



Your Caesarean Birth

Birthing your way

This information leaflet is about caesarean birth.

“I prepared a birth plan for an unplanned caesarean birth and was so glad I thought about it before.” – Victoria

Even if you are not planning to have a caesarean, this is essential reading to consider and discuss with your midwife and other supporters. Taking this information into consideration will help you to feel more prepared to ask questions and understand the answers. We hope this will help you to have a positive experience, however you birth your baby.

This information leaflet was created by Whittington Maternity Voices in collaboration with Whittington midwives and obstetricians.

“Consideration of all the options for my birth really helped me feel empowered. I felt listened to and in control of my caesarean birth.” – Mayani

In this document we refer to ‘you’ - the pregnant person, or the mother, and ‘your birth partner’ – any person supporting you.

This leaflet refers to ‘baby’ in the singular but is also aimed at twins and other multiples!

Content

Reasons for a caesarean birth.....	2
Options to consider in your wishes for a caesarean birth.....	2
What to expect in a caesarean birth - Questions & Answers.....	3
Recovery - Questions & Answers.....	6
Tips for recovery at home.....	8
Helpful contacts & links.....	9

Reasons for a caesarean birth

There are many reasons for which a caesarean might be the right way for you to birth your baby:

- **Your choice**
- Your baby is distressed in labour
- Your labour is not progressing/has slowed down
- Your baby is in a challenging position and other options have already been discussed with you
- You are unwell and delivering your baby would help you recover
- You had a previous caesarean birth. We also offer support for VBAC (vaginal birth after caesarean).
- You experienced complications in a previous birth and have been advised to have a caesarean birth for subsequent births
- You are a survivor of trauma, sexual abuse, female genital mutilation

“The baby’s head was pushing on my partner’s coccyx. At full contractions, her cervix dilated no further than 2cm. An epidural didn’t work so the best option for us was a caesarean birth. We asked for music and low lighting when he was born, and it was a beautifully supported and calm experience.” - Steven

Options to consider in your wishes for a caesarean birth

Stress hormones can rise when going into a theatre environment for a caesarean birth. Knowing that the health professionals are working together to support you will be comforting and understanding the options you have available to reduce the stress hormones will be beneficial to help you stay calm and relaxed. It will encourage the production of **oxytocin**, which is the hormone of calm and connection!

“I was never condescended to and was kept informed about decisions all the time. I felt involved and confident that they were doing the best thing for [my baby] and I.” - Katy

You can think about what you would like and write a list of your preferences. Even if you are not planning for a caesarean, it is useful to think about what aspects of your birth plan you could take with you into a caesarean – for example, breathing techniques, visualisation, music.

Staff at the Whittington will do all they can to support your wishes. As long as your safety and the safety of baby are guaranteed, there are some **options** you might like to include in your caesarean birth.

“We didn’t have time for music but [...] I requested immediate skin to skin which the team made sure we had. My body completely relaxed and I’m sure this helped with our bonding and breastfeeding.” - Hannah.

We’re here for you from the very start of your pregnancy through to the birth of your baby and beyond.



There are many combinations that you can include in your birth wish list to make the birth experience more enjoyable for you, whether your caesarean birth is planned or unplanned.

- Share your **birth preferences**, talk to the team
- Use **breathing** techniques
- Play **music**
- **Quiet voices or music** for your baby to hear at birth
- Silence when your baby is born so your baby can **hear you first**
- Drop the screen so you can **see your baby** being born
- Allow the **cord** to stop pulsating naturally
- Enjoy **skin to skin** as soon as possible after delivery
- Birth **partner cuts the cord**
- Ask **questions**
- Bring your phone/camera and **take pictures**
- Possibly request for your baby to deliver on its own (you will need to discuss this with your consultant)

“My caesarean birth was a great experience, everyone was professional. I felt really taken care of. We asked questions and were given time to think. It was a relief once the decision was made.” - Nicole

Can I ask questions and make my own decision?

You can make your own choices if your midwife or obstetrician suggest a caesarean birth. **Ask any questions** you may have and have answers clearly explained. If you feel you have discussed and understood the reasons for a caesarean, you are more likely to feel satisfied with your birth experience.

What to expect in a caesarean birth - Questions & Answers

Who else is in the room?

The following people are likely to be present:

- a midwife, who does basic checks on your baby once he's born
- an obstetrician and their assistant, who do the operation
- an anaesthetist and a practitioner, who give you the drugs to numb you
- a paediatrician and a paediatric resuscitation team, if you are under general anaesthetic, or if your baby needs special care
- one or two theatre and scrub nurse and health care assistant

If further help is needed during your birth, a lot of people might come into the room very quickly. Each person has a **very specific job** to do.

“The birth can feel like a vulnerable moment, particularly if it is not going according to your plan. It was a great comfort that all the professionals were there, with baby and us as their priority.” - James

Make informed decisions!

Use your **BRAINS**

- What are the **Benefits**?
- What are the **Risks**?
- What are the **Alternatives**?
- What is your **Intuition**?
- What if we do **Nothing**?
- Space to consider the options



Can my partner/ birth companion come too?

For most caesarean births, partners or doulas can accompany the mother to the theatre. In the rare case that a general anaesthetic is required in an emergency, birth partners are not allowed into the room.

What happens next?

- When the decision to have a caesarean birth is made, you will be asked to sign a consent form. The consent form describes what happens before, during and after the caesarean birth. The consent form can be found on the website of the Whittington Maternity Services: <https://maternity.whittington.nhs.uk/>
- You will then be taken to theatre. Timing will be decided by need or urgency.
- Birth partners will be given scrubs to change into and a seat to sit on, usually near your head.
- You will be given a 'spinal'/ epidural anaesthetic and prepared for the operation. This will start to work very quickly. You will be awake for the operation.
- If you can't have a spinal or epidural anaesthetic, or if your baby needs to be delivered very quickly, you may need a general anaesthetic. This means you will be asleep for the operation. Your birth partner won't usually be able to go into the operating theatre, but they should be able to be with you in the recovery room.
- Before the operation starts, staff will insert a small tube (catheter) into your bladder, if you don't already have one. This is to ensure that your bladder remains empty and out of the way during the operation.
- You will have pressure cuffs put around your calves, which will go up and down during the operation. This keeps the blood flowing in your legs and reduces the risk of you getting a blood clot.
- Staff will go through the 'WHO safety checklist' and involve you. This is to ensure that everyone in the theatre, including you and any partner, know who everyone is, what their role is, what operation is happening and any special requests.

"The anaesthetist reassured me throughout the procedure what he was doing and what was happening. I held onto his arm for most of the time in theatre".
- Victoria

"I thought the team communications and team-working at the time of the caesarean was excellent - it helped ease our stress. The anaesthetist took over communications with me and Tom and she was very professional, informative and calming." - Pari



How can birth partners help?

You can sit with the mother and chat to her. You can help her to stay **calm and relaxed**, which is important, just as with any other birth. She might feel contractions whilst the anaesthetic is being set up, so you will need to continue to support her. The team will help you to support the mother and let you know if you are in the way at all. Feel free to ask questions. You might be able to take photos.

“Your continued support is important to the mother and will make such a difference, your voice and touch can bring reassurance and help to keep stress at bay”. - Lynn, Antenatal teacher

What does a caesarean birth feel like?

You might feel **pushing, pulling and pressure**, which can be intense, but it should not hurt. It feels different for all women, here are some examples of how some women felt:

- *“It felt a bit like rummaging!” - Mayani*
- *“My tummy felt like a washing machine in action.” - Anne*
- *“I felt light pressure and touching.” - Nicole*
- *“The pressure was so much more intense than I expected, I felt my whole body moving! It wasn’t painful at all.” - Sinead*

Some women experience shivering and shaking and vomiting from the anaesthetic.

What are the common risks of caesarean birth?

- Increased blood loss
- Damage to the bladder or bowel
- Infection
- Cut to the baby’s head

Most of those are rare. A caesarean birth might be the best way to ensure your safety and that of your baby.

“The staff reacted so quickly when things went wrong and for that I am eternally grateful.” - Katy

How long does it take?

“It was quite fast, I liked that I knew I would meet my baby boy within 1-2 hours after my waters broke and that I didn’t have to endure labour for days.” - Yu Yan

Sometimes it is necessary to get your baby out very quickly but some caesareans, particularly planned ones, can be performed **slowly**.

From the start of the operation, it can be less than 5 minutes before you meet your baby. It will then take **20 – 40 minutes** to complete the operation.



What is code red?

When your baby is born you will naturally lose some blood. If this blood loss goes above a certain level the team will activate a 'code red call' to summon more staff to help and ensure that you remain safe. You may hear the bleeps going off and see lots of people come in to theatre. Although this can feel very scary it is a relatively common occurrence and you don't need to worry. The staff looking after you will speak to you and let you know if they have any concerns.

Recovery - Questions & Answers

What happens in theatre after your birth?

Unless your baby needs some extra help, he/she will be handed to you for skin to skin time. If you are not able to hold your baby after the operation, your birth partner could do skin to skin time.

You will be sutured (stitched up) in theatre. This is a great time to start to get to know your baby. Even if you can't hold your baby, looking and talking to him/her will encourage oxytocin and **bonding**.

"I didn't understand why my body felt so itchy and I was embarrassed to say about the terrible trapped wind! When the midwife asked how I was feeling, I explained, and she reassured me it was totally normal, and she could help with peppermint oil & an anti-histamine." - Sarah.

How will I be supported in my recovery?

- At the Whittington, birth partners can stay overnight to support you and your baby. Only 1 person at a time is allowed into the recovery area.
- If you don't have a partner with you, talk to the midwife, they will give you additional support as needed.
- You will be **monitored** frequently to check your breathing, heart rate, blood pressure and pain relief for the first few hours.
- The wound site will be checked regularly to ensure there is no bleeding, and your vaginal blood loss will be checked regularly.
- You will be given fluids to drink within 20 minutes of entering recovery. You will be offered a tea and snack at approximately 2hrs after the surgery.
- Whatever your decision about **feeding** your baby, you will be given assistance with skin to skin and positioning of your baby to breastfeed or bottle feed.
- There will be a member of staff available to answer any queries and to give pain relief or medication to reduce any nausea.
- Please do ask questions and ask for help!



How might I feel in my recovery?

- In the first few hours after birth some women have very **itchy skin**, which can be a side effect of the medication we use as anaesthetic. This can be treated with an Anti-Histamine so let your midwife know.
- You might feel **nauseous** or vomit. This can be treated with Anti-Emetic, if required, so let your midwife know. When you will first be offered food, try to have a milky drink, some toast or a snack box. It will aid your recovery.
- The catheter will be removed between 6 and 12 hours following the birth, after which it is encouraged to mobilise and use the bathroom. **Getting up and moving** as soon as it feels possible will support recovery.
- Your midwife will encourage you to **drink** plenty of fluids when you are thirsty, after your catheter is removed. They may ask you to measure the amount of urine you pass the first couple of times you go to the toilet, to check you don't have any bladder problems.
- It is important to tell your midwife if there are any concerns or pain. If something doesn't feel right, ask.
- You will be prescribed regular **pain relief** whilst in hospital and will also be given some to take home. It is advisable to take this regularly, even if there isn't much pain, as once the pain increases it is harder to keep on top of.
- The wound is likely to **feel sore and tender** for some time and will take around 6 – 8 weeks to heal. Your midwife will advise you regarding taking the dressing off. It is important to keep the scar clean and dry.
- Only shower for the first few days, but after it is fine to bath as well. Do not use soaps or moisturisers on the wound until it is fully healed, and do not put bubble bath in the water.
- Having a caesarean birth can often cause some **bowel irritation** which can lead to a build-up of **gas** and **constipation**. This can sometimes be quite painful but will settle. Please let the staff know if you have concerns as they will be able to offer you further help.
- After birth some women will need to take an anticoagulant to reduce their risk of forming a **blood clot**. This is an injection, which is normally given in the thigh. It may need to be taken for up to 6 weeks depending on your risk factors. The staff will show you, or anyone helping you how to administer it.
- After any caesarean birth, you are likely to feel sore and tired. If you had hoped for a different type of birth, you (including partners) might feel disappointed and upset. Do **talk about these feelings** and give yourself time to recover, both in body and mind.

Enhanced Recovery Programme

The Whittington Hospital follows an enhanced recovery programme which enables some women who have had an uncomplicated caesarean birth to play an active role in their recovery and return home the day following surgery.

You may be invited to a pre-assessment clinic prior to surgery (at around 37 weeks) You will be given information on preparing for caesarean birth and how you can participate in your own recovery. This session is run by nurses and midwives and can also include input from anaesthetists.

You will follow a specific plan of care which focuses on when to eat and drink, and effective pain management.

Our community midwives will visit you at home on the day after discharge from hospital. They will visit as often as needed until you and your baby can be discharged to a health visitor. Once well enough to go out, you may be given the option of seeing a midwife at a postnatal clinic, usually in a children's centre, or continue being cared for at home.

<https://www.whittington.nhs.uk/default.asp?c=20120>

What might it be like at home?

You and your baby will usually go home within 24-48 hours of birthing. Your **midwife will visit** you the day after you get home and a health visitor between 10 and 20 days after your baby was born. It can be helpful to write down any questions you have, so that you can ask them when you see a midwife or health visitor. It is important to tell your midwife, health visitor or GP if you are concerned in any way.

Tell your midwife or GP immediately if:

- You have a high temperature
- You feel generally unwell - for example, an upset stomach
- Your wound becomes red, swollen, painful or has a discharge.

“My scar still feels numb and tingly when I touch around the area. My baby is now 6 months old.” - Sarah

Tips for recovery at home

- **Look after yourself.**
- Make sure that you have plenty of good food.
- Drink plenty of water, when you're thirsty.
- If you have family and friends nearby, now is the time to call on them! Maybe someone can come around and do the cooking or cleaning for you or look after the baby whilst you have a bath or shower. Sometimes people don't know how to help but they are happy to be told!
- Take the time to rest and enjoy skin to skin with your baby. Bonding time is the priority in the first few weeks. If you are breastfeeding, this will help to encourage your milk production.
- It can be uncomfortable and painful climbing stairs or picking up your baby. If possible, change your environment so that you limit those movements, for example by sleeping in another room if you struggle using stairs, changing the baby's sleeping arrangement, having someone else hand them to you, etc.
- Prepare a table by your bed or chair that has everything you need on it. Look after yourself as well as your baby.
- If breastfeeding, do note that your milk can take a little longer to come in after a caesarean birth. Be patient and kind to yourself. It can be hard to focus on breastfeeding your baby if you are feeling sore. Experiment with different positions and make sure you feel comfortable.
- Lying down on your side is a good position as it takes the pressure off your incision.
- You may find it easier to get out of bed by rolling on to your side, dropping both legs over the side of the bed and then pushing yourself up sideways into a sitting position. Try to stand up as straight as you can. You can do the opposite to get back into bed.
- Speak to your GP if you are still having pain or don't feel you have recovered after six weeks.
- Gentle exercise, such as walking, will help you recover from your operation. Avoid anything more active until you have no pain and you feel ready. For example, avoid driving, carrying anything heavy, doing heavy housework, such as vacuuming, or having sex until you feel able to. You will need help with carrying your baby in the car seat and with lifting the pram.



Helpful contacts & links

- Support group if you are struggling to deal with difficult emotions. You do not have to be a Camden resident.
<http://cocoonfamilysupport.org/about-us/>
- Home-start will send a volunteer round to your home to support you.
<https://homestartcamden.org.uk/>
- Local breastfeeding support
<https://www.breastfeedingnetwork.org.uk/sample-page/>
NCT breastfeeding helpline: 0300 330 0700
- Whittington Health Maternity Voices
https://maternity.whittington.nhs.uk/maternity_voices.php
- More on caesarean births
<https://www.tommys.org/pregnancy-information/labour-birth/c-sections-everything-you-need-know>
<https://www.tommys.org/pregnancy-information/labour-birth/caesarean-section/what-happens-during-c-section>
- More on recovery after a caesarean birth
<https://www.babycentre.co.uk/a539020/recovery-after-a-caesarean-birth>

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