

## Maternity

# Having a Caesarean section at UHCW

Welcome to the University Hospitals Coventry and Warwickshire maternity services. We want to give you and your family the best care during your pregnancy, the birth of your baby, and after the baby is born. This booklet answers questions you might have about our services, but if you want to know more, please ask your midwife.

You can contact your community midwife for advice at any time. If unavailable, or if you need urgent advice, please call Maternity Triage. The unit is next to the Labour Ward. They assess women who are more than 20 weeks pregnant and women up until 28 days post-delivery who need urgent clinical advice. Unless it is urgent, please call before coming to the Maternity Triage Unit.

### Our address

Maternity services, University Hospitals Coventry and Warwickshire NHS Trust  
Clifford Bridge Road, Coventry, CV2 2DX  
Telephone: 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  
to 3.00pm

Community Midwifery Services (Rugby) (01788) 663184



### What is a Caesarean Section?

This is an operation where a baby is delivered through a cut in the lower part of the mother's abdomen (tummy), usually just above the pubic area. The cut is about 15cm (6 inches) long. This is usually done after 39 weeks of pregnancy unless there is a medical reason to do it earlier.

### Reasons why doctors might suggest a Caesarean

- **Baby's position:** If your baby is not head down (breech), and is bottom or feet first, a caesarean may be safer.

We can attempt to turn the baby around first (known as external cephalic version), but if the baby does not turn, or it is not safe to try this procedure, you will be offered a caesarean section.

Before the operation, you will have a scan in the morning. If your baby has turned around and is in a head down position you can usually go home to wait for labour to start.

- **Placenta covering the cervix (Placenta Praevia):** If the placenta is in the way, a caesarean may be needed.
- **Concerns about the baby:** If the baby is small, early, or not growing well, a caesarean might be best.
- **Medical conditions:** A caesarean may be safer if you have certain medical conditions. A doctor will explain this to you.
- **Previous caesarean section:** If the mother had a caesarean before, she might need another one, but not always.
- **Personal choice:** Some women choose to have a caesarean section even if it is not medically needed.

### Risks and Benefits

There are more risks with delivery by caesarean section than vaginal birth. But the risks are very low, and most times the operation goes well.

#### Possible Risks

- You will be given a spinal or epidural anaesthetic by injection (where you are awake for the operation but numbed from chest downwards). This is usually safer than a general anaesthetic (being asleep).
- It can take longer to recover from a caesarean section delivery, both physically and emotionally, than a vaginal delivery.

## Patient Information

- Only 9 in 100 people feel pain, feel sick, or throw up after surgery.
- There is a 5 in 100 chance you will experience bleeding. In very rare cases (78 in 1000 chance), with heavy bleeding you might need a hysterectomy (removal of the womb) to stop the bleeding. But this would only be done if needed to save your life.
- There is a small 1 in 1000 chance of damage to the bladder or bowel or nearby area. The surgeons would fix this right away, but it may delay your recovery.
- An infection in the wound or bladder is common (6 in 100 chance), so you usually get antibiotics during your operation to reduce the risk. Keeping warm also helps, so bring a warm dressing-gown and slippers to wear before surgery. Avoid shaving or waxing your bikini line for at least 3 days before surgery.
- Blood clots in legs or lungs are more likely, so you might need injections (Low Molecular Weight Heparin) for 10 days or up to 6 weeks after the operation. Drinking water and moving around helps too.
- There is a small chance (1 to 2 in 100) the baby might get a small cut or mark during surgery.
- Caesarean sections are usually planned at 39 weeks because baby's lungs are more ready, and less likely to need help with breathing. If done before 39 weeks, you may be offered 2 doses of steroid injections to help the baby's lungs grow. Caesarean section before 39 weeks increases the risk of your baby needing to be admitted to the neonatal unit by 10% (10 in 100).

### **Risks are higher if you:**

- Are overweight
- Smoke
- Use drugs or drink a lot of alcohol

### **Benefits of Caesarean Section**

- You know the exact date your baby will be born.
- Less bleeding compared to emergency caesarean
- For women who have had a previous caesarean- negligible risk of scar rupture.

## Patient Information

### Future Pregnancies

- Most women can have vaginal birth next time. Sometimes, another caesarean is better, especially if you have had problems before.
- Having a caesarean can make some problems more likely in later pregnancies:
  - The scar in your uterus (womb) opening during labour (2 to 7 in 1000 chance)
  - Abnormal placental location such as placenta praevia or accreta. This increases the risk of complications during delivery, such as bleeding and hysterectomy (4 to 8 in 1000)
  - Increased risk of antepartum stillbirth (1 to 4 in 1000)

### Visiting Labour Ward Triage before your Caesarean

Telephone the Maternity Triage Unit right away if you have:

- A bad headache that does not go away with Paracetamol
- Blurry or disturbed vision
- Severe oedema (swelling) to your hands and feet
- Vaginal bleeding that does not have mucous
- Severe itching on the palms of your hands or soles of your feet
- Painful, swollen, hot, tender, red skin on the back of your leg below your knee
- Regular contractions and you think you may be in labour (please tell the triage midwife that you have a caesarean section booked)
- Scar tenderness or pain
- If you think your water has broken
- Any concerns about your baby's movements
- Constant abdominal pain

If you go into labour before your elective caesarean, a doctor in Labour Ward triage will explain what will happen. If you develop complications in your pregnancy, the doctors may need to bring your caesarean section forward- this may include staying in hospital before delivery.

# Before you come into hospital

## Pre-operative assessment

The Anaesthetist usually sees you a week before surgery to explain what will happen and how they will help with pain after surgery. You can ask any questions you want.

To help reduce the amount of acid produced by your stomach you will be given a medication called Omeprazole to take the night before and the morning of your surgery.

## Tests you might need

- You might need blood tests or nasal swabs to check for MRSA, an infection which we only need to screen for in certain patients having surgery (usually those who work in healthcare).
- One of the blood tests can only be done within 3 days of the operation, so you might get a form to take away for the blood test.

## Anesthesia

The Anesthetist will tell you about the types of medicine to stop pain during the operation and help decide what is best for you.

## Spinal Anaesthesia

Most women have this. It is an injection in your lower back that makes you numb from about the armpit level down. Your legs will feel heavy, and you will not be able to move them. You will not feel pain during surgery but may feel pressure or pulling.

## The benefits

- You will be awake when your baby is born. This means you can see your baby right away.
- If you want, you can hold your baby skin to skin and try breastfeeding in the theatre.
- Your birthing partner can stay in theatre with you.
- You usually feel less pain after surgery compared to a general anaesthetic.
- You can eat and drink soon after the operation, but it is best to start slowly.

## Patient Information

### The risks

- Your blood pressure might go down, but doctors will watch it closely.
- You might feel itchy or shivery, but this usually goes away, and medicine can help.
- You might feel pain, and the doctor will help if this happens.
- 1 in 100 people get a headache, but it usually goes away on its own.
- 1 in 1000 people have temporary nerve damage.

### Very rare risks

- Infection like meningitis (1 in 100,000 people)
- Permanent nerve damage (1 in 13,000 people)

## General Anaesthesia

It is rare for an elective caesarean section to need a general anaesthetic, it is usually for mothers who cannot have a spinal anaesthetic for medical reasons, or due to expected complications.

Unfortunately, if you do need a general anaesthetic, your birthing partner cannot be in theatre, but they can wait in the recovery area. Once the midwife has completed the baby's initial checks, your birthing partner can be with the baby in recovery until the operation is over.

### The risks:

- Sore throat (1 in 5 people)
- Nausea (1 in 5 people)
- Chest infection – it is usually mild but may need 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 fully asleep when the operation starts is rare (1 in 800 people)
- Allergic reaction to the anaesthetic is rare (1 in 10,000 people)

Although the risks might sound scary, if you need a general anaesthetic, the Anaesthetist will make sure that it is done safely and use safety equipment if needed.

## Patient Information

### The night before

Please take your Omeprazole tablet at 10 pm the night before your surgery. Your second tablet will need to be taken at 7 am the day of your surgery. Do not eat any food (this includes chewing gum) from 2 am 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

Things you will need to bring with you for your stay in hospital:

#### For Mum:

- **Very importantly – any handheld notes you may have, for example if you have transferred care from another trust using paper notes.**
- Lip balm or Vaseline
- A face cloth, toothbrush, and towel
- A hair band to tie your hair back
- Snacks for you and your birth partner
- Bras that provide good support and are non-wired to prevent blocked milk ducts
- Clothing and nightwear you feel comfortable in on the ward
- Lots of large underpants (**disposable pants are not provided by the wards**)
- Slippers or other footwear
- Maternity pads (Sanitary towels) (**they are not provided by the wards**)
- Breast pads
- Any medications you take regularly.
- If you have Diabetes, bring your blood sugar monitoring kit.

## Patient Information

### For Baby:

- If you choose not to breast feed or want to complement feed your baby (mixed feeding), you will need to bring baby formula milk with you in ready-made bottles (not powdered). It is best to bring starter packs of formula as there are no longer facilities to refrigerate larger bottles of opened formula. **Formula is not provided by the wards.**
- Around 3 baby blankets - These are no longer available on the wards.
- Baby clothes: vests, babygrows, hats, cardigans, scratch mittens, and socks.
- 1 pack of nappies and cotton wool. These are not provided by the wards.
- Baby wipes are not recommended for use in the first 6 months.

## 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 after birth.
- Go to the Maternity reception at **7.30am** on the morning of the operation.
- You do not need to shave or wax your bikini line (the operation site) before the operation, as this is best done in theatre. To prevent infection, we will give antiseptic wipes to use before you put your hospital gown on, and we will explain how to use them.
- Please remove all jewellery, glasses, contact lenses, makeup, and nail varnish. Rings you cannot remove we will tape over in theatre. It is best to leave any valuables at home or with your birth partner for safety.
- **Please bring only your birth partner with you.** We do not have enough space for other people to go with you. You should make plans for the care of other children. Other friends or relatives will not be able to wait on the wards.

If you need to come to the hospital at night, the front doors of the maternity entrance are locked for security reasons. There is an intercom to the left of the main doors. Push the bell and speak clearly into the microphone grill. The receptionist will open the doors for you.

When it is time to go home, you will need to arrange your own transport.

## Patient Information

### **Interpreters**

The hospital has a system called Language Line that translates information. We may need to use an interpreter for complex information. Your midwife will check your communication needs and arrange an interpreter if needed.

### **Medicines**

If you are taking any medicine, please bring it with you, and tell the midwife about it when you arrive. You will have an individual bedside locker for your personal items, but there is not enough space for large items.

### **Money and valuables**

Please only bring a small amount of money and important things that you really need. The hospital cannot accept responsibility if anything is lost. Do not keep things like money, rings, or watches in your locker without keeping an eye on them.

### **Car parking**

There is a car park for visitors by the hospital entrance. Please park carefully, to avoid congestion that may delay ambulances and doctors on call. There is a charge for parking. ANPR is now used on the UHCW site in all car parks, please pay before leaving. There are payment machines across the hospital's car parks. Parents of babies in the Neonatal Unit (long term) can park for free. Please ask ward staff for details.

### **Public Transport**

There are many buses that come into 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.

### **Getting ready for your surgery**

You will be given a hospital gown to wear and antiseptic wipes. You will also have an identification label put 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 heartbeat. You will then be seen by the surgeon and the Anaesthetist.

## Patient Information

The order of the theatre list is decided on the day of the surgery. We cannot tell you what time your surgery will be done as it depends on 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 24 or 25 to wait.

Whilst waiting, continue to have sips of water, but do not eat food unless you have been told you can. Eating food may cause your surgery to be delayed or postponed.

Bring a book or magazine to read as your surgery may not be until late morning or afternoon. Sometimes, your operation may need to be postponed or even rearranged. Any reasons will be explained to you.

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 needed, to keep you and your baby safe.

The University Hospitals are involved with the training of doctors, midwives, and other hospital staff, you may be asked if a student can take part in your care alongside the midwife or doctor or to take part in a teaching session attended by students. Your co-operation would be greatly appreciated, but if you do not wish to take part, you should let either the ward sister or doctor know. This will not affect your care.

The following medical staff are usually present:

- Obstetricians to perform your surgery (usually 2 or 3)
- Anaesthetist
- Operating Department Practitioner (ODP) to assist the doctors
- Theatre nurses
- Health care assistants
- Midwife
- A Paediatrician (baby doctor) if needed

Please note, you cannot request a particular grade or gender of staff.

## Patient Information

### **What will happen during the surgery?**

If you have a spinal anaesthetic, your birthing partner can come into theatre with you, but if you have a general anaesthetic, they will need to wait in the recovery area.

You will be taken into the operating theatre and asked to sit on the theatre table. You will be asked a few short questions, including your name, date of birth, and 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 to check your blood pressure, pulse and oxygen levels during the anaesthetic and operation.

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

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

### **Spinal Anaesthetic**

- First, we help you get into the right position. You will sit on the theatre table with your feet on a chair. You will have a pillow to place under your arms, and we will ask you to curl over the pillow to arch your back.
- We will 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). You will feel this, but it should not be painful.
- Once the spinal anaesthetic injection is in, you will lie down on the theatre table, and the table will be tilted to the left.
- The midwife will listen to your baby's 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 stick and cocktail stick to see what you can feel.
- Once the anaesthetic is ready, the midwife will insert a catheter into your bladder, and this will stay in for a few hours after the surgery.
- The Obstetricians (Doctors who look after and support delivering pregnant people) will then clean the skin on your abdomen and put up sterile drapes, so you and your birth partner cannot see the operation. Your birth partner should stay seated during the surgery, unless told otherwise.

## Patient Information

- The surgery will start, and you will feel pulling and pressure, but you should not feel any sharp pain. Sometimes, small forceps are needed to help deliver your baby.
- If you have sickness or pain, please tell the Anaesthetist. They will stay with you during the operation.
- If there are no problems during birth, your baby will be put in a cot and brought to you. The midwife will then check, weigh and measure baby.
- You can take photos of you and your baby. Please do not take photos of staff unless they agree. Taking videos or video calling is not allowed in theatre.
- When the midwife has finished checking your baby, they can help you with holding your baby skin to skin. If you do not want to have skin to skin, the midwife will wrap your baby, and your birth partner can hold them. If you want to breastfeed, your baby can have their first feed in theatre.
- If the midwife is worried about the baby, and feels they need to be seen by a Paediatrician, the midwife will take your baby to the resusitaire (equipment designed to support maternity staff with caring for newborn babies) to check they are well. If your baby is well, they will bring them back to you. You will be told if your baby needs to be taken to the Neonatal unit (Special Care for newborn babies).
- It usually takes about 30 to 40 minutes after birth for surgeons to remove your placenta and close the incision.
- After the operation, you will be taken to the post-operative recovery area.

## General Anaesthesia

- You will 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.
- You will wear a face mask to take oxygen.
- As you start 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.
- When the baby is born, they will be checked by the Paediatrician and midwife and then taken to your birth partner in recovery.
- After surgery, you will be woken in theatre before you are taken to the recovery area. You may feel tired and sleepy for hours after.

## Patient Information

### **Skin to skin**

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

### **Cutting the cord**

The surgeon will cut the cord to reduce the risk of infection. But the cord needs 2 cuts, and the birth partner can do the second cut.

## **After your operation**

### **Post-operative recovery**

You will stay in recovery for about an hour after surgery before going to the ward. But this may take longer depending on how you are recovering, and when a ward bed is available. No other visitors are allowed into recovery. The recovery nurse will monitor your blood pressure and pulse, and if you feel any pain or sickness, they can give you medication for this. Midwives can help you with feeding your baby.

### **Analgesia**

If you have spinal analgesia, you will stay numb for several hours. You may be offered a Diclofenac suppository pain killer in theatre to keep you comfortable. If you have had a general anaesthetic, other pain killers like 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 make sure you have Paracetamol and Ibuprofen at home.

Anti-sickness medication will be prescribed if you need it.

### **Preventing Blood Clots**

To help stop blood clots forming, you will have compression stocking applied in the theatre recovery area. These are important when 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. The midwife will give you a supply of the injections when you go home and show you how to use them.

## Patient Information

It helps to move around and drink water.

If you have any hard, painful, red lumps on the back of your legs or you experience any shortness of breath, call Labour ward Triage right away (**02476 967333**).

## **Preventing Pressure Ulcers (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 from lying or sitting in one position for too long without moving, or by rubbing, dragging, or sliding down or across the bed. This 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 dark patches of skin that do not disappear in 1 to 2 hours.
- 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 of developing a pressure sore; but some people with an increased risk of pressure ulcers are those who:

- Have difficulty moving and changing position on their own
- Do not eat or drink enough
- Are in pain, which makes them not want to move
- Cannot control their bowels or bladder, which can make the skin wet
- Are frail, elderly or weak
- Cannot feel parts of their body properly (loss of sensation)
- Are very ill or have had surgery
- Have diabetes or poor circulation

## Patient Information

### What will your healthcare team do?

- Check your risk: Within 6 hours of arriving at the hospital, they will check how likely you are to get a pressure ulcer. Regular checks will be made.
- Provide the right mattress and cushions: The type of mattress and cushions you are given will depend on your level of risk.
- Help you move: If you cannot move by yourself, they will help you change positions using the right equipment.
- Keep your skin clean: You will be assessed, and your skin will be kept clean and moisturised.
- Make sure you are drinking and eating well: They will help you eat and drink. Supplements and snacks may be offered, and you will be referred to a dietician if extra support is needed.

### What can you do to prevent pressure ulcers?

**Skin:** If you can, check your skin regularly, or ask a relative or carer. Do not put pressure on reddened areas especially on at-risk areas.

**Keep moving:** One of the best ways to prevent pressure ulcers is to relieve the pressure 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 can.
- 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 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.

## Patient Information

### **Key points to remember**

- If you need help, do not be afraid to ask
- Try to keep moving
- 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

### **Faster recovery after Caesarean Section**

- You can eat and drink as usual after the operation. This will help with your recovery.
- You can sit out of bed around 6 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. Sometimes, this can be delayed for medical reasons. The midwife will check you can pass water (wee) after.
- You can 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 can have a shower.
- Before you go home, your baby will have a routine check by the paediatric team or a specially trained midwife.
- Your midwife or doctor will check you are medically fit to go home.
- You will need to pick up a discharge pack that may include medication to take home.
- The exact time of your hospital discharge will depend on how you and your baby are feeling, arranging medication supplies if needed, and the number of other parents going home on the same day. You can discuss these 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 1 month; and after 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 longer. You will be taught how to do this on the ward before you go home.

### **Postnatal Ward (Ward 25)**

Hospitals need to keep everyone safe, so the maternity wards are always locked. Only maternity staff can let people in. Please tell your visitors to come only at visiting times and to wait patiently when waiting for someone to open the door. All staff wear ID badges, so never give your baby over to anyone you do not know or cannot identify. The hospital uses a tagging security system for babies, and this will be explained to you when you arrive.

One birth partner can stay throughout the day and night, but we do not provide beds for the birth partner. Your own children can visit throughout the day, but no other children are allowed. Visiting times for others are from 7 pm to 8 pm. To keep your baby safe, and for fire safety, only 2 members of your family or friends can visit at a time.

If your children are sick or have been exposed to illnesses like Chicken Pox, Measles, or Scarlett Fever, please do not bring them to visit, so we can keep the babies in the unit safe.

If any visitor has been unwell in the past 24 hours, they should not visit.

Visitors must leave the Maternity Unit by 8 pm. Please think about other mothers and babies when visiting, so everyone can be comfortable and safe.

The staff cannot share private information about other mothers and babies.

### **Safeguarding children and young adults**

UHCW has a legal duty to keep children and young people safe and help them stay well. To do this, we work closely with other agencies and healthcare professionals, making sure information is shared safely.

### **Smoking**

You are more likely to have a healthier pregnancy and 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. The hospital has a No Smoking policy.

## Patient Information

### **Breast feeding advice**

Midwives and healthcare assistants can give you information and advice about the benefits of breastfeeding, how to start breastfeeding and where to find support in the community.

### **General Advice**

At your appointments we will talk about eating healthily, exercising, and looking after your health. You will learn about vitamins that are important to take early in pregnancy. If you have any dietary requirements when staying in hospital, tell us as soon as you can so we can make the right meals for you.

### **Post-natal stay**

Your baby will stay in a cot next to your bed unless special care is needed. The midwives will help you and give advice about caring for you and your baby. Your partner can help too with looking after your baby. If you have any worries or questions, we are here to help you.

### **Post-natal exercises**

The midwife will advise you on post-natal exercises when you are in hospital. These exercises are important to help you regain your muscle tone. You should practice 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

Lunch :12.00 noon

Supper: 5.00pm

Drinks are always available.

Patients on a special diet can discuss their needs with the midwife in charge of the ward. We cannot heat or reheat food because food standards health and safety.

## Patient Information

### **Infant Feeding**

Breastfeeding gives your baby all the nutrients they need for the first 6 months of life. It helps provide protection from infections and other diseases and reduces the chances of getting some illnesses later.

This maternity hospital is currently working towards the UNICEF Baby Friendly Hospital Initiative which adopts best practice standards for infant feeding. We will 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 after birth. This can calm your baby, steady their breathing, and keep them warm. It will also help with bonding and will encourage breast-seeking behaviour. You will be shown how to position and attach your baby to feed while you are on the labour ward. It is best to breastfeed your baby as soon as possible after your birth.

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

### **Medical, National Insurance and other certificates**

If you need a medical certificate/ letter, please ask staff for advice. If you are getting a pension or Social Security benefits, please tell staff on your admission to the hospital. It will help you to know your National Insurance number. If you have any problems with your welfare, home conditions or financial difficulties you may have already seen the medical social worker at the clinic. If not, please tell your midwife.

## **General information for your stay in hospital**

### **Telephones**

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

### **Postal arrangements**

Please ask your friends not to post cards to you while you are 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.

## Patient Information

### **Newspapers, books etc.**

There is a general shop on the first floor in the West Wing where you can buy things like sandwiches, confectionery, tissues, stamps, and baby items. Another general shop and Marks and Spencer's are in the main hospital.

Flowers, stickers, and balloons are not allowed on the wards.

### **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 paying as you use. Any electrical equipment must be tested by the hospital electricians before 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 need special care because of low birth weight, prematurity, or other problems. The Neonatal Unit is staffed and equipped to meet the needs of vulnerable babies, but sometimes they may 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 good facilities and space, and we are happy for brothers and sisters to visit too. Other visitors are allowed by special arrangement with the Ward sister. However, very small or ill babies do need protection from infection; so, visiting may be restricted in certain circumstances. If your baby needs to stay 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.

## Patient Information

### **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 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 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 aims are 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 sister, Community Midwife or write to:

Service Manager  
Women & Children's Services  
University Hospitals Coventry and Warwickshire,  
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.

By law, babies must be taken home safely, in a baby car seat. You should not hold your baby in your arms while travelling.

You will be discharged home with your baby's red book. This will be needed by your midwife. Your midwife will visit you at home the day after discharge; they will continue your care for up to 10 days after the birth of your baby. In some cases, home visits will continue for longer.

You may be asked to attend a post-natal clinic at a local children's centre. It is very important to bring any notes you may have and baby's red book.

## Patient Information

### Important information

- Pain from a caesarean section can be managed by taking painkillers regularly. The pain can last for a few days; the medicine will help you look after yourself and your baby.
- Do not drive or lift heavy objects for around 6 weeks.
- You will be told who to contact if there are problems.
- Most wound dressings will need to be removed 2 days after delivery. Sometimes, a vacuum dressing will be in place for 7 days 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 check your wound for signs of infection and assess your wellbeing after your caesarean section.

### Useful Telephone Numbers

Association of Breastfeeding Mothers: 0300 330 5453  
[www.abm.me.uk](http://www.abm.me.uk)

Breastfeeding Network: 0300 100 0212  
[www.breastfeedingnetwork.org.uk](http://www.breastfeedingnetwork.org.uk)

The Lullaby Trust (Infant Sudden Death): 0808 802 6868  
[www.lullabytrust.org.uk/](http://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](http://www.multiplebirths.org.uk)

National Breastfeeding Helpline: 0300 100 0212  
[www.nationalbreastfeedinghelpline.org.uk](http://www.nationalbreastfeedinghelpline.org.uk)

Stillbirth & Neonatal Death Association (SANDS): 020 7436 5881  
[www.uk-sands.org](http://www.uk-sands.org)

The National Childbirth Trust: 0300 330 0700  
[www.nct.org.uk](http://www.nct.org.uk)

Twins and Multiple Births Association: 0800 138 0509  
[www.tamba.org.uk](http://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](mailto: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.

### Did we get it right?

We would like you to tell us what you think about our services. This helps us make further improvements and recognise members of staff who provide a good service.



Have your say. Scan the QR code or visit:  
[www.uhcw.nhs.uk/feedback](http://www.uhcw.nhs.uk/feedback)

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