

Patient information

Maternity

Care after your anaesthetic for delivery

On the day after you have had an anaesthetic, we will visit you to check that you are alright. Sometimes we are busy, and we have asked the ward staff not to delay you going home to wait for us. Most mothers do not have any major complications after having an anaesthetic in childbirth and will go home well. Let the ward staff know if you want to speak with an anaesthetist before you go home.

This leaflet describes some experiences you may have after your anaesthetic for childbirth or delivery. It might be important for you to come back to hospital for review or treatment. If you need to call for advice:

→ **Labour ward triage (24 hours)**

📞 **024 7696 7333**

Pain

You should expect some discomfort or pain after both vaginal delivery and caesarean birth, in your tummy, pelvis or perineum. You should manage this with regular painkillers by mouth for a few days, sometimes even for a week or two. Taking painkillers regularly will keep you comfortable and able to move around at home. Being able to move around properly reduces the risk of blood clots and other complications. Most women can return home and complete their recovery in this way.

We will normally prescribe paracetamol and ibuprofen. They have been used for many years. They are safe to take at the regular dose when breastfeeding.

We prescribe dihydrocodeine if you cannot take ibuprofen. We also use dihydrocodeine if you have more severe pain and need additional painkillers. At the normal dose, dihydrocodeine is safe when breastfeeding.

Taking other strong opioid painkillers such as codeine or morphine can in some circumstances affect your baby. Do not take codeine while



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breastfeeding your baby. The lowest effective dose of opioids should be used for the shortest possible time, based on the advice of a doctor or midwife. If needed for more than three days contact your midwife or GP.

If your baby seems drowsy, is having difficulty breathing or feeding, or is constipated you should go to the children's emergency department. Call an ambulance if your baby is very unwell.

Some people taking strong painkillers at home can become dependent on them. This is a very small risk. If you feel the need for more painkillers, then it is important to contact your midwife or GP. Increasing the pain relief further may not be the best way to manage the pain. Pain can be a signal that something is wrong, and it may need review and treatment.

Check with your motor insurance provider about driving after a caesarean birth. They will probably ask you to wait for six weeks or so.

Symptoms to report

Serious problems are rare but may need immediate treatment. Call an ambulance if you are very unwell. Contact your midwife or GP or labour ward triage on **024 7696 7333** as soon as possible if you experience any of the following, whether you have pain or not.

- Feeling unwell.
- Feeling hot and feverish.
- Pain that is new or becoming worse, especially in the chest or legs.
- Signs of a wound infection: redness, swelling or discharge from the wound.
- Swelling and tenderness in the back of your leg.
- Pain in your chest when breathing.
- Severe chest pain spreading to your jaw, arm or back.
- Your heart is persistently racing.
- You are very breathless when resting, especially when lying down.
- You experience fainting while exercising.

Nausea

Nausea and sickness are not common after spinal or epidural anaesthesia. They are more likely after general anaesthesia (when you are asleep for the

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operation). They can be caused by anaesthesia medicines, or being tired and exhausted before or after surgery, or the other painkillers you might have had in labour.

Nausea does not usually last for very long. It can be treated with anti-nausea medicines. We will give you some of these medicines at the time of your surgery if you have an operation. We will prescribe more for you if needed afterwards.

You can help by eating and drinking soon after your surgery to get back to normal. Take it carefully and in small amounts. Build up until you are confident about eating and drinking normally.

The Royal College of Anaesthetists has information on nausea:

www.rcoa.ac.uk | Patient information | Anaesthesia and risk | Risk leaflets | Feeling sick



Itching

Opioid medicines in spinal or epidural injections give better pain relief for you during and after the operation. They help you to go home sooner. They can cause itching in the first day, especially diamorphine in a spinal injection.

Some women will not have any itching after the injection. Some may have about 12-24 hours of mild itching that could be all over the body. A few women may have severe itching that should respond to medicines to relieve the itch.

Whatever happens, this itching will get better in a day or so. There should be no redness or swelling with any itching. Tell your midwife if there is because this might be a sign of an allergic reaction.

Headache after an epidural or spinal injection

Headaches are common after you've had a baby. About 1% or less of women who have had spinal or epidural injection may have PDPH (post-dural puncture headache). This headache is felt at the front or back of the head and is worse on standing. Lying down may relieve the headache but it may be so severe that you feel unable to look after your baby properly or go home with confidence. You may also experience sickness, ringing in the ears and

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difficulty looking at bright lights. Some patients describe it as like a very bad migraine that is made worse when sitting or standing up.

If you think you have symptoms of PDPH you may need a review by the anaesthetist. You may also need a treatment called epidural blood patch. Contact labour ward triage on **024 7696 7333**. A senior midwife will advise the next best steps.

There is a UHCW leaflet on PDPH at:

www.uhcw.nhs.uk | Patient information leaflets | Women and children | Maternity | Headache after an epidural or spinal injection



There are other causes of headache after childbirth. They are rare but may need immediate treatment, such as pre-eclampsia, stroke, or infection.

Call us straight away if you get any of the following with a headache. Call an ambulance if you are very unwell.

- Persistent severe headache.
- Face drooping / arm weakness / speech difficulties.
- Seizures.
- Nausea and vomiting.
- Blurred vision.
- Heartburn type pain.
- Spots or sparkles in your vision.
- Pain or stiffness in your neck.

The Royal College of Anaesthetists website has patient information on this:

www.rcoa.ac.uk | Patient information | Anaesthesia and risk | Risk leaflets | Headache after a spinal or epidural injection



Nerve damage

Nerve damage is rare but possible after childbirth. It is called a *maternal obstetric palsy*. It is usually temporary and gets better within a few weeks. It may feel like you have a numb patch of skin, or mild prickling of pins and needles, over part of one of your legs. Sometimes your foot might feel a bit weak. It is usually caused by the birthing process. Very rarely, this nerve damage may have been caused by your spinal or epidural. Most women will get better on their own over a few weeks without needing treatment.

If you think you have nerve damage caused by either your delivery, or the spinal or epidural, contact labour ward triage on **024 7696 7333**. Call us straight away if you have these things.

- The numbness appears to be in both legs.
- It is getting worse or getting no better.
- You also have any of the things listed in this leaflet in the sections on headache and back pain.

A numb patch across your tummy above a caesarean scar will have been caused by the operation. It should get better in a month or two.

Pain in one or both shoulders immediately after a caesarean birth may have been caused by air left in your tummy at the end of the operation. It will get better in a day or two.

The Royal College of Anaesthetists has information on this:
www.rcoa.ac.uk | Patient information | Anaesthesia and risk | Risk leaflets | Nerve damage associated with a spinal or epidural injection



Back pain

Many women experience back pain after childbirth. Sometimes this can last several months. It is almost always caused by pregnancy or childbirth. If you had it before it can be made worse by giving birth. After a spinal or epidural, you will have some minor bruising and tenderness where we gave the injection. You could use some painkiller tablets for a day or two.

Back pain can be serious and need immediate review and treatment. This can be caused by common things like a lumbar disc prolapse (slipped disc). More rarely it is due to the anaesthetic injection. Call us straight away if you get any of the following. Call an ambulance if you are very unwell.

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- Weakness in one or both legs.
- Loss of control over your bowel or bladder.
- Numbness in your legs or groin.
- New or severe back pain, especially if it suddenly gets worse.
- Pain in the back of the neck.

Accidental awareness during general anaesthesia (AAGA)

AAGA is not common but can be very distressing. With AAGA, you can remember and recall what happened in theatre while you were supposed to be asleep and unconscious (general anaesthesia). The risk of accidental awareness is higher in obstetric operations (for childbirth) than it is in other operations. This is because there is a need to minimise the dose of anaesthetic medicines to reduce effects on your unborn child, and surgery starts very soon after you are unconscious. People who have had AAGA describe different things. Some people have the feeling of something being placed in their mouth at the start of their operation. They may hear people talking during their operation. The feeling of being unable to move whilst asleep is possible but temporary and very rare.

Most people who experience awareness do not feel pain. Dreaming during the anaesthetic is quite common. You could be remembering the events at the end of the anaesthetic and in the recovery room, where you may still be drowsy after the anaesthetic.

If you think you have been aware during your anaesthetic, do not hesitate to report it. Call labour ward triage on **024 7696 7333** and ask to speak to the anaesthetist. We can follow you up in an appropriate setting. Sometimes memories can return after many days. You could ask your GP to contact the anaesthetic department at the hospital. We will want to talk to you, sympathetically and openly. We could arrange for you to have support from a psychologist.

The Royal College of Anaesthetists has information on this:
www.rcoa.ac.uk | Patient information | Anaesthesia and risk |
Risk leaflets | Accidental awareness during general anaesthesia



Sore throat and damage to teeth

When you have a general anaesthetic, your anaesthetist will place a breathing tube in your mouth. When these breathing aids are placed and removed, it is possible to cause damage to the teeth, lips, or tongue. The top front teeth are most at risk during general anaesthesia. Minor cuts or bruises are common and will usually heal quickly. You may have a dry sore throat for a few days.

Serious damage is very rare. If a tooth has been pulled out we may be able to replace the tooth straight away with the help of hospital colleagues in dental surgery. If you have suffered damage to teeth (including bridges, crowns, and veneers) you may need to visit a dentist for repair work. You would have to pay for this work yourself and get an invoice. We will show you how to make a claim against UHCW for the cost.

If you think you have experienced damage to your teeth or mouth during your general anaesthetic, contact labour ward triage on **024 7696 7333**.

The Royal College of Anaesthetists has information on this:
www.rcoa.ac.uk | Patient information | Anaesthesia and risk | Risk leaflets | Damage to teeth, lips and tongue



Further information and help

This leaflet is about care after an anaesthetic. You may have questions about other problems you are experiencing after delivery.

UHCW has a leaflet designed for the childbirth aspects of care at:

www.uhcw.nhs.uk | Patient information leaflets | Women and children | Maternity | After birth (postnatal) care for mothers.



The Royal College of Anaesthetists has patient information on many things that can seem wrong after anaesthesia:

www.rcoa.ac.uk | Patient information | Anaesthesia and risk | Risk leaflets



Some of the information in this leaflet was taken from these sources.

If you need to speak to us after you go home, contact labour ward triage, and ask for the anaesthetist:

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➔ Labour ward triage (24 hours)

📞 024 7696 7333

If you have queries or are unhappy with any aspect of your care, speak to a member of the ward staff as soon as possible. They can ask an anaesthetist to visit you. Very often problems can be resolved at this point.

If you feel they cannot help or are not comfortable talking to them, you can contact PALS.

Patient Advice and Liaison Service (PALS) on 0800 028 4203.

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact us. We will do our best to meet your needs.

The Trust operates a smoke-free policy.

To give feedback on this leaflet please email feedback@uhcw.nhs.uk

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