Caesarean Section (GHH)

Introduction

This booklet has been written by the doctors, midwives and patients of the Heart of England Foundation Trust, to support women in making choices for a planned or emergency caesarean section.

Caesarean Section

One in four women has their baby by caesarean section in the UK. Your baby is delivered through a cut in your tummy just above your bikini line. The operation is normally carried out after you have had a spinal anaesthetic, although there may be a need at times to have a general anaesthetic.

There are two types of caesarean section, **planned** and **emergency**. A planned caesarean section is sometimes called an **elective** caesarean section. A decision to perform an elective caesarean section is made by a senior doctor, usually during your pregnancy. It is usual to recommend that a planned caesarean section takes place at around 39- 40 weeks. Any risk of your baby having problems with breathing are lowest at this late stage in pregnancy.

Common reasons for needing an emergency caesarean section:

Slow progress in labour: Sometimes the progress of your labour slows down or may even stay at the same point, despite all efforts to help. This is the most common reason why you may need to have an emergency caesarean section and it can happen in either the 1st stage (before the neck of your cervix is 10 cm) or 2nd stage of labour (after 10 cm). The doctor will discuss the need for caesarean a section during this time.

Baby finding it difficult to cope: Your baby may become too tired and show signs of 'not coping well' during labour. So your baby may need to be born quickly and a caesarean section will be the best option.

Medical History / Conditions: Occasionally there may be a medical reason or condition that would cause the doctor to advise you to have a caesarean section.

Placenta Praevia: Occasionally the placenta (afterbirth) may be low down inside the uterus (womb) and may cover the cervix (neck of the womb); this can often cause bleeding during pregnancy.

Abruption: This is when you may have bleeding from the placenta (afterbirth). This may sometimes be visible (you will lose blood from the vagina). For the health and safety of both you and your baby a caesarean section may be needed.

Attempted forceps or instrumental delivery: The doctor may attempt to delivery your baby with forceps or Ventouse (suction placed onto the baby's head to help the baby be born). Very occasionally it may not be possible to deliver the baby in this way despite the expertise and skill of the doctor. Therefore, the only option available is a caesarean section.

Cord Prolapse: This is very rare and happens in 0.2% of birth today. This happens when the umbilical cord slips down into the birth canal and comes before the baby's head. The cord is at risk of getting cold and going into spasm, (tightens up) and this could reduce the blood supply to the baby. It is therefore vital that your baby is delivered as soon as possible and may require delivery by caesarean section.

Baby lying in position other than head first:

Breech: If the baby is found to be in the breech position (bottom first) during labour the doctor may suggest that a caesarean section should be performed. This depends on many factors and will be discussed at the time.

If your baby is not lying either head down, or bottom down, then she / he will not be able to be delivered vaginally (normally). If this is found before you go into labour your baby may be able to be turned, if it is found when you are in labour you will need an emergency caesarean section for the safety of both you and your baby.

Baby is premature: A caesarean delivery may be considered best for your baby.

Planned Caesarean Section

How am I checked before the Caesarean?

An appointment will be made for you to attend the hospital for a preoperative assessment before your operation. A midwife, obstetrician and anaesthetist will explain in detail what will happen on the day of the operation, as well as taking some blood tests. You will be given 2 ranitidine tablets to take home with you. One tablet is to be taken at 10 pm on the night before the operation and one tablet to be taken on the morning of the operation. You will go home after the assessment and return on the day of the operation, but in some cases there may be a need to stay in hospital the night before your operation.

What if I go into labour before my operation date?

If you go into labour when you are due to have an elective caesarean section you can still have the operation performed but it may not be possible to have your operation immediately you get to hospital. If there is no immediate danger to you or your baby then other more urgent cases may need to be operated on first.

Although it may seem a more predictable way to deliver your baby it is important that you weigh up the advantages and risks of this major abdominal operation.

What are the advantages of having a Caesarean Section?

- You have a planned delivery date
- There is no labour pain as long as you have not started in labour prior to the operation
- By having a caesarean as an elective case you can reduce the chance of having an emergency caesarean section once in labour
- You may have a medical condition which means that delivery by caesarean is the safest way for you. This will be discussed with you in clinic.

What are the risks of having a Caesarean Section?

A caesarean section is usually safe but there are more risks than if you have a vaginal (normal) birth. There are also more risks if you have an emergency caesarean section rather than a planned caesarean section. These may depend on whether you have a medical condition or develop complications. Listed are some of the possible risks:

- There is an increased chance that you will take longer to recover, physically and emotionally after you have had a caesarean section.
- As with any major abdominal operation you will have an increased chance of bleeding afterwards and due to this you may have an increased chance of a blood transfusion. This is usually predictable due to the placenta being low lying but can occasionally happen in other situations.
- In very rare circumstances you may bleed so much you need to have a hysterectomy. This means that your womb may be removed.
- If you have your caesarean section under general anaesthetic (GA), there are risks of complications occurring due to the general anaesthetic.
- As with any operation, there is a risk of a blood clot forming in your legs or lungs. However, this risk has fallen dramatically because we use heparin (a small injection under the skin). These injections will be given daily between 5 – 7 days following the operation. You will also be given support stockings to wear. This helps to prevent any blood clots from forming.
- Again as with any operation there is a risk of possible infection following your caesarean section. We will reduce this risk by giving you antibiotics through a drip during your operation.
- There have been isolated cases of accidental injury to babies caused by the need for the bay to be born as quickly and safely as possible. This may be small cuts to the baby.
- In any future pregnancies you may have, there may be a small risk of rupture (tear) of your uterus (womb) during your labour, but again this is very rare.
- Once you have had two caesareans then your chances of needing another one for medical reasons are increased in subsequent pregnancies. The risk of a hysterectomy increases.
- A catheter is a soft tube placed into your bladder, whilst you are in theatre, to allow urine to drain out more easily. Occasionally you may experience some difficult passing urine once your catheter has been removed. In this case, the midwives will take the advice of medical staff about how to resolve this.
- The bladder can be damaged during the procedure and the chances of this increase the more caesarean sections you have.

Possible risks to the baby include a cut to the baby's head or bottom depending on which way round your baby is lying. There is an increased risk of breathing difficulties compared to

babies born vaginally. To reduce this risk, we recommend delivery at 39 completed weeks.

- You will have a painful wound. This will be reduced by giving you painkillers.

What alternatives do I have?

An Emergency Caesarean Section is only performed when absolutely necessary to ensure the well being of both mother and baby. This is because it is a major operation which carries possible risks to both mother and baby. This will be discussed with you and your birthing partner at the time the decision is made. Further discussion regarding this decision will be available on request once your baby has been born.

If you do not want to have an emergency caesarean section you may choose to wait for your baby to be born naturally, or consider an instrumental delivery, but these will put you and your baby at risk of complications.

The Operation

- If the caesarean section is performed under a spinal or epidural anaesthetic you will be awake and will see your baby as soon as it is born and your partner will be able to be with you.

- Before the operation starts a catheter (tube) is placed into your bladder, it is important to keep your bladder empty so that it is less likely to be damaged during the operation. This is not done until you have had the anaesthetic so you won't feel anything.

- The doctor will make a low horizontal cut in the 'bikini' line. They will separate the muscles of the abdominal wall and open your uterus (womb). The doctor then delivers the baby through the cut. After the baby is delivered they will take out the placenta (afterbirth) and repair the uterus and muscles then close the skin.

- A midwife will be with you throughout the operation to look after you, your baby and partner. This is usually the midwife who has been looking after you if you have been in labour. A paediatrician is often at the delivery in case your baby needs any extra help.

- The operation is performed by one of our doctors in training or a consultant and a theatre team who are covering the operation list for the day. The time in the theatre is approximately 60 minutes in total.

- If you have a spinal or epidural block this will wear off over the following two to four hours.

Other methods of pain relief are then given. The following options are available:

- **Injection into a muscle of morphine or similar painkiller, by a midwife**. You will usually need this for the first day.

- **By mouth:** a midwife can give you tablets such as Diclofenac or paracetamol.

- **By suppository:** Diclofenac / paracetamol can also be given by suppository.

Care following Caesarean Section

The operation usually takes approximately 1 hour and afterwards you will be in the recovery room for at least 30 minutes before being transferred to the postnatal ward.

Only your partner will be allowed to stay with you in the recovery room and when you are transferred to the ward.

Following your operation you will usually be in hospital for approximately 2-3 days. You will be in bed for the first day but up and about after that. This is because it is better for your blood circulation that you are up and moving about. There are usually fewer complications if you are active. Many people feel well enough to go home after 1-2 days: this is often the case after a planned caesarean section.

Your drips and catheter may be removed within 12 – 24 hours. The midwife will check your wound daily. The stitches may be dissolvable; otherwise you will have clips or stitches, which will be removed after 5 days by the midwife, usually when you are back at home.

You will have daily blood thinning injections to reduce the risk of blood clots in your legs and lungs. These injections will continue for between 5-7 days after surgery.

It is recommended that in preparation for your return home you ensure you have a supply of simple analgesia available (for example paracetamol or ibruprofen) for you to take on your return home. This is not supplied as a discharge drug from the hospital.

Your midwife will give you advice on caring for yourself when you get discharged from hospital.

You will be able to ask any questions you may have at any time throughout your stay and discuss any concerns you may have with your midwife and doctor.

What are the possible problems following the surgery?

- A temporary problem with your bowel, called an “ileus”, this means that the bowel is a bit slow to start working again. Normally this resolves over a few days but can involve feelings of being bloated and vomiting until it improves.
- Poor wound healing may require long term wound care with dressings and antibiotics.
- You will not be able to drive for 2 to 6 weeks following the operation.

What are the long term problems?

There is no safe limit for the number of caesarean sections you can have but after four operations the likelihood of problems during surgery are substantially increased compared with the first caesarean.

Can I be sterilised at the time of Caesarean?

We can perform sterilisation at the time of the operation. There is a small failure rate of 1 in 250 women for the operation, which is the same as any sterilisation operation. The sterilisation cannot be reversed easily.

Anaesthetic

The type of anaesthetic will depend on the reasons for your operation and the anaesthetist will discuss the options with you. A spinal anaesthetic is the most commonly used method and works quickly. With this method, you can have a birth partner with you. General anaesthesia is used less often nowadays but may be needed for some emergencies or if there is a reason why normal anaesthesia is unsuitable.

How is a spinal performed?

This is performed with you in a sitting or lying position, the anaesthetist will clean your back with a cold solution. He / she will numb the skin with a small local anaesthetic injection. A fine spinal needle is put into your back and you might feel a tingling going down one leg. This feeling is normal. A local anaesthetic and a pain-relieving drug will be injected and the needle removed.

When the spinal anaesthetic is working your legs begin to feel heavy and warm and may start to tingle. The anaesthetist will check how far the block has spread to make sure that you are ready for the operation. It is sometimes necessary to change your position to make sure the anaesthetic is working well. Your blood pressure will be taken frequently.

What will happen with a general anaesthesia?

You will be taken into the operating theatre and when the obstetrician and all the team are assembled, the anaesthetist will give the anaesthetic. Just before you go off to sleep, the anaesthetist's assistant will press lightly on your neck to prevent stomach fluid getting into your lungs.

At the end of the operation, you will go to the recovery area. A recovery nurse and midwife will be with you until you go up to the ward. It is common to feel sleepy for a little while and have a mild sore throat. This usually subsides over the next day. Painkillers and anti-sickness drugs will be prescribed for you and can be given in the recovery room and also on the ward.

What are the side effects from general anaesthesia?

Common side effects are*:*

- Sickness can easily be treated
- A mild sore throat
- Your baby may be a little sleepy just after birth but this wears off very quickly

Advantages of regional compared with general anaesthesia

- They enable you and your partner to share in the birth
- You won't be sleepy afterwards
- They allow earlier feeding and contact with your baby
- You will have good pain relief afterwards
- Your baby will be born more alert

Disadvantages of regional compared with general anaesthesia

- Spinals and epidurals can lower the blood pressure which can make you feel sick or dizzy
- May take longer to set up than a general anaesthetic

- Occasionally, they don't work perfectly so a general anaesthetic may be necessary
- Occasionally, they may make you feel shivery

Also they may cause:

- Itching during the operation and afterwards, but this can be treated
- Severe headache which can be treated
- Local tenderness in your back for a few days, this is not unusual
- Other complications such as longer term damage to nerves are very rare
- Numbness or weakness to the legs has been reported, but the chance of this happening is less common than 1 in 10,000 spinals

Contact details

If you want to talk over any of the points raised in this leaflet, please ask your community midwife – you will have her number on your pregnancy Health Records. Alternatively you can speak to someone in the maternity department at the hospital:

Telephone (direct lines)	**Heartlands Hospital**	**0121 424 3514**
	Solihull Hospital	**0121 424 5051**
	Good Hope Hospital	**0121 424 7201**

Further Information

MIDIRS
FREEPOST
9 ELMDALE RD
CLIFTON
BRISTOL www.infochoice.org

Royal College of Midwives
15 Mansfield Street
London, W1G 9NH 020 7312 3535 www.rcm.org.uk

Royal College of Obstetricians and Gynaecologists
27 Sussex Place, Regent's Park,
London, NW1 4RG, UK www.rcog.org

Revised by C Austin July 2011

Our commitment to confidentiality

We keep personal and clinical information about you to ensure you receive appropriate care and treatment. Everyone working in the NHS has a legal duty to keep information about you confidential.

We will share information with other parts of the NHS to support your healthcare needs, and we will inform your GP of your progress unless you ask us not to. If we need to share information that identifies you with other organisations we will ask for your consent. You can help us by pointing out any information in your records which is wrong or needs updating.

Information for Patients

Additional Sources of Information:

Go online and view NHS Choices website for more information about a wide range of health topics http://www.nhs.uk/Pages/HomePage.aspx

You may want to visit one of our Health Information Centres located in:

- Main Entrance at Birmingham Heartlands Hospital Tel: 0121 424 2280
- Treatment Centre at Good Hope Hospital Tel: 0121 424 9946
- Clinic Entrance Solihull Hospital Tel: 0121 424 5616
  or contact us by email: healthinfo.centre@heartofengland.nhs.uk.

Dear Patient

We welcome your views on what you thought of this patient information leaflet, also any suggestions on how you feel we can improve through our feedback link below:

- Patient Information Feedback email:
  patientinformatoinleafletfeedback@heartofengland.nhs.uk

If you wish to make any other comments this can be done through the links listed below:

- Patient Opinion:- www.patientopinion.org.uk
- I want great care:- www.iwantgreatcare.org (Here you can leave feedback about your doctor)

Be helpful and respectful: think about what people might want to know about this hospital or how your experiences might benefit others. Remember your words must be polite and respectful, and you cannot name individuals on the NHS Choice or Patient Opinion sites.

If you have any questions you may want to ask about your condition or treatment, or anything you do not understand or wish to know more about, write them down and your doctor will be more than happy to try and answer them for you.