



Your baby is delivered by cutting through your

abdomen and then into your womb (uterus). The cut is usually made across your abdomen, just below your bikini line. The scar is usually hidden in your pubic hair.

In the UK, most caesarean sections are performed under epidural or spinal anaesthesia, which minimises the risk and means that you're awake for the delivery of your baby. A general anaesthetic (which puts you to sleep) is sometimes used, particularly if the baby needs to be delivered quickly.

If you have an epidural or spinal anaesthesia, you won't feel pain, just some tugging and

pulling as your baby is delivered. A screen will be put up so that you can't see what's being done. The doctors will talk to you and let you know what's happening.

It takes about five to 10 minutes to deliver the baby, and the whole operation takes about 40-50 minutes. One advantage of an epidural or spinal anaesthetic is that you're awake at the moment of delivery and can see and hold your baby immediately. Your birth partner can be with you.

After a caesarean section, you'll feel uncomfortable and will be offered painkillers. You will usually be fitted with a catheter (a small tube that fits into your bladder) for up to 24 hours. You may be prescribed daily injections to prevent blood clots (thrombosis).

You'll be encouraged to become mobile as soon as possible, and your midwife or hospital physiotherapist will give you advice about postnatal exercises that will help you in your recovery. As soon as you can move without pain you can drive - as long as you can perform an emergency stop. This may be six weeks or sooner.

Information syndicated from NHS Choices

- **National Institute of Health and Care Excellence (NICE): Guidelines on caesarean section**

Elective caesarean

Whenever a caesarean is suggested, your doctor will explain why it is advised, and any possible side effects. Don't hesitate to ask questions. You will have an appointment with an obstetrician in clinic 21 who will give you a date for your caesarean along with a consent form for you to take away and read. The operation is usually performed in the week before your baby's due date.

You will be asked to attend a pre-operative appointment with a midwife in clinic 21, within 7 days before the date of your operation. The midwife will discuss the procedures and ask to take a urine sample, blood tests and skin swabs for MRSA screening. She/he will also give you two doses of tablets called ranitidine, which will help reduce the acid in your stomach and prevent sickness.

On the day of your elective caesarean section please go straight to Lady Mary ward.

If your operation is in the morning:

- please arrive at 07:00
- take the first dose of ranitidine at 22:00 the night before
- do not eat from midnight
- you can drink water until 06:00 and take the second dose of ranitidine

If your operation is in the afternoon:

- please arrive at 09:30
- take the first dose of ranitidine at 06:00
- do not eat from 06:00
- you can drink water until 10:00 and take the second dose of ranitidine

Please have a bath/shower before you come

in, removing all jewellery, make up and nail varnish. You are likely to need to have any hair around the site of the operation removed. Please do not shave the hair yourself; the healthcare team will do this for you.

You will be asked to wait in the admission lounge on the ward, so please only bring in essential items such as your slippers and dressing gown as there will be nowhere to store other belongings. Your bag can be brought in later when you are back on the ward after the operation.

You will be seen by an obstetrician and an anaesthetist on the ward. It is important to remember your antenatal care record (hand held notes) and consent form.

Emergency caesarean

If your midwife and doctor are concerned about the safety of you or your baby, they will suggest that you have a caesarean straight away.

Reasons for needing an emergency caesarean include:

- Your unborn baby is not getting enough oxygen and a vaginal delivery will take too long and put your baby at risk.
- Your labour is not progressing, despite your efforts, and fails to move the baby sufficiently and quickly down the birth canal, causing distress to you and your baby.
- Your labour has been induced for a medical reason but the methods used are failing to produce contractions effective enough to lead to a vaginal delivery.
- You have vaginal bleeding during your labour.

In some emergency situations, a baby may need to be delivered very quickly, even within half an hour. In such emergencies, a caesarean section can be the safest way to protect both you and your baby.

Information syndicated from NHS Choices

Vaginal birth after caesarean (VBAC)

At the Rosie we recommend that most

women plan for a vaginal birth. This is called a VBAC – vaginal birth after caesarean . Before you decide whether to plan for a vaginal birth or elective (planned) caesarean section, it is important to consider and understand what the advantages and disadvantages might be with either type of birth.

It is helpful to talk with your midwife or doctor about why you had your previous caesarean . There may have been worries over your baby's heart rate, a very long or slow labour, or your baby may have been born in a breech position (bottom first) - all of which are unlikely to happen again.

Most women have a 70–90% chance of a successful VBAC, depending on why they had a caesarean before and whether they have also had any vaginal births. This means that seven–nine out of every 10 women who have had a previous caesarean should be able to have a vaginal birth. Occasionally you may need a caesarean for a different reason altogether.

You will be offered a consultation with a midwife or doctor and invited to attend a clinic with the women's health physiotherapy team to discuss your options.

