

Postnatal care

On return to the ward you will have a drip in your arm and a catheter. You will be asked to wear antiembolism (TED) stockings.

You will be given pain relief via suppository whilst you are still in theatre and then orally when you return to the ward. Pain relief will be given at regular intervals but you will be able to request additional stronger pain relief if you need it. You will need to recover from your operation so we recommend that only your birth partner visits on the day of the operation.

Where possible the obstetrician will use dissolvable stitches in your wound. Your dressing will be removed 1-2 days after your operation. Bathe regularly and pat the wound site dry afterwards. Plain mild soap and water is sufficient; highly scented bath products may cause irritation.

It is common for women to have an apron of skin which falls over the wound site. It is important to lift the apron of skin and clean and dry the wound site thoroughly to prevent infection. Try and find time during the day to rest, and expose your wound site to the air (by lifting up the apron of skin). This will help with the healing process.

You will be able to eat and drink normally after your operation. Early mobilisation will aid your recovery.

Your drip and catheter will be removed usually within 24 hours from delivery and you will be able get out of bed as soon as you are able. This will generally be on the morning after your surgery.

Baby care

The midwives are available to help care for your baby. They will provide support, advice and assistance as necessary. Breast feeding is encouraged and the staff will help you to feed your baby even if you are still in bed.

Length of hospital stay

Length of stay can vary depending on any medical conditions but we would aim to discharge you the day after your surgery.

Recovery period

It will take about 6 weeks for you to recover fully from your operation. It is important you are as active as possible without affecting your recovery. You need to be sensible, make sure you rest when you feel tired.

Return to work

You will have already decided on how much maternity leave you are going to take. From a surgical point of view you should be fit for work after 6 weeks but this will depend upon the type of work you do. If your job involves heavy manual work you may need a phased return.

Driving

Post-operatively you don't need to tell DVLA if you've had a caesarean section. Most women do not feel fit to drive for a few weeks after a caesarean, and many wait till after the 6-week check. You should stop driving after a caesarean section and only start driving again when your doctor says it's safe to do so. It is advisable to check with your insurance company before driving.

Long term effects

You should recover fully from your caesarean section with no lasting effects. Your scar will fade with time and is usually along your bikini line and therefore not visible.

Postnatal check

You will need a postnatal check 6 weeks after your baby is born. A postnatal clinic follow up appointment will be arranged prior to your discharge.

Future pregnancies

How you deliver your next baby will depend upon why you had a caesarean section this time and what happens in your next pregnancy. In the absence of any contraindications, we would aim for you to have a normal birth in the next pregnancy unless there were dangers to either yourself or your baby. You will be given a leaflet which explains this in detail. If you become pregnant again it is advised that you book for care early so that we can help you with any decisions that need to be made. Please remember we are here to support you and your family throughout your pregnancy journey and birth experience. Ultimately we want you to have a safe delivery of a healthy baby but your hopes, fears and wishes are important to us. If you have any questions or worries, please do not hesitate to ask.

USEFUL CONTACT NUMBER:

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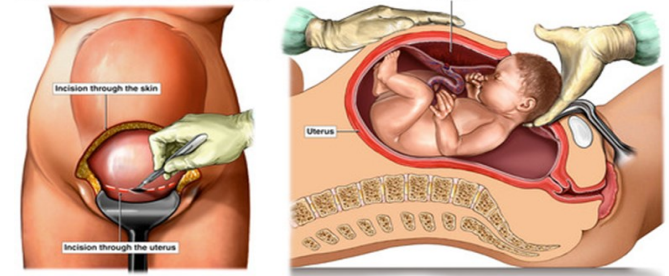
Patient Information Leaflet

CAESAREAN SECTION

WHAT IS CAESAREAN SECTION?

A caesarean section is an operation where the baby is delivered through an incision (cut) in the abdomen (tummy) and the lower part or segment of the uterus (womb). The incision is usually made along the bikini line.

Incisions for caesarean section



WHY DO I NEED TO HAVE A CAESAREAN SECTION?

There are many reasons why a caesarean section is thought to be the safest way to deliver a baby. In most cases the necessity for a caesarean section will be identified in the antenatal period.

The reasons for birth by caesarean section will be discussed and arrangements made to carry out the operation. This is termed as a planned or elective caesarean section and you will be given a date and the time to come into hospital for the operation.

Sometimes a caesarean section is performed as an emergency when the health and safety of either yourself or your unborn baby is of concern and a speedy birth is needed. This leaflet contains some of the questions you may wish to ask before you decide if you want to go ahead with the caesarean section.

If you wish to know more information about caesarean sections and what the operation involves, please speak to your obstetrician - he/she will be more than happy to help. If the caesarean section is performed as an emergency the obstetrician or midwife will explain what is happening but time may be of the essence. In these cases you will be given the opportunity to discuss your delivery whilst you are on the postnatal ward.

ARE THERE ANY RISKS INVOLVED IN HAVING A CAESAREAN SECTION?

Like any other operation there are some risks involved although for elective caesarean sections they are small. There are certain risks associated with having an anaesthetic. These will be discussed by your anaesthetist, either prior to your caesarean section if it is an emergency or at your pre-assessment visit if it is planned.

A small number of women will develop an infection after the operation, usually around the wound site, occasionally from a urinary infection or rarely involving the pelvic organs. If your caesarean section is planned you will be given an antibacterial wash to use prior to your surgery and antibiotics given at the time of the operation reduce the frequency of infections developing.

As with any surgery there is an increased risk of developing a blood clot in the leg or the lungs. To try and reduce this risk you will be prescribed a course of injections to help 'thin your blood'. You may need to continue with the injections at home, in which case the midwife will teach either you or your partner how to give them before you leave the hospital. We also recommend that you wear special anti-embolism (TED) stockings during your surgery and for several weeks after. These will be supplied by the maternity unit and fitted by a trained member of staff. You will also be encouraged to mobilise as soon as you feel comfortable. The amount of time you spend in bed will depend upon what type of anaesthetic you have and how well you feel.

There is a risk of bleeding during or just after the operation. The obstetrician and midwives will monitor your condition carefully and take measures to stop the bleeding if necessary. In rare cases further surgery is required.

Because of the nature of the operation there is a small risk that damage to other organs in your pelvis can occur

during the procedure (e.g.) bladder, bowel or the womb itself. Cases are rare and this will be discussed with you when you sign your consent for operation form. If you have any worries or questions please ask the doctor before you sign your consent. Women with the following history have a higher risk of complications:

- Women who have had previous surgery.
- Women with a high BMI.
- Women with existing medical health problems.
- Women who have a history of blood clots.

CAN I BE STERILISED AT THE SAME TIME AS MY CAESAREAN SECTION?

If you are considering sterilisation at the same time as your caesarean section please discuss this with the obstetrician at the time the decision for planned caesarean section is made. Sterilisation will not be discussed or performed if you require an emergency caesarean section.

WHAT HAPPENS BEFORE THE ELECTIVE CAESAREAN SECTION?

Pre-operative assessment

Once the decision is made for an elective caesarean section, you will be given an appointment for a pre-operative assessment.

During this appointment:

- You will see an Anaesthetist who will discuss the different types of anaesthesia available (i.e.) epidural or spinal (you are awake during the operation) and general anaesthetic (you are asleep). The anaesthetist will also ask about your general health and fitness.
- The doctor will take a blood sample to check your iron level (haemoglobin) and ensure that blood is available in the rare event of you requiring a blood transfusion.
- You will be asked to sign a consent form for the caesarean section. If it is not signed at this time you will be asked to sign it on admission prior to the operation.
- You will be given an antacid tablet and instructed when to take it. This is to reduce the amount of acid in your stomach on the day of your caesarean section
- If you are less than 38 weeks and 6 days when your caesarean section is performed you will be given 2 steroid injections to help with your baby's breathing after delivery. The first one is given when you attend for your pre-operative assessment and the second 24 hours later.

- You will be given a date and time for admission to the ward prior to your caesarean section. It is expected that you will go home in the evening on the day following your surgery. If there is a change from this plan, you will be informed by the midwife or doctor looking after you.

- You will be given advice on fasting.

If you have any questions or are not clear about the instructions you have been given please speak to the midwife, anaesthetist or obstetrician. They will be more than happy to help.

WHAT HAPPENS WHEN I COME IN TO HOSPITAL TO HAVE MY BABY?

Admission to the antenatal ward Level 5 Kompleks Wanita & kanak-kanak (KWKK) on the day of your caesarean section. Your caesarean section will be booked for a particular day and time. If you have not already done so you will be asked to sign the consent form for the anaesthetic and the operation. You will be prepared for theatre approximately one hour before your caesarean section is due to start.

If you are having a spinal or epidural (regional anaesthesia) your birth partner will be allowed to accompany you to theatre. If you are having a general anaesthetic your birth partner will remain in your room to await your return.

Prior to your operation a catheter will be passed into your bladder to drain away any urine. If you are having a regional anaesthetic this will be done in the theatre after your spinal or epidural has taken place. If you are having a general anaesthetic this will be done in the theatre. A cannula (drip) will be inserted into your arm.

WHAT HAPPENS AFTER MY BABY IS DELIVERED?

If you have regional anaesthesia and are awake for the birth you will be able to have skin to skin contact with your baby. If you have a general anaesthetic you can have skin to skin contact when you return to the ward. Your birth partner may have skin to skin contact in your absence if you both wish. Following your caesarean section you will be taken to the theatre recovery room where the recovery staff and midwives will keep a close eye on you. You can continue to have skin to skin contact with your baby and breast feed if you so wish. You and your baby will be transferred to the postnatal ward when you are stable from your operation.