

Obstetrics and Gynaecology

Having a Caesarean Section at University Hospitals Coventry and Warwickshire

Introduction

Welcome to the University Hospitals Coventry and Warwickshire NHS Trust and in particular the maternity services in the West Wing. Our aim is to provide you with the best possible care during your pregnancy, the birth of your baby and afterwards postnatally. We hope that your contact with us will be pleasant for both you and your family. This booklet aims to answer some of the questions you may have about our services, but for further information or clarification please ask your midwife.

Important address and telephone numbers

Women's Hospital (Maternity)

University Hospitals Coventry and Warwickshire NHS Trust

Clifford Bridge Road, Coventry, CV2 2DX

Tel: Coventry 024 7696 4000

Useful Telephone Numbers

Maternity Triage: 024 7696 7333

Labour Ward: 024 7696 7339

Antenatal Clinic (Coventry): 024 7696 7350

Antenatal Clinic (Rugby): 01788 663145

Maternity reception: 024 7696 7421

Postnatal Ward: 024 7696 7315

Special Care Baby Unit: 024 7696 6674

Hospital Switchboard: 024 7696 4000

Community Midwifery Services (Coventry): 024 7696 7424 8.00am – 3.00pm

Community Midwifery Services (Rugby) (01788) 663184



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Information about Caesarean Section

What is a Caesarean Section?

Caesarean section is an operation performed through the lower part of the abdomen (tummy) to deliver your baby. The cut is usually on the 'bikini line' just above your pubic hair line and measures about 15cm (six inches) long. It is usually performed after 39 weeks, but occasionally there will be a medical reason to perform the operation earlier than this.

Why do I need one?

Your obstetrician will have discussed reasons for a caesarean section which may include;

Malpresentation: If your baby is lying with bottom (also known as breech), feet, shoulder or brow coming first, a caesarean will be advised.

In the case of breech presentation, we can often gently turn the baby around (known as external cephalic version) and you may be offered this. If the baby does not turn, or it is not safe to try this procedure, you will be offered a planned caesarean section. A scan would be performed on the morning of the operation before you go to theatre. If your baby has turned around and is found to be in the head down position you can usually go home to await normal labour.

Placenta praevia: This is when the placenta covers the opening of the cervix. If the edge of the placenta is more than 2.5 centimetres away from the edge of your cervix, you will be able to continue to aim for vaginal delivery, avoiding a planned caesarean section for this reason alone.

Concerns for the baby: A caesarean may be advised if there are concerns during your pregnancy, such as such as a small pre-term baby requiring delivery. The decision to deliver by caesarean section will be made by an obstetrician.

Medical history/conditions: A caesarean section may be recommended for certain medical conditions. If this is the case a full explanation will be given to you by the obstetrician.

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Previous caesarean section: In some cases, a previous caesarean section may mean that the safest way to deliver your baby is another caesarean section, but this is not always the case. You may be able to have a normal birth after a caesarean section. Your obstetrician can discuss this with you.

Maternal choice: In some cases, women may choose to birth their babies through caesarean section rather than vaginally without medical indication.

Risks and Benefits

There are more risks attached to delivery by caesarean section than vaginal birth. Although we have to inform you of these risks, it is important to say that these risks are very low and in most circumstances, the operation goes very well. Risks may include:

- Caesarean section is carried out under an anaesthetic and this carries its own risks. A spinal or epidural anaesthetic (where you are awake for the operation, but numbed from chest downwards by injection in the back) is usually safer than a general anaesthetic (being asleep). The anaesthetist will discuss this with you near the time of delivery.
- It takes longer to recovery from the operation, both physically and emotionally, compared to having a vaginal delivery. You may experience post-operative pain (9:100), nausea or vomiting.
- Bleeding can happen after any type of delivery however a caesarean section is major surgery, so there is increased chance of bleeding more than a vaginal delivery (5:100). In **very rare** circumstances, you may need a hysterectomy (removal of the womb) to control this bleeding but this would only be done if there was no other option and it was necessary to save your life (7-8:1000).
- There is a small chance of damage to the bladder or bowel or other surrounding area (1:1000). This will be repaired at the time of operation but will delay your recovery.
- An infection in the wound or bladder is more common than after a vaginal delivery (6:100), so you will be given a dose of antibiotics during your operation to reduce the risk. Keeping warm reduces your risk further, so please bring a warm dressing-gown and

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slippers to wear before your elective caesarean. Avoid shaving or waxing your bikini line for at least 72 hours prior to your surgery.

- There is an increased risk of a blood clot developing in your legs or lungs, compared to normal birth (4-6:10,000). Most women will need to inject a small injection under the skin once a day (Low Molecular Weight Heparin) for either 10 days or up to six weeks following the operation. You can help prevent clots by keeping hydrated and using painkillers to keep moving around.
- There is a small risk of accidental injury to the baby during the delivery. This includes cuts, marks or scrapes to any part of the baby including the face and/or head (1-2:100).
- Elective caesarean sections are usually planned at 39 weeks. Evidence suggests that babies are less likely to need help with breathing if born after this time. If your caesarean section is planned for before you are 39 weeks, you will be offered 2 doses of steroid injections to help mature your baby's lungs. Caesarean Section before 39 weeks increases the risk of your baby needing to be admitted to the neonatal unit by 10%.

The risk of complications increases if you are;

- Overweight
- A smoker
- Or currently use recreational drugs or excess alcohol

The benefits of elective Caesarean Section are;

- You get a planned date for your baby to be born.
- Lower risk of bleeding in comparison to an emergency caesarean
- For women who have had a previous caesarean- negligible risk of scar rupture.

Future Pregnancies

- Most women can give birth to their next baby vaginally, this is called a vaginal birth after caesarean (VBAC). In some cases, another caesarean would be advised, for example, if you have had multiple caesarean sections, your caesarean section had

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complications, for the same reason you're having this caesarean section or if you request another caesarean.

- Although uncommon, having a caesarean section can increase the risk of the following conditions in future pregnancies:
 - a) The scar in your uterus (womb) opening during a future labour (2-7:1000)
 - b) Abnormal placental location such as placenta praevia or accreta- this increases the risk of complications during delivery such as bleeding and hysterectomy (4-8:1000)
 - c) Increased risk of antepartum stillbirth (1-4:1000)

Reasons to come to Labour Ward Triage prior to your Caesarean.

At any time during your pregnancy, please contact your community midwife for advice. If your community midwife is unavailable or you feel that you require urgent advice please telephone Maternity Triage. The Maternity Triage Unit is situated next to the Labour Ward. The purpose of the Maternity Triage Unit is to assess women who are more than 20 weeks into their pregnancy as well as women who are 28 days post-delivery who have an urgent need for clinical advice relating to pregnancy. Before you come to the Maternity Triage Unit, we request that, in the absence of an emergency, you telephone first (**02476967333**).

If any of the following occur, please telephone the Maternity Triage Unit and speak to a midwife immediately:

- **Severe headache** not relieved by Paracetamol
- **Blurry/disturbed vision**
- **Severe oedema (swelling)** to your hands and feet
- **Vaginal bleeding** that is not mucous
- **Severe itching** on the palms of your hands or soles of your feet
- **Painful, swollen, hot, tender, red skin** particularly at the back of your leg below your knee
- **Regular contractions** of if you think you may be in labour (please advise the triage midwife that you have a caesarean section booked)

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- **Scar tenderness/pain**
- If you think your **waters** may have **broken**
- **Any** concerns about your baby's **movements**
- **Constant abdominal pain**

If you go into labour prior to your elective caesarean – mode and timing of delivery will be discussed with you by a doctor in labour ward triage. If you develop complications in your pregnancy, the doctors may need to bring your caesarean section forward- this may include staying in hospital prior to delivery.

Before you come into hospital

Pre-operative assessment

The anaesthetist usually sees you in the week before the operation to perform a general assessment, explain the anaesthetic process and discuss pain relief following the operation. You are encouraged to ask questions at this appointment. To help reduce the amount of acid produced by your stomach you will be given a medication called ranitidine. You will need to take this the night before your operation and the morning of your operation.

Tests you might need:

At this anaesthetic appointment, you may need blood tests or nasal swabs to check for MRSA, an infection which we only need to screen for in certain patients having surgery (predominately those who work in healthcare). One of the blood tests you might need can only be done within 72 hours of the operation time, so you may be given a form to take home so that you can have the blood test on another day - it is important that you have this done if this is provided for you; alternatively, this blood test might be taken on the morning of the operation.

What anaesthetic will I have?

The anaesthetic doctor will discuss with you the types of anaesthetic that are available to you. They will make recommendations based on your health, any pre-existing medical conditions you may have and if there are any difficulties expected with your caesarean.

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The two common types of anaesthetic are a spinal anaesthesia and general anaesthesia.

Spinal Anaesthesia:

For the majority of caesarean sections, women will have a spinal anaesthesia. This is a one-off injection in the lower part of your back- you will however have local anaesthetic injections prior to it to numb the area. The spinal anaesthetic will make you feel numb from about the armpit level down, your legs will become really heavy and you will not be able to move them. The anaesthetist will check the anaesthetic prior to the surgery by asking you to move your legs and checking which parts of your body can feel a cold spray and a sharp cocktail stick. During the operation you will feel pressure and pulling but no sharp pain. The sensation can feel quite strange, but most women tolerate it well.

The benefits of this type of anaesthetic include:

- You will remain awake during the operation and the birth of your baby. This means, if all goes well, you will see your baby quickly after birth and if you wish to, you can have skin to skin in theatre and breastfeed in theatre if you wish.
- Your birthing partner can stay in theatre with you
- You will often feel less pain in the immediate post-operative period in comparison to a general anaesthetic.
- You can eat and drink immediately after the operation when you are in recovery- although we advise you to take things gently initially.

Although a spinal anaesthetic is considered safer for mum and baby than a general anaesthetic- the risks of a spinal anaesthetic include:

- Drop in blood pressure (your blood pressure will be closely monitored)
- Itching and shivering- this tends to settle after a few hours and there is medication we can give you to reduce the itching.
- Pain – if this occurs the anaesthetist will discuss other options with you

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- Headache (1 in 100 people and it usually settles on its own)
- Temporary nerve damage (1 in 1000 people)
- There are some very rare risks which include
 1. Infection such as meningitis (1 in 100,000 people)
 2. Permanent nerve damage (1 in 13,000 people)

General Anaesthesia

It is rare for an elective caesarean section to require a general anaesthetic, it is usually for mothers who are unable to have a spinal anaesthesia for medical reasons or if the obstetricians require a general anaesthesia for the operation due to predicted complications.

Unfortunately, if you do require a general anaesthesia, your birthing partner will not be able to be in theatre- however they can wait in the recovery area. Once the midwife has completed the baby/ies initial checks, your birthing partner will be able to spend time with the baby/ies in recovery until the operation is over.

The risks of a general anaesthesia include:

- Sore throat (1 in 5 people)
- Nausea (1 in 5 people)
- Chest infection – it is usually mild but may require antibiotics.
- Airway problems and difficulty getting oxygen to the brain (1 in 300 people)
- Fluid from the stomach entering the lungs (1 in 300 people)
- Damage to the teeth (1 in 4,500 people)
- Awareness (not being fully asleep when the operation starts is rare- 1 in 800 people)
- Allergic reaction to the anaesthetic (rare- 1 in 10,000 people)

Although the risks sound scary- if you do require a general anaesthetic, the anaesthetist will make sure that it is performed safely with additional safety equipment if required.

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The night before

Please take your ranitidine tablet at 10pm the night before your surgery- your second tablet will need to be taken at 07.00am the day of your surgery. Do not eat any food (this includes chewing gum) from 02.00am the day of the surgery. You can drink clear non-carbonated fluids up to two hours before your operation- after that just sips of water.

Items to bring into hospital

Below are some things that you will need to bring with you for your stay in hospital:

For Mum:

- **Very importantly – your hand held antenatal notes**
- Lip balm/ Vaseline
- Face cloth and basic toiletries and a large towel
- Hair band for keeping hair tied up if required
- Snacks for yourself and your birth partner
- Bras which provide good support and are non-wired to prevent blocked milk ducts
- Clothing that you feel comfortable in whilst on the ward
- Night wear for sleeping
- Several pairs of large underpants – **disposable pants are not provided by the wards**
- Slippers or equivalent
- Maternity (Sanitary) towel – **these are not provided by the wards**
- Breast pads

For Baby:

If you choose not to breast feed your baby, or wish to complement feed your baby, you will need to bring baby formula milk with you in ready-made cartons (**not powdered**) **this will not be provided by the wards**

- Approximately 3 baby blankets – **These are no longer available on the wards**
- Baby clothes – vests, baby grows, hats, cardigans, scratch mittens and socks

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- Nappies – 1 pack – **these are not provided by the wards**
- Cotton wool– **this is not provided by the wards**
- Baby wipes are not recommended for use in the first 6 months

Your community midwife will be able to advise you if you have any questions.

The day of the operation

Arriving at the Hospital

- Please have a shower or bath at home on the morning of the operation. This will reduce your risk of infection following birth.
- Report to Maternity reception at **7.30am** on the morning of the operation.
- There is no need to shave/wax your bikini line (the operation site) before the operation, as this is best done in theatre. To prevent infection, we ask you to use antiseptic wipes on your body, just before you put your hospital gown on. These will be provided to you on the day and you will be given instruction on how to do it.
- Please removed all your jewellery, glasses, contact lenses, make-up and nail varnish. Rings you cannot remove we will tape over in theatre. It is wise to leave any valuables at home or with your birth partner for safekeeping.
- **Please bring only your birth partner with you.** We do not have enough space for other people to accompany you- you should also make plans for the care of other children.

If you need to come to the hospital **at night** the front doors of the maternity entrance are locked for security reasons. However, there is an intercom system in operation located to the left of the main doors. Please push the bell and speak clearly into the microphone grill. The receptionist will then open the doors for you.

Please note that you will need to arrange your own transport to get home if you are discharged.

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Interpreters

The hospital has a system called Language Line that uses the computer to translate information; however it may be necessary to arrange for an interpreter for the giving of complex information. Your midwife will assess your communication needs and arrange an interpreter if necessary.

Medicines

Please bring any medicines you are currently taking with you into hospital and tell the midwife about them on your admission. You will have an individual bedside locker for your personal items, but storage for large items is limited.

Money and valuables

Please bring only small amounts of money with you. Valuables, which you have to bring, should be handed to the ward sister who will arrange for their safekeeping. University Hospitals Coventry and Warwickshire NHS Trust regrets it cannot accept responsibility for the loss of personal property unless it has been handed over and a receipt obtained. You are advised not to leave money, rings, watches etc. in your locker unattended.

Car parking- Visitors are requested to ensure they only park in designated car parks, so as to avoid congestion that may delay urgent hospital transport, e.g. ambulance and doctors on call. In addition, visitors are asked to observe the double red lines which are clearly marked in certain places

There is a charge for car parking. We now have ANPR on site, so when you leave you will be able to pay for your stay at one of our parking meters using your license plate details.

Parents of babies in the Neonatal Unit (long term) can benefit from a capped car parking scheme. Please ask the ward staff for the details.

Public Transport- Buses run frequently onto the hospital site, from around Coventry for more information, contact Centro on 024 7655 9559.

From Rugby town centre: contact Midland Red South on 01788 535555.

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Getting ready for your surgery.

As previously mentioned you will be given a hospital gown to wear and given antiseptic wipes. You will also have an identification label placed around your wrist- it is important that these details are correct.

The midwife will check your temperature, pulse, blood pressure and listen to your baby's/ies heart beat/s. You will then be seen by the surgeon and the anaesthetist.

The order of the theatre list is finalised on the day of the surgery. We will not be able to give you a time for your surgery as it would change depending on the length of time of the other elective caesarean sections and the emergency patients on labour ward. If you are the first on the list- a midwife will take you down to theatre, if not, you will be taken to ward 25 to wait.

Bring a book or magazine to read as your surgery may not be until late morning or afternoon. Occasionally your operation may need to be postponed or in very exceptional circumstances rearranged. All reasons would be fully explained to you should this be necessary.

When you are taken down to theatre, your birth partner will be asked to change into theatre scrubs so they can come in and support you.

During the operation

Who will be there?

There may be more people in theatre than you were expecting. Everyone in theatre is required to keep you and your baby safe during the operation.

As the University Hospitals are involved with the training of doctors, midwives, and other hospital staff, you may be asked if you would be willing to allow a student to take part in your care alongside the midwife or doctor or to take part in a teaching session attended by students. Whilst your co-operation in this respect is requested and would be

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greatly appreciated, if you do not wish to take part, you should let either the ward sister or doctor know. Your refusal will not affect your care in any way.

Commonly the following medical staff are present:

- Obstetricians to perform your surgery (usually 2 or 3)
- Anaesthetist
- Operating Department Practitioner (ODP) to assist the doctors (anaesthetic and obstetric)
- Theatre nurses
- Health care assistants
- Midwife
- A paediatrician if required

Please note that it is not possible to request a particular grade or gender of staff.

What will happen during the surgery?

If you are having a spinal anaesthetic your birthing partner will be able to come into theatre with you, however if you are having a general anaesthetic, they will need to wait in the recovery area.

You will be taken into theatre and sat on the theatre table. You will then be asked a few short questions including confirming your name, date of birth, the operation you are having, if you have any allergies and confirming your signature on your consent form. The anaesthetic assistant will then connect you to monitoring equipment so that your blood pressure, pulse and oxygen levels can be monitored throughout the anaesthetic and operation.

The anaesthetist will then insert a cannula (a drip) in the back of your hand or arm with local anaesthetic. This is so we can give you fluids and medication during the operation.

What happens next depends on the type of anaesthetic you're having.

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Spinal Anaesthetic

- It is important to get your body into a good position to give the spinal anaesthetic. You will be asked to sit in the middle of the theatre table and there will be a chair for you to place your feet on. You will have a pillow to place under your arms and we will ask you to curl over the pillow to arch your back. The anaesthetist and midwife will help you to get into the right position.
- We will then use a very cold spray on your back to clean the skin.
- The anaesthetist will then inject the area with local anaesthetic (you will feel stinging as it goes in). After this you will feel the anaesthetist perform the spinal anaesthetic, but it should not be painful.
- Once the spinal anaesthetic injection is in you will be asked to lie down on the theatre table, and the theatre table will be tilted to the left.
- The midwife will then listen to your baby's/ies heartbeat.
- Your legs should then feel heavy and you may feel pins and needles or a warm sensation in your lower back and legs. The anaesthetist will check when your anaesthetic is ready by asking you to lift your legs and by using a cold spray and cocktail stick to see what you can feel.
- Once the anaesthetic is ready the midwife will insert a catheter into your bladder- this will stay in for a few hours after the surgery.
- The obstetricians will then clean the skin on your abdomen and apply sterile drapes- these drapes will work as a screen so you and your birth partner will not be able to see the operation. We ask that your birth partner remains seated during the surgery unless otherwise asked to.
- The surgery will then begin, you will feel pulling and pressure, but you shouldn't feel any sharp pain. Occasionally small forceps may be needed to gently help deliver your baby.

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- If you have any problems such as sickness and/or pain- please let the anaesthetist know. They will remain with you throughout the operation.
- Once your baby is born- as long as all goes well- your baby will be placed in a cot and brought to you. The midwife will then check, weigh and measure baby.
- You will then be able to take photos of you and your baby- we do ask that you do not take photos of staff unless permission has been obtained. Videography is not permitted in theatre.
- When the midwife has finished checking your baby over, they will be able to assist you with skin to skin if you wish. If you are planning to breastfeed, the baby may also have their first feed in theatre too. If you did not want to have skin to skin with your baby- the midwife will wrap baby so you and/or your birth partner can hold them.
- If the midwife has any concerns about baby and they need to be seen by a paediatrician, the midwife will take the baby to the resusitaire to check all is well. As soon as they are happy with baby they will bring them back to you. If baby needs to be taken to the neonatal unit you will be made aware at the time.
- It usually takes about 30-40 minutes after your baby has been born for the surgeons to remove your placenta and to close the incision.
- At the end of the operation you will be taken to the post-operative recovery area.

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- You will be asked to lie on the operating table and drink a chalky drink called sodium citrate. This drink absorbs any acid in your stomach before you go to sleep.
- A facemask will be applied to administer oxygen
- As you drift off to sleep you will feel the anaesthetist touching your neck, this is to prevent any acid in your stomach going into your mouth and lungs as you go to sleep

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- Once our baby/ies is born, they will be checked by the paediatrician and midwife, and then taken to your birth partner in recovery.
- Once the surgery is finished, you will be woken in theatre before heading to the recovery area. It is normal to feel very tired and sleepy for hours after.

Skin to skin

We offer all women with a spinal anaesthesia skin to skin in theatre. Once the midwife has checked over your baby, your gown will be loosened, and baby placed on your chest. In some situations, we may be able to transfer you onto the bed after the surgery whilst still having skin to skin. If not, we can re-establish skin to skin in recovery.

Cutting the cord

Unfortunately, due to sterility, the surgeon will cut the cord to reduce the risk of infection. However, the cord will require a second cut, which the birth partner is able to do if they so wish.

After your operation

Post-operative recovery

You will usually stay in recovery for about an hour after your surgery prior to being transferred to the ward. However, this may be longer depending on how you're recovering and also, bed capacity on the ward. No additional visitors are allowed into recovery. The recovery nurse will monitor your blood pressure and pulse, if you feel any pain and /or sickness they will be able to give you some medication for this. The midwives will also be able to assist you with feeding your baby/ies.

Analgesia

If you have had a spinal analgesia you should remain numb for several hours. A diclofenac suppository pain killer may have been given to you in theatre with consent to keep you comfortable. If you have had a

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general anaesthetic additional pain killers such as morphine may have been given and local anaesthetic used for the site of the surgery.

As the pain killers wear off you may need additional pain relief. You will not be sent home with any pain relief so please ensure you have a good supply of paracetamol and ibuprofen at home.

Anti-sickness medication will also have been prescribed encase you require it.

Preventing Blood Clots

To help prevent blood clots forming, you will have compression stocking applied in the theatre recovery area. These are very important especially whilst you are not mobile. You may also be sent home with daily injections for either 10 days or 6 weeks if you have an increased risk of developing a blood clot. If this is the case, the midwife will give you a supply of the injections when you go home and show you how to use them. It is important to stay mobile and hydrated to reduce your risk further. If you have any hard, painful, red lumps on the back of your legs and/or you experience any shortness of breath- it is vital that you contact labour ward triage immediately (**02476967333**).

Preventing Pressure Ulcers (also known as pressure sores or bed sores)

What is a pressure ulcer?

A pressure ulcer or bed sore is an area of the skin and underlying tissue which is damaged. This is due to lying or sitting in one position for too long without moving, or by rubbing, dragging or sliding down or across the bed, which can strip the top layers of the skin.

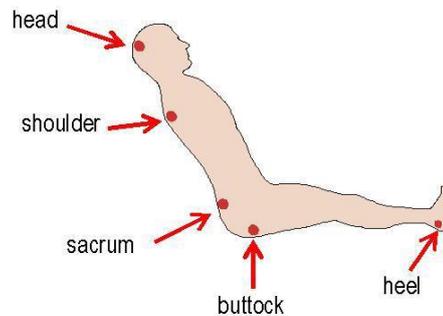
What to look for

Pressure ulcers are most likely to develop over bony areas. The areas most at risk are the heels, bottom, and base of the spine, elbows, shoulders and the back of the head.

- Red or darker patches of skin which do not disappear within 1-2 hours.

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- Heat or cold
- Discomfort or pain
- Blistering
- Any numbness, soreness, swelling or hardening of the skin.



Who is at risk?

Anyone can be at risk; however people with an increased risk of developing a pressure ulcer are those who:

- Have difficulty moving and changing their own position
- Are not eating or drinking properly
- Are in pain and therefore are reluctant to move
- Have loss or no control over their bowels or bladder causing the skin to be damp
- Are frail, elderly or weak
- Have loss of sensation to some parts of their body
- Have a serious illness or are undergoing surgery
- Have diabetes or poor circulation

What can you expect from your healthcare professional?

Assessment: within six hours of admission to hospital to identify your risk of developing a pressure ulcer. Regular assessments of your skin will be made

Surface: mattress and cushions will be provided, depending on your level of risk

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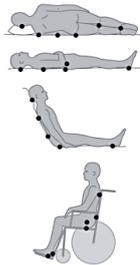
Keep moving: Assistance with repositioning using correct equipment will be provided for immobile patients

Incontinence: will be assessed and skin kept clean and moisturised.

Nutrition: will be assessed, and assistance to eat and drink provided. Supplements and snacks offered and a referral to a dietician made if you are identified as at risk.

What can you do to prevent a pressure ulcer?

Skin: If you are able, check your skin regularly or ask a relative or carer. Do not continue to put pressure on reddened areas particularly on at risk areas.



Keep moving: One of the best ways to prevent a pressure ulcer is to relieve the pressure on the at risk areas by regularly changing position. This can be as simple as standing and walking on the spot for a few minutes every hour if you are able

- If you are sitting, try and lift your bottom off the seat regularly
- If you are in bed try and change your position without digging your heels into the bed as this can cause damage
- Try not to slide down the bed as this can damage the skin – ask a health professional for advice if this is a problem.
- **Incontinence:** Wash and dry your skin carefully. Do not use talcum powder or perfumed soap as these can dry the skin out. If you have loss or no control over your bowels or bladder speak to your nurse or doctor about the best way to control it.

Nutrition: Eat a well-balanced diet and drink plenty of fluids

Key points to remember

- If you need help, don't be afraid to ask
- Try to keep moving

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- Eat a balanced and varied diet
- Wash and dry your skin carefully
- Look out for red or darker areas or changes in texture
- Remember special equipment is available for those at risk of developing pressure ulcers

Enhanced Recovery following Caesarean Section

- You will be able to eat and drink normally after the operation. This will help with your recovery.
- You should be able to sit out of bed around six hours after the operation, as the anaesthetic should have worn off after this time. This is important to reduce the risk of thrombosis (blood clots).
- We will remove the urinary catheter between 8 and 12 hours after the operation – occasionally this might be delayed for medical reasons. The midwife will need to know that you are able to pass water normally in the hours afterwards.
- You will be able to look after your baby's needs with the help of your partner and midwife.

On the morning after the operation:

- You may need a blood test around breakfast time.
- You will be able to have a shower.
- Your baby will also have a routine check by a member of the paediatric team or an appropriately trained midwife before you go home.
- Your midwife or a doctor will check you are medically fit to go home.
- You will need to pick up a discharge pack that will include medication to take home.
- We hope you can leave hospital by early afternoon. The exact time will depend on how you and your baby are feeling and you can discuss this with the midwife looking after you.
- You may need iron tablets for a month or so after the operation (supplied by the hospital in your discharge pack for one month; thereafter by your GP if needed).

Patient Information

- You may need to inject yourself with a medicine to prevent blood clots for up to 10 days, or occasionally longer. You will be taught how to do this on the ward before you go home.

Postnatal Ward (Ward 25)

We are often reminded these days of how easily unwelcome intruders can get onto hospital wards. The wards remain locked at all times. **Only members of staff working in maternity are allowed to let people on to the wards. If you are a member of staff working elsewhere within UHCW, please do not use your access card to gain entry to the postnatal ward.**

Please ask your visitors to observe visiting times and to be patient when waiting for the door to be answered. Staff have ID badges and we strongly advise you never to hand your baby over to anyone you do not know or cannot identify. The hospital operates a tagging security system for babies and this will be explained to you on admission.

Visiting on the ward is one birth partner can stay throughout the day and night- please note we do not provide beds for the birth partner. Your own children are also free to visit you throughout the day, however no other children are allowed.

If you suspect that any of your visiting children may be ill or had exposure to Chicken Pox, we respectfully request that you discourage the visit so that we can minimise the risk of exposure to your newborn baby and others in the unit. Visiting times for others are 19:00 to 20:00. To ensure maximum security of your baby and fire safety within the Unit, only 2 members of your family or friends may visit at any one time. This also allows mothers and their babies to rest. If any visitor has been unwell in the previous 24 hours, we request that they also do not visit

To ensure security remains a priority all visitors must leave the Maternity Unit at 8.00pm. We would also ask you to consider the privacy and comfort of other mothers and babies at visiting times. We are always trying to gain a balance between making the hospital accessible, giving you a rest and making the ward a safe place.

Patient Information

The staff on the postnatal ward are unable to give out confidential information relating to our mothers and their babies.

Safeguarding children and young adults

UHCW NHS Trust has a statutory obligation to protect children and young people from harm and to promote their welfare. To achieve this, we work closely with other agencies and healthcare professionals where appropriate, in line with the Coventry Information Sharing Protocol.

Smoking

You are more likely to have a healthier pregnancy and a healthier baby if you do not smoke. At your booking appointment with the midwife you will be asked for a carbon monoxide reading and all smokers will be referred to a smoking cessation midwife. They will offer support and advice to help you quit. The National smoking and pregnancy line is 0800 169 9169.

University Hospitals has a No Smoking policy

Breast feeding advice

Midwives and healthcare assistants will be able to give you information and advice regarding the benefits of breastfeeding, how to start breastfeeding and where to find support in the community.

General Advice

Diet, exercise and your total health care will also be discussed with you. Vitamin supplementation will be discussed early in pregnancy. If you have any dietary requirements whilst an in-patient, please inform us as early as possible so that we can make the necessary arrangements

Post-natal stay

During your stay in hospital your baby will remain in a cot beside your bed unless specific treatment is required. The midwives will give you help and advice regarding yourself and your baby. Your partner is also invited to participate in your baby's care. Please discuss any worries or problems with the staff. We are here to help and advise you.

Patient Information

Post-natal exercises

The midwife will advise you on post-natal exercises whilst you are in hospital. These exercises are important to help you regain your figure and muscle tone. You should practise them regularly and continue to do so when you go home.

Family planning

The midwives will discuss your family planning needs with you during your stay.

Mealtimes

Breakfast Buffet Self-Service as you require Lunch 12.00 noon

Supper 5.00pm

Self -Service drinks are available at all times.

Patients requiring a special diet can discuss their requirement with the midwife in charge of the ward. We do not have the facility to heat or reheat food due to food standards health and safety.

Infant Feeding

Breastfeeding gives your baby all the nutrients they need for the first six months of life. It helps protect from infections and other diseases. It also reduces the chances of getting some illnesses later in life.

This maternity hospital is level 3 UNICEF Baby Friendly Hospital accredited which adopts best practice standards for infant feeding. We will endeavour to advise and support you with your chosen feeding method.

It is important to prepare for breastfeeding by asking your midwife, GP, Health Visitor or Peer worker for information and advice on how to get started. You will be encouraged to hold your baby in skin to skin contact following the birth. This will calm your baby, steady their breathing and keep them warm. It will also help with bonding and will encourage breast seeking behaviour. You will receive assistance with how to position and attach your baby to feed while you are on the labour ward. It is recommended that you breastfeed your baby as soon as possible after the birth.

Patient Information

Help and advice will be given to you on the postnatal ward regarding feeding your baby. You will be given written information and advice regarding hand expressing and sterilising. Prior to leaving hospital you will also be given information about local and national support groups.

Medical, National Insurance and other certificates

If you need National Insurance or any other medical certificates, please ask the ward sister. If you are receiving a pension or Social Security benefits, please notify the sister immediately on your admission to the hospital. It will also help you to know your National Insurance number. If you have any problems regarding your welfare, home conditions or financial difficulties you will probably have already seen the medical social worker at the clinic. However, if this is not the case, please inform your midwife.

General information for your stay in hospital

Telephones

By each bedside there are TV/Telephone facilities called Hospedia. This can allow you to telephone your relatives and friends and they can also phone you. You can purchase tokens from a machine outside ward 25.

Postal arrangements

Letters are delivered to the ward twice daily, however please ask your friends not to post cards to you whilst in hospital as they often arrive after you have been discharged. If you have any letters for posting they should be handed to ward staff.

Newspapers, book etc.

A trolley visits the ward daily with newspapers, confectionery, tissues etc. The hospital volunteers provide this service.

There is also a shop on the first floor in the West Wing where you can purchase sandwiches, confectionery, tissues, stamps, baby items, etc. There are also several vending machines dispensing light refreshments opposite the shop. WH Smith is situated in the General hospital.

You will be encouraged to send flowers home as there is limited space and they pose an infection risk.

Patient Information

Radio and television

Radios are provided in all wards; you may bring in your own battery-operated radio if you have personal earphones. Each bed has a TV facility which is pay as you use.

Any electrical equipment must be tested by the hospital electricians prior to use.

Multi Faith

Chaplains representing the Church of England, the Roman Catholic Church and the Free Churches attend the wards regularly. The ward sister will arrange for any other chaplain or religious leader to visit on request. Facilities are offered to women who wish to receive Holy Communion from the chaplain of their own denomination.

Services are held in the Faith Centre in the West Wing and facilities are available for you to attend if you wish.

Neonatal Unit

Most babies are born fit and well, ready to be cared for by their parents, on the post-natal wards or at home. However, a small number of babies will require more specialised care owing to low birth weight, prematurity or specific problems. The Neonatal Unit is staffed and equipped to meet the needs of vulnerable babies, but occasionally there may be need to transfer babies to other units such as specialist children's hospitals.

Staff on the Neonatal Unit welcome parents and encourage them to visit at any time. The Unit has adequate facilities and space and we are happy for brothers, sisters to visit also. Other visitors are allowed by special arrangement with the Ward sister.

However, very small or ill babies do require protection from infection; therefore visiting may be restricted in certain circumstances to all but the baby's parents.

If your baby needs to remain in special care after your transfer from hospital you may visit or telephone the Unit at any time to keep in touch with your baby's progress.

Registration of birth

The birth of your baby must be registered by the Registrar of Births, Deaths and Marriages, within 6 weeks of birth. If you live in Coventry this

Patient Information

can be done at Cheylesmore Manor House, Manor Drive, Cheylesmore, Coventry CV1 2NF. Please ring the Registrar's Office on 024 7683 3129 to make an appointment.

Rugby residents should ring the Registrars' Office at 5 Bloxham Place Rugby, on 0300 555 0255.

Hospital property

All items provided for the care of mothers and babies are hospital property and therefore for use in the hospital only. The unauthorised removal of such property is regarded as theft and may result in prosecution.

Your care

Our main aim is to help and care for you during your pregnancy, birth and post-natal period. Your views on the care that we provide can be very useful in the planning of future services. If you have any comments on your care, please discuss them with the ward manager or Community Midwife or write to: -

Service Manager

Women & Children's Services

University Hospitals Coventry and Warwickshire NHS Trust Clifford
Bridge Road

Coventry CV2 2DX

Tel: 024 7696 7402

Going home

When you are going home, please make sure you have collected all your personal belongings and have left nothing in your locker.

We advise that babies are taken home safely, i.e. restrained in a baby car seat. It is not advisable to hold your baby in your arms while travelling.

Patient Information

You will be discharged home with your purple postnatal hospital records and your baby's red book. These will be required by your midwife. Your midwife will visit you at home the day after discharge; she will continue your care for up to 10 days following the birth of your baby. In some cases home visits will extend beyond this period.

You may be asked to attend a post-natal clinic at a local children's centre. It is very important to bring your purple postnatal notes and those of your baby so the midwife has all the information necessary to discharge you.

- Pain associated with a caesarean section can be managed appropriately by regular use of painkillers. The pain can last for a few days, so take the painkillers **regularly**, so that you can look after yourself and your baby.
- Please do not drive or lift heavy objects for approximately 6 weeks.
- You will also be given details of whom to contact if there are problems.
- Most wound dressings you will need to remove by 48 hours following delivery. In some cases, a vacuum dressing will be in place for 7 days in total and will be removed by your community midwife. You will be advised of this before going home.
- A community midwife will see you the day after you are discharged.
- Your community midwife will observe your wound for signs of infection, and assess your wellbeing following your caesarean section.

Useful Telephone Numbers

Association of Breastfeeding Mothers

0300 330 5453

www.abm.me.uk

Breastfeeding Network

0300 100 0212

www.breastfeedingnetwork.org.uk

Patient Information

The Lullaby Trust (Infant Sudden Death)

0808 802 6868

www.lullabytrust.org.uk/

La Leche League

0845 120 2918

Coventry Infant Feeding Line

07904 984620

Multiple Births Foundation

020 3313 3519

www.multiplebirths.org.uk

National Breastfeeding Helpline

0300 100 0212

www.nationalbreastfeedinghelpline.org.uk

Stillbirth & Neonatal Death Association (SANDS)

020 7436 5881

www.uk-sands.org

The National Childbirth Trust

0300 330 0700

www.nct.org.uk

Twins and Multiple Births Association

0800 138 0509

www.tamba.org.uk

Patient Information

Patient Advice and Liaison Service

The Patient Advice and Liaison Service is a free and confidential service for patients and their family and carers. They will respond to concerns about any aspect of your care and aim to resolve any problems as quickly as possible.

Email: feedback@uhcw.nhs.uk

Telephone Freephone 0800 028 4203

Monday to Friday: 8.00am – 5.00pm.

The Trust has access to interpreting and translation services. If you need this Information in another language or format please contact 024 7696 7392 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

Document History

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