



West Hertfordshire
Teaching Hospitals
NHS Trust



A guide to...

Caesarean Section

Patient Information

Watford General Hospital
Hemel Hempstead Hospital
St Albans City Hospital
West Hertfordshire Therapy Unit



Caesarean Section

A caesarean birth is an operation to deliver a baby through the lower part of your abdomen (tummy). There are two types of caesarean: **elective** (planned) and **emergency** (unplanned).

Elective due to:

- Your baby being in a breach position (bottom first) at the end of your pregnancy
- You were expecting twins and the first twin was in breech position
- Your placenta (the nutrition 'sack' baby grows within) is low lying and covers all or part of the cervix (lower part of the womb)
- You have had certain viral infections e.g. HIV or genital herpes
- You have had more than one caesarean section previously and your consultant recommended you have another.

Emergency due to:

- Your labour was not progressing normally
- You went into labour before the date of your planned caesarean section
- There was concern that your baby's health was at risk either during the pregnancy or labour
- You had a large amount of vaginal bleeding during your pregnancy or labour

After your baby has been delivered the surgeon will repair the incision site with stitches (staples may also be used).

- Stitches can be dissolvable or may need removal
- Dissolvable stitches disappear within six to 12 weeks
- If your stitches require removal your community midwife will do this when you're at home.

Scan the QR code to see more information in this video



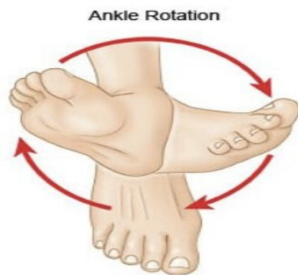
Catheter

- Once removed it is encouraged to pass urine within four hours, to promote the return of bladder function
- Try to pass urine every two to three hours during the day as your bladder may not tell you when it is getting full during the first week after delivery
- If having difficulties: passing urine, getting to the toilet in time, emptying your bladder or passing a good amount of urine.

Please seek advice from your doctor and an onward referral to physiotherapy.

Reduce DVT (deep vein thrombosis) risk by:

- Circulation is promoted by ankle pumps
- **Repeat 10 times every hour**
- Risk is further reduced by TED stockings - please follow the guidance of your doctor on use of stockings.



Tips from Day One

Pain Relief

Take pain relief medication regularly as it is important that your pain is controlled. Seek further advice from midwives or doctors whilst on the ward.

Breathing

- Lie on your back with your knees bent or sit upright with your back supported
- Place your hands on your tummy
- Take a deep breath in through your nose, filling the base of your lungs. Encouraging your stomach to expand
- Gently release your breath through your mouth
- As you breathe in allow your tummy to rise and as you breathe out allow your tummy to lower
- **Repeat five times, every one to two hours.**



See video by scanning the QR code.

Coughing

It is safe to cough – your stitches and staples are very secure!

- If you feel phlegm on your chest it is important to clear it as soon as possible to reduce the risk of a chest infection
- Complete the breathing exercises **five times**, and exhale quickly and forcefully through your mouth and 'HUFF' the air out (as if you're trying to steam up a window)
- This will help loosen up the phlegm if needed
- **To cough support your abdominal incision** by holding a small towel or pillow firmly over your tummy.

Tips from Day One

Getting in and out of bed

Getting from lying to sitting on edge by:

- Rolling onto your side, using a pillow between knees and roll the body as one (cylinder)
- Use your arms to push your body up into sitting and move your legs down to the floor at the same time
- To get back to bed do the above in reverse.



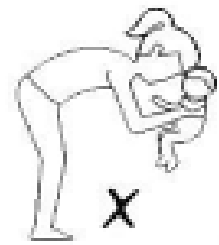
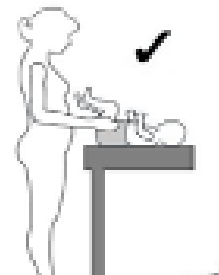
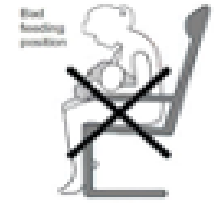
See video by scanning the QR code



Tips from Day One

Posture

- Avoid a “stooping” posture or hunching forward with upper back
- Support your back by resting against the chair and relaxing your shoulders back and down whilst feeding
- Ensure the height of working surfaces is optimum for you
- Engage your stomach and pelvic floor muscles together and bend your knees when lifting objects or your child
- Avoid lifting heavy weights for the first six to eight weeks
- Your maximum weight should be your baby during this period
- Lifting the car seat causes unnecessary loading of your abdominal muscles and should be avoided
- Use your baby sling or pram to minimise lifting



Bowel Care Advice

A “normal” bowel habit involves opening your bowels between once every three days and three times a day, without needing to “push” or “strain”. Constipation can be caused by delaying the “urge to go”, eating insufficient dietary fibre, drinking too little fluid, inadequate exercise or poor toileting habits.

Constipation is when your stools become hard and dry, require “pushing” or “straining” to pass. You may also experience bloating, wind and abdominal pain.

It is important to avoid constipation as straining to open your bowels will stress and weaken the pelvic floor muscles. Your stool should be soft and easy to pass. These tips may be helpful in preventing constipation.

- Drink at least two litres of fluid each day
- Eat a healthy balanced diet including fibre (fruit, vegetables, beans, wholemeal bread, rice and nuts)
- Empty your bowel as soon as you feel the urge
- Exercise helps stimulate the muscles in the bowel and promote regular bowel habits.

Toilet Position: *the optimal toilet position is a seated squat.*

- Use a footstool so your knees are higher than your hips
- Sit in a leaning forward position with your feet apart and forearms on your thighs
- With your mouth open relax your tummy
- Breathe in deeply to the bottom of your lungs at the same time allowing your tummy muscles to bulge forwards
- Breathing out, increase the pressure in your abdomen, by pulling your tummy in and relax your anal sphincter
- Try this for a maximum of three to four times.



Scan the QR code to see the video



Bowel Care Advice

Bowel Massage: *use self-massage to help with bowel emptying.*

Use the small of your hand or a small ball, apply a sweeping motion from the base of the right side of your tummy, up and then across under your ribs, and then down toward the left side at the base of your tummy.



Scan the QR code to watch the video



Scar Management

It can take up to six weeks or more for your scar to heal fully. It is normal for the scar to feel tender and numb in the first few weeks. The scar can appear pink/red and slightly raised but it should not be excessively painful, sensitive or prevent you from daily activities once healed.

If the scar is persistently any of the above and / or oozing then seek further medical advice from GP or midwife. During scar healing the scar tissue can stick to the skin and muscles around it which can make the scar sensitive, painful or raised. Scar massage helps to reduce these adhesions and tightness! Seek further medical advice from your GP or Consultant before you begin if you have concerns.

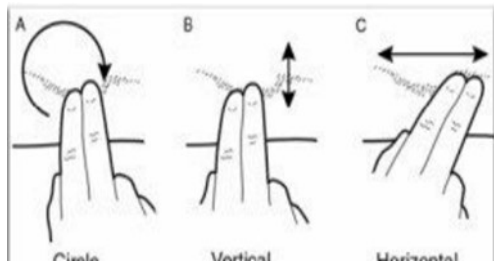
Wait to start scar massage until fully healed- there must be no open areas or scabs.

- You can use oil for comfort e.g. almond, coconut, or olive oil
- Use a warm compress or have a warm bath for five to ten minutes
- Make yourself comfortable: lying or semi sitting, use pillows
- Aim to do this for 10 minutes per day.

Scar Massage Technique

- Reduce sensitivity by “stroking” above, below and on the scar line
- Use tips of fingers or heel of hand with or without oil
- Progress to up and down movements on scar line
- Increase pressure as tolerate but not cause pain
- Introduce circular motion.

See below for advance scar mobility as you progress.



Depth of Touch

Circles & Movement



Pinch & Lift

Up & Down

After the birth care

You will have a check-up appointment with your consultant or G.P. They may examine you to determine how the healing process is going. It may be helpful to write down questions you would like to ask the doctor before you visit.

Physiotherapy Referral Process after the Birth

If you have or develop any incontinence issues, or may simply be unsure if you are contracting your pelvic floor muscles correctly. You may self-refer to a Women’s Health Physiotherapist if it is **within six weeks** of your baby’s birth.

Call **01923 378 130** to make an appointment giving your delivery date. Thereafter however, you will need to ask your GP for a referral.

Contact your midwife or GP if:

- Your stitches become more painful or smell offensive – this may be a sign of infection
- You have any incontinence such as leaking of urine when coughing, laughing or sneezing etc
- You cannot control your bowels or flatus (wind)
- You feel the need to rush to the toilet to pass urine or to empty your bowels
- You have any other worries or concerns

It is very important that you attend your appointments in order to determine your future care.

If you are unsure about anything wait to speak to your physiotherapist or contact the ward you were on.

Congratulations!

What an exciting time for you and your family as you welcome a new little person into your lives. Please contact us with any questions!

If you are unsure about any advice or information, please arrange to contact your midwife, Consultant, GP or contact the Physiotherapy department using the below contact details.

How to contact us

West Hertfordshire Therapy Unit
Jacketts Field
Abbots Langley
Hertfordshire
WD5 0PA

Tel: 01923 378130

Email: westherts.opphysioadvice@nhs.net

Website: www.westhertshospitals.nhs.uk/physiotherapy

Resources from:



If you need this leaflet in another language, large print, Braille or audio version, please call **01923 217187** or email westherts.pals@nhs.net



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