

WHAT TO EXPECT, WHEN EXPECTING A CAESAREAN BIRTH:

This is when the baby is delivered through an opening made in the abdominal and uterine walls.

The Caesarean birth may be Planned or it may be an Emergency and will be performed under either Regional or General anaesthetic.

This information brochure is designed as a guide so that parents may gain some understanding and be able to anticipate what may happen during the hospital stay and beyond.

REASONS FOR:

- Placenta praevia – the placenta is positioned over the cervix so that vaginal birth is not possible
- Transverse lie – the baby is lying across the womb.
- Breech presentation – the baby's head is up under mums ribs
- Cephalo-pelvic disproportion which means that the baby is too big for the mother's pelvis.
- Active genital herpes in the month prior to labour commencing – caesarean may be considered
- Others may include: foetal distress (where the baby is not coping well) and prolonged labour

PRE OPERATIVELY:

- Blood tests- should be taken at your usual pathology laboratory a day or 2 before the scheduled Caesarean and the hospital will obtain those results prior to the Caesarean.
- Admission- to the hospital should be at least two hours prior to the scheduled theatre time.
- Fasting- 6 to 8 hours from food and a little less for water drinks will have been advised by your doctor.
- Clipping- of pubic hair [number 1 clipper] is done on admission although some women may have attended to that prior to arrival. When you stand with legs together, all the pubic hair which can be seen is clipped. We do not recommend waxing or shaving, that area, in the week prior to the planned surgery as ingrown hairs or any kind of inflammation may increase the risk of infection.
- Consent- is usually signed at the time of the doctor's discussion about the need for the Caesarean, prior to admission.
- Observations- such as those normally done at the doctors rooms are attended to on admission.
- Shower- with a chlorhexidine soap and change into a hospital gown on arrival to the ward. Some women choose to collect the soap from the hospital in advance, such as at the pre admission clinic, prior to arrival.
- Anaesthetist- will make him or herself known to you and will describe the epidural/ anaesthetic process and his/ her role in the Caesarean. You will have previously had a discussion with your obstetrician about epidurals and will have received the information leaflet about epidurals. This form needs to be signed prior to admission as it indicates that you understand that there are some risks with the procedure.
- Midwife- will accompany the mother and support person to theatre and a midwife will remain with parents for the entire time, including recovery and back to the ward.
- Paediatrician- occasionally a paediatrician may be called for the birth to ensure the safety of a newborn infant, but this is not always a requirement.
- Support person- will be guided to the change rooms in order to don a set of scrubs [most seem to keep their street clothes on then wear the theatre clothes on top of them]. One support person only is allowed as theatres are busy places and extra persons may be in the way and cause distraction.

DURING THE OPERATION:

The mother will spend a little time in a small preparation room where the anaesthetist will insert an intravenous line and then the epidural. The midwife is generally with the parents during this stage.

Once the mother moves into the theatre itself she will find that many of the staff will be wearing special gowns and masks and they each have a job to do during the Caesarean birth.

The mother will have special leads attached to her so that the anaesthetist can keep a check on her heart rate, blood pressure and general well being.

The obstetrician will put in a urinary catheter [a small tube that passes into the bladder] to ensure that the bladder remains empty during the procedure and this usually stays in until the following day.

Then the actual Caesarean begins.

Once the baby is born, the midwife will check baby, give the Vitamin K injection and put name tags on baby then wrap him or her up, just enough to provide warmth and baby will be placed on your chest for a cuddle and of course for photographs.

Partners are welcome to bring the camera in to the theatre and take as many photos as needed to ensure a good batch of memories for the first photo album.

The doctor will continue with the rest of the procedure and put the stitches in place. Then the mother will be transferred from the theatre bed back on to her own bed and the family heads off, with the midwife, to the recovery section.

The midwife, in the recovery area assists with positioning baby on the mother's tummy/chest so that baby has now got the chance for some full skin to skin contact with the mother. Babies often attempt to find their own way to the breast and if we are patient, may self attach and have a lovely feed.

The recovery staff will again apply leads for monitoring the blood pressure and other details and when satisfied with the progress, the mother will be taken around to the ward with baby, partner and midwife. The recovery time may involve about half to $\frac{3}{4}$ hour.

POST OPERATIVELY:

For the first day mums tend to stay in bed and some mothers some may need to wear [TEDS] special support stockings until they are moving about freely.

The intravenous drip remains in for hydration since there is minimal oral intake and the catheter stays in to keep the bladder empty while you are not moving about much. These are generally removed on the following day.

There would be some vaginal blood loss so staff assist with pad changes. The tummy wound is taped securely and the ward staff check to see that there is no breakthrough bleeding.

Most likely – a booster of medications would have been put into the epidural at the end of the C/S and that is effective for the next 12 hours or so. A pain killing suppository is put into the back passage/ bottom just prior to getting off the theatre trolley and onto the bed and this is repeated every 12 hours [as ordered by the doctor] for the next 2 or 3 days.

Mothers are slowly allowed to progress to drinking oral fluids so that you would start with ice chips and then very gradually food is introduced.

POST OPERATIVELY:

You will be asked about whether you have passed “wind” or “gas” from the back passage. That is the sign that the intestines are returning to normal function. People can get very sick if they rush through this stage. It may take 2 to 3 days to build up to a full diet.

Most women are up and about on the day after and there are some very good medications which we use as pain killers including the suppository described above and then oral medications, as prescribed by the doctor.

Once the intravenous and urinary tubes have been removed, the following day, mum is up for a shower and starts doing more for the baby. Mum won't be up to walking extensively – just around the room or out into the corridor.

When partners stay in – we teach that person how to change nappies in order get baby organised to hand over to mum for feeds. If dads/ supporters are not there, then the midwives do that and give full assistance with baby care. We do not want mums reaching over the bed to pull baby out from the cot. Partners can become useful for settling the baby and learning to do all manner of cares before the mother gets really active – a great opportunity to get in and learn first!

Most women have reduced their analgesic [pain] medication by day 3 and are pretty well right on minimal by the day of discharge. Most are pretty much doing most of the baby care by the end of the second day and are moving much more freely- perhaps a walk or 2 down the corridor.

Stitches are generally removed by the time of discharge or they will be trimmed and the remaining part will dissolve slowly over the next week or two. Doctors tend to have a preferred system so the follow on treatment may be varied from one patient to the next.

Women would generally expect to stay in hospital for 6 to 7 days following a Caesarean birth.

FOLLOW ON:

We recommend not lifting anything heavier than the baby for the next 6 weeks at least. No vacuuming or heavy laundry load lifting – if it hurts then you shouldn't have done it.

If you are extremely active and do a lot of exercise early then it may reduce how well the inside scar heals. The outside scar is not such an issue. Most mothers are, however, very busy with a new baby so find that there really is not time for a regular exercise class.

Walking is good, with baby in a pram but lifting a pram from a car is probably not good for several weeks. Most new mums get a good amount of exercise just from looking after the baby and especially when you have stairs.

Don't drive until you feel very comfortable because if you can't jam on the brakes, change gear and do shoulder checks, quickly then you are not safe to be driving. Check with your obstetrician and car insurance company about whether they have rules about driving after a Caesarean birth.

A physio can come once to see you, in hospital, to advise what you can and can't do and to show you how to do the pelvic floor, back and abdominal exercises. There may be a small fee for this depending on the health fund. Please advise the Nurse Unit Manager if you wish to utilise this service.

Keep change tables and the bathing area at a good height so that parents do not have to bend down to attend to baby cares. Consider carefully where the baby bath is to be set up – find an area which does not require parents to carry a heavy load when filling or emptying the bath tub.

Similarly, carrying a full nappy bucket can cause back strain so consider the distance which it may need to be carried over.

BREASTFEEDING SUPPORT:

Pillows are utilized for positioning baby at the breast and a side lying position is very useful for the first day as it keeps all the weight of the baby, off the mother's tummy.

Midwives will provide assistance for each feed until the mother becomes more independent and mobile. Partners become very helpful with providing assistance as the mother and baby adapt to this new stage.

Initially, after an elective caesarean, babies are very eager to feed whilst in the recovery area. Occasionally, later on the first day, many seem to have frequent little mucousy vomits. Unlike a vaginal birth, babies retain fluid in the tummy and lungs for a while which reduces the hunger urge. Should your midwife feel that it is necessary, you may be assisted to express a little of your colostrum which can then be fed to baby by syringe or teaspoon. Of course, many babies go straight back to the breast and feed perfectly normally.

POSTNATAL CLINIC:

On the day of discharge, an half hour appointment will be made to return to the ward in the following week, for a check up with a midwife. This involves checking the baby weight, feeding and general well being and behaviour. The mother's health is also assessed during the appointment. The midwife is able to assist with managing any breastfeeding difficulties if necessary. The partner is welcome to attend.

FURTHER QUERIES:

Feel free to contact the maternity staff or your doctor would you wish to learn more about your Caesarean birth.