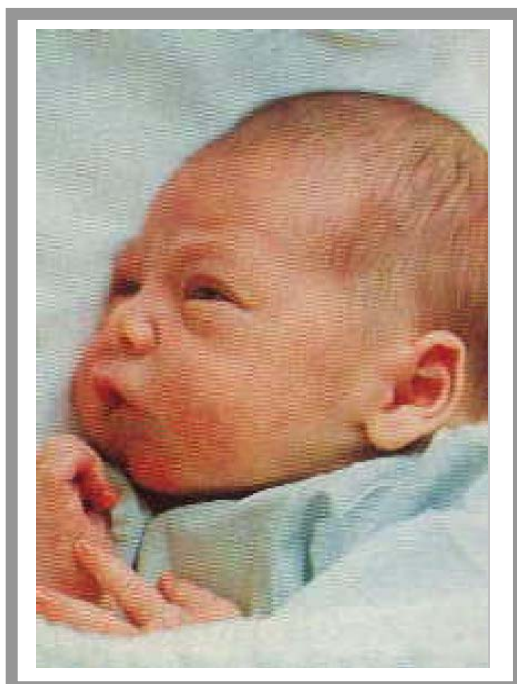


# CAESAREAN SECTION

## Information Booklet and Booking form



# Information

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## 1. WHAT WILL THE OPERATION INVOLVE?

A caesarean section (CS) is a major abdominal operation. It was devised to help babies be born safely when there are concerns about the woman or baby undergoing a normal vaginal birth. The cut is usually made on the lower part of the abdomen, near the bikini line.

## 2. WHAT ARE THE RISKS OF HAVING A CAESAREAN?

There are a number of risks involved with having a CS. These include:

- Wound infection
- Excessive blood loss causing anaemia and possible need for a blood transfusion
- Damage to the bladder and the bowel during surgery
- Blood clots forming in the veins, sometimes travelling to the lungs
- Chest infection
- Risk from anaesthetic

Please feel free to discuss any concerns with your doctor, anaesthetist or midwife

## 3. HOW CAN THESE RISKS BE PREVENTED OR MINIMISED?

The chance of having a wound infection is lessened by antibiotics given during the CS. However, infections sometimes still occur.

Excessive blood loss is reduced by giving medication (Syntocinon) after the baby is born. This helps the uterus to contract.

It is important to be up and walking as soon as possible after a CS. Walking around uses muscles in the legs, improving blood flow and reducing the risk of clots forming in the legs. Giving up smoking also reduces the risk of clots. Support stockings may be worn and medication given to reduce the risk of blood clots. This medication is in the form of an injection twice a day.

Deep breathing exercises and getting up out of bed as soon as possible (with initial help), after the CS can help prevent chest infections.

## 4. PREPARATION FOR A CAESAREAN

When your CS is arranged, you will be given an information form about how to prepare for your operation. You will be given an appointment for the 'Preadmission clinic' where you will see an anaesthetist. You will be asked to attend the Pathology department two days before your operation to have blood taken.

On the day of your CS you must not eat or drink anything for at least six hours before the time you are booked to have the operation. This means that if you are having your CS in the morning, you must not eat or drink from midnight. If you are having your CS in the afternoon, you must not eat or drink after 6am.

The information form will tell you which ward to come to and at what time. On arrival, you will have the top of your pubic hair clipped and then you will be asked to have a shower using special soap. You will have to take off any jewellery, make-up, hair clips and nail polish (it's best to leave jewellery at home). You will be given a theatre gown to put on just before going to have your CS. When you are being taken to the operating theatre, if your partner/support person is planning to be with you, they will be shown where to get changed into theatre clothes.

The anaesthetist will put a drip (IV cannula) in your arm and give you your anaesthetic (e.g. an epidural or a spinal). A tube (catheter) will be put into your bladder, and this will stay in for a day or so. If you choose to be awake during your CS, you will not be able to see the operation site.

## 5. WHAT WILL IT FEEL LIKE AFTERWARDS?

After your CS you will be taken to the recovery room. If possible, your partner and baby will be with you. You will have the drip in your arm giving you fluids and you will still have the tube in your bladder.

You will either have a Patient Controlled Analgesia (PCA) pump or a continuous epidural pump for pain control after your CS. The PCA is joined to the drip and you will be shown how to use it. The epidural pump will be attached to a tiny tube inserted into your lower back and will automatically and continuously give you a pain killing drug. Both methods are effective and can be adjusted to your needs. You will also be given other medications for the next few days to keep you comfortable as you recover from your CS.

All tubes are generally removed within twenty-four hours.

In the immediate postnatal period, your midwife will check your blood pressure, pulse and respirations, wound site and vaginal bleeding.

As with all women following birth, you will have some vaginal bleeding after a CS. Initially this is a moderate bright red blood loss and it will then reduce in amount and change in colour each day. By day three to four you should have a watery pink/dark brown loss. If you have to change your pad very frequently (every hour) and your loss is heavy and a bright red colour, please inform your midwife. Sometimes you may pass vaginal blood clots. This can occur during or just after breastfeeding or when you get out of bed. This also should be reported to your midwife.

## **6. WHEN CAN I EAT AND DRINK?**

When you arrive back onto the ward after your CS, you will be able to have clear fluids (soup, jelly, lemonade). At first you will be provided with a tray service in your room at meal times, and when you begin to walk around you will be able to join the other women in the dining room for meals.

Usually you can eat food once you have passed wind. This may occur anytime in the first 48 hours. You are not expected to open your bowels till about the fourth or fifth day.

## **7. WHAT HAPPENS TO THE BABY?**

Immediately after the CS, you will go from the operating theatre to the recovery ward. In the time between the birth and your arrival on the postnatal ward, the baby will go to delivery suite to be checked by a paediatric doctor and midwife. He/she will be wrapped and given to your partner/support person to care for during the initial period while you are in the recovery ward. If possible, and if staffing allows, your partner/support person and baby will return to you in the recovery ward. If this is not possible, your baby will remain with your partner/support person and join you on the postnatal ward. The baby's first feed can occur either in the recovery ward or when you arrive on the postnatal ward.

If your baby needs extra observations in the special care nursery, you and/or your partner/support person will be informed of this prior to the transfer.

During the next few days of your stay, you will have help from your midwife to look after your baby and your partner/support person can help too. It is important to keep your baby with you in your room to keep him/her warm and so that you can care for your baby.

## **8. PHYSICAL RECOVERY**

We advise getting out of bed as soon as possible to help your recovery. Your midwife will help you sit out of bed on the same day that you had your CS. On the next day you should be able to walk to the shower and toilet. By the third day you should be able to have a gentle walk around the ward.

Make sure you do the exercises on the 'Caesarean section exercise sheet'. When you first get home, do not start doing heavy housework, or lift anything heavier than your baby. Six weeks or so after your operation you can begin to lift heavier loads, but remember to lift correctly to protect your back and prevent muscle strain.

You will be feeling very tired after the birth of your baby. This is because your sleep pattern will be disturbed, you will have a baby to care for and your body will be recovering from a major operation. Whilst in hospital, try to rest as much as possible. Ask your partner/support people to limit the amount of visitors you have, and ensure they keep to the strict visiting times. Always rest if you feel overtired or if your wound aches. Allow your body the time for adequate recovery before any strenuous activity.

You will be advised to keep your wound site clean and dry after the dressing is taken off. Your underpants should not cut into the wound site area, i.e. larger 'cottonails' would be more comfortable. The staples or

sutures (stitches) in your wound will be removed around day five in the postnatal period, depending on the obstetrician's preferences.

Your wound area might feel numb for a year or more after your CS.

#### **9. EMOTIONAL RECOVERY**

All new mothers experience many emotions in the early postnatal period. You may experience a range of emotions related to having a CS. You may have planned this for some time and feel happy for it to happen. Conversely, if it was unplanned and there was concern for yourself and/or for the baby's welfare necessitating an emergency CS, you may feel sad and disappointed. It is very important to talk about how you feel with friends, family and the midwives and doctors caring for you.

#### **10. MIDWIFERY SUPPORT PROGRAM**

The Midwifery Support Program is a service available to all women and babies at the St. George Hospital. It enables you to go home after a CS on day four and have a midwife visit you daily for up to a week.

#### **11. WHAT CAN I EXPECT WHEN I GET HOME?**

You will need to discuss pain relief and contraception issues with your midwife or doctor before going home. Remember to continue to rest, perform the exercises described earlier and take medication for pain relief.

Ensure family and friends help with the cleaning, cooking and care of other children to enable you to recover from your surgery.

#### **12. WHEN CAN I DRIVE AGAIN?**

Generally, you can drive after 4 weeks. If you want or need to drive any earlier you should discuss this with your GP. You also need to read your car insurance policy regarding driving after having an operation.

#### **13. WHEN CAN I HAVE SEX?**

Like all women after childbirth, it may take a few weeks (about 6) before you feel ready to have sex. You may need to use lubrication on the first few occasions – especially if you are breastfeeding.

#### **14. WHEN SHOULD I SEE MY GP / OBSTETRICIAN?**

You should make an appointment to see your GP/Obstetrician six weeks after the birth. He/she should already have a summary of the birth and your stay in the hospital. Do not hesitate to make an earlier appointment if you have any problems.

#### **15. WHAT DO I NEED TO KNOW IF I'M PLANNING ANOTHER BABY?**

It is important to discuss with your midwife or doctor the issues around planning another baby. It is usually possible for you to have a vaginal birth with your next baby. You should discuss this when you have your next pregnancy.

#### **16. MORE INFORMATION:**

##### **Community Support Groups**

Birthrites: Healing After Caesarean Inc  
Email: [Jackie@birthrites.org](mailto:Jackie@birthrites.org)  
[Birthrites.edsite.com.au](http://Birthrites.edsite.com.au)

Caesarean Awareness Recovery Education Support (CARES)  
[Homepages.picknowl.com.au/caressa/](http://Homepages.picknowl.com.au/caressa/)

Caesarean And Beyond  
C/- The Women's Centre for Health Matters  
PO Box 438

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## CAESAREAN SECTION INFORMATION

Mawson ACT 2607

Phone: 6286 2043

[www.wchm.org.au/pregnac\\_3.htm](http://www.wchm.org.au/pregnac_3.htm)

Maternity Coalition

Choices for Childbirth

[www.maternitycoalition.org.au](http://www.maternitycoalition.org.au)

VBAC.com (vaginal birth after caesarean)

[www.vbac.com](http://www.vbac.com)

### **Mailing Lists**

Birth by Caesarean

[groups.yahoo.com/group/vbac](http://groups.yahoo.com/group/vbac)

VBAC

[Groups.yahoo.com/group/vbac](http://Groups.yahoo.com/group/vbac)

### **Maternity Information pamphlets**

Vaginal Birth after Caesarean

Caesarean Section Exercise Sheet

Midwifery Support Program

# Booking Form

Dear.....

Congratulations on the imminent birth of your baby/babies.

You have been booked by your doctor to have your baby by Elective Lower Segment Caesarean Section (LSCS).

Your operation will take place on .....

**Morning / Afternoon**

**On your operation day, please arrive at 1 South / 1 West, Maternity, Level 1, Tower Block at 6am / 11am**

**You are not to eat or drink anything from**.....

At least 6 hours before your operation.

Prior to this you will need the following completed:

**1. Consent Form:** This will be completed at the time of booking your LSCS. If you have any questions it is important that you discuss these with your doctor prior to signing the consent.

**2. Pre Admission Clinic:** You have been booked to attend the Pre admission clinic on

.....

The Pre Admission Clinic is located next to the Hydrotherapy pool in Belgrave Street, Kogarah (Phone: 9350 2925). During this visit the Anaesthetist will examine you and give you details about the appropriate anaesthetic to be used for your operation (general or epidural). Your blood pressure and urine will be checked.

**3. Blood Tests:** The 'group and hold' blood test is to be taken **not more than two** days before your operation. Please attend the Pathology department before being admitted for your operation. Opening times for the Pathology department are 7.30am-4.45pm Mon-Fri, and 8.30-10.30am Saturdays. Closed Sundays.

### A Checklist of things to do before admission to hospital

Things to be done	Tick when done	Date attended
Consent Form		
Preadmission visit		
Blood tests		