

Elective caesarean birth

This leaflet explains what to expect from your elective (planned) caesarean birth. If you have any questions, please ask a nurse or doctor caring for you.

Name

Please come to the Hospital Birth Centre, North Wing,
St Thomas' Hospital at 7.30am/12.30pm on

.....

Please be on time as arriving late may delay your
operation.

What is an elective caesarean birth?

A caesarean birth is an operation to deliver a baby through the lower part of your abdomen (tummy). Elective means it is planned in advance and you do not go into labour. Your doctor will discuss why an elective caesarean birth may be best for you and your baby. They will explain the operation to you, along with any risks associated with it (for example, bleeding or developing an infection).

Before you come into hospital

You should have now received a text message confirming the date and time of your elective caesarean birth.

2 weeks before your elective caesarean you will receive a phone call from our pre-assessment midwife to confirm your address and your elective caesarean date and time. You will also receive four tablets of omeprazole through the post one week before your caesarean section. This is a medicine which counteracts the acid in your stomach. You will need to take:

- two tablets at 10pm, the night before your surgery
- two tablets at 7am, the morning of your surgery

If you have not received your omeprazole, please call 07985 126667.

You will also receive a link to a virtual education session to attend at 5pm on the Friday before your elective caesarean birth.

1-2 days before your elective caesarean you need to come to our Blood Test Centre (Ground Floor, North Wing, StThomas' Hospital) 1-2 days before your elective caesarean date (7.30am-4.30pm) to have a blood test to check your iron levels, and so that blood can be made available if you need it. **You do not need to book an appointment.**

How you should prepare

Before coming into hospital, it is essential to prepare yourself and your family for the arrival of your baby.

Eating and drinking

It is important to keep eating and drinking to make sure you remain well-hydrated throughout your surgery.

We advise:

If you are scheduled to come in at 7.30am:

	Food	Water	Non-fizzy energy drink or clear apple juice
Before 2am	✓ Yes	✓ Yes	✓ Yes
2am-7am	✗ No	✓ Yes	✓ Yes
After 7am	✗ No	✗ No	✗ No

If you are scheduled to come in at 12.30pm:

	Food	Water	Non-fizzy energy drink or clear apple juice
Before 7am	✓ Yes*	✓ Yes	✓ Yes
7am-11am	✗ No	✓ Yes	✓ Yes
After 11am	✗ No	✗ No	✗ No

*a light breakfast of tea or coffee with cereal or toast

You should not have energy drinks or apple juice if you have diabetes.

Preparing your skin

To reduce the risk of developing a wound infection, it is important to thoroughly clean your skin so that the amount of bacteria is reduced. Please follow these steps:

- 1 **Stop** shaving/waxing your pubic area/bikini line at least one week before your caesarean section.
- 2 On the morning of your surgery, **before coming into hospital**, have a bath or shower and clean your pubic area/bikini line with soap and water. **Do not** apply any lotions or talcum powder to your skin after this.
- 3 Remove all jewellery (except your wedding ring) and leave it at home. Remove all body piercings, make up and false nails before coming into hospital.

Domestic arrangements

You can have one birth partner with you in the operating theatre. Please organise childcare for the length of your stay in hospital. **We do not provide childcare, and the Hospital Birth Centre is not a suitable environment for children.**

We recommend bringing **one** overnight bag with you on the day of your surgery and any additional items (for example, car seats) can be brought in the next day in preparation for discharge. Please do not bring in any valuables, cooked food that needs reheating, or cigarettes/tobacco. Smoking is not allowed in the buildings and grounds at our hospitals.

On the day of your caesarean birth?

You will be admitted to a bay in the Hospital Birth Centre, for assessment by a midwife, anaesthetist and an obstetrician. You may also be seen by a member of the research team.

- Your observations will be checked (blood pressure, pulse and temperature) and your baby's heartbeat monitored.
- You will be given elastic stockings to wear to prevent blood clots forming in your legs.
- You will be asked to clean your bikini line with an antibacterial wipe. You will also have swabs taken for coronavirus (COVID-19) and MRSA (unless it has already been done during your pregnancy). MRSA is a type of bacteria commonly found on our skin that is resistant to a number of widely used antibiotics.
- When the team are ready, you will walk to theatre with your birth partner. **Only one** birth partner will be allowed into theatre with you.

We have two operating theatres on the maternity unit and we aim to operate on all women in a timely manner. However, emergencies do take priority, so please bring in a book/magazine to read in case there are any delays. We will try to keep you fully informed if there are delays.

Anaesthetic for your caesarean birth

Before starting the anaesthetic, you will have an intravenous cannula (small plastic tube) inserted into a vein in your arm. This is used to give fluids and drugs, such as antibiotics to prevent infection.

Most women have a spinal or epidural (injection in the back) type anaesthetic. This makes the lower half of your body numb, allowing you to be awake for your baby's birth. Sometimes this type (block) of anaesthetic is difficult or not possible and we are always prepared to use a general anaesthetic (where the patient is sent to sleep) although this is rarely needed in an elective/planned birth. For more details, please ask for a copy of our leaflet, **Having an anaesthetic**.

The anaesthetist will take a few minutes to put in the spinal or epidural injection. It is not usually an uncomfortable procedure but sometimes you might feel a tingling going down one leg, lasting only a few seconds. Once the injection is complete, we will ask you to lie on your back while tilting the bed slightly to the left. Over the next 10-20 minutes the block will gradually spread upwards.

You may also experience some mild shivering, dizziness, faintness, nausea (feeling sick) and, unfortunately sometimes, vomiting (being sick). You will be in constant communication with your anaesthetist at this time and you can be given medications to help with these side effects. The anaesthetist will check the block with a cold spray to make sure the anaesthetic is working.

You may feel some pushing or pulling sensations during the surgery, but this is not usually uncomfortable.

During your surgery

The midwife will place a catheter (thin tube to remove urine) in your bladder, and will shave your abdomen (tummy) just above the bikini line. To reduce the chance of wound infection your abdominal skin and your vagina are both cleaned and you are given a single dose of antibiotics.

You will be awake but you will not see the operation. If you would like to see your baby being born, we can lower the screen at this point and this is a wonderful opportunity to take photos. Please do not take videos.

We encourage delayed cord-clamping if your baby is well, and we support skin-to-skin contact with your baby in theatre. Once the midwife has done a quick assessment and dried your baby in warm towels, we can place them on your chest for a hug and a kiss. Please be aware that theatre can be cold and we need to make sure that your baby is kept warm.

We will do our best to accommodate any special requests, such as music in theatre.

Your surgery will take about an hour but may take longer if you have any scarring from previous surgery or if there are any difficulties.

How you can help your recovery

After your caesarean birth, you will stay at the Hospital Birth Centre for 2-4 hours. During this time, we will help with feeding, continue skin-to-skin contact, and make sure you and your baby remain well. After this, you will be transferred to the postnatal ward and your birth partner will be asked to leave. You will be discharged home after one night if you are both well.

The measures below will help you to recover from your operation and regain your independence as quickly as possible.

Mobilising

We aim to help you with getting out of bed and moving around 6-8 hours after your surgery. Sensation in your legs should have recovered in this time from the anaesthetic. It can be uncomfortable when you first get out of bed. We will give you painkillers to take before you try. When getting out of bed, roll onto your side and use your arms to help push up from lying to sitting. Take the time to straighten up and stand tall.

You will be seen by the women's services physiotherapy team before you are discharged from hospital. They will discuss postnatal exercise with you. Please refer to [w: pogp.csp.org.uk/information-patients](http://w:pogp.csp.org.uk/information-patients) for more information.

Eating and drinking

You can start to drink water as soon as you feel able after the surgery. If you do not feel sick with this, you can then have a cup of tea or coffee. Usually, two hours after coming out of theatre, you can have a light meal. It is important not to eat a lot too soon after having your baby as your bowel needs time to recover after the birth.

Pain relief

You will be given regular painkillers after your surgery. These rarely have side effects so we will give them without you needing to ask. If you need anything stronger, please ask your midwife.

Taking regular pain relief will allow you to care for yourself and your baby as early as possible. Please make sure you have simple painkillers (paracetamol and ibuprofen) at home ready for discharge. **The hospital will not provide these, although if you are unable to take ibuprofen we will provide an alternative.**

Preventing thrombosis

Caesarean births increase the risk of a blood clot forming in your legs (deep vein thrombosis, DVT) but moving around soon after your operation can help prevent this. If your clinical team assess you as being at increased risk they will prescribe a daily injection (heparin) for 10 days (or 6 weeks). You will be shown how to give this to yourself and will be given the full supply when you leave hospital.

Wound care

Your wound will be closed with dissolvable stitches and the wound dressing will stay in place for five days. You can shower and move freely while your wound dressing is on, and it will be removed by your community midwife. Once removed, try to wear underwear that sits above your scar so it does not rub and cause unnecessary pain. You can have a bath or shower as you would do normally.

It is common for your wound to be slightly red and feel uncomfortable for 1-2 weeks. If your wound becomes increasingly red, or you notice any offensive discharge or fresh bleeding or it is beginning to open, please contact your midwife, GP or the Maternity Assessment Unit (MAU) at the Hospital Birth Centre (see contact details below).

Contact us

If you have any questions, please contact the MAU,
t: 020 7188 1723.

For more leaflets on conditions, procedures, and services at our hospitals, visit **w:** www.guysandstthomas.nhs.uk/leaflets

Leaflet number: 3638/VER5

Date published: October 2020 Review date: October 2023
© 2020 Guy's and St Thomas' NHS Foundation Trust
A list of sources is available on request