



# A guide to...

# Your Caesarean Section and Enhanced Recovery

## *Patient Information*

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## Your Caesarean Section and Enhanced Recovery

### Planning your caesarean section

For most women a planned caesarean section takes place at around 39 weeks. It is important that you are in the best possible health in the weeks before surgery, as this will help you recover more quickly with fewer complications. Steps that you may take to optimise your health are:

- Eat a well-balanced diet with all the nutrients. It is important to optimise iron levels throughout your pregnancy in preparation for birth, especially prior to surgery. A blood test at 28 weeks will check your iron levels and iron will be prescribed if required.
- Take enough exercise; this could be simply going for daily walks. Government guidelines advise to aim for at least 150 minutes of moderate intensity activity every week. You are advised to start gradually if you were not active before becoming pregnant.
- Give up or cut down smoking. Smoking can cause an increased chance of surgery related complications including: increased risk developing an infection, DVT, and delayed wound healing. If you have continued to smoke throughout your pregnancy, we strongly advise you to stop smoking in the weeks leading up to your surgery and at for least six weeks after your surgery to allow time for your body to recover and heal.

- Some useful resources are:

NHS Choices [www.nhs.uk/livewell/healthy-eating](http://www.nhs.uk/livewell/healthy-eating)

Healthy Start [www.healthystart.nhs.uk](http://www.healthystart.nhs.uk)

NHS Start 4 Life [www.uk/start4life/pregnancy](http://www.uk/start4life/pregnancy)

[www.nhs.uk/smokefree](http://www.nhs.uk/smokefree)

UK Chief Medical Officers Recommendations 2019: Physical Activity in Pregnancy:

[www.gov.uk/government/publications/physical-activity-guidelines-infographics](http://www.gov.uk/government/publications/physical-activity-guidelines-infographics)

### Enhanced Recovery

Enhanced recovery is an evidence-based approach designed to help people to recover more quickly from surgery. The advantages of an enhanced recovery pathway are:

- Delivery of women-centred individualised care
- Reduced fasting times
- Effective pain control after surgery
- Early mobilisation with the emphasis on return to normalisation after surgery
- Shorter stay in hospital

Our enhanced recovery pathway enables women who have had an uncomplicated caesarean section birth to play an active role in their recovery and return home to their families sooner.

### **Your Pre-operative Assessment Appointment**

You will be sent a letter confirming the booking of your caesarean section. You will be invited to attend a pre-operative assessment appointment. At this appointment an assessment of your current health will include:

- Routine observations (blood pressure, pulse and temperature)
- Recording your weight
- Testing a urine sample
- A blood test to check your iron levels and blood group
- MRSA screening, this involves taking two swabs from your nose and groin area
- Measuring your legs and providing you with surgical stockings which will help to prevent blood clots from forming in your legs. You will need to bring these stockings with you on admission to hospital for your caesarean section.
- The midwife assessing your baby's wellbeing by listening to their heartbeat.

The midwife will also discuss what to expect on the day of your caesarean section.

- If you take regular medication, please continue to do so unless advised by the anaesthetist or obstetric team.
- You are advised to shower on the morning of your caesarean section.
- Please do not shave or wax or apply fake tan on the lower abdominal area in the 10 days before attending for your caesarean section.
- The midwife will ensure that you have access to our resources that will be useful preparation for you:
  - A Guide to Antenatal Hand Expressing
  - A Guide to Colostrum Harvesting.

### **Anaesthetic**

Part of the pre-operative assessment will be a consultation with an anaesthetist. The consultation will include relevant medical and obstetric history and it will also be an opportunity for the anaesthetist to discuss the different anaesthetic options available. There are two main types of anaesthetic:

- Regional anaesthetic – an injection in your back either as a spinal or epidural or a combination of both, which means you will be awake during the operation.
- General anaesthetic – you will be asleep during the operation.

We aim to do all caesarean sections using regional anaesthetic. It allows you to remain awake, is usually safer for you and your baby, and allows for your birth partner to remain present so that you can experience the birth together. However, occasionally a general anaesthetic may be appropriate, and in this situation you will be woken following surgery and be able to see your baby as soon as possible.

The anaesthetist will also discuss the pain relief available after your caesarean section and answer any questions you may have. You are advised to purchase a supply of Paracetamol and Ibuprofen, as long as you have no allergies or contraindications to these drugs, to have ready at home.

If you take regular medication, please discuss this with the anaesthetist who will advise you regarding their administration.

Useful resource:

[www.labourpains.com](http://www.labourpains.com) For information on different types of anaesthetic with the risks/benefits and advantages/disadvantages of each. Available in 10 different languages.

Please also refer to our own patient information leaflets:

- Spinal Anaesthesia for Caesarean Section
- General Anaesthesia for Caesarean Section
- Pain relief after Caesarean Section’.

## **Consent**

The obstetrician will discuss your caesarean section and the risks associated with this surgery. You will be asked to sign a consent form; this is a legal document stating that you give permission for the operation to take place. It is therefore important that you understand why you are having a caesarean section and the risks involved.

The main risks for you when having a caesarean section include:

- Wound infection – causing redness, swelling, increasing pain and discharge from the wound. This is common and can take several weeks to heal
- Infection of the wound lining – causing fever, tummy pain, abnormal vaginal discharge and heavy bleeding
- Blood clots in the legs that can travel to the lungs (deep vein thrombosis and pulmonary embolism)
- Bleeding more than expected – this may require a blood transfusion or further surgery to stop the bleeding
- Damage to your bladder or the tubes that connect the kidneys and bladder or bowel.

A caesarean section can sometimes cause the following problems for babies:

- Temporary breathing difficulties – this most often affects babies born before 39 weeks
- A small risk of the baby receiving a cut to the skin, this is usually a small cut that isn't deep and would heal without any problems

Useful resources:

[www.rcog.org.uk](http://www.rcog.org.uk) 'Choosing to have a Caesarean Section'

[www.nhs.uk/conditions/caesarean-section/risks](http://www.nhs.uk/conditions/caesarean-section/risks) NHS Choices - Caesarean Section

## Eating and drinking

The table below outlines how to prepare and fast for your caesarean section. At the pre-operative assessment appointment, you will be given antacid tablets, either Ranitidine or Omeprazole. This medicine works to neutralise acid in your stomach. The table highlights when to take the antacid tablet(s).

The night before surgery	<ul style="list-style-type: none"><li>• We recommend that you eat a carbohydrate-rich supper (ie: rice, pasta, potatoes or pizza)</li><li>• At 22.00 pm take the antacid tablet(s)</li><li>• You may eat a light diet until 02.00am (i.e., toast)</li></ul>
The morning of surgery	<ul style="list-style-type: none"><li>• <b>No more food</b> after 2.00 am</li><li>• You may drink <b>water only</b> until 6.00 am</li><li>• At 6.00 am you may drink a still carbohydrate isotonic sports drink. If you are diabetic, please only drink water</li><li>• At 6.00 am take the antacid tablet(s)</li><li>• From 6.30 am please <b>do not eat or drink</b></li><li>• Please <b>do not chew gum</b></li><li>• You are advised to bring an additional still carbohydrate isotonic sports drink (eg non-fizzy Lucozade Sport) with you to hospital. You may be advised to drink this by the anaesthetist should your operation be delayed.</li></ul>

You are advised to purchase still sports drinks; these isotonic sports energy drinks contain carbohydrate and electrolytes to help optimise your hydration before your operation.

### **On the day of surgery**

Please arrive at Katherine Ward, Level 2, Maternity Block at 7.00 am on the date given to you. Unfortunately, we are unable to confirm the time of your caesarean section in advance.

The team caring for you on Katherine ward will include a midwife, a nursing associate, a healthcare assistant, nursery nurse and at times a student midwife. Together we will work closely with you to ensure your stay with us is as comfortable as possible.

When you arrive a member of the team will assess your wellbeing by checking your blood pressure, pulse, temperature and urine sample. They will discuss with you what to expect, as well as checking your baby's heartbeat and position. Your surgical stockings provided at the pre-operative assessment appointment may now be worn and you will be provided with a theatre gown to wear.

It is a good idea for you to have your baby's clothes ready for after the caesarean section. You may want to include a hat, vest, babygro, cardigan and nappy. However, a hat and nappy will be enough initially so that we can facilitate you enjoying skin to skin contact with your baby.

The anaesthetist will discuss and confirm your anaesthetic and pain relief options and answer any questions you may have. The obstetrician will discuss the consent form with you and confirm your consent, answering any questions you may have. Please ensure if you are taking regular medication, it is important to continue to do so unless otherwise advised by the anaesthetist and obstetric team.

### **In theatre**

The team caring for you in theatre will include an anaesthetist, an anaesthetic nurse or operating department practitioner, an obstetrician and junior doctor, theatre nurses, a theatre support worker, and your midwife. If necessary, a paediatrician may also attend. We are a teaching hospital and at times there may be medical and nursing students present to observe. We are all there to maintain your wellbeing and safety and will work towards you and your birth partner having a positive birth experience.

In theatre you will be asked to sit on the operating table, monitoring equipment will be applied to your chest, arm and finger to check your heart and breathing rate, blood pressure and oxygen level in your blood. The anaesthetist will insert a cannula (a thin plastic tube) into a vein in your hand or forearm. This allows the anaesthetist to give you fluids and medications more quickly by giving them straight into a vein.

The anaesthetist will prepare for the procedure to administer your regional anaesthetic. Your back will be cleaned with antiseptic solution, a local anaesthetic and painkiller will be given into your back. The anaesthetic works very quickly; you may feel your bottom and feet quite tingly and warm. You will be assisted to lie down on the bed. The anaesthetist will be with you at all times and you should inform them if you feel nauseous or have any discomfort so that it may be treated.

The level of the anaesthetic block (numbed area) will be checked by the anaesthetist with a cold spray before the surgeon starts the operation. Your midwife will insert a catheter to empty your bladder and drain your urine into an attached bag. The midwife will listen to your baby's heartbeat before the surgery starts.

We have a radio in theatre but you are welcome to bring in your own music, and of course have your camera ready.

When your baby has been born, and initial assessments of their wellbeing has been completed you will be able to cuddle your baby and you may wish to do so against your skin. Skin to skin contact has been shown to help regulate baby's temperature, heart rate and breathing, irrespective of the method of feeding you have chosen, but will also help support and increase the success rate of breastfeeding. If this is not possible for any reason, skin to skin contact will be encouraged in the recovery bay.

## **After your Caesarean Section**

### **Recovery bay**

Immediately after your caesarean section you will be taken to our recovery bay where you will be monitored closely for approximately one hour by our recovery nurses. You will have monitoring applied to your chest, arm/leg and finger/toe to check your heart and breathing rate, blood pressure and oxygen level in your blood.

The recovery nurse will check your urine output via the catheter bag, the dressing on your abdomen and your sanitary pad to assess your bleeding. A pain assessment will be made and analgesia offered. When you feel able to drink or feel thirsty you will be offered water or you may drink a non-fizzy isotonic sports drink, this will enhance your recovery and reduce levels of nausea. We will also facilitate skin to skin with your baby and assist you with caring and feeding your baby. Your birth partner may stay with you in recovery however we cannot accommodate other visitors.

### **Eating and drinking**

Following your caesarean section, you will continue to receive fluids directly into your vein until you feel thirsty or able to drink therefore ensuring you remain hydrated. You will be offered water or you may drink a non-fizzy isotonic sports drink. If you feel hungry, you will be offered a light snack such as toast or a

sandwich. When you are transferred back to Katherine Ward you will be encouraged to drink freely (avoiding fizzy drinks). You should aim to be eating normally on the evening of your operation. However, if your caesarean section is after midday eat a light meal that evening.

### **Katherine Ward**

Once your observations are stable you will be transferred back to our postnatal ward where we will continue your post-operative care. A nursing associate or midwife will continue to carry out observations; half hourly for two hours, then hourly for two hours. Observations will then be carried out every four hours. The dressing to your abdominal wound and vaginal bleeding will also be closely monitored.

We will talk to you about your pain levels and you will be offered regular paracetamol and ibuprofen. We encourage you to ask for additional pain relief if you experience pain. Adequate pain relief is important to facilitate you being able to mobilise after surgery.

You will be encouraged and helped to get up as soon as possible and should aim to be out of bed on the evening of your caesarean section. We will assess that you are ready to start mobilising six hours after you have given birth. We will assess that you have sufficient strength in your legs to stand up and walk, ensuring you have adequate pain relief to facilitate this. You will be encouraged to sit out of bed and take short walks in your bay. Getting out of bed and moving around will aid your recovery and helps to prevent chest infections, pressure sores and blood clots developing. We are fortunate to have a women's health physiotherapist on the ward who will see you during your stay in hospital and you will be provided with information outlining steps to mobilisation, advice regarding pelvic floor exercises and gentle post-natal exercises.

Once you are mobilising confidently the cannula in your hand may be removed. If there are no concerns regarding your urine output then your urinary catheter can be removed. You will be encouraged to drink plenty of fluids. You will be asked to measure the amount of urine you pass during the first two visits to the toilet. This is to make sure you are passing good volumes of urine and that your bladder function has returned to normal.

You may feel ready to have a wash or shower and change into your own clothes, we are happy to assist you with any hygiene needs.

To help reduce the risk of developing blood clots in your legs you will receive a daily injection of medicine to thin your blood. In the evening of your surgery, you will be prescribed an injection called Enoxaparin. Depending on your personal / medical risk factors you will be provided with a supply of enoxaparin for either 10 days or six weeks. We will teach you how to administer this injection as you will need to administer this daily after giving birth.



## **First day following your caesarean section**

The morning after your caesarean section you will be reviewed by a doctor to check you are medically fit to go home. You will also have a blood test to check your iron levels. A midwife will start to plan your discharge home with you. You should be mobilising comfortably, eating and drinking normally and passing urine normally. Please do not worry if you have not had your bowels opened prior to discharge. You have been fasted and your diet is just returning to normal. You should be passing flatus (gas) and this is a reassuring sign that the bowels are back to functioning normally. If you find you have not opened your bowels within a few days a laxative can be taken. Opening your bowels usually happens at home when your diet and daily routines get back to normal.

A neonatal check by a paediatrician or trained midwife will be undertaken on the ward, and a hearing check will be performed before discharge home.

When you feel ready to go home you will be discharged by the midwife following routine assessments of both you and your baby. The midwife will discuss your pain relief and any other medications you are to take home.

## **Second day after your caesarean section**

The community midwife will visit you on the first day after you have gone home and will make arrangements regarding post-natal care with you. If you are still in hospital on the second day, it does not mean you are not doing as well as you should. There are various reasons for a delay in going home, your midwife will keep you fully informed of both you and your baby's progress throughout your stay in hospital. Please feel free to ask any questions at any time about your treatment and care. If you are discharged on day 2 the discharge process will be the same as highlighted above.

## **Wound care**

Your wound will be covered with a dressing which should stay in place for five days after your caesarean section. At times a different dressing may be used and you will be advised accordingly regarding its care. You are advised to wear loose, comfortable clothing and cotton underwear, and to keep the wound clean and dry. Your midwife will review your wound during the post-natal period and advise or refer appropriately.

If you are at home and you have been discharged from midwife care and:

- Your wound becomes hot, swollen, weepy, smelly, or painful
- Your wound starts to open
- You develop flu like symptoms and a temperature

Ring Maternity Triage to be reviewed by a doctor. Any of these symptoms may be due to an infection and need treatment with antibiotics.