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What happens After a Caesarean birth

Introduction

One in four women in Great Britain, who give birth, have a Caesarean. Having a Caesarean birth has become part of modern obstetric care. It is accepted as an alternative way to give birth, where necessary, for medical or obstetric reasons.

Recovery

When the drapes are removed, you will be moved to a normal bed and reunited with your partner and baby in the recovery room. You will stay here for about four hours.

During this time, the midwife will check the following:

- your blood pressure,
- your temperature,
- your pulse,
- the wound,
- your vaginal loss.

This is to ensure you make a normal recovery. The drip that was put into your arm earlier will remain there for the next few hours. The epidural catheter, if you had one, is usually removed at the end of the operation or before you go to the ward.

When you have had a GA, you will drift in and out of sleep. As time passes you will become more awake and aware of things happening around you. You can try and breast-feed your baby as soon as possible. The midwife will help you with this.

The baby will also receive attention. He/she will be bathed, weighed, measured, have his/her temperature taken and be generally checked by a midwife.

You can start taking sips of water after a while. Your throat may feel sore and dry, especially if you have had a GA

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LOCAL ANTENATAL COURSES FOR LOCAL PEOPLE

Finally, you will have a wash and a clean night dress. Then you will be taken in the bed to the postnatal ward, carrying your baby.

The first few days

When you arrive on the postnatal ward, the road to recovery has begun. The next few days will be tremendously busy, physically and emotionally, with looking after your baby, establishing feeding, recovering from the operation and adjusting to parenthood.

Pain relief

When the anaesthetic begins to wear off, you may become aware of pain in your abdomen. You will already have had a painkiller in theatre or an injection on the labour ward.

The doctor usually prescribes painkillers for the next few days. Do not be a martyr and try to do without. It will not pay. The midwife can advise you on the most suitable pain relief for you. Ask for some as soon as the pain becomes uncomfortable. Remember, painkillers take 20-30 minutes to work. If you wait too long and the midwife cannot be with you directly, you may be in a lot of pain by the time you get analgesia (painkillers).

During the first couple of days you may need a stronger painkiller. By the third day, a couple of paracetamol, taken regularly, may be sufficient. Good pain relief also helps you to rest, sleep, feel comfortable, move about, and care for your baby in the early days.

Rest and visitors

Postnatal wards are known to be very busy places. However, rest and sleep are important to help your recovery.

You may have a single room for the first couple of days if there is one available. Unfortunately, this can not be guaranteed.

Whenever there is time to rest, do so. When your baby has settled, try and have a sleep too. It may be an idea to let the baby sleep in the nursery for the first two or three nights. This should give you a good opportunity to sleep yourself. If you want to feed the baby, the midwife can always bring the baby back to you to feed.

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AT THE START OF FAMILY LIFE



LOCAL ANTENATAL COURSES FOR LOCAL PEOPLE

Keep visitors to the minimum. Ask your partner to arrange for your children and close relatives to visit you for a short time only. Try not to have more than two visitors at once. You may find it difficult to concentrate and chat and you will become tired. Most people understand that you need to rest and take it easy. If it all becomes too much, ask them to leave.

Your body's recovery

Your body will need time to recover, but you will feel better every day. Try not to overdo things too soon, even though you may feel well.

The midwife will carry out regular checks to ensure you are recovering normally. Your blood pressure, pulse and temperature will be taken every four hours during the first couple of days.

If you still have a drip in your arm, fluid intake and output will be measured.

As with all women who have given birth you will have a vaginal discharge. This will be red at first, then brown and pink, and after two to six weeks it should subside completely.

Eating and drinking

After the operation you will start drinking sips of water and then a cup of tea if you do not feel sick. Your fluid intake will slowly increase to a normal daily amount. You can then start with a light diet such as scrambled egg, soup or cheese and biscuits.

When you can tolerate fluids and food, the drip in your arm can be removed. You will progress to a normal diet over the next couple of days. Order light meals for two days, to give your bowels a chance to start working again. A healthy diet with fibre, protein and calories will help your recovery, bowel function and breast feeding.

Bladder and bowels

You may have a catheter in your bladder for 24 hours, but this is often removed in theatre. If you do have a catheter, urine will drain freely into a small bag. Hygiene to prevent bladder infection is important.

When you are free of the catheter it is important to pass urine regularly, every two hours if possible. If you encounter any problems such as stinging, leaking

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AT THE START OF FAMILY LIFE



LOCAL ANTENATAL COURSES FOR LOCAL PEOPLE

of urine, difficulty in passing urine or passing very small amounts, tell the midwife. She will advise you on what to do. Using the bidet or passing urine in the bath may help.

Your bowels will start to work again slowly. After one to two days you will experience rumblings in your tummy, known as bowel sounds. Next you will start to pass wind. Peppermint water or tea can ease this. Passing wind may be very embarrassing, but do not worry. It is a sign your bowels are functioning normally. On the third or fourth day you will have your first bowel movement. If you feel constipated the midwife can give you a mild laxative.

The wound and sutures

For the first 24 hours the wound will be covered with a dressing. This will be removed the next day, leaving the scar exposed. Some women have, or develop, some bruising around the wound from the operation. This will disappear on its own over the next few days.

You can now have the shower you have been waiting for. You can also see the scar for the first time if you wish. It is a good idea to see the scar at some stage, as it is probably not as bad as you may think. Do this in your own time, when you feel ready for it.

You may not see any stitches at all if they are dissolvable and under the skin. Alternatively, you may find a thin blue thread, with or without little beads, emerging on both sides of the wound. Some doctors may use small metal clips to hold the skin together.

Removal of the thread is usually after five days, by way of a very simple and painless procedure. Clips may be taken out earlier.

Many women fear the moment when the stitches come out. They are then surprised to find that it is all over before they realise.

Metal clips may be removed by a simple procedure over two days, half one day, the rest the following day.

It is important to keep your wound very clean and dry in order to prevent infection.

Wearing large underpants or net pants may be more comfortable as you will avoid pressure and rubbing on the wound. Later the scar may feel itchy.

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AT THE START OF FAMILY LIFE



LOCAL ANTENATAL COURSES FOR LOCAL PEOPLE

Once your scar has healed and your pubic hair has grown again, the scar is often very difficult to see. The initial redness will fade and the scar should become a brown/white line.

Postnatal exercises

These are for your circulation and comfort immediately after your baby is born and for the first 48 hours:

- Take a deep breath in through your nose, then blow air out through your mouth.
- Bend and stretch your ankles and then your toes.
- Circle your feet round one way, and then the other.
- Bend and stretch one knee at a time, drawing each foot up the bed. (Do the last three every hour, ten times a day.)
- If you have learned relaxation techniques in your antenatal classes, practise now to help you rest and sleep.

Breathing and coughing

These are to help remove extra secretions from your throat and chest:

- Take deep breaths in through your nose and out through your mouth. Do this a few times, once or twice an hour.
- If you are 'chesty' you will need to cough to clear the secretions. This will hurt.
- It will be helpful if you bend your knees, lean forward and support your wound with your hands.
- Try a deep 'huff' as you breathe out to loosen the secretions.
- When you are able to move more easily, probably the most comfortable position for coughing is sitting on the side of the bed or in a chair. Lean forwards and hold a soft pillow against your abdomen.



LOCAL ANTENATAL COURSES FOR LOCAL PEOPLE

Getting out of bed

- If you are sitting up, try and edge your bottom to the side of the bed.
- Help your legs out one at a time by putting a supporting hand under your thigh.
- Use a footstool if the bed is high.

Standing and walking

- Brace your abdominal muscles and support your wound as you stand.
- Straighten up as you walk.
- Walk tall and do not shuffle. It will help your recovery and prevent backache.

Getting into bed

- Sit close to the bed back support.
- Brace your abdominal muscles as you lift your legs one at a time into the bed. Use your hands under your thighs.
- Remember you need to turn in bed. It is more comfortable to roll over with both knees bent up and kept together. You should also use this position when you wish to get up after lying flat on your back.

Exercises for muscles stretched and weakened by pregnancy and birth

Pelvic floor muscles

These are the support and control muscles of your pelvis. It is important to make them strong again so that bladder function is good and sexual satisfaction for both partners returns to normal.

- Squeeze shut the ring of muscles around your back passage (as if stopping a bowel movement).
- At the same time draw in the muscles around the birth canal (vagina) and lift - then relax.
- Progress to holding the muscle in firmly while you count to four before releasing.

Get into the habit of doing four of these after you pass water. If you have difficulty in passing water after the birth, it sometimes helps to sit on the toilet and do pelvic floor exercises with breathing as follows:



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- Breathe in as you tighten, then sigh the air out as you let go.

Abdominal muscles

- Sit on a chair or in bed, with your knees bent up and together.
- Press your lower back firmly against the pillows and pull in your abdominal muscles.
- Count to four and then relax.

You may have learned this pelvic rocking in antenatal. Do it slowly!!

Pelvic rocking also helps to ease backache and wind. Repeat this exercise as required.

When your baby needs special care

Sometimes a baby needs to be taken to the special care baby unit (SCBU), following the delivery.

The nurses will transport the baby in a specially equipped portable incubator to the SCBU. Your partner can go with the baby to SCBU, whilst you are still in theatre.

The special care staff will take a Polaroid photo of your baby so you have his/her picture by your bed when you come out of theatre. A paediatrician or nurse from special care may come to see you in the recovery room and keep you up to date on the baby's condition.

If you know beforehand that your baby may need to go to special care, ask someone if you can visit the unit to familiarise yourself. Otherwise, a nurse from special care may come and talk to you about what to expect in the unit.

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AT THE START OF FAMILY LIFE



LOCAL ANTENATAL COURSES FOR LOCAL PEOPLE

As soon as you are able, you can go and visit your baby. The staff will be happy to take you to SCBU in a wheelchair. When you are able to walk by yourself you can see your baby whenever you wish and for as long as you like.

Unfortunately, some very immature or sick babies do not survive, despite all the care and to great sadness of everyone involved. As well as having to recover from your Caesarean, you also need to grieve over the loss of your baby. Every individual reacts and copes differently with the loss of a loved one. You may need help at different times from professionals such as the midwife or GP, or from voluntary groups to find support from parents who have suffered bereavement themselves. Local voluntary groups are available.

Future pregnancies

The saying 'once a Caesarean, always a Caesarean' is no longer used in many hospitals. A more appropriate phrase would be 'once a Caesarean, always a hospital delivery'. The reason why you had the Caesarean may influence or decide the management of your labour next time.

For instance, if you had a Caesarean because the baby became distressed during labour, it does not mean this will happen again the next time. If you had a Caesarean because your pelvis was too small to enable the baby to pass through, your next baby may encounter the same problem. In this case, the best way to deliver would be to have another Caesarean.

It is therefore important to know why the Caesarean was done. Ask the doctor or midwife for a clear explanation. Alternatively, ask to see the consultant for your post natal check in six weeks' time if you still have unanswered questions about your birth experience.

When you have another baby and you are able to go through labour, you may come across the term 'trial of labour' or 'trial of scar', which means just that.

Because of your previous Caesarean, the doctor will not want you to labour for too long and a very close eye will be kept on your progress. If they are not happy with your progress you may need another Caesarean. Occasionally the Caesarean may be necessary for a different reason to the first.

On the other hand, if all goes well, and it usually does, you will have a vaginal

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AT THE START OF FAMILY LIFE



LOCAL ANTENATAL COURSES FOR LOCAL PEOPLE

delivery.

The need for a Caesarean can occur at any time, at any stage during labour, with the first, second or third baby. As long as you understand why it was needed, it will help you to accept the fact that you had a Caesarean and prepare yourself for the next pregnancy in a positive way.

Lovemaking

You can begin to make love again as soon as you both feel ready for it. If your scar is still tender, you may need to experiment with different positions.

Remember to use some form of contraception.

You may feel that making love will not be the same after your Caesarean. Your scar may be off putting to you or your partner. Talk openly about any anxieties and help each other to sort them out.

Useful contacts:

Caesarean section

Caesarean Support Network

2 Hurst Park Drive, Huyton, Liverpool. L36 1TF.

Tel: 0151 480 1184

Tips to help you recover

-Take It Slow- Don't expect to jump right out of the hospital bed the very next day after your operation. Those first few steps are going to be painful and will require assistance. Take baby steps and do not, above all, rush yourself.

-Take Your Pain Medications- Even if you are breast-feeding, your

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AT THE START OF FAMILY LIFE



LOCAL ANTENATAL COURSES FOR LOCAL PEOPLE

doctors and nurses will still urge you to take your medications. The actual amount of medications that will reach your breast milk and your baby are minimal. You will need those medications to help you during those first few weeks in order to walk, sleep, etc.

-Let Others Help You- Swallow your pride and let your spouse, family or friends help you with chores and caring for the baby. Even a simple task like climbing into bed will zap you of your energy those first few days.

-Keep Your Necessities Close- Having necessary items such as nappies, wipes, tissues, paper towels, remote control, pain medications, bottles, nipple cream etc. close at hand will help tremendously. Having them next to you will help keep you from having to continuously get up and down or move from room to room.

-Pulling To A Sitting Position- Those tummy muscles that you once took for granted will be of no use to you for the first few weeks following your operation. To pull yourself from a lying position to a sitting one, be sure to either have someone help you, or, use something like the back of the couch to gently pull yourself up. Another good trick is if you are lying on a couch or the bed, try gently rolling off of it (given that it is not too high off the ground) to the floor and then pull yourself up using a sturdy object such as a table or a night stand.

-Avoid Stairs- If at all possible, avoid climbing stairs for at least the first week. If your room is upstairs, set up camp downstairs on the couch.

-Create A Pillow Splint- Laughing, sneezing, coughing or taking deep breaths those first few days will be extremely painful. If you need to do any of those things, take a soft pillow and press it gently to your abdomen.

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AT THE START OF FAMILY LIFE



LOCAL ANTENATAL COURSES FOR LOCAL PEOPLE

-Avoid Greasy Foods & Carbonated Drinks- Once your bowels begin working properly after surgery, you will be extremely gassy. Gas bubbles will wreak havoc on your sensitive insides. Be sure to avoid anything that will only irritate your bowels further.

-Suck on strong mints or drink peppermint tea -it will help with the trapped wind.

-Keep Checking Your Incision- You might not want to look at it, but keep a constant check on your incision. Your doctor will advise you on what he/she would like you to do to keep the area clean. Report any inflammation, redness or discharge.

-Talk About Your Feelings- Depending on the circumstances of your C-section, you will most likely have conflicting emotions surrounding the event. Top it off with the normal post partum blues and you may feel like an emotional wreck. Talk to someone you trust about how you feel, or talk with other moms who have experienced the same things. Don't be afraid to cry and don't feel ashamed of your feelings. It is normal to feel angry, regretful or sad about having a C-section.

- Drink peppermint tea or eat strong mints this will help with trapped wind.