

Your Caesarean Section

INFORMATION FOR WOMEN AND THEIR FAMILIES

As part of planning for your caesarean section, you will be given information about the procedure in advance. As a general rule, your caesarean section date will be set as close to your due date as is practicable. This sheet provides additional information on what to expect in the lead up to the birth of your baby.

BEFORE YOUR CAESAREAN

Paperwork and information

The General Practitioner Obstetrician (GPO) will discuss the procedure at your 34-week antenatal appointment and ask you to sign a consent for caesarean section. You will be given pre-admission paperwork to complete in hard copy or online at this appointment. Pre-admissions will contact you regarding your caesarean date and advise when to present at hospital. They'll also advise on when you need to stop eating and drinking (fasting) prior to your surgery. You will need an anaesthetic review prior to surgery. The pre-admissions nurse will discuss this with you.

Blood tests

Your midwife will provide you with a pathology slip for a blood group and hold. The tests determine your blood group antibody status. It is important that this blood test is completed at Austin Pathology in the 48hr period prior to your caesarean date. If the tests are not completed it will likely delay your caesarean.

Fasting

You will be given a carbohydrate drink to have two hours before surgery. This drink helps with energy levels and prevents long starvation times, promoting early recovery after surgery. You can have one or two cartons to drink prior to surgery and the drink available is DEXTM.

You will be advised to fast from:

- Midnight if your caesarean is in the morning; or
- 7am if your caesarean is in the afternoon.

Note: You can eat food until six hours before surgery.

You should stop drinking everything except water or a carbohydrate drink two hours before surgery.

However, you can sip water or clear fluids until you are sent for theatre. You can sip one standard hospital glass of water or clear fluid per hour (up to approximately 200mL of water per hour).

THE DAY OF YOUR CAESAREAN

On the day of your booked caesarean your primary Midwifery Group Practice (MGP) midwife will meet you at the Acute Unit. You will be provided with a room that will remain your room for the duration of your stay following your caesarean.

Admission

Your MGP midwife will prepare you and your support person for the caesarean. The MGP midwife may need to shave above your bikini line (or if you prefer you can attend to this prior to coming in). You will be asked to remove all jewellery, make-up, hairclips and nail polish prior to surgery.

Your midwife will then listen to your baby's heartbeat. If you want to bring in expressed breast milk the midwife can place it in the freezer. Please ensure the container is labelled with the date and time it was expressed and your name.

In Theatre

Your MGP midwife will bring you through to Theatre. Your support person will be asked to wait in the waiting room while you are prepared for surgery. You will meet the anaesthetist who will insert an intravenous catheter and then administer the spinal anaesthetic.

After you are moved into Theatre a nurse will insert a urinary catheter into your bladder. This will stay in until the day after your surgery.



During your caesarean

Your support person will change into Theatre attire and be brought into the Theatre once all preparation has been completed. Your support person will stay with you for the remainder of the surgery. If anything changes the staff will discuss this with you.

After birth of your baby

Once your baby is birthed the drapes will be lowered so you can see your baby. Your baby will be passed to the MGP midwife and taken to the baby cot to be checked over by your MGP midwife and GPO. Your support person can come over to the cot and help to shorten the umbilical cord. Your MGP will encourage placing your baby directly on your chest for skin-to-skin immediately after the initial check. If you do not want skin-to-skin your support person can perform this and you will be encouraged to start skin-to-skin once you are in the recovery area.

Photos can be taken. However, we ask that you avoid photographing people's faces in the shots without their permission. No video cameras are allowed in Theatre. If taking photos on your phone please make sure it is switched to aeroplane mode and silenced. No phone calls are to be taken until you are back on the Acute Unit.

Recovery

You will spend some time in the recovery room with your support person and MGP midwife. During this time, you can enjoy some skin-to-skin time with your baby and can start to breastfeed your baby. Once you're ready for transfer you will return to your room. Your baby will stay with you throughout your hospital stay.

INITIAL POSTNATAL PERIOD ON THE WARD

On return to the unit the MGP midwife will monitor you, check your caesarean wound and blood loss. After approximately four hours your MGP midwife will hand over the care of you and your baby to the Acute Unit midwife or nurse who will continue to provide your inpatient care. The MGP midwife will attend the hospital each day of your stay for education and

support, and will complete your discharge. The MGP midwife can be contacted if you, the midwife, or nurse caring for you have any concerns, or you are needing additional support. The GPO will also come and see you throughout your hospital stay.

You will be offered water and a light meal once you have returned to the unit. Once you are able to tolerate food and fluids your intravenous fluids will be ceased. Your midwife or nurse will provide you pain relief at regular times, if your pain relief is not adequate please notify the midwife/nurse caring for you.

Your baby will room in with you throughout your stay. If you need any assistance the MGP midwife or unit midwife/nurse staff can assist you with any concerns.

We encourage your support person to stay with you throughout your hospital stay to help care for both you and your baby. Your support person will be provided with a pull-out bed in your room.

Your intravenous drip and urinary catheter will be removed the following day. The small dressing will be removed at home when your MGP midwife visits.

Length of stay

Your expected discharge is on day one following your elective caesarean section. This can alter depending on clinical need. You will be discharged by your MGP midwife in the late afternoon / evening on the day after your caesarean. The MGP midwife will come and visit you the next day.

Your MGP midwife can be phoned 24/7 with any questions or concerns and you have the option to Facetime if you need. Your MGP midwife is available to you when you are in the hospital and when you go home. If you have any immediate concerns call 000 or go directly to the closest hospital.



RETURNING HOME

Caring for your caesarean wound

- Your wound dressing will be removed at your home by a midwife after 5–7 days.
- Keep the caesarean wound clean and dry to reduce the chance of an infection.
- Always wash your hands before and after touching the wound.
- Shower twice a day and clean the wound area gently with warm water. If you have skin that folds over the area, you need to lift this up and clean underneath.
- Dry the wound area with a clean towel. If the wound is wet or moist it has a higher chance of becoming infected.

Things to look for when you return home

Sometimes women develop an infection after a caesarean. Signs of infection include:

- redness around the wound
- discharge or ooze coming from the wound that may have a bad smell
- worsening pain
- heavy bleeding from the vagina.

If you feel unwell at home it is important you go and see a doctor. If you feel it is an emergency, attend the Urgent Care Centre or the Emergency Department. Otherwise, make an appointment to see your GP.

Staying active after the birth

Being active after the birth will help you to recover. Going for short walks can help, but try not to tire yourself, or cause pain.

In the first six weeks it is important to follow these recommendations.

- Do not lift anything heavier than your baby.
- Avoid movements that cause you discomfort (for example vacuuming or stretching up to peg washing on the clothesline).

- Do not drive until comfortable (usually 4–6 weeks), and only then, if you are not using any pain relief medication. If you have any doubts please see your GP.
- Delay having sex until you feel comfortable.
- Use contraception if you do not want to get pregnant.
- If planning another baby and wanting a vaginal birth after caesarean (VBAC), recommend delaying conception for 12 months

Food

To avoid constipation, eat foods that are high in fibre and drink plenty of water. High fibre foods include fresh fruit, dried fruit, vegetables, brown rice and brown or wholegrain bread.

Pain relief

You will be given a prescription for pain relief tablets (medications) to take at home. Take your pain relief tablets regularly and as directed. Do not wait until you are in a lot of pain. The medicine works best by preventing you becoming sore, rather than easing pain when you are very sore. The table below provides general information about common pain relief medications. If you have been prescribed medications, follow the instructions given with the prescription.

Intrathecal or spinal analgesia

This type of analgesia goes directly into an area filled with clear fluid near your spinal cord and numbs your nerves to give pain relief in certain areas of your body. Using this type of analgesia is safe and will provide you with prolonged pain relief after your caesarean and will help you to move around.

Where morphine is used, your breathing can slow down for up to 24 hours so your midwife or nurse will monitor your breathing every hour during this time. You will not be discharged until you have regained sensation and movement in your legs, and your pain is under control.



After-effects of an Anaesthetic

You may experience:

- pain or bruising at site of injections, which may be noticed for a few days after the anaesthetic; this is due to the reaction in the vein to the presence of the needle and the drugs that were injected
- itchy skin for a few hours.

WHEN TO REPORT TO YOUR MIDWIFE, DOCTOR OR THE HOSPITAL

You may develop:

- a severe headache which is not relieved by simple analgesia e.g. Panadol; in particular, let us know if your head aches when you are sitting up, but goes away when you lie down
- any new weakness/numbness in your legs
- dizziness
- any new back pain, except some local tenderness at the injection site
- fever.

ACKNOWLEDGEMENTS

Information guided by Barwon Health. Barwon Health Women's Services. (2023). Your Caesarean Section Patient information for planned caesarean section birth at University Hospital Geelong. 124548_v5.0.pdf (amazonaws.com) Retrieved from PROMPT 16/6/23.

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