THE Honest Midwife

Part 3
Caesarean Section

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PART 3

CAESAREAN SECTION WORKSHOP

Class Content

Categories of C-Section
Possible reasons for a c-section
Hospital bag checklist
What will happen in theatre
Who will be in theatre
Immediately after surgery
Recovery

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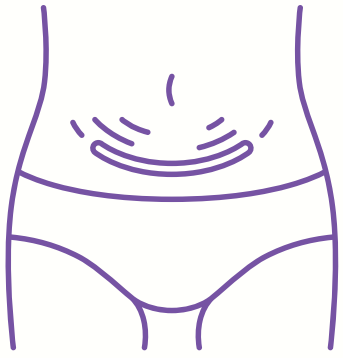
Caesarean section is an abdominal surgery undertaken to deliver your baby.

Over 25% of babies in the UK are born by c-section so attending this workshop was a great part of preparing for the arrival of your baby.

With 1 in 4 births being by caesarean section the raising rates are a cause for concern for many but for me reflects the fact that women are being listened to when requesting a section rather than opting for a vaginal birth.



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CAESAREAN SECTION CATAGORIES

A category 1 section (Cat 1) accounts for less than 5% of all sections undertaken in the UK. A Cat 1 section will be called when it is considered that there is immediate threat to the life of either Mum or baby. Should this be recommended the aim is for baby to be born within 30 minutes. Unless there is already a fully working epidural that can be quickly topped up, a general anaesthetic is usually the quickest way of getting the operation underway.

Category 2 section (Cat 2) accounts for approximately 40% of all sections and often but not always, follows a period of time in labour. Maternal or Fetal compromise which is not immediately life threatening. Although often quicker it is recommended that baby is delivered within 75 minutes of a Cat 2 being called.

Category 3 (Cat 3) this is undertaken when it is considered that early delivery is in the best interests of Mum and/or baby but there is no immediate risk to life. This may be indicated following attempts at induction not working, slow growth of baby or pre-eclampsia.

Category 4 (Cat 4) Also known as a planned or elective caesarean. Common reasons for this would be Large for dates babies, babies with slow growth. These are generally done during weekdays during the day.

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POSSIBLE REASONS FOR HAVING A SECTION

Category 1 - Emergency

Uterine Rupture
Major placental abruption
Cord prolapse
Persistent deceleration of fetal heart

Category 2 - Urgent

Slow labour
Unsuccessful induction of labour
Frequent decelerations of fetal heart

Category 3

Early but non-urgent delivery recommended
Slow growth
Large for dates baby
Pre-eclampsia

Category 4 - Non-Urgent

Usually maternal request and timed to suit both family and surgeon

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HOSPITAL BAG CHECKLIST

BIRTH:

- [ ] Hospital notes
- [ ] Clothes for labour
- [ ] Eye mask
- [ ] Ear plugs
- [ ] Slippers/socks
- [ ] Handheld fan
- [ ] Phone and phone charger
- [ ] Headphones
- [ ] Snacks
- [ ] Water bottle with straws
- [ ] Entertainment: iPad, magazines, books
- [ ] Birthing playlist
- [ ] Pillow

BABY BAG:

- [ ] Blanket
- [ ] Muslins
- [ ] Vests x 6 newborn size
- [ ] Sleepsuit x 6 newborn size
- [ ] Cardigan
- [ ] Baby hat
- [ ] Mittens
- [ ] Socks/booties
- [ ] Going home outfit
- [ ] Nappies (newborn size)
- [ ] Snow suit depending on time of year
- [ ] Nappy sacks
- [ ] Wipes

POSTNATAL:

- [ ] PJ's/ loungewear
- [ ] Dressing gown - lightweight
- [ ] Nursing bras
- [ ] Going home clothes and shoes
- [ ] Large Towel
- [ ] Nipple cream
- [ ] Breast pads
- [ ] Plastic bag for dirty clothes
- [ ] Comfortable Underwear
- [ ] Maternity pads

WASHBAG:

- [ ] Shampoo/Conditioner
- [ ] Hairbrush
- [ ] Hair bands/clips
- [ ] Shower gel
- [ ] Facewash
- [ ] Moisturizer
- [ ] Toothbrush and Toothpaste
- [ ] Deodorant
- [ ] Soft tissues
- [ ] Toilet wipes
- [ ] Vaseline
- [ ] Body massage oil
- [ ] Essential oils
- [ ] Facial spray

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HOSPITAL BAG CHECKLIST

BIRTH PARTNER BAG:

- [ ] Phone and phone charger
- [ ] Portable charger
- [ ] Camera and charger
- [ ] Cash
- [ ] Change of clothes
- [ ] Wash bag and toiletries
- [ ] Snacks
- [ ] Water bottle
- [ ] Entertainment: iPad/magazines/books
- [ ] Important phone numbers
- [ ] Hypnobirthing notes
- [ ] Pillow and blanket
- [ ] Slippers

NOTES:

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BEFORE YOUR OPERATION

A day or two before you are due to have your baby you will be asked to attend an appointment so that your care team can make sure everything is in place.

During this appointment:

- you will be able to ask any questions that you need to ask
- to check that you are not anaemic you will be asked to undergo a blood test. This also allows us to ensure we have the correct details of your blood type just incase you were to need a blood transfusion.
- you will be given some medicine called "premeds" to take. These are likely to include anti sicknessand antacid medication. However, if you are unsure what the medication is just ask.
- you may be asked to sign a consent form
- you should also be advised what time you should call or come into the hospital on the day.

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WHO WILL BE IN THEATRE

Surgeon

Anaesthetist

Scrub Nurse

Runner

Support worker

Operating Department Practitioner

Midwife

Paediatrician

There is often lots of people in theatre but that is just because there is lots of jobs to do. Sometimes there can be as many as a dozen people in there. Don't worry you are in really safe hands

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IN THEATRE

You will be advised to stop eating and drinking a few hours before you are due to have your procedure. This will depend on the time you are expected to be taken to theatre so your midwife will let you know the last time you can have anything.

Once you have been checked into the hospital you will be given a gown to pop on. Remember this is usually open at the back so you may want your partner to walk behind you if you walk around!

Once you are in theatre the anaesthetist will talk you through what they need to do to ensure that you are comfortable throughout.

Once you are made comfortable and cannot feel anything a thin, flexible tube called a catheter will be put into your bladder. This protects it during the operation by ensuring it is drained of urine.

If it is deemed necessary the midwife may need to shave some pubic hair so that the incision site is clear.

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IN THEATRE

Once the anaesthetist is happy that you are comfortable and will not feel any discomfort the surgeon will start the operation.

You will be made to feel comfortable by either a spinal, an epidural or a general anaesthetic. This will be discussed with you to ascertain the most appropriate option.

If you do need a general anaesthetic your partner will be asked to sit outside of the theatre.

The surgeon will make a horizontal cut which is usually around 10-20cm long just below the bikini line.

Within 5 minutes of starting the procedure you will likely hear the sound of your baby crying as he or she enters the world.

Your placenta will also be removed and you will be given an injection of oxytocin to encourage your womb to contract back down. This reduces the risk of bleeding.

Delayed cord clamping is done as standard at a c-section in the UK.

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IMMEDIATELY AFTER SURGERY

After the arrival of baby it usually takes around 30-40 minutes to complete the operation and you will then be transferred onto a comfortable bed and you will be able to enjoy cuddles with your baby.

You, your baby and your partner will then be transferred onto a recovery ward where you will be observed for the next few hours.

Your catheter will be removed, all being well, after 6-8 hours, depending on the time of day. We try to avoid waking you up in the middle of the night to remove it so if that is the case it may stay in a little longer.

After an hour or so you will be offered some tea and toast and all being well will be transferred to the labour ward after around 4 hours.

Most people are heading home after around 48 hours.

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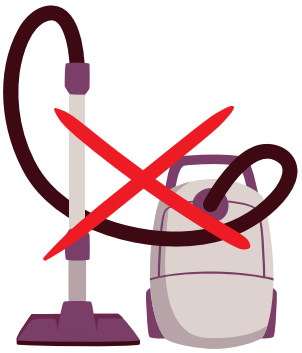
RECOVERY

It is important to remember that a casearean section is a big operation and you will need to look after yourself and take it as easy as possible.

GENTLE WALKS
Not too far just short walks

GOOD FOOD
Take aways are not the best option. Fresh soup is what should be on the menu!



HOLD THE HOUSEWORK
Hoovering can really pull your tummy. Don't do it!

DRIVING
Check with your insurers but it is generally advised between 4-6 weeks and when your GP feels you are safe to drive

FIND YOUR TRIBE
And use them! Accept offers of help

PAIN RELIEF
Take regular ibuprofen & paracetamol

CONSTIPATION
Is not fun! Speak you your midwife if you are struggling.

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Completing your labour and birth preparations

Labour & birth part 2
Induction of Labour & Instrumental Delivery

covers:

What is induction of labour?
Why it may be recommended?
How induction of labour works?
Planning for induction of labour
Monitoring your baby's heartbeat
What guides recommendations for care
What questions to ask if you are unsure about a recommendation
Epidural
Navigating a long labour
Forceps delivery
Ventouse delivery
The role of a birth partner in stressful situations
Ensuring every birth is positive and the part you both play
