

## Contact details

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For further general health-related information, please ask the relevant department for an information prescription or contact:

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**We can supply this information in other formats, in larger print or have it translated for you. Please call the Patient Experience Team on 01202 448499 or email [patientexperienceteam@poole.nhs.uk](mailto:patientexperienceteam@poole.nhs.uk) for advice.**

**If you wish to make any comments or to ask about any research evidence used to write this leaflet, please contact the Patient Experience Team on 01202 448499, write to the Patient Experience Team (address above) or email [patientexperienceteam@poole.nhs.uk](mailto:patientexperienceteam@poole.nhs.uk).**

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Caesarean Section- your guide to recovery  
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## Poole Maternity Unit Patient information

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# Caesarean Section- your guide to recovery

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## Pain relief

Everyone experiences different levels of pain after a caesarean birth. You'll be given regular pain relief while you're in hospital, and we will send you home with some pain relief to help you through your first few days at home.

If you find that the painkillers aren't working well for you, it's important to tell us as additional pain relief can be given (oral morphine). All of the pain relief we offer is safe to take while you're breastfeeding.

You might have breakthrough pain, which means the pain gets worse before your next dose of pain relief is due. If so, tell your midwife. It's important not to take more than the maximum dose – your midwife will discuss frequency and dose, and this will also be printed on the packaging or prescription label.

We recommend that you have a supply of paracetamol and ibuprofen at home, ready for when you are discharged.

## Getting moving

It's important to get moving as soon as it's safe for you. The numbness in your legs will take a few hours to wear off fully, so you should only get up for the first time with support from a midwife or maternity support worker. You'll be encouraged to walk around the ward, and to the toilet once your catheter is removed. This will help your recovery and prevent the risk of blood clots.

## Blood loss after birth

Some women are surprised that they still experience vaginal bleeding after a caesarean birth. This is completely normal, and is the lining of your womb shedding – it's called lochia, and is made up of blood, mucous and other tissue.

You might find the amount of lochia you lose increases the first time you stand up.

If you are concerned about the amount of bleeding, it's important to tell the midwife caring for you, or to call Labour Line on 0300 3690388 if you have already gone home.

**If you are soaking through pads, passing blood clots or the lochia has an offensive smell, you must call Labour Line or 999 right away.**

## Catheter

All women having a caesarean birth will have a catheter. This is a thin tube that passes into your bladder through your urethra and collects your urine (wee) in a bag. This is usually inserted after the anaesthetic is given so you won't feel it and having the catheter removed isn't painful.

When your anaesthetic has worn off and you're up and about, we will remove your catheter. At first, we will ask you to measure the volume of your urine just to check that your bladder is working normally, and we'll ask whether you had normal sensation when going for a wee.

We will give you information on pelvic floor exercises to do at home after your birth. These are an important part of your recovery after pregnancy, no matter what type of birth you have, as pregnancy puts a lot of stress on our pelvic floor muscles.

If you are experiencing incontinence after your caesarean, please talk to your midwife, health visitor or GP.

## Blood clots

Blood clots, which prevent the blood from flowing normally around your body, are more common during pregnancy and in the first six weeks after birth.

Deep vein thrombosis (DVT) is a blood clot which usually forms in the legs or pelvis. If part of the clot breaks off and travels to your lungs, this is called a pulmonary embolus (PE) – this is an emergency and can even be fatal, so it's extremely important to prevent clots and to be aware of the symptoms.

To protect against blood clots, we will:

- Provide special stockings for you to wear – you should wear these until you are back to your normal level of activity (**Any tips for getting them back on after a shower?!**)
- Encourage you to get moving as soon as it's safe and to keep mobile
- Give you blood thinning injections while you are in hospital – you'll be given a supply to take home as you will need one injection each day for ten days. The needles are very small and the injections are easy to administer.

## Symptoms of a blood clot (DVT)

- Pain in the calf or thigh with swelling in the same leg
- Heat or redness, usually in the back of the leg below the knee
- Difficulty putting weight on that leg (it will usually affect only one leg)

If you experience these symptoms, it's important to call Labour Line or 111 right away

## Symptoms of a Pulmonary Embolus (PE)

- Difficulty breathing or shortness of breath
- Coughing up blood-stained sputum (a thick fluid produced in the lungs)
- Chest pain that is worse when you breathe in
- Feeling very unwell or passing out / collapsing

**If you have any symptoms of a pulmonary embolus, call 999**

## Wound care

After your caesarean, a dressing will be stuck over your wound. You can remove this after 48 hours (you might find it easier to remove after a shower- You can have a bath when you can comfortably get in and out of the bath).

It's a good idea to wear loose, comfortable clothing and cotton underwear – nightdresses or pyjamas with a higher waist are a good idea so that they aren't rubbing on the wound.

Once the dressing is removed, you can wash as usual – be gentle when you clean, and pat the area dry with a clean towel. If the wound sits between folds of skin, there's more chance of an infection developing – daily showering and careful drying with a clean towel will reduce this risk.

It can be difficult for you to see your own wound – it's a good idea to take a photograph when you first take the dressing off, and then you can monitor it until the wound is healed.

Your wound will usually be held together with stitches. The surgeon closes the wound in five layers, and all of these layers need to heal, so even if the outside looks healed you may still be healing inside. The stitches inside will dissolve over time.

Usually we use dissolvable stitches on the outside too, but sometimes we will need to use a different type of stitch which will need to be removed – you will be told about this in hospital and given information on when they will be removed. Sometimes dissolvable stitches can take longer than usual to dissolve, so if you are concerned that your stitches haven't dissolved please discuss with your GP at your follow up.

We monitor all women who've had a caesarean for post-operative surgical infection (SSI) so your midwife or maternity support worker will ask you questions about how you're healing, and they will check your wound if you have any concerns.

Please let your midwife or GP know if:

- Your wound becomes hot, swollen, weepy, smelly or very painful
- Your wounds starts to open
- You develop a temperature or flu-like symptoms.

(Any symptoms which need emergency treatment, call either 111 or your GP)

Antibiotics aren't prescribed routinely after a caesarean, but if you have symptoms of an infection you'll be prescribed antibiotics. We may also take a wound swab, to confirm that we have prescribed the right medication.

## Headaches

Headaches aren't uncommon when you have a new baby, since they can be caused by lack of sleep and exhaustion. However, spinal anaesthetic or epidural can sometimes cause a severe headache – if you have a severe headache which does not improve after taking

pain relief or you have other symptoms like drowsiness or nausea, call Labour Line on 0300 3690388.

## Rest

Try to rest for at least one hour every afternoon and try to have someone help you at home for the first two weeks.

## Diet

You'll heal better and feel better if you eat properly. Aim for three meals a day, with plenty of protein (meat, cheese, milk, fish, beans and pulses).

## Driving

You can drive again when you feel comfortable – before starting the car, try and put your foot on the brake as if you're doing an emergency stop, and make sure you can turn and look over your shoulder without pain. If you find these things painful, stop and try again in a few days. Make sure you start with a short journey as you may get tired quickly.

You should check with your insurance company that you're covered to drive after major surgery, as they may have their own rules.

## Activities

Your midwife will discuss some gentle postnatal exercises that you can do at home throughout your recovery. You can move around normally at home – it's safe to go up and down stairs, but you might need help with things like getting in and out of the bath at first. If you want to go for a walk, start out with a short distance and gradually increase it as you recover. You can get back to your normal exercise such as gym classes and heavy lifting once you have fully recovered

– this might take up to six weeks.

## Sex

You can have sex when you feel comfortable and once your bleeding has stopped. Take it slowly and stop if it's painful. Having sex won't damage your wound, but some positions may be uncomfortable. Some women feel ready soon after birth and others may not feel ready for many months. There is no "normal", all that matters is that you feel physically and mentally ready.

## Contraception

It's a good idea to have contraception in place before you start having sex again – fertility returns very quickly after your baby is born, and you can conceive before you have your first period. Breastfeeding reduces fertility for most women, but some women can still conceive while breastfeeding.

The mini pill (progesterone only pill) is suitable for most women, including those who are breastfeeding. If you would like a longer acting contraceptive, you can discuss options such as an implant, injection or coil, with your GP or the sexual health service ([www.sexualhealthdorset.org](http://www.sexualhealthdorset.org)). A coil can be placed 12 weeks after your caesarean.

## Postnatal check and Birth Afterthoughts

If your GP offers a six week postnatal check then it is important to attend as they will check that you are healing well. You may also be offered a postnatal clinic appointment.

Birth Afterthoughts gives you the opportunity to talk about your birth experience or maternity care with a midwife if you feel this would be helpful. You can self-refer via [POH.tr.Birthafterthoughts@nhs.net](mailto:POH.tr.Birthafterthoughts@nhs.net)

## Future pregnancies

It's recommended that you have a least a 12 month gap between pregnancies. This gives your body time to recover, and reduces the risk of your caesarean scar separating during pregnancy or birth – this happens to about 2 in every 1000 women, or 0.2%

Your caesarean may also increase your risk of your placenta growing in the wrong place on the wall of your womb in future pregnancies, which can lead to complications during birth and excessive bleeding. However, this is also uncommon – it affects 4-8 in every 1000 women, or 0.4-0.8%

Having a caesarean does increase the chance of needing a caesarean in the future. However, 3 out of 4 women (75%) who've had one caesarean will go on to have a vaginal birth in their next pregnancy.

## Support for you

There are support groups which give friendly, practical advice to women who have had a caesarean birth, and for those women hoping to have a vaginal birth after a caesarean (known as VBAC for short).

[www.vbac.com](http://www.vbac.com)

[www.labourpains.com](http://www.labourpains.com)

## References

Five guide- enhancing your caesarean section recovery- World Patient safety day (UK)

NICE Guidance CG132- Caesarean section