York and Scarborough Teaching Hospitals
NHS Foundation Trust

Caesarean Birth

Information for patients, relatives and carers

ⓘ For more information, please contact:

Your Community Midwife

Maternity Services

York Hospital
Wigginton Road, York, YO31 8HE
Telephone: 01904 726869

Scarborough Hospital
Woodlands Drive, Scarborough, YO12 6QL
Telephone: 01723 236869

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What happens after you have decided to have a planned Caesarean Birth?

Once agreed with your clinician, they will complete an elective caesarean booking form on Badgernotes and your name goes on a waiting list for scheduling your operation at the appropriate time in line with your due date. You will have opportunity at this stage to make any requests regarding dates and location, plus the reasons why. These cannot be guaranteed however as both York and Scarborough provide this service, but we do endeavour to facilitate your choice.

If the circumstances or your choice change at any point then the form can be amended by a clinician including your community midwife. About two weeks before you are due to have your operation you will be contacted with a definitive date and location. Our waiting list is coordinated by a team who can be contacted on the following number: 01904 721210

Before your operation

There are a number of things that need to be completed in preparation for your caesarean birth; these may be done in clinic, on the ward, or in the day assessment unit.

An obstetric doctor will take details of any medical conditions you may have and check the position of the baby.

The doctor will discuss the details of the operation with you and make sure you understand what is involved. If you are unsure of anything at any point you should ask your doctors or midwives and they will support you to understand. You will be asked to sign a consent form (FYCON87-1 Caesarean Birth) to confirm that you agree to the procedure and understand the information given to you. This form will be kept in your patient notes and you will also be given a copy for your own records.

An anaesthetist (specialist doctor in anaesthetics) will also see you to discuss the anaesthetic with you.

The anaesthetist may give you an information leaflet about anaesthesia. More information about anaesthesia is available from the Royal College of Anaesthetists website on the internet here: Leaflets and video resources | The Royal College of Anaesthetists (www.rcoa.ac.uk/patients/patient-information-resources)

Should you be awake or asleep for the operation?

There are two types of anaesthesia for a caesarean birth. You can be either awake (a **regional anaesthetic**) or asleep (a **general anaesthetic**). Most caesarean births in York and Scarborough Teaching Hospitals NHS Foundation Trust are performed using a regional anaesthetic. This is where you are awake but you can't feel any pain in your lower body.

If you are having a regional anaesthetic, it will either be given as a spinal or an epidural. The anaesthetist will ensure you are awake and comfortable. Both kinds of regional anaesthetic involve an injection in your back. They make you numb to the mid back area, and you will be unable to move your legs for a couple of hours.

You usually feel sensations of movement during the operation. If this is painful then the anaesthetist will give you further pain relief but if you are still feeling pain it may be necessary for a general anaesthetic to be performed (where you are put to sleep). After a regional anaesthetic about one in 200 women may get a headache, which requires further treatment. Other problems are extremely rare. Your anaesthetist will tell you more.

The anaesthetist usually recommends that you stay awake for your caesarean birth as there are several advantages:

- You see and hear and hold your baby earlier and can quickly enjoy skin to skin contact with your baby.
- Your baby is not affected by the anaesthetic and so if you are breast/chest feeding, your baby is able to start feeding straight away (when a general anaesthetic is used your baby may be very sleepy as drugs given during a general anaesthetic can cross the placenta).
- Your partner may be able to be with you for the birth.

- You understand what is going on and you are not groggy or confused or sleepy afterwards.
- You are comfortable at the end of the operation and for many hours afterwards.
- Serious problems are rare; they are less common than with a general anaesthetic.

Occasionally the obstetrician or anaesthetist will recommend that you have a general anaesthetic. They will explain the reasons why. Here is a list of some of the reasons why you may need a general anaesthetic:

- If you have certain conditions where the blood cannot clot properly, it is best not to have a regional anaesthetic.
- Abnormalities in your back may make a regional anaesthetic difficult or impossible.
- Occasionally, a spinal or epidural anaesthetic cannot be put into the right place or does not work properly.
- If you need a caesarean suddenly, there may not be enough time for a regional anaesthetic to work.
- Occasionally women may choose to have a general anaesthetic rather than a regional anaesthetic.

Most preparations for surgery are similar to those for a regional anaesthetic. Your partner, however, will not be able to stay in the operating theatre with you.

Before you come to the Labour Ward

For your safety you must have an empty stomach before your operation. It is advised to have a good meal the night before, then have no more food from 0200 hours (six hours before). You are allowed black tea/coffee in morning then sip fluids until you are sent for the procedure. An advisory maximum of 500ml of clear fluids in total in the morning, dilute cordial is ok but not fruit juice or chewing gum. You will be given tablets to reduce stomach acid.

On the morning of your operation you can have a bath or shower but we ask you to avoid any creams, powder or make up. You will be given a gown to wear. We ask you not to wear underwear but you should put on a warm winter dressing gown and slippers.

Staying warm before surgery can lower the risk of post-operative complications and the hospital environment may be colder than your own home. Please tell staff if you feel cold at any time during your hospital stay.

You are advised not to shave your pubic hair prior to your caesarean section as this can increase the risk of developing a wound infection. The midwife may remove some hair using clippers immediately prior to your surgery.

Please note that the date or time that you have been given for your operation could be changed if the labour ward becomes very busy.

On the Ward

You will be introduced to a midwife who will be looking after you and your baby on the ward and during the operation. You will also meet the surgeon, the anaesthetist and the anaesthetic assistant

A drip will be inserted into your arm and fluids given. This is commonly performed once you go into theatre on the labour ward.

In the Operating Theatre

If you have a regional anaesthetic:

Your spinal or epidural will be inserted into your back, usually with you in a sitting position. The anaesthetist will clean your back first with antiseptic solution then use some local anaesthetic before introduction of the regional anaesthesia. With a spinal you start to feel numb very quickly. An epidural takes longer to take effect.

Your blood pressure will be checked very frequently once you lie down. If you feel sick tell the anaesthetist, since it may be due to your blood pressure falling and this can be corrected.

If your partner is to accompany you into the operating theatre, he or she will change into theatre clothes. The anaesthetist will check that you are adequately numb before the procedure is started.

If you have a general anaesthetic:

You will be given an antacid to drink (to reduce the acid in your stomach) and a midwife will insert a catheter into your bladder at the most appropriate time. A cannula (a drip into a vein) is normally inserted before the anaesthetic is given. The anaesthetist will give you oxygen to breathe through a face mask for a few minutes. Once the obstetrician and all the team are ready, the anaesthetist will put the anaesthetic in your drip to send you to sleep. Just before you go off to sleep, the anaesthetist's assistant will press lightly on your neck. This is to prevent stomach fluids getting into your lungs. The anaesthetic works very quickly.

When you are asleep, the anaesthetist will place a tube into your windpipe to prevent fluid from your stomach from entering your lungs, and to allow a machine to breathe for you. The anaesthetist will continue the anaesthetic to keep you asleep and allow the obstetrician to deliver your baby safely.

When you wake up, your throat may feel uncomfortable from the tube, and you will feel sore from the operation. You may also feel sleepy and perhaps a bit sick for a while, but you should soon be back to normal. You will be taken to the recovery area where you will join your baby and partner.

During the operation

The midwife will insert a urinary catheter into your bladder once you are numb; this will keep your bladder empty throughout the operation. At the same time they will also clean out the vagina with special cleaning fluid which helps reduce the risk of infections developing.

Calf pumps or anti-embolic stockings are put on to help your circulation while you are on the operating table. It is important to wear the stockings for as much of the time as possible, day and night, whether in hospital or afterwards at home, until you are back to your usual level of activity. You will also be prescribed an anticoagulant injection, which reduces the chance of your blood clotting in the blood vessels and causing an embolus either in your legs (deep vein thrombosis) or lungs (pulmonary embolus) The injection normally prescribed is called low molecular weight heparin (LMWH). This is usually injected once a day into the skin on the top of your leg. You may experience a temporary stinging sensation when the injection is given. This is normal and you are advised not to rub the area around the injection site.

The injections should be continued at home for seven days following your surgery; some people will need the injection for longer. Your midwife and doctors will discuss this further with you. We will give you instruction on how to self-administer this.

Your tummy is cleaned and covered with surgical drapes (sterile sheets). One drape makes a curtain, so you do not see the operation.

There will be at least two people performing your operation. The tummy is cut, usually in a horizontal line at the bikini-line. The uterus is cut in a similar manner inside. You will feel a sensation of movement in your tummy, but you should not feel pain.

It usually takes five to 10 minutes to deliver your baby but the whole operation can take an hour.

Your baby will be checked by the midwife and sometimes a paediatric doctor in an adjacent room and then bought back for you to hold until the end of the operation.

We do support immediate skin to skin contact with your baby and for checks to be postponed if medically appropriate, just let the team caring for you know this is your preference.

After the operation

At the end of the operation you will be cleaned including removing any blood from the vaginal area and a pain relief pessary placed into your bottom (anal canal) if you have verbally consented to this when asked by the anaesthetist.

You will either stay on your bed in the Labour Ward for about an hour or taken back to the postnatal ward for the initial recovery time there. During this time your blood pressure, pulse and oxygen levels are checked frequently. When all these observations are satisfactory you can eat and drink. You will then be transferred to the post natal ward if you are still on the labour ward.

Later the catheter will be removed from your bladder and the drip taken out the next day.

Your midwife will advise you when you can get up and look after yourself and your baby.

Pain relief

At the end of the operation, with your permission, we will give you a long acting painkiller by suppository as mentioned above.

A different long acting painkiller will usually be given with your spinal or epidural. If you need more pain relief please ask a midwife and she will give you a tablet or injection.

If you have a general anaesthetic, we usually give you a pump attached to your drip so you can give yourself a small dose of morphine when you need it.

If you are in pain please tell someone. We can help you. You should be able to walk around and care for your baby soon after the operation and if you are not able to because of pain you can ask for more pain killers.

If you feel sick or itchy after the operation, tell a midwife and she will be able to give you an injection to help.

If you have had a planned caesarean birth (CB), you will usually be fit to go home the day after the operation. You may need to be in hospital longer if you have had an emergency caesarean birth (CB).

What are the benefits of a Caesarean Birth?

A caesarean birth ensures safe delivery of your baby in situations where the risks of vaginal birth are considered greater than those of a caesarean birth.

Are there any alternatives?

The alternative is to continue to attempt a vaginal birth.

What are the risks of Caesarean Birth?

For you

- Injury to abdominal organs, including bladder, bowel, ureters and blood vessels (1 in 1000 women)
- Major haemorrhage needing blood transfusion (3 in 100)
- Emergency hysterectomy (2 - 8 in 1000)
- Return to theatre for further surgery (5 in 1000)
- Admission to Intensive Care Unit (9 in 1000)
- Rupture of the womb scar in a future pregnancy or labour (2–7 in 1000)
- Blood clot in a vein (deep vein thrombosis) or lung (pulmonary embolism) (4 -16 in 10,000)
- Stillbirths in future pregnancies (1-4 in 1000)
- Placenta praevia (this is when the placenta covers the neck of the womb) in future pregnancy (4-8 in 1000)
- Death of the woman from complications (8 in 100,000)
- Anaesthetic complications (anaesthetist will discuss these with you).

Other risks (frequently occurring) include:

Unsightly, uncomfortable or numb scar, nerve damage (one in 1000), incomplete removal of placenta, chronic pelvic pain, vaginal bleeding, infection, bruising or breakdown of wound or uterus, hernia or endometriosis in caesarean scar, adhesions and difficulty conceiving in the future, painful intercourse, increased risk of future caesarean.

You may need to return to hospital for further treatment or an operation if you have these problems.

For your baby[1]

The most common complication for babies born by caesarean birth is temporary breathing difficulty. Your baby is more likely to need care in the special care baby unit than a baby born vaginally.

There is a small risk of your baby being cut during the caesarean birth. This is usually a small, shallow cut (this happens in 1 to 2 out of every 100 babies delivered by caesarean birth and usually heals without further harm).

There is a more serious but rare risk that a bone is fractured (can happen in around one in 1000 caesarean births[2]) or a joint is dislocated.

Sterilisation at Caesarean Birth

If you are planning to be sterilised as part of the caesarean operation, then you may find the following information useful. You will be asked to sign an additional consent form (FYCON114-1 Sterilisation at Caesarean Section).

What are the benefits of sterilisation?

Up to 40% of the adult male and female population of the UK are sterilised. It offers a reliable form of irreversible contraception, so no other forms of contraception need to be taken after your operation.

Any sterilisation must be regarded as permanent

It is very important that you are sure that you will not regret this decision in the future. It may be worth considering other reversible methods of contraception (Mirena or a copper coil or an implant or injection) or considering a vasectomy for your partner as this is a slightly safer operation with a lower failure rate (one in 2000 after vasectomy).

Alternatives to sterilisation at CS

Alternatives are to use other contraceptive methods, insertion of Hormonal (Mirena) Coil at Caesarean Birth or have a separate/later operation to perform sterilisation after full recovery from Caesarean birth.

What are the risks of sterilisation at Caesarean Birth?

The risks are the same as that for caesarean itself (as previously described).

Additional risks of sterilisation include:

Failure of sterilisation (one in 200): At the time of caesarean-birth, the tissues are very vascular and potentially heal better. A sterilisation procedure done at this time may therefore carry a higher risk of failure than the usual one in 200 because the fallopian tubes heal together again.

There is an increased chance of ectopic pregnancy following sterilisation (less than one in 100) with potentially life-threatening complications if early help is not sought.

If you already have a lot of adhesions in your pelvis and your tubes cannot be safely reached, it may be wiser not to attempt the procedure, in which case you may need to opt for other means of contraception.

It is important that you are certain you wish to be sterilised as it is considered permanent and non-reversible.

Menstrual problems: these are often due to the discontinuation of previous contraceptives, e.g. the pill, which had given you lighter periods.

Physio advice following a caesarean birth:

Pelvic floor exercises

These muscles have been very stretched during pregnancy, regardless of mode of birth. If allowed to remain weak, stress incontinence, or prolapse may result.

Exercise will:

- Encourage healing and help ease discomfort
- Maintain and improve bladder control
- Improve the support for the pelvic organs
- Enhance sexual intercourse

Please see York and Scarborough Perinatal Pelvic Health Clinic for further information and support.

The POGP ‘Fit for the Future’ booklet contains detailed information for all modes of birth including Caesarean Birth and has some excellent infographics and advice on graded return to activity, pelvic floor exercises etc and can be viewed by scanning the QR code below.

Remember

Pelvic floor exercises are for life.
It may take three to six months to get good results.

Once you start to experience an improvement, exercise twice a day for the rest of your life.

At home

- Take painkillers for as long as you need them.
- Try to get as much rest as you need.
- Continue with the recommended exercises.
- Commence driving when you can wear a seat belt, do an emergency stop, reverse without discomfort. Normally your insurance is valid once you are able to control the vehicle comfortably especially in an emergency. (Usually, after about two weeks).
- You may need to check with your own insurance company if they have any specific rules.

Try to avoid heavy lifting, forceful pulling and pushing, over stretching and strenuous high impact exercise for the first six weeks. Remember any exercise should feel comfortable.

References

[1]Information on risks for baby reproduced from:
Royal College of Obstetricians and Gynaecologists. Considering a caesarean birth. Patient Information Leaflet. London: RCOG; Published July 2022 Published August 2022, minor update November 2024, 2015 with the permission of the Royal College of Obstetricians and Gynaecologists.

[2]Planned caesarean section versus vaginal birth for breech presentation at term: a randomised multicentre trial.

Mary E Hannah et al. Term Breech Trial Collaborative. The Lancet Volume 356, Issue 9239, 21 October 2000, Pages 1375 – 1383.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact: Clinical Governance – Women's Health, telephone York 01904 721327 or Scarborough 01723 236253.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email yhs-tr.patientexperienceteam@nhs.net.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website: www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/

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