An tOspidéal Náisiúnta Máithreachais
The National Maternity Hospital

Planned Caesarean Section Birth Information Guide for Women and Birth Partners



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Introduction

You have been given this booklet because you are due to give birth via planned (elective) caesarean section. This is an operation which allows your baby to be born through a surgical cut in your lower abdomen.

For most women a planned caesarean section birth takes place at, or around, **39 weeks**.

The Doctor will explain the risks and benefits of the operation and will answer any questions that you may have. Once you and your Doctor have agreed that you will have a caesarean section birth, you will then be asked to sign a consent form which will be uploaded to your healthcare record.

The information contained in this booklet is intended to act as a guide to the care you can typically expect to receive immediately before your caesarean birth, on the day of your operation and during the first few days after your baby's birth. We will work closely with you and your birth partner during this time, to help ensure a speedy recovery.

This booklet is not intended to replace specific individualised advice given by your Midwife or Doctor. If your circumstances change we may have to modify the pathway described below. Everyone is different and you will recover at your own pace.

Emergency caesarean section

While this booklet has been written for women having a planned caesarean section birth, much of the information, particularly the recovery information, will also be useful for women having an emergency caesarean section birth.

An emergency caesarean section birth is a caesarean section that has not been planned by you and your Doctor during your pregnancy. The degree of urgency can vary depending on the reason for the section. You may need to have a section immediately, or in a number of hours. The most common reasons for an emergency caesarean birth are:

- labour is not progressing
- your baby needs to be born quickly

Emergency caesarean sections are often carried out after labour has begun, but sometimes they can be done before your labour has begun because it is considered the safest delivery option for you and your baby.

If you are having an emergency caesarean section most of the same plans and preparations that take place for a planned caesarean section will still need to happen, but more quickly.

If you need a caesarean section when you are in labour and have an epidural that's working well, the Anaesthesiologist may top up your epidural to give you more pain relief or convert to a spinal anaesthetic. For more information on types of anaesthetic in the operating theatre please see section starting on page 12 in this booklet.

If you need an emergency caesarean section before labour or during labour and you don't have an epidural, the Anaesthesiologist will discuss your anaesthetic options with you. You may have the option of a regional anaesthetic if there is time for it to be administered and to take effect. If your baby needs to be born very quickly, you may need to have a general anaesthetic and will be asleep for your operation.

Your recovery may be a little slower if you have been unwell before your operation, for example if you had pre-eclampsia, uncontrolled diabetes, vaginal bleeding or a condition/illness that made you feel sick. If you have gone through labour before your emergency caesarean section, you will feel considerably more tired and weaker than a woman who has had a vaginal delivery or elective caesarean section, so be extra kind to yourself.

Enhanced Recovery After Caesarean Section Birth (ERAC)

At The National Maternity Hospital we run an Enhanced Recovery after Caesarean Section Birth (ERAC) Programme for women who have a planned caesarean section birth.

The ERAC Programme is an evidence-based approach which aims to help you prepare mentally and physically for your surgery. It aims to optimise your experience, and facilitate your recovery after your operation so that you return to your normal level of functioning as soon as possible.

Principles of the ERAC Programme such as making sure you are not dehydrated when you arrive in theatre, using certain anaesthetic techniques for your procedure, and encouraging you to get up and walk around as early as you feel able, will all contribute to you feeling less pain after your operation and help you to get home sooner. Following ERAC principles has been shown to have a positive impact on the outcomes of newborn babies too.

Please talk to your Midwife or Obstetrician if you have any questions about the ERAC Programme, we are always happy to answer any questions you might have.



Before your Caesarean Section



Preparation class for your planned (elective) caesarean section

If you know early in pregnancy that you are giving birth by planned caesarean section (some women find out later in pregnancy), we recommend you and your birth partner attend our antenatal class on 'Preparation for Planned (elective) Caesarean Section'.

The NMH E-Learning Hub has information for women who are having a caesarean section which you might find helpful.



Breastfeeding and antenatal colostrum harvesting

If you have chosen to breastfeed we advise (following discussion with your Doctor) that you begin to express colostrum after 37 weeks. See this Antenatal Colostrum Harvesting Leaflet and visit our website for information on our weekly Colostrum Harvesting Information Session.

You can also find information about our antenatal breastfeeding class 'Preparing to Breastfeed' on the classes section of our website.



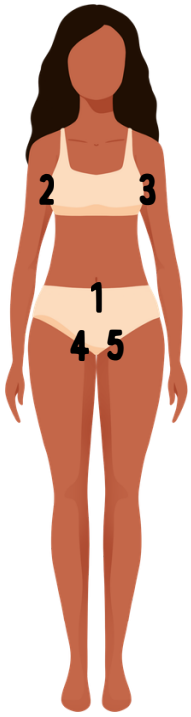
Your antenatal visit at approximately 38 weeks

At your antenatal visit towards the end of your pregnancy - usually around 38 weeks, you will be offered a blood test called a full blood count (FBC) to check your iron levels.

You will also be given infection prevention washcloths and instructions on how to use them.

If you have certain medical conditions your Doctor will have arranged for you to attend for an anaesthetic assessment. You will receive this appointment letter in the post.

Two days before your planned c-section



You should begin using your infection prevention wash cloths 2 days before your operation. The washcloths are to be used over 2 nights. 5 cloths should be used 2 nights before your surgery (after you have showered and dried yourself) and the remaining 5 cloths should be used the night before your surgery (after you have showered and dried yourself).

Use one washcloth on each of the following areas, thoroughly cleansing each area in back and forth motions:
1. below belly button (surgery line)
2. right armpit
3. left armpit
4. right groin and
5. left groin

Do not rinse off the areas after using the cloths. Dispose of cloths in household waste, do not flush. You are advised to have a shower again on the morning of your operation.

Nail varnish, false nails, and shellac nails should be removed before coming to the hospital as they may interfere with monitoring of your pulse during the operation. We ask that you do not wear false tan or make-up on the morning of your admission. All jewellery and piercings should be removed prior to your admission. Please do not bring jewellery or valuables to the hospital.

Routine hair removal at the incision (operation) site is not needed before your operation and most importantly this should not be done in the 7 days before your caesarean section birth to reduce the risk of wound infection. On the day of your operation you will be asked for verbal consent to clip any hair on the surgical site if needed when you are in the operating theatre.

If you experience pain, bleeding, contractions, or your waters break prior to the date of your caesarean section birth, you should come to the hospital.

Eating and drinking before your operation

The table below outlines when you can and can't eat before your operation, and when to take your medication.

If your operation is scheduled to take place in the afternoon you will be given specific instructions on eating, drinking and when to take your pre-operative medications and any regular medications you may be taking by your Doctor.

- The day before your caesarean section birth eat and drink as normal.
- Take your omeprazole 20mg tablet at 10pm. Omeprazole reduces the amount of acid your stomach makes. This can be purchased over the counter from any pharmacy.
- At 6am take your second omeprazole 20mg tablet. You can take it with water.



Morning Caesarean Birth Fasting Instruction

- You should fast from food from 2am
- You are allowed black coffee or tea up to 6am
- You should 'carb load' with 400 ml of pulp free **clear** (not cloudy) apple juice at 6 am
- You are allowed sips of water or **clear** apple juice up to your C-section
- Continue taking your regular medication as usual, unless instructed otherwise



Afternoon Caesarean Birth Fasting Instruction

- You are allowed a light breakfast at 6am
- You are allowed black coffee or tea up to 10am
- You should 'carb load' with 400 ml of pulp free **clear** (not cloudy) apple juice at 10 am
- You are allowed sips of water or **clear** apple juice up to your C-section
- Continue taking your regular medication as usual, unless instructed otherwise

Diabetes or other complications of pregnancy

If you have been diagnosed with diabetes or other complications of pregnancy, some of the advice in this booklet may not apply to you.

Follow the advice that has been given to you by your doctors and midwives.





On the Day of Your Planned Caesarean Section Birth

You will usually be asked to attend the hospital at 7.30am on the morning of your operation. If your operation is scheduled to take place in the afternoon you will be advised to arrive at a later time by your Doctor.

On the day of your operation you should check in at our admissions office on the ground floor of The National Maternity Hospital (entrance via Holles Street) where your details will be registered on the hospital administration system and an identification armband will be placed on your wrist.

You will either be admitted directly to your bed on the Postnatal Ward, or alternatively to the Antenatal Day Ward or Theatre Day Ward, where a Midwife will prepare you for your caesarean section birth.



Your pre-operative care on the ward

- When you arrive on the ward your Midwife will confirm your details with you. If you have an allergy, you will be given an allergy wrist band to highlight the allergy.

- Your Midwife will assess your wellbeing by checking your blood pressure, pulse, temperature and urine sample, as well as checking your baby's heartbeat and position. You will have blood samples taken to check your iron levels and blood group if these have not already been done.

- You will be given a hospital gown to wear and your legs will be measured for anti-embolism stockings and you will be given stockings to put on. These help prevent blood clots (known as deep vein thrombosis or DVT) from forming in your legs.

- An Anaesthesiologist will see you and discuss the anaesthetic that will be used during your operation (see next section for details on anaesthetic). The anaesthetic will be given when you go to theatre.

- The Midwife will check that you have signed the consent form for the operation. If not a Doctor will see you to explain your operation, answer any questions you may have and get your written consent.

- The Midwife will commence a theatre checklist. This records the answers to routine questions about your preparation for theatre. These questions will be asked of you again on transfer to the operating theatre.

- Just before you leave the ward, you will be given a liquid medication (sodium citrate) in preparation for the anaesthetic. This neutralizes excess stomach acid.

- When it is time for your operation, you will walk from the ward to the theatre with your Midwife and nominated birth partner.

Unfortunately, it is not possible to give you an exact time for your operation due to the unpredictable level of activity in the Labour and Birthing Unit. Occasionally your caesarean section birth may need to be postponed due to emergency activity.

It is okay for you/your partner to use your phones in the theatre to take pictures of your baby, but we request that you do not to take videos while in the theatre. Please do not take photos of hospital staff without first asking permission.



Your Care in Our Operating Theatre

- You and your nominated birth partner will walk to theatre accompanied by your Midwife. You will be brought to one of our theatre reception areas.

- You will be met by a member of our theatre nursing/midwifery staff who will check you in to theatre.

- They will confirm your medical, surgical, pregnancy and medication history and consent for your operation.

- You will be accompanied by your Midwife/Nurse into theatre, while your birth partner will be shown to the change area to put on a hospital gown over their clothes, theatre cap and mask and shoe covers (theatre clothes). Preparation for your operation will take about 20 minutes- sometimes it can take a little longer. Your birth partner will wait in the theatre waiting area while the preparation takes place. A Nurse and an Anaesthesiologist will be with you during this time.

- You will be assisted onto the theatre bed. You will be tilted slightly to your left on the theatre bed, this is to help prevent your blood pressure from dropping.

- Once in theatre a drip or intravenous (IV) cannula (a thin plastic tube) will be placed in your arm/hand. You will be given fluids and antibiotics through this drip.

- Once the drip is in place, your arm may be by your side, or it may need to be supported on an arm rest to assist the fluids to flow into your vein. Your other arm will have a blood pressure cuff on it. This arm may be by your side or supported on an armrest to get more accurate readings of your blood pressure. Skin-to-skin will still be facilitated even if both your arms are on armrests.

- A member of the theatre team will attach some routine monitoring devices to your arm, finger and chest to check your blood pressure, heart rate and rhythm - these devices do not hurt. Theatre staff will listen to your baby's heartbeat.



The anaesthetic (pain relief) for your caesarean section birth

The most commonly used anaesthetic for a caesarean section is a regional anaesthetic. This is often called a 'spinal anaesthetic' and means you will be awake for the birth. In some circumstances however, women may be offered a general anaesthetic and will therefore be asleep. This happens if a regional anaesthetic is not suitable (due to blood clotting disorders or abnormalities of the back/spine for example) or occasionally, if you experience pain during the surgery. Please see this list of side effects and risks of spinal anaesthetics.

There are three types of regional anaesthesia:

1.eSpinal Anaesthetic

This is the most commonly used anaesthetic for a caesarean section birth. With this method you will be awake for the birth*. A spinal anaesthetic involves an injection of local anaesthetic and strong painkillers into your back using a very fine needle. The medicine goes into the fluid around your spine that contains your nerves which normally gives sensation to your tummy and legs.

It may be used for planned or for emergency caesarean section births.

2. Epidural

There are occasions where if a spinal anaesthetic is not suitable an epidural is used. With this method you will be awake for the birth*. A thin plastic tube, or catheter, is put next to the nerves in your backbone and local anaesthetic and pain killers to numb the nerves can be fed through the tube when needed. You would need a larger dose of local anaesthetic with an epidural and it takes longer to work.

3. Combined Spinal-Epidural (CSE)

This is a combination of the two. The spinal will make you numb quickly for the caesarean section. The epidural can then be used to give more anaesthetic if needed.

*With all regional techniques (1-3 above) there is a 2% chance women will experience pain during the surgery. About half of these women will request a general anaesthetic in this instance.

What to expect if you are having spinal (regional) anaesthesia

- Once in the operating theatre, you will be asked to either sit, slouching over a pillow or lie on your side, curling your back - the theatre Nurse will help with getting you into the correct position.

- The Anaesthesiologist will clean the skin on your back with an antiseptic solution.

- The Anaesthesiologist will inject local anaesthetic into the skin of your lower back to numb your skin.

- From this point onwards, you should just feel pressure or pushing on your back.

- When the anaesthetic medication is being injected, you may feel a tingling sensation going down one leg. This is not unusual, but you should tell the Anaesthesiologist if this happens.

- The procedure will take a few minutes but if it is difficult to find the right position for the needle, it may take longer.

- Your bum and legs will begin to feel warm and heavy or may start to tingle.

- You may experience shivering or shaking during or after your operation. This is common.

- Sometimes your blood pressure can fall after recieving a spinal anaesthetic. This may make you feel nauseous or sick. Please mention this to the Anaesthesiologist as it can be treated very easily with medication.

- After approximately 5 minutes, the Anaesthesiologist will check that the anaesthetic is working correctly before the operation starts. One of the ways they do this is by checking your ability to feel cold sensation over your legs and tummy with a cold spray.



What to expect if you are having spinal (regional) anaesthesia (continued)

- Once you are comfortable and the anaesthetic is working, a catheter (soft silicone tube) is placed in your bladder to drain urine and a Midwife will listen to your baby's heartbeat. A protection screen will be placed on top of your abdomen so that you and your birth partner do not see the surgery.

- As the operation is starting, your birth partner will be brought into the theatre and given a seat next to you.

- It takes **approximately ten minutes for your baby to be born** once the operation starts. Occasionally this can be longer, in particular if you have had a previous caesarean section birth or other surgery in this area.

- The Anaesthesiologist will stay with you during the operation. You will be aware of sensations such as tugging, and some pressure, if this is painful tell the Anaesthesiologist who will be by your side. They can give you more pain relief, which can include a general anaesthetic if required.



General anaesthetic

While most women would prefer to have their surgery under spinal anaesthetic, in some circumstances it may be more appropriate to perform the surgery under a general anaesthesia. In this instance you would be asleep.

General anaesthesia is also used for some emergencies or if you'd prefer to be asleep.

If you prefer to be asleep during your operation this will usually be discussed with your Anaesthesiologist before hand.

If your operation is carried out under general anaesthesia your birth partner will not be in the room for delivery. The theatre staff will show them where to wait.



When your baby has been born

Once your baby has been born, if it is appropriate, your obstetrician will wait for up to 30-60 seconds before clamping and cutting your baby's umbilical cord. This process of deferred cord clamping allows blood to flow from your placenta (afterbirth) to your baby. This stabilises your baby's blood pressure and increases your baby's iron levels, both of which help your baby to adapt to life outside of your uterus (womb). Please note, as every caesarean section is a sterile procedure, the obstetrician will cut the umbilical cord for safety and infection control reasons.

Once an initial assessment of your baby's wellbeing has been completed and you are feeling well, you will have the opportunity to hold and cuddle them in the theatre, providing them with skin-to-skin contact. If you have received a general anaesthetic, or are feeling unwell, skin-to-skin contact will begin once you are alert, responsive and/or feeling well. In the meantime, your birth partner will be assisted with skin-to-skin contact if they wish.

Skin-to-skin contact has been shown to offer benefits including helping to regulate baby's temperature, heart rate and breathing, and to help support breastfeeding.

Sometimes skin-to-skin will be delayed. The most common reasons are:

Mother	Baby
• nausea/vomiting • bleeding • general weakness or tiredness • low temperature • General anaesthetic	• need for oxygen, suctioning and observations • requires admission to the NICU • low temperature



Your baby will be examined following birth by the Neonatal (baby) Doctor or by the Midwife.

The Midwife will put two identification bracelets and security tag on the baby and, with your consent, will give the baby an injection of vitamin K. If your baby is born between September and February you will be offered RSV immunisation for your baby.

After the birth, you will be given a drug called oxytocin in your cannula to help your afterbirth (placenta) to separate from your womb. Once separated, the Doctor will remove the afterbirth and close your wound.

Once the afterbirth is removed, it can take about another 30-40 minutes or more to close the wound and complete your operation. When the surgery is about to finish, your birth partner will be accompanied to the theatre waiting area or the Recovery Room with your baby.



Your care in our recovery room

You will be brought to the Recovery Room on a patient transport trolley, to join your baby and birth partner. Once in the recovery room you will be closely monitored. You will be able to have skin-to-skin contact with your baby and you will be assisted with breastfeeding if you choose to do so.

Early suckling on the breast provides colostrum to nourish your baby and it also helps develop your baby's immune system. Early feeding (or early hand expressing where feeding is not possible) within the first hour, if you feel well enough, has been proven to enhance milk supply. If you have expressed colostrum during pregnancy you or your birth partner may wish to give this to your baby. Your Midwife can assist you with this.

If you are bottlefeeding your baby your Midwife will assist you or your partner to give baby their first bottle feed.

After approximately 40 minutes, and once we are happy that you are well and our checks show that the feeling is returning to your legs, you will be transferred to the postnatal ward.



Before leaving the recovery room a member of staff will put a yellow paper bracelet on your wrist with a time written on it. The bracelet will indicate a specific time to lift your legs off the bed, one at a time (usually four hours from when you leave the recovery room). Your legs may still be heavy to lift which is usually normal, but if you are unable to lift one or both legs at that specified time you should inform your Midwife on the ward. Your Midwife will remind you to do this.



Pain relief after your operation

You may be given a suppository (medication into the back passage) at the end of your operation to help relieve pain when the anaesthetic wears off.

If you have had a spinal (regional) anaesthetic the medicines you received in your spinal anaesthetic will last for approximately 4 to 6 hours.

The Anaesthesiologist will prescribe regular pain relief while you are staying on the postnatal ward - usually paracetamol and a non-steroidal anti-inflammatory such as diclofenac or ibuprofen, if there are no contraindications (e.g. asthma or high blood pressure). These painkillers, when taken at regular intervals, are very good at limiting the level of pain and discomfort after surgery.

Should you still have pain despite these medications, an additional painkiller tablet is available to you on request. This is a medication called OxyNorm® (oxycodone) and is similar to morphine. It is very important to ask for oxycodone if you are starting to feel pain.

All medications routinely prescribed are suitable for women who are breastfeeding.

If you have had a general anaesthetic, the Anaesthesiologist may have given you morphine during the operation, or you may be given a morphine pump. Pain relief in the form of a suppository may also be given in theatre.



Your Recovery on the Postnatal Ward

Your care on our postnatal ward

A Midwife from your postnatal ward will accompany you and your baby as you are transferred from the recovery room to the postnatal ward on a patient transport trolley.

Your birth partner will be with you.

Please note reference to timing of activities below is approximate and intended as a guide as timings may need to change due to ward activity and your individual wellbeing.

Eating and drinking in the postnatal ward

When you are transferred to the postnatal ward you will be encouraged to drink freely. If you have had an uncomplicated surgery/recovery period, you can start eating lightly when you become hungry. If you are diabetic, you will be encouraged to eat soon after your operation to prevent hypoglycaemia. Your Midwife will guide you in this.



Aim to stay well hydrated.

Your IV fluids (drip) will be discontinued once you are eating, drinking and passing urine.

Patients who are tolerating oral fluids will have their IV cannula removed after their urinary catheter is removed and three independent measurements of urine are recorded.



Walking after your operation

You are encouraged to start to move around in the bed as your legs gradually recover from the spinal anaesthetic. Movement reduces your risk of developing a clot (DVT) by working your calf muscles.

You will be reminded by your Midwife to check the movement of your legs at the time specified on your yellow bracelet that was put on in the Recovery Room. Approximately six hours after your spinal anaesthetic, your Midwife or Health Care Assistant will assess whether or not you are ready to get out of bed. If this is at night, you will generally not get out of bed until the following morning.

You should only get out of bed for the first time when your Midwife or a Health Care Assistant is with you, in case your legs are still weak. To check if you are ready the Midwife/Health Care Assistant will get you to raise each of your legs straight up in the air while you are lying on your bed and try standing for a minute beside the bed to check for balance and if she is happy she will supervise a walk to the toilet. If she is happy with this, you will be allowed to walk on your own.

Showering

You will be encouraged to shower when you feel able. You will be accompanied by a member of staff for your first shower. Please see our wound care leaflet for information on showering with your wound at home.

Pain control

Your Midwife will offer you regular pain relief as prescribed and you are advised to take this during your hospital stay. If you are still in discomfort let your Midwife know so that they can give you additional pain relief.

All medications routinely given to you during your hospital stay are suitable for breastfeeding mothers.



Activity

Try to take short gentle walks in the postnatal ward. Aim to walk at least four times during the day.

Staying mobile and gradually increasing your exercise will help prevent blood clots from forming in your legs or lungs.

You will be given a small injection (innohep) in your abdomen for the duration of your hospital stay and asked to wear anti embolic stockings (TEDS) to further prevent this. Some women will need to wear the stockings and continue the injections following discharge. If this is the case you will be advised by the Midwife.

To help you lift your baby out of the cot, your Midwife will show you how to raise the cot height to the desired height to reduce bending or stooping.

If you need to cough, you can avoid putting pressure on your wound by wrapping your arms around a pillow placed across your chest and wound whilst you cough.

You can begin pelvic floor exercises straight away. The NMH physiotherapy caesarean section early recovery video is a useful guide.

You will also find useful advice from our physio department in this Advice and Exercise After Caesarean Section booklet.

Bleeding after your birth (Lochia)



You will bleed from your vagina similar to a period for several weeks after a caesarean section birth. This will become lighter as time passes, however the more active you are, the more likely you are to have an increase in your bleeding.

If you are breastfeeding, there can be an increase in bleeding when your milk production increases.

- Use maternity pads or sanitary pads.
- It is important to change your sanitary pads frequently.
- Do not use tampons.
- You will need to bring in your own sanitary pads as the hospital does not supply these.

Removing your urinary catheter

Your urinary catheter will be removed 6 - 24 hours after your spinal anaesthetic depending on the time on your section.

If your surgery was carried out later in the day your catheter will be removed early the next morning. It is okay for you to shower while the catheter is in place. Before removing the catheter, the Midwife will check that:

- Your observations are normal i.e. blood pressure, heart rate etc.
- Your pain and nausea are reasonably well controlled
- You are able to drink water
- You are able to walk to the toilet independently

Once the catheter is removed it is important that you manage to pass urine by yourself within 4 to 6 hours. To help with this, we advise you to drink to thirst. Keep a note of how much you have drank and communicate this to the Midwife looking after you.

Let your Midwife know if you have not passed any urine by 6 hours so you can be monitored more closely. We will measure the amount of urine you pass during your first three visits to the toilet – let the Midwife know if your bladder does not feel empty after passing urine, you cannot control urine coming out (incontinent of urine) or if the stream of urine feels irregular.

Bowels

You may not have a bowel movement on the day following your surgery even if this is your normal pattern, as you will have been fasting for surgery the previous day. You can expect to have a bowel movement within three days of surgery if you have had a regional anaesthetic, as this anaesthetic has little effect on your bowel function.

If you have a general anaesthetic, you may not have a bowel movement for four to five days. Please tell your Midwife if you are having difficulty passing stool.

Rest

Like any operation your body needs time to recover after a caesarean section. We advise you to get as much rest as possible during your stay with us. Rest when your baby sleeps. You will be in hospital for an average of 3 days. If you have attended as a public patient you may be able to go home after 48 hrs if you avail of the Early Transfer Home Service (ETH Service catchment area applies). Ask your Midwife for more information.

Wound care

Your wound needs to be cared for properly.

Wound dressings

Most women will have a standard wound dressing which is water-proof and you can shower at ease without the need to cover or remove it.

The dressing will be removed by your Midwife between 18-30 hours after surgery. When the dressing is removed, it is important to keep the wound site clean and dry. Follow our wound care advice.

Some women will have a negative pressure (vacuum type) dressing called a PICO dressing on their wound. If your wound is dressed with a PICO dressing our Midwife will explain this dressing to you. The PICO dressing will be removed after 7 days and is removed by your Public Health Nurse after discharge home. If for any reason you think the dressing needs to be removed or replaced prior to this then it should be done by your Public Health Nurse or staff at The National Maternity Hospital.

Wound closure

Your wound will generally be closed with either sutures or clips. Most stitches are dissolvable and do not need to be removed.

Occasionally and for various reasons, the Doctor may use sutures or clips that do need to be removed. The timing of their removal is often 5/6 days after your operation or according to the Doctors instructions. You will be informed if you have stitches/clips that need to be removed. These can be removed by your Public Health Nurse if you have been discharged home. The Midwife can provide you with a clip remover to give to your Public Health Nurse prior to going home.

Clothing

Wear loose comfy clothes and big cotton underwear. You may find it more comfortable to wear underwear where the waistband is much higher than the wound.

Your wound can take from 2 to 6 weeks to heal and will be examined by your Doctor or GP at the 6-week postnatal check.

Infant feeding

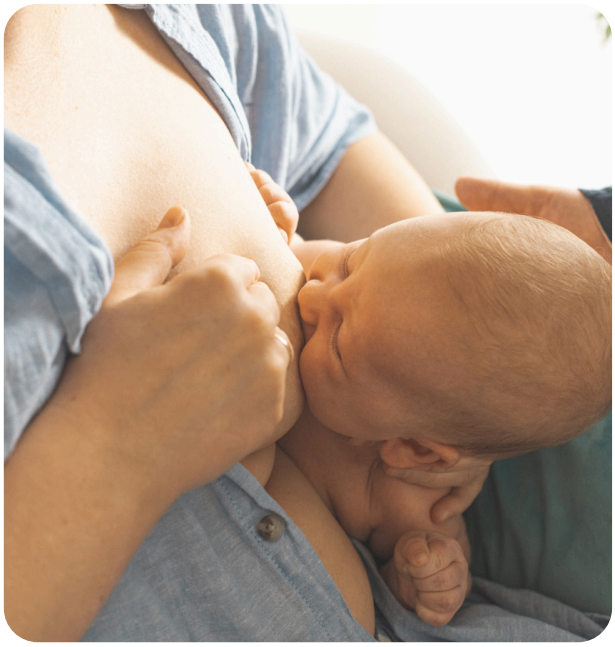
If you have chosen to breastfeed, your Midwife will assist you with finding a position to feed your baby that is comfortable for you.

Breastfeeding postions such as side-lying or football hold may be more comfortable and prevent putting pressure on the wound.

Research reports that your milk can take slightly longer to come in if you have birthed by caesarean section.

In the early days your baby should **breastfeed** at least 8 to 12 times in 24 hours. Your baby's tummy is small, so it is normal for babies to group or 'cluster' feed during some parts of the day. The most common time is in the evening. Your baby may want to breastfeed every hour, every half hour or even continuously for a while. Your Midwife will help you to recognise and respond to their feeding cues.

If you are **bottlefeeding** your Midwife will advise you on comfortable positioning of your baby while feeding. Your baby will typically bottle feed every 3-4 hours, but this can vary depending on the baby's individual needs. Your Midwife will guide you with this.





Further information on breastfeeding is available in HSE's Breastfeeding booklet here. If you are bottle feeding your baby you will find useful information on how to make up formula and equipment you will need on the HSE website. You will also find information on our Parent Education Hub section of our website.

Your Recovery at Home

Recovery from a caesarean section birth is a gradual process over a period of about six weeks. Your Public Health Nurse will visit you at home following your discharge from hospital. You will find helpful advice in the HSE My Pregnancy Book and the HSE Post Birth Wellbeing Plan.

If you are experiencing urinary incontinence and low mood 6 weeks after birth, please discuss with your GP, or contact the Hospital.

Pain relief

You are advised to take regular pain relief for at least 5 days after discharge home. An anti-inflammatory medication is often prescribed and you may take paracetamol also.

'After birth pains' (due to your uterus contracting back to normal size) may be stronger following a caesarean section birth, so take the recommended pain relief as prescribed regularly even if you are breastfeeding.

All medications given routinely during your hospital stay are suitable for breastfeeding mothers. Over the counter medication that contains codeine should not be taken if you are breastfeeding.



Wound care at home

Follow our wound care advice to care for your wound at home.

Prevention of blood clots

If you fit the criteria for higher risk of developing clots, you may be advised to continue to wear your anti embolic stockings (TEDS). These can be washed as needed and reused. If you require additional stockings, these can be purchased in most pharmacies. Your size will be marked on your stockings and it is important to buy the same size again. You may be given a prescription for further injections (innohep) to prevent clots on discharge home.

Mental health

It takes time to recover emotionally from giving birth, even if it goes smoothly.

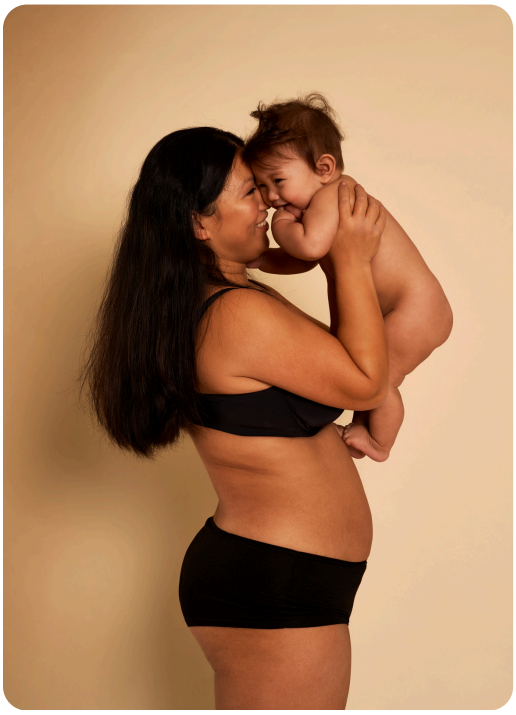
Having a caesarean section birth can cause lots of emotions that you may not feel prepared for. Talking about it can help. You might find it helpful to talk to your Midwife, Public Health Nurse, GP, friends or family about how you are feeling.

The National Maternity Hospital also have an online 'Supporting Your Postnatal Emotional Wellbeing' class facilitated by our Mental Health Midwives. This will give you information on what to expect after having a baby and some ideas on how you can navigate this emotional time.

The HSE Post Birth Wellbeing Plan also has lots of useful information around mental health.

The NMH also offers a Birth Reflections Service if you wish to explore and reflect on your birth experience in a confidential and supportive environment.





Activity

Exercise gently for the first six weeks, until your 6-week check-up.

Gradually increase your level of exercise and avoid competitive sports for three months.

The NMH physiotherapy caesarean section early recovery video is a useful guide.

For further information see The NMH physiotherapy advice and exercise after caesarean section. You will also find information on **rest, driving, lifting** and more in this booklet.

The NMH Physiotherapy Team hosts a weekly online 'Healthy Bodies After Birth' class. This class is about caring and reconnecting with your body as it recovers after birth. Topics include: bladder and bowel care, abdominal care, pelvic floor advice, returning to movement and more.



Sex

You can resume sexual intimacy at any point that feels right for you. There is no right time, however most Doctors will recommend that you wait at least 6 weeks before having sex after a C-section.

This is because 6 weeks is the average amount of time it takes for your C-section incision to heal, your uterus to return to its normal size and your cervix to fully close. This is also the time you will be attending your GP or Consultant for your six-week postpartum check-up, which is an ideal time to discuss any concerns, including about sex.

Keep in mind, it's not unusual to feel discomfort around the incision site for a while longer than six weeks. Numbness, tingling, burning, and sensitivity in the incision area are also possible.

Every healing experience is different. If you had a complication after your C-section, like infection or bleeding, or if you're not able to rest adequately, your healing might be delayed and you might have to wait longer to have sex.

Most women are afraid that after having a baby sex is going to feel painful and a lot of men are afraid they are going to hurt their partners. Hormonal changes also suppress natural lubricants, so your vagina may feel uncomfortably dry. If so, you might find it helpful to use a lubricant jelly from the pharmacy.

Be aware that your breasts may leak milk while having sex. Feeding your baby first and wearing a bra with breast pads inside can help with leakage if needed.

Every couple is different – if something feels painful or difficult then stop and take it gradually. It may be that you don't feel interested in sex after having a baby – this is quite normal, but if this continues please talk to your GP.

Contraception

You can become fertile as soon as three weeks after your baby's birth, even if your period hasn't started again. Therefore, if you are having sex, contraception should be used even within the first few weeks of having a baby. Remember that breastfeeding cannot be used as a reliable form of contraception.

You can discuss your options with your Midwife, Public Health Nurse (PHN) or GP if you are unsure.

Diet

Good nutrition can help with wound healing after surgery and help your body recover after pregnancy.

Use a sample meal plan or download the NMH Holistic App for free. You can also follow @hollestic on Instagram for updates.

Iron

A blood test (full blood count) is normally taken on the second or third day following your caesarean section birth to check your iron levels. Depending on this result, you may be advised to take iron supplements.

A repeat blood test may be taken by your GP at the 6-week check-up if required or you may be requested to attend the hospital for repeat testing at 2 weeks following birth.

Future pregnancies

If you have had a caesarean birth in the past, this does not always mean that you will need a caesarean birth for future pregnancies. Read more about birth options after a caesarean.

Talk to your Obstetrician or Midwife if you are planning another pregnancy.



When Should I Seek Medical Advice & Who Do I Contact?

It is normal to feel tender or sore following a caesarean section birth. You can contact the postnatal ward where you were cared for if you are unsure of anything or have any questions.

Holles Wing: 01 637 3103 | Fitzwilliam Wing: 01 637 3303 | Merrion Wing: 01 637 3450

Sometimes complications arise which you should seek medical advice for. Below are a list of things to look out for after discharge from the hospital. You can attend your GP or our NMH Emergency Room which is open 24/7, if you are concerned.

- **Heavy vaginal bleeding or large clots** (the size of a €2 coin or larger) coming from your vagina can be a sign of postpartum haemorrhage.
- **Smelly vaginal discharge** – this can be a sign of infection.
- **Pain in your tummy**, especially if it is severe – this can be a sign of infection.
- **A fever**, especially if your temperature is over 38°C - see **sepsis information** on next page
- Any **problems with a wound** or stitches like redness, pus or if the wound seems to be opening.
- **Headache, blurred vision or vomiting** – these can be signs of pre-eclampsia.
- **Any symptoms of postnatal depression** or any **thoughts of harming yourself or your baby**.
- **Pain** when you **pass urine**, passing urine more often or smelly urine – these can signs of a urinary tract infection.
- **Pain in your calf** or thigh associated with swelling, redness, heat- these can be signs of a blood clot (Deep Vein Thrombosis, DVT).
- **Difficulty breathing** or shortness of breath, coughing up blood stained sputum – these may be symptoms of a clot in your lung (Pulmonary Embolism, PE).
- **Pain** or redness of one or both of your **breasts.** This may be a sign of mastitis. You may also have a hard or painful lump, a hot and red wedge-shaped area of engorgement (when your breast gets too full of milk) with chills or a raised temperature. With mastitis you often feel like you have flu like symptoms.
- Any worries or if you feel something is not right.

The National Maternity Hospital's phone number is **01 637 3100**

Sepsis

Most infections are treatable but any infection can progress to sepsis. Sepsis is a life threatening complication of an infection. Most cases lead to a full recovery if it's identified and treated quickly. But without quick treatment, sepsis can lead to multiple organ failure and death.

Signs of sepsis:

- A high temperature (38 degrees Celsius or above)
- Low body temperature (below 36 degrees Celsius)
- Chills and shivering
- A fast heartbeat
- Problems with or changes to your breathing
- Feeling or acting differently from normal (confusion, disorientation, slurred speech)
- Vomiting
- A headache
- Feeling unwell

If you are very unwell or have the signs of sepsis you should attend your GP immediately or in an emergency, you should attend The NMH Emergency Room or the nearest Emergency Department.

The National Maternity Hospital's phone number is **01 637 3100**

Glossary

CSE - Combined Spinal-Epidural

C-SECTION - Caesarean Section

DVT - Deep Vein Thrombosis

ERAC - Enhanced Recovery after Caesarean Section Birth

ETH - Early Transfer Home

FBC - Full Blood Count

GP - General Practitioner

HSE - Health Service Executive

IV - Intravenous

Lochia - Bleeding after your birth

NICU - Neonatal Intensive Care Unit

NMH - The National Maternity Hospital

PE - Pulmonary Embolism

PHN - Public Health Nurse

RSV - Respiratory Syncytial Virus

TEDS - Thrombo-Embolic Deterrent Stockings

The National Maternity Hospital's phone number is **01 637 3100**

An tOspidéal Náisiúnta Máithreachais
The National Maternity Hospital

Planned Caesarean Section Birth

Information Guide for Women and Birth Partners

The information contained in this booklet is intended to act as a guide to what you can typically expect when having a planned caesarean section birth. It is not intended to replace specific individualised advice given by your Midwife or Doctor.

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www.nmh.ie | 01 637 3100