

Care and Advice after a CAESAREAN SECTION



Obstetrics & Gynaecology Department

Information for women and birth partners

You have been given this booklet because you have recently given birth to your baby via caesarean section. A caesarean section is an operation involving a surgical cut, usually in the lower part of your abdomen and the lower segment of the uterus (womb), through which your baby has been born.

This booklet contains information about your recovery from the operation and the care you will now receive. If you have any questions about the reason for your caesarean or would like more information regarding anything in this booklet, please speak to your midwife

Care you will receive immediately after your baby's birth

Your wellbeing will be assessed through:

- regular monitoring of your blood pressure, pulse and temperature
- how well you are able to tolerate fluids and food
- how well you are able to move around (if you have any pain and discomfort)

This is usually undertaken within the labour ward recovery area. However, if you have had a general anaesthetic you will be taken to the theatre recovery area for closer observation before returning to labour ward. To respect the privacy of other recovering patients, your partner won't be able to stay with you in theatre recovery.

Caring for your baby

Once your baby has been born and an initial assessment of their wellbeing has been completed, you will be encouraged to hold and cuddle them against your skin. This type of skin to skin contact helps to regulate baby's temperature, heart rate and breathing, and encourages breastfeeding. Usually, you will start skin to skin contact in theatre, but if this isn't possible for any reason you will be encouraged to hold your baby against your skin in the recovery area. Your partner can enjoy skin to skin contact as well.



Feeding your baby

within the first hour after birth is also recommended and your midwife will be able to help you find a comfortable position. If you are breastfeeding, consider lying on your side or holding your baby under your arm, to avoid placing undue pressure on your abdomen.

You will be offered support to feed and care for your baby, however, if you need further assistance, please discuss your requirements with your midwife.

Eating and drinking

You will be given fluid directly into your veins via a plastic cannula to ensure you remain hydrated until you feel able to drink fluids normally. This is usually for the first few hours although the exact length of time will depend upon your wellbeing. Your cannula will be removed mostly by next morning.



You will be encouraged to eat a light snack such as a sandwich or toast when you feel hungry. However, if you experienced complications during your caesarean section you may be advised to wait until you have been reviewed by your doctor and normal bowel function has been confirmed.

Pain relief

Following your caesarean section, you will be offered:

- regular pain relieving tablets (paracetamol, ibuprofen, voltaren or ponston)
- pain relieving suppositories in your rectum (back passage) if appropriate.

The first suppository will be given in the operating theatre immediately following your caesarean section. You will be offered a second suppository 12 hours after your caesarean section to help reduce your pain levels.



If you experience pain, please let the midwife or recovery staff nurse looking after you know, as additional pain relief (tramadol) can be offered if you need it. This 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 pain relief medicine is due. All the pain relief you are offered will be safe to use while breastfeeding.

Blood loss after birth

It is normal for women to lose lochia (a combination of mucous, tissue and blood) after birth until the womb renews its lining. Following your caesarean you will be given a drug called Syntocinon (a synthetic version of the naturally occurring hormone oxytocin) through your cannula into a vein. This will encourage your uterus to contract, helping it to shrink back to its normal size and reducing your blood loss. However, you may find that your lochia appears to increase when you first stand up. Bleeding off

and on is expected for the first six weeks. It may stop for a week and come back for a few days for six weeks.

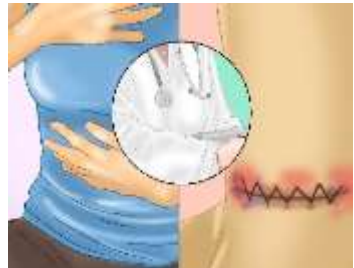
Catheter

Your urinary catheter will remain in place for about one day after your caesarean section. The exact time will depend upon your individual wellbeing. 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.

Wound care

Your wound will be covered with a dressing which should stay in place for about 24/48 hours after your caesarean section.

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.



After 24/48 hours you should remove the dressing. You are advised to do this after having a shower as it will be easier to remove if it's wet. You can take care of your wound by having a bath or shower every day, gently patting your wound dry with a clean towel. A shower is advisable to begin with because it is easier for you to get in and out.

You are advised to wear loose, comfortable clothing and cotton underwear, and keep the wound clean and dry.

Please inform if:

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

Getting out of bed and walking

The numbness from the anaesthetic will take a few hours to wear off completely. You will be encouraged and helped to get up as soon as possible, however, you should only get out of bed for the first time when your midwife or a maternity care assistant is with you.

You will be encouraged to walk round the ward, and once your catheter is removed walk out to the toilet. This not only aids your recovery but helps to reduce the risk of blood clots.



Blood clots (deep vein thrombosis and pulmonary embolism)

Blood normally flows quickly and uninterrupted through our veins. Sometimes however, clots can form that either reduce the blood flow or stop it completely. A deep vein thrombosis (DVT) is a blood clot in a vein, usually in the leg or pelvis, and its most common cause is immobility (not moving around enough, for example after surgery). A pulmonary embolism (PE) can occur if

part of the blood clot breaks off and travels to the lung. In severe cases, PE can cause collapse and may prove to be fatal.

To help reduce the risk of developing blood clots in your legs after your caesarean section it is important for you to take clexane injection in belly for the duration of stay in hospital.

Laxative

You may be given a mild laxative on the 2nd day post op if your bowel has not opened.

Multivitamins

Should be started day 3 of the c-section.



Food

Avoid dairy, sweets and chocolate; avoid eating leafy vegetables, chick pea, beans, broccoli and fruits with cream for the first 48 hours as they can cause a lot of gases.

Headaches

A headache can often be the result of tiredness or a lack of sleep. If this does not clear after using pain relief (such as paracetamol and ibuprofen) or if you feel the headache is severe or is associated with other symptoms (such as drowsiness or nausea) please phone **B ward 17753248.**

Lifting



You are advised not to lift anything for six weeks. You may begin light housework and lifting after this but avoid heavy lifting for three months. The exception to this is lifting your baby.

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 is important to eat properly. Try to eat three meals a day, containing plenty of protein such as meat, cheese, nuts, milk and fish. This will help your body with the healing process. Also include fibre such as fruit, bran and vegetables to prevent constipation, as this will cause strain on your abdominal muscles.



Driving

You may start driving when you feel comfortable although best is to start by 6 weeks.

Activities

We recommend that you continue with these once back home. Gentle sports such as swimming can be started when your wound is healed. It is not advisable to undertake energetic exercise such as aerobics until you feel comfortable.



Postnatal follow-up appointment

It is important that you attend your postnatal follow-up appointment in two weeks and six weeks after the birth of your baby. This enables your doctor to check that everything is healing well and that there are no problems.

Intercourse

Sexual intercourse can be resumed after 6 weeks.

Future pregnancies

It is advisable to leave a 12-month gap between pregnancies. This enables your body to recover from your caesarean and reduces your risk of scar separation during a future pregnancy and/or labour. Scar separation affects 2 in every 1,000 women who have had one previous caesarean section. You are advised to discuss the recommendations for your care in a future pregnancy with your doctor.



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