

Having your baby by elective caesarean section

A wide-angle photograph of Frimley Park Hospital at dusk. The building is a modern, multi-story structure with large glass windows and doors, many of which are illuminated from within, casting a warm glow. The sky is a deep blue with some light clouds. In the foreground, there is a paved area with a zebra crossing and a red stop sign. A white ambulance is parked on the right side of the image. The overall scene is well-lit by the hospital's lights and the ambient light from the setting or rising sun.

at Frimley Park Hospital

There is plenty of written information, leaflets and internet sites to inform you about what to expect when having your baby by caesarean section. The midwives, obstetricians and anaesthetists involved in your care will talk you through the process and answer any questions that you have. However, it can be difficult to visualise precisely what to expect.

This photo book has been created to try to assist with that. We have recreated the pathway of what happens on the day of having an elective caesarean using the actual operating theatres, wards and staff here at Frimley Park Hospital. We hope that by getting a clearer picture of what will happen in advance, you can then spend more time on the day itself concentrating on meeting your new baby for the first time.

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Upon arrival on the day of your caesarean, you will be given a hospital gown to wear. Your partner will be given a set of theatre “blues”, clogs and a theatre hat to wear.

Your midwife will have some admission paperwork to complete with you and will give you some tight-fitting knee-high stockings. People who are pregnant and people having operations are at risk of developing blood clots in the leg veins and these stockings help to reduce the risk.

Your midwife will attach two identity bands to you after checking with you that the details are correct - it is essential that we can ensure that the correct patient is having the correct treatment at all times, even if asleep or under anaesthetic. Identity bands will be prepared for your baby at the same time, showing your personal details. These will be put on before your baby leaves the operating theatre.



The obstetrician who will be performing your caesarean will visit you on the ward and answer any last minute questions. They may wish to perform an ultrasound to check the position of your baby.



You will already have met an anaesthetist in the Pre-assessment Clinic. They will have talked to you in detail about your health and previous experience of anaesthesia and will have explained what to expect from the spinal anaesthetic.

The anaesthetist who will be performing the anaesthetic for your caesarean will visit you on the ward and will be able to answer any outstanding questions that you may have.

There are usually three women having their caesareans on each operating list - depending on your position on the list, you may therefore have to wait up to 5 hours until it is time for your operation.



When it is time for your baby to be delivered, your midwife will walk you round to theatre with your birth partner. Your birth partner can remain with you at all times.

You will be given a list of items to bring with you for your admission when you attend the Pre-assessment Clinic, but if you have forgotten essentials such as your dressing gown in all the excitement, we will lend you a gown to wear! You can bring a favourite CD or MP3 player with you if you would like to listen to music whilst you are in theatre.



You will be greeted at theatre reception by one of our health care assistants
– your identity bands and personal details will be checked.



Upon arrival in theatre, you may be surprised by the number of people there. All of them have a specific role in your care. You will have met your anaesthetist already but they may be working with a second anaesthetist and an ODP (operating department practitioner) who will assist them. Two obstetricians will perform your operation and they will be helped by a theatre nurse. Another theatre nurse and the health care assistant complete the team. A paediatrician may also be present for the delivery of your baby.

One or more of the team caring for you may have a student or a junior member of staff working with them. Students will never give care to you or your baby without your permission and will be closely supervised by a qualified member of staff.

Once again, your identity bands will be checked with the forms that you have signed to give your consent for the operation.



The ODP will attach monitors to you – these monitor your blood pressure, heart rate and rhythm, and oxygen levels for the duration of the operation.

The anaesthetist will insert a cannula into a vein in your hand or arm through which fluid and medicines can be given. Local anaesthetic is injected into the skin first to numb the area.



You will be helped to get into the right position for insertion of your spinal anaesthetic – curving your back by putting your chin on your chest and curling forward over your bump helps the process. Your midwife or birth partner can help you maintain your position.

Your back is uncovered and sprayed with a very cold antiseptic cleaning solution.



Meanwhile, your anaesthetist will put on a face mask, scrub their hands and put on sterile gloves and gown. This is done to minimise the already small risk of infection associated with having a spinal anaesthetic.



The anaesthetist will inject a small amount of local anaesthetic into the skin of your back to numb the area where the spinal injection will take place. The spinal injection itself is then performed and although it feels strange, it is not usually uncomfortable.

Sometimes the spinal injection goes straight in, sometimes it takes a little while to find a gap between the bones in the back so that the injection can get into the right place.

As soon as the spinal injection has gone in, you will be helped to lie down quickly – the anaesthetic medicine that is injected needs to spread up your body as well as down, and so lying down helps this to happen. You will also be tilted to your left, to take the weight of your baby off the big blood vessels which pass down the back of your abdomen.



Quite rapidly, your legs will start to feel weak and numb. Your anaesthetist will use a cold spray to check which areas of your body have lost sensation. The nerves that travel to the brain to tell it about cold sensations are the same group of nerves that tell your brain about sharp pain, and so this is why cold spray is used. You will still feel pressure and movement sensations, this is entirely normal.



Once your anaesthetist is happy that the spinal anaesthetic is working well, a screen will be made with your gown and your midwife will put a catheter into your bladder. This is done for two reasons: firstly, a full bladder will get in the way of the obstetricians as they deliver your baby, and secondly you will no longer be able to feel the sensations of a full bladder and so risk overstretching it. The insertion of the catheter will not be uncomfortable because of the spinal anaesthetic. The catheter will usually stay in until the morning after your surgery.

Your midwife will then listen in to your baby's heartbeat again.



Once your anaesthetist is happy that your spinal anaesthetic is working well, the operation will start. Another screen will be put up between you and your tummy so that you will not see what is happening. Your birth partner can remain right by your side.

Some women are completely unaware that the caesarean is taking place, others still feel the sensations of movement and pressure. Either is entirely normal.

The spinal anaesthetic may have some side effects: your blood pressure may decrease and you may feel sick. Your blood pressure will be monitored very frequently but it is important that you tell your anaesthetist (who will remain with you at all times during the operation) of any unpleasant symptoms as we can do things to improve most of them.



At the moment of delivery, many women like to have the screens lowered so that they can see their baby being born. You will not be able to see your tummy and people usually find that they are so amazed at seeing their baby for the first time that they do not even think about this anyway. However, if you prefer not to have the screens lowered, the obstetrician can hold your baby up above the screen for you to see. You and your birth partner can see the gender of your baby for yourselves or your obstetrician can tell you – tell the team which you would prefer.



Straight away after delivery, your baby is taken to the resuscitaire in the corner of the operating theatre to be dried and wrapped up to help prevent him or her from becoming cold. The resuscitaire has a heater above it to help with this. The midwife is also able to assist your baby's first breaths if this is necessary.



Your baby's umbilical cord will have been cut at the point of delivery, but many birth partners like to come and see the baby whilst still on the resuscitaire and trim the cord. Your midwife will show them what to do. Your birth partner may also wish to take some photographs (video recording is not permitted in theatre) so don't forget to bring a camera.



Your baby is brought to you as soon as possible, usually within a couple of minutes of birth. You can hold your baby across your chest or start skin-to-skin contact if you wish.



You may feel too cramped to cuddle your baby yourself – your birth partner can keep them cuddled and warm and even provide skin-to-skin contact until you are able to do this comfortably for yourself.

Once you have had the opportunity for that very important first cuddle, your midwife will then weigh and do some checks on your baby and give your baby Vitamin K (if you would like your baby to have it).



Once surgery is complete, you will be transferred onto your bed. Your legs will still not be working properly so we will move you. You can then sit up in bed and have a proper look at your new baby. You can hold your baby in bed with you whilst your bed is wheeled to the Post-Anaesthetic Care Unit (PACU, Recovery).



Once in PACU, you will be in a single cubicle. The anaesthetist will hand over your care to one of the recovery nurses. Your baby can stay tucked up in bed next to you or your birth partner can cuddle your baby whilst the recovery nurse checks all is well.



Your recovery nurse will continue to monitor you and your blood pressure. You will stay in PACU until your recovery nurse is satisfied that all of your observations are stable and that you are comfortable. This is usually half an hour but may be more. If you can't wait to share your good news, your birth partner can leave you at this point to start making phone calls (mobile phones can be used in the corridor outside of ward areas).



Whilst you are in PACU, one of the maternity care assistants will come to help you start feeding your baby.



Once you have returned to the Postnatal Ward, you will continue to have your blood pressure, pulse and temperature checked, but at less frequent intervals.

Staff are very happy to help you care for your baby at all times, but especially whilst your legs are still numb as you may find it difficult to move your baby in and out of their cot by yourself. You will be given a call bell to alert staff if you need help – please do use it.

You will be able to start eating and drinking very soon after your caesarean but it is wise to take it slowly – check with your midwife first. Start with a drink and if that feels ok, build up to a light meal that evening.

The midwives caring for you will help you get moving out of bed again when appropriate.



You will be prescribed regular painkillers following your caesarean. It is advisable to start taking them as soon as they are offered, even if you still feel numb and comfortable. In this way, the amount of painkiller in your bloodstream rises to the right level to work effectively once the spinal anaesthetic wears off. If you feel uncomfortable despite the regular tablets, we have other painkillers that you can take. Please do ask. You will not be offered any medications that could have an adverse effect on your baby if you are breast feeding.



Some women are assessed as being at increased risk of developing blood clots in their legs – if you are one of these women, you will be prescribed blood thinning injections for 7 days to reduce the risk. You would be taught by your midwife how to give these to yourself after your discharge from hospital.

The day after your caesarean, you will have your catheter removed and will be helped to get out of bed. Once you, and the midwives caring for you, are satisfied that your legs are back to normal, you will be able to have a shower. We recommend that you do not soak your wound in the bath for a few days after your caesarean.

We hope that this photo book has helped you to visualise what to expect on the day of your caesarean. Please do ask your midwife, obstetrician or anaesthetist if it has raised any questions or if you need anything clarified.


We look forward to welcoming you to Frimley Park Hospital for the birth of your baby.

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or for a translation of this document, an
interpreter or a version in

large
print or  or 

Braille

please contact the
Patient Advice & Liaison Office on

 01276 526706