SJÚKRAHÚSIÐ Á AKUREYRI
AKUREYRI HOSPITAL

Caesarean Birth - information for expecting parents

The aim of this leaflet is to provide enough information to make the experience of your caesarean section as fulfilling as possible. The final decision for undergoing caesarean section is always taken by the obstetrician. Caesarean section is either decided in advance, or as an emergency. The information in this leaflet is mainly about the caesarean which is decided in advance.

Preparation for the operation
Usually the operation is performed around week 39. You meet a midwife, a doctor and an anaesthetist, usually the day before the operation, on the maternity unit at the hospital. During this visit you will have some blood tests, a urine test, your blood pressure will be measured and the heart rate of the baby listened to. The midwife will give you information about the preparation for the operation, the operation itself, and the first few days after the operation. The anaesthetist will give you information about the spinal anaesthetic or general anaesthetic. In some cases, an enema is indicated to empty the bowels before surgery. The midwife will assess the need for this and give you the appropriate information. When this is all completed you may go home and usually we ask you to come in at 07.00 a.m on the day of the operation. Those women who do not live in or near Akureyri, may stay at the hospital overnight. Your partner or close relative can be with you during the operation to support you. Photography and video recording is not allowed in the operating theatre. If your operation is an emergency caesarean there is not always time to give all the information in advance. In such cases we will give you as much information that you need after the operation.

Operation day
You must not eat from midnight before the surgery, but may drink clear fluids until 2 hours before the operation. You will be given 2 antacid tablets. One should be taken at 22.00 the evening before, and the other at 07.00 the morning of the operation, or 2 hours before the operation if it is later in the day. You might also be given an antacid to drink just before the operation.
On the morning of the operation we ask you to give a urine sample and have a shower. We insert a catheter into the bladder, which you will have for approximately 24 hours. You should remove all jewellery. You are transferred to the operating theatre in your bed.
A theatre nurse will meet you when you arrive in the operating theatre. They will insert an i.v. cannula into the back of your hand and an infusion will be started. This will continue until after the operation and taken down when you have begun to drink normally. Any hair in the area of incision will be shaved and the lower abdomen washed with sterilising solution. Sterile drapes are laid over the abdomen and legs. You and your partner will not be able to see the operation area.

Spinal/epidural anaesthetic
The anaesthetist will perform the anaesthetic in the operating room. This anaesthetic is inserted into the back. You either lie on your side or sit up and hunch your back as much as possible. The skin is numbed first so you will not feel much when the anaesthetic needle goes in. Local anaesthetic is injected between two vertebrae. The anaesthetic will numb you from the upper part of the abdomen downwards and you will feel your legs become hot and heavy until you can‘t move them. Neither you or the baby will be sedated. Research shows that side effects of spinal anaesthetic are fewer than after a general anaesthetic.

General anaesthetic
As we have mentioned, we recommend spinal anaesthesia because the side effects are fewer. We would like to emphasize though, that the side effects, whether general anaesthetic or spinal anaesthesia are very few. On a very few occasions the situation could occur where we have to give a general anaesthetic, for example, with certain diseases, the spinal anaesthesia does not work properly or in extreme emergency. The preparation is basically the same, except you have a mask over your mouth and nose to breathe into, and you are given an injection into the i.v. cannula to

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make you sleep. Most women sleep or doze for some time after the operation, but we bring the baby to you as soon as you like.

Operation

The anaesthetist and obstetrician will check that the anaesthetic is working well before they begin the operation. The operating table is tilted 15° to ensure the blood pressure does not fall due to the pressure of the uterus on the large veins and arteries in the abdomen. Usually the incision which is made is a “bikini cut”. This is a horizontal incision in the lower part of the abdomen. This kind of incision is thought to heal better and cause less pain than the vertical incision. Although you will be pain free in the operation, you will feel pressure when the baby is delivered, and most women find this a normal part of the delivery process. After the delivery of the baby, the midwife will take the baby to an adjoining room where the paediatrician will examine the baby before you receive the baby to hold. This takes a few minutes and your partner can accompany the baby. If everything is fine with the baby and the operation is proceeding normally, you may have the baby with you for the rest of the operation. At the end of the operation you, the baby and your partner are taken into the recovery room, where you will remain until the anaesthetic has worn off, usually about 2-3 hours. We recommend that you breastfeed and let the baby lie "skin to skin", unless you have decided something different. The midwife will assist you with this. While in the recovery room, the nurse will monitor your heartrate, blood pressure, respirations, any bleeding from the incision or the uterus, and any pain. The baby will be weighed and measured, either in the recovery room, or when you return to the ward. When you are discharged from the recovery room, you return to the maternity unit. You will be given fluids in the i.v. cannula but you can drink and eat when you want to.

Pain control

You will receive pain medication 4-6 hourly, plus extra if necessary. Not all women experience pain the same, so you should let us know if your pain is not well enough controlled.

Anticoagulation (blood thinning)

Because of the increased risk of blood clots with a caesarean, you are offered anticoagulation injections after the operation, until you are fully mobile again. This is given once a day.

Mobilisation

We will assist you to get out of bed in the evening of the operation day and encourage you to do foot exercises in the bed. It is important to increase the amount of activity gradually every day to decrease the likelihood of side effects.

Going home

The usual length of stay on the ward after caesarean section is 2-5 days. Women who have a caesarean section have the choice of the home service midwife if they go home within 48 hours. Before you are discharged, you will receive advice from the midwife about pain medication, care of the wound, discharge from the uterus and who you should contact if something unusual comes up. It‘s important to know that most women who have a caesarean section have a good chance of a vaginal birth with future pregnancies. You should discuss this possibility with your midwife and/or doctor when the time arises.

If you had an emergency caesarean, it is important that you and your partner/relative have an opportunity to discuss the cause, and your experience of the situation, with the midwife and the doctor, either soon after the delivery or when you are ready.

Sources

National Institute for Health and Clinical Excellence

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