladder fills up. This is because the bladder sits directly on top of the place deep inside where the uterus was cut during the birth of your baby. As the bladder fills up, it presses on this cut. This discomfort generally goes back to normal after 6 weeks.

Debriefing after emergency Caesarean

If you have had an emergency caesarean, your obstetric team will chat to you about what happened and answer any questions you and your family may have about the procedure.

Going home

Discharge after caesarean is usually after two to three nights in hospital.

- Some women recover more quickly than others and choose to go home sooner.
- If you go home sooner, we can provide the Midwifery@Home service where a midwife will come and visit you at home to give you further support and education.

Planning your next birth

Sometimes it is possible to have a vaginal birth after a caesarean section. If you would like to consider this option, talk to your obstetric team and see if you may be suitable. To increase the chance of a successful vaginal birth, it is good to have at least 18 months between the births and to make sure you are in the normal weight range.

For other women, a planned caesarean next time may be the best option.

We welcome further feedback on this brochure as a way of continually improving our service.

Send your feedback to:

WSLHD-Get_Involved@health.nsw.gov.au