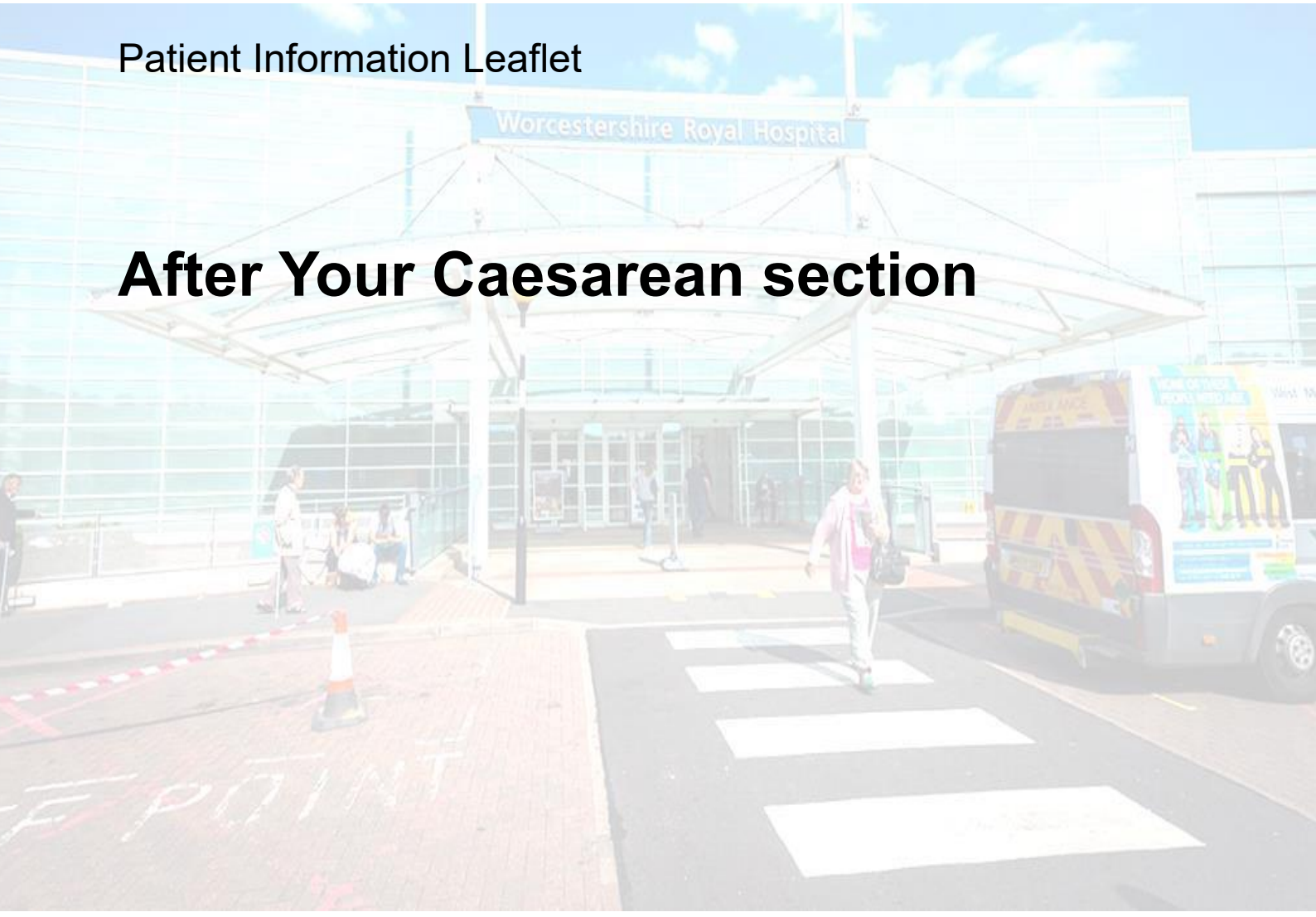
Worcestershire Acute Hospitals NHS Trust

Patient Information Leaflet



After Your Caesarean section

Whilst you are in hospital after your Caesarean section the maternity team will support you to recover as quickly as possible. During this time our job is to ensure you are going home well and able to take care of yourself and your baby.

If you have any questions about your birth we encourage you to discuss these with the midwives and doctors caring for you while you are still in hospital, but if you would rather wait until a later date please ask your midwife to make an appointment for you.

Section 1- What happens after a caesarean section?

Where do I go after my ceserean?

- Following the completion of the procedure, your baby and your partner will be moved round to the recovery unit.
- We will check your vagina for any bleeding and give you a pain killer as rectal suppository. You will then be transferred to join your baby and your partner in recovery.
- In recovery, you will be looked after by midwives and theatre staff for approximately 15-30 minutes.
- We will be monitoring your: blood pressure, pulse, temperature and level of comfort.
- You will be encouraged to drink and eat if you wish at this stage, and your midwife will offer support as you feed and care for your baby.
- Your midwife will then take you to the postnatal ward.

How long can my partner stay?

Your partner can stay with you in the recovery area immediately after your operation. Partners also have 24 hours access to postnatal ward.

When I eat and drink?

- After your caesarean section you will be encouraged to drink normally as soon as possible.
- If your observations are stable, you will be offered something light to eat as soon as you return to the Postnatal ward. If there is something light that you know you would like to eat, then please bring it with you and tell your midwife.
- If you have allergies or special dietary requirements, please let us know so that we can order the right meal for you
- You should aim to be eating normally on the evening of your operation.

Section 2- What to expect after a cesarean

Pain Relief

Caesarean section is a major operation and providing you with adequate pain relief is an essential part of ensuring that you recover quickly and fully over the days, weeks, and months afterwards.

Pain relief immediately after a caesarean

Treating pain after your operation begins before your procedure has even started. The spinal and/or epidural anaesthesia will provide the best form of pain relief in the immediate period following your caesarean section by numbing your pain sensation.

Within the spinal / epidural injection, we use a strong painkiller called Diamorphine, which lasts more than 12 hours.

At the end of the procedure, the obstetrician will give you another painkiller called Diclofenac (Voltarol) in the form of a suppository. Given in this form, it provides good pain relief quicker and for a longer duration compared to taking them orally.

If you have general anaesthesia instead of spinal / epidural, you will be given strong painkillers by injection, such as Morphine and Fentanyl before waking up from anaesthesia. You will also receive local anaesthetic infiltration within the layers of your abdominal wall to help numb the incision.

What pain relief will I be taking regularly

For most mums and birthing people delivering at Worcestershire Royal Hospital you should be receiving:

Paracetamol 1gram, 4 times a day

(TWO 500mg tablets to be taken four times a day).

Ibuprofen 400mg, 4 times a day

(TWO 200mg tablets to be taken four times a day)

These are maximum doses in a 24 hour period and must NOT take any more than this.

It is important that these medications are taken at regular intervals even if you are feeling comfortable as gaps in pain relief can make it less effective.You may be asked if you would like to self administer your analgesia on the postnatal ward but this will be discussed in more detail with you once you are in hospital

How long you need these drugs does vary from person to person but is likely to be up to 1-2 weeks for most people. These regular medications will help you to remain mobile

and care for your baby, as well as reduce the likelihood of you experiencing **breakthrough pain**.

- **Breakthrough pain** is the term used to describe recurrent pain or pain that occurs before your next dose of regular pain relief medicine is due.
- If this occurs, Oral Morphine Solution can be used AS WELL AS the tablets above. It is normal for most mums and birthing people to need some oral morphine on the first day after their Caesarean.

Alternative painkillers

Dihydrocodeine is a morphine-like drug, but it is not as strong as Morphine. It is a helpful alternative if you are not able to take Ibuprofen. In this case we will prescribe it regularly (up to four times per day) together with Paracetamol.

Pain relief and Breastfeeding

Any drug that you take whilst breastfeeding will be passed to your baby.

However, for most of these drugs, the actual amount transferred to your breast milk will be less than 1% (a very small amount). The research evidence for the safety of many drugs will be limited, therefore drug companies will not be allowed to endorse their products for use while breastfeeding. However, experience tells us that the drugs mentioned above have been used safely for many years. In Worcestershire we now no longer suggest using Codeine or products containing Codeine such as Co-codamol when you are breastfeeding due to the very rare case where your baby can be excessively affected by side effects such as drowsiness and impaired breathing.

Both Morphine and Dihydrocodeine are acceptable to take whilst breastfeeding, however it is advisable to take them for the shortest possible duration. If you need to take them on a regular basis or for a prolonged time, be aware of the possible adverse effects in your baby, such as:

- Drowsiness
- Breathing problems
- Lethargy
- Poor feeding
- Slow heart rate

If you notice any of the above side effects in your baby, stop taking the drugs immediately and seek medical advice.

Codeine phospahte or Tramadol should not be used for pain relief if you are breast feeding.

If you are at home by the second day after delivery, you will receive a phone call from one of the Anaesthetic team. The call will be to check you have recovered well from your anaesthetic and that the painkillers you have are adequate. If you need any breakthrough pain relief once at home, we can help organise this through your GP.

Getting out of bed and walking.

- Once the numbness from the anaesthetic has worn off and you have someone with you for support, you will be encouraged and helped to get up and about as soon as possible.
- You will be encouraged to continue walking around the ward, and once your catheter is removed walk to the toilet. This not only aids your recovery but helps to reduce the risk of blood clots.
- In some cases, urinary catheters remain in for longer than is planned – **this does not mean you have to stay in bed or stop you going home.**

Postnatal Physiotherapy

- You will be seen by the Post-Natal Physiotherapy team the morning after your delivery.
- They will go through specific exercises to strengthen up your pelvic floor and abdominal muscles and provide advice on movement and activity after surgery
- Now is the time to ask any questions about returning to normal activity

The following links will help re-enforce the advice given by your physiotherapist:

http://www.worcsacute.nhs.uk/maternity-services/maternity-enhanced-recovery - Activity and exercise after Caesarean delivery (video clip)

worcsacute.nhs.uk/documents/documents/patient-information-leaflets-a-z/postnatal-exercises-and-advice/

Blood Loss.

- It's normal to lose lochia (a combination of mucous, tissue and blood) from your vagina after birth until the womb renews its lining.
- Usually, it will not be more bleeding than a heavy period. You will need to use maternity pads for the bleeding.
- Following your Caesarean, you may be given a drug called Syntocinon (a synthetic version of the naturally occurring hormone Oxytocin) through your cannula into

your vein. This will encourage your uterus to contract, helping it to shrink back to its normal size and reducing your blood loss.

- You may find that your lochia appears to increase when you first stand up.

Bladder catheter managment

- **Urinary catheters will routinely be removed 12 hours after they have been inserted**. If it has not been removed by 12 hours, please ask you midwife why this is the case.
- Once your urinary catheter is removed, you will be encouraged to drink plenty of fluids. When you pass urine, you will be asked if you had normal sensation (feeling) at the time.
- You will also be asked to measure the amount of urine you passed during your first two visits to the toilet and you will have a scan to your bladder to check for any remaining. This will allow your midwife to assess your bladder function.
- This is an important step to getting you back to normal and your midwife will talk to you about this process after are back on the Postnatal ward.

Blood clots; Deep vein thrombosos (DVT) and Pulmonary embolism (PE)

- During pregnancy, swelling and discomfort in both legs is common and does not always indicate a problem. However, it's important that you are aware of the symptoms of DVT and PE so that you know when to seek medical advice if you are concerned.

- To help reduce the risk of developing blood clots in your legs after your caesarean section you may be offered a daily injection of medicine to thin your blood (Enoxaparin./ Inhixa).

Symptoms of a blood clot (DVT):

- Pain in the calf or thigh with swelling of the limb - this may be worse when the foot is bending upwards towards the knee
- Heat or redness, particularly in the back of the leg, below the knee
- You may find it difficult to put weight on the affected leg.
- DVT usually affects one leg.

Symptoms of pulmonary embolus (PE):

- Difficulty in breathing or shortness of breath
- Coughing up blood-stained sputum (a thick fluid produced in the lungs)
- Chest pain that is often worse when breathing in
- Collapse

If you have any of these symptoms while in hospital, please inform your midwife. If you have been discharged home and have any of these symptoms, please call **maternity triage on 01905 733196**.

- It is also important for you to continue wearing your surgical stockings for at least seven days, please request for a second pair to go home with.

They need to be worn day and night with a maximum 30-minute break each day.

Blood thinners

- Your midwife will explain how to administer any blood thinning drugs your obstetrician has asked you to take after your delivery.
- You will need to give the drug to yourself as an injection, but It can be somebody else if they are trained and happy to do so (partner, friend or a family member)
- Link below gives guidance on how to administer your blood thinning injection:

http://www.techdow-pharma.co.uk/productsInfo/

Section 3- All about Going Home

- Please ensure that whoever is taking you home has baby's car seat available to safely transport baby home.
- Your midwife will discuss your pain relief and any other medications you are to take home but Please make sure you have enough Paracetamol and Ibuprofen at home to at least see you through the first week. If you then need more, you will have had enough time to buy some.

What needs to happen before I go home?

You will be asked to access the following video with postnatal discharge information in https://www.youtube.com/watch?v=7mUA-pOoc80

Baby will need a NIPE examination by a midwife, this is part of a screening tool to check baby over and may need referring to a pediatrician if anything is highlighted.

Baby will also need a hearing test completed by one of the hearing screeners, the hearing screeners come to the ward daily but this can be done after discharge.

A useful tick-box guide to the steps required to enable you to get home is given below, a patient diary.

What needs to happen before you go home	Tick box	Time achieved (approx.)
Ways of knowing how well your recovery is going		
a. Your pain should be no more than mild at rest or moderate when you move		
b. You should be able to walk without difficulty		
c. You should be able to pass urine		
d. You should be eating and drinking normally		
e. Your wound should be clean, dry and healing well		
f. Your blood count should be checked and satisfactory		
g. There should be no other concerns about your health that mean you must stay		
Things about your baby		
a. Your baby/babies should be feeding well		
b. Your baby has had their routine check by the Doctor/Midwife		
d. There should be no other concerns about your baby's progress		
e. Your baby needs to have had NIPE assessment		

Things about your discharge arrangements and follow up		
a. The name and address of your GP should have been checked		
b. Discharge address – you should have confirmed the address you will be going to from hospital		
c. Discharge advice discussed, and postnatal paperwork provided		
d. An outpatient appointment should have been arranged if required		
e. You should have paracetamol/ibuprofen at home and your extra discharge medication to take home		
f. You should have been shown how to self-medicate Enoxparin blood thinners if required		
g. You should have been seen by the Physiotherapist and give advice		
h. Any other outstanding issues must have been considered		
i. If you are Rhesus negative, an Anti D injection should be administered if required		
j. You are aware of who and where to call if you have any problems over the following 2 weeks: Please call maternity triage, GP or your midwife		

You will be asked to confirm the address and contact details for your postnatal visits.

Before you go home, your Midwife will ensure you have the following information:

1. A summary of your notes and delivery details will be available on our Badgernet system to your community midwives that visit you at home. Your GP and health visitor will also receive an electronic copy of this summary.
2. Information on what to expect over the forthcoming days in terms of you and your baby's health:

- http://www.mothersguide.co.uk/ - Mothers + Others Guide (free paper copy for you on discharge

- https://www.gov.uk/government/publications/screening-tests-for-you-and-your-baby-description-in-brief - Screening tests for you and your baby (language translation options)
- https://www.gov.uk/government/publications/cervical-screening-description-in-brief - NHS cervical screening – Helping you decide (language translation options)
- http://www.worcestershire.gov.uk/info/20315/births/68/registering_a_birth - How to register your baby/babies' birth
- Information on how to access breastfeeding support
- http://www.worcsacute.nhs.uk/images/How_to_prepare_a_powder_milk_bottle.jpg - A step by step guide to preparing powdered formula feed
- A contact telephone number for **ANY** questions regarding:

Your Caesarean delivery, immediate recovery or pain relief – call maternity triage **01905 733196**/ your midwife or GP
Baby/feeding concerns – call **Transitional Care unit on 01905 760663**

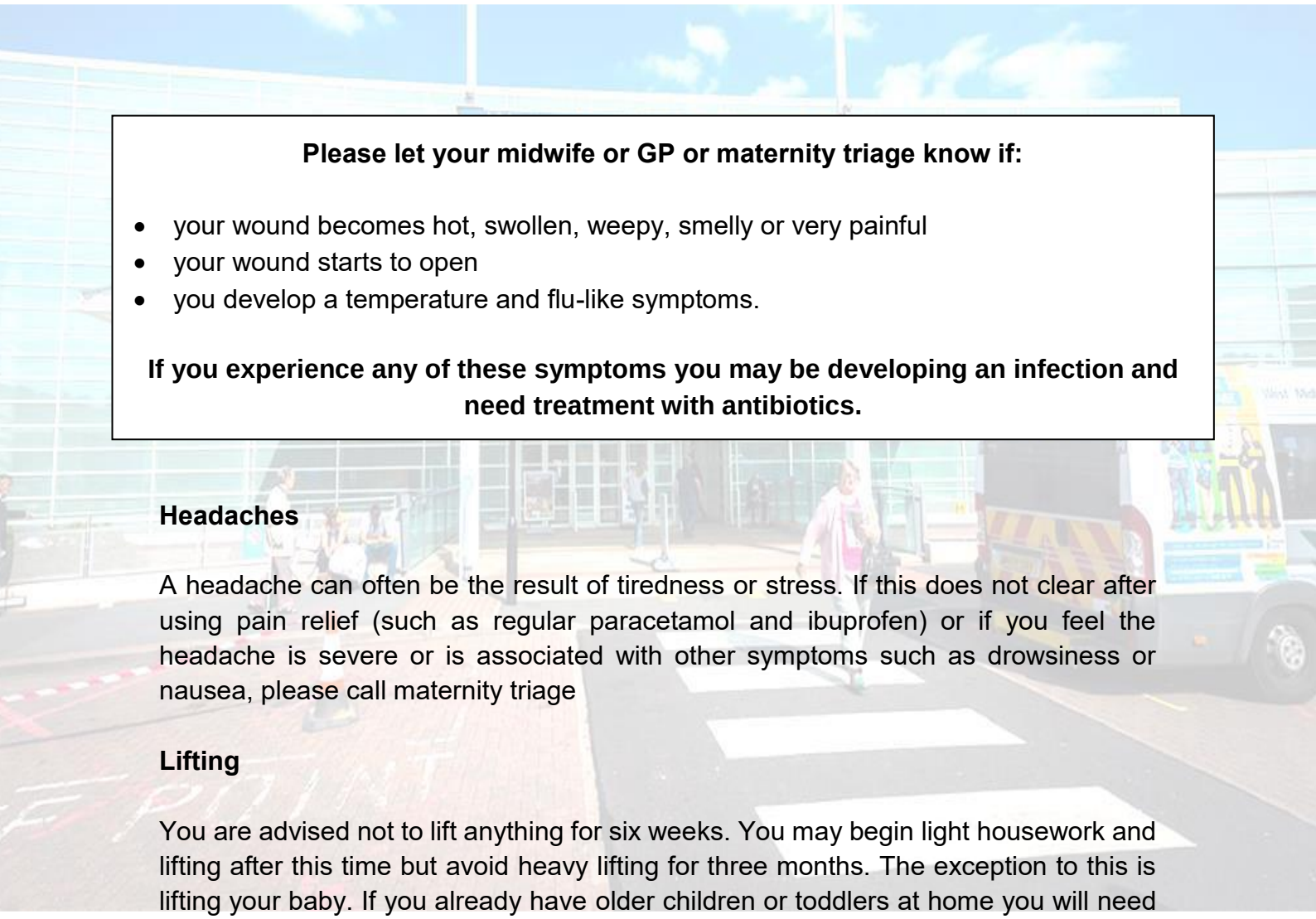
MIDWIFE SUPPORT AT HOME

- Your Community Midwife will visit you on the day after your discharge home.
- At this stage you will discuss how things are going and make a plan for the next week.
- They will usually visit you two or three times during your first ten days at home. Unfortunately, we cannot guarantee a time for this first visit, but it should be in the morning of your first day.
- The health visitor will usually contact you within ten days after the birth of your baby and their role is to help you care for your new baby.

Wound Care

- Your wound will be covered with a dressing which should stay in place for about 5 days after your caesarean section according to type of dressing.
- You are advised to wear loose, comfortable clothing and cotton underwear, and keep the wound clean and dry.
- After 5 days, you should remove the dressing after having a shower (as it will be easier to remove if it's wet).
- Some mothers may require a vacuum dressing after their Caesarean to prevent infection. If that is the case then your midwife will discuss how to manage this at home
- Please ask the midwives if you would like this to be checked.
- For information about scar massage- https://squeezelifthold.co.uk/caesarean-section-scar-massage-july-2023/

Stitches stop any bleeding from the wound and join the skin and muscle together. The thread used is dissolvable so they do not have to be removed. The stitches start to dissolve after about ten days and have usually completely disappeared after six weeks. Please discuss care of your wound and infection prevention with your midwife. Your midwife will review your wound if you have any concerns. In some cases, we may need to use non-dissolvable stitches, then we will let you know about that and plan for removal.



Please let your midwife or GP or maternity triage know if:

- your wound becomes hot, swollen, weepy, smelly or very painful
- your wound starts to open
- you develop a temperature and flu-like symptoms.

If you experience any of these symptoms you may be developing an infection and need treatment with antibiotics.

Headaches

A headache can often be the result of tiredness or stress. If this does not clear after using pain relief (such as regular paracetamol and ibuprofen) or if you feel the headache is severe or is associated with other symptoms such as drowsiness or nausea, please call maternity triage

Lifting

You are advised not to lift anything for six weeks. You may begin light housework and lifting after this time but avoid heavy lifting for three months. The exception to this is lifting your baby. If you already have older children or toddlers at home you will need to ask for extra assistance from family and friends to begin with, because toddlers are too heavy to lift (although they can have plenty of cuddles for reassurance). If you are shopping, try to carry equal loads in each hand, not one heavy bag. It is worth remembering that car seats and prams can be quite heavy, so remember to ask for help when you require it.

Rest

Try to rest for at least one hour every afternoon. You will need someone to help you at home for at least two weeks. Where possible, make arrangements with family and friends who may be able to assist with daily household tasks.

Diet

It's important to eat properly. Try to eat three meals a day, containing plenty of protein such as meat, cheese, nuts, milk or fish to aid healing and help build you up. Also include fibre such as fruit, bran and vegetables to prevent constipation, which will cause strain on your abdominal muscles.

Driving

You may start driving when you feel comfortable, although you should check with your insurance company that you are covered to drive following major surgery. Before you start and before you put the keys in the ignition, try putting your foot on the brake while the car is stationary, as if you were doing an emergency stop. If this is painful you should wait a few more days and try again. Try to start with short journeys as you may get tired quickly.

Activities

The Physiotherapy team will discuss postnatal exercises with you either before you go home and following these instructions will aid your recovery considerably. Gentle sports such as swimming can be started when your wound is healed. It is not advisable to undertake high intensity exercise such as aerobics until you feel comfortable. If you would like further advice or more information you can:

1. Contact the **Maternity physiotherapist on: 01905 760622**
2. Refer to the 'Post-natal exercise and advice leaflet' and have a look at the following information and demonstration clips using either the QR code or links here:

http://www.worcsacute.nhs.uk/maternity-services/physiotherapy-advice-after-delivery

It is important that you attend a six-week postnatal check appointment with your GP. This follow-up enables your doctor to check that everything is healing well and that there are no problems. This is usually with your GP, but you may be asked to come back to the hospital if there were complications that need to be discussed with the obstetrician. If you are thinking of going back to work, this is a good opportunity to discuss it with your doctor.

Sex

Sexual intercourse can be resumed when you feel comfortable. It will not damage your wound, but some positions may feel uncomfortable. Contraception is important because fertility can return quickly. Your midwife or doctor about this can discuss your future contraceptive needs with you.

Future Pregnancies

It is advisable to leave a 12month gap between pregnancies. This enables your body to recover from your caesarean and reduces your risk of scar separation during pregnancy and/or labour (2 in every 1,000 women).

Your caesarean section may also put you at increased risk of the placenta growing in the wrong place on the wall of your womb in a future pregnancy. This could lead to difficulties at the time of delivery or excessive bleeding. These are uncommon complications affecting between 4 and 8 women in 1,000.

Although having one caesarean section increases the likelihood of you having subsequent caesarean sections, 75% of women (3 in 4) with one previous caesarean have a subsequent vaginal birth (NICE 2007). You are therefore advised to discuss the implications of your caesarean section with your midwife or obstetrician.

We hope this leaflet has been a useful resource for after your caesarean. If you have any further questions or feedback please speak to a member of staff on the ward or use the feedback survey below.

Patient Experience
We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback
Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)
If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is

unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:
The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.