

Dear parent(s),

You will soon have a Caesarean section. In order to prepare yourself and to take away any uncertainty, we have written this information leaflet. It explains how to prepare for your caesarean section, the caesarean section itself, your stay in hospital and how to recover after your caesarean section. The information has been developed in collaboration with women who have had a caesarean section themselves and contains answers to frequently asked questions. It also includes a checklist of the appointments and the things to do before the caesarean section.

So please read the information carefully. You can also watch the film "Giving birth by Caesarean section" to get an idea of what to expect. (Click on [this link](#) or go to: www.youtube.com/watch?v=l-H6kz83n6Q)

If you have any further questions you can ask the nurse with whom you will have a telephone appointment in a little while. You may also contact the hospital at any time if you have any concerns or questions.

We wish you a good pregnancy, a good and quick recovery after the C-section and the very best with your baby.

PLEASE NOTE: In case of contractions, blood loss, fluid loss or decreased fetal movements, call the "vrouw en kind centrum" **023-2240382** (available 24/7).



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Information to prepare for your planned Caesarean section

A Caesarean section - the medical term is 'sectio caesarea' - is a procedure in which your baby is not born by natural means but through an incision in your abdomen. The entire procedure takes about 45 minutes. Your baby is usually born within the first ten minutes. The gynaecologist then sutures the womb and the abdominal wall.

A Caesarean section is usually planned from 39 weeks of pregnancy. Sometimes earlier if there is a medical reason for it. Further on in this leaflet you will find information on the risks of the operation. A Caesarean section performed after 39 weeks of pregnancy has no increased risks for the baby compared to a vaginal delivery at the same gestational age. All medication given before, during and after the caesarean section is safe for your baby and for breastfeeding.

In your case, a so-called "gentle section" is planned. You stay together with your baby as much as possible and there is a lot of attention for skin-to-skin contact. This is only possible if you and your baby are in good condition during the procedure. After the procedure, you, your baby and your partner (if any) will first go to the recovery room together and then back to the ward together if possible.

Below you find a checklist of important appointments and preparations for the Caesarean section. This is followed by a step-by-step explanation of how to prepare for the Caesarean section, the operation itself, your stay in hospital and your recovery.

If you have any questions after reading, feel free to ask your gynaecologist.

Checklist of important appointments and preparation

You can keep track below of whether you have done all the important preparations and tick them off.

You will find more information on the points listed below later in the leaflet.

- Appointment with the anesthetist
- Appointment with nurse
- Have a blood sample taken 1 day before the Caesarean section; make an appointment for this yourself at www.atalmedial.nl.
 - Monday to Friday: all day in Spaarne Gasthuis Haarlem Zuid, Haarlem Noord, Hoofddorp
 - Sunday: Spaarne Gasthuis Haarlem south 10:30-11:00 or Hoofddorp 11:00-11:30
- 1 day before the caesarean section between 14:00 and 15:00 call us to hear what time you have to come the next day Phone number: 023-2240380 or 023-2240384
- On the day of the Caesarean section, stay fasting from 0:00 a.m. until the operation (explanation later in this information leaflet). In the morning, when you wake up, take 2 tablets of paracetamol with water or lemonade.

Preparing for a planned C-section

Appointments with anesthetist and nurse

As with any planned operation, you will have an introductory consultation with someone from the Anesthesiology Outpatient Clinic. Often this is done by telephone, sometimes you have to go to the hospital. You will be informed in advance whether your appointment is in the hospital.

During this consultation, they will discuss your health, any medication you may be taking or previous operations and other matters that are important for giving you safe pain relief during the Caesarean section.

A nurse from the obstetrics department will call you shortly to answer any questions you might have and to make sure the final preparations are well planned.

10 days before caesarean section

We recommend that you do not shave your pubic hair from 10 days before the caesarean section to minimize the risk of wound infection.

The day before the caesarean section

Blood test

The gynaecologist or nurse will give you forms to take blood samples, or a link to the My-SpaarneGasthuis app ([click here for instructions, to download and use](#))

Have a blood sample taken 1 day before surgery at

- Spaarne Gasthuis in Haarlem North
- Spaarne Gasthuis Haarlem South
- Spaarne Gasthuis Hoofddorp.

You have to make an appointment via www.atalmedial.nl or via 088-0037705

Note: If your C-section is on Monday, you can have a blood sample taken on Sunday without an appointment, in Haarlem Zuid between 10.30 and 11.00 or in Hoofddorp between 11.00 and 11.30.

You **do not** need to be sober for this blood test.

Calling the hospital to find out what time you need to come in for the C-section

One day before the operation, call the obstetrics department between 14:00 and 15:00 to find out what time you have to be in the hospital for the operation. 023-2240380 or 023-2240384. If the operation is planned for Monday, you can call us on Friday.

Remove nail polish, piercings

You may **NOT wear** nail polish, artificial nails or make-up during the Caesarean section, because the anaesthetist needs to see your skin and nails to assess your body's blood flow. Also, you may **NOT wear** any piercings, as they are more likely to cause inflammation. You should therefore remove them in time.

Staying sober for surgery

The night before the operation you may not eat or smoke from midnight (0.00 am). You may continue to drink up to 2 hours before the operation. Only clear drinks such as water tea (possibly with sugar) or lemonade. **No milk, milk products or broth!**

The day of the caesarean section

At home before going to hospital

From midnight (0.00 am) you may not eat or smoke. You may continue to drink up to 2 hours before the operation. Only clear drinks such as water, tea (possibly with sugar) or lemonade. **No milk, milk products or broth!**

When you wake up in the morning, take 2 paracetamol tablets of 500 milligrams with water, tea (**WITHOUT MILK**) or lemonade.

- No make-up, nail polish, jewellery or piercings
- Do not use body lotion or oil after showering (even the night before).
- Contact lenses must be removed, spectacles are allowed

Things to bring to the hospital

- 1 euro coin for the locker in the room, 2 euro coins for the wheelchair
- Large pants or net briefs (from maternity pack)
- Comfortable clothing
- Bath slippers
- Toiletries for yourself and partner
- Enough suits/rompers for the baby
- Camera or telephone (don't forget to charge it)
- Feeding (if you want to give artificial/bottle formula of another brand than Nutrilon®)
- Your own bottle and dummy if you want to give artificial/bottle food

Parking

The Caesarean section always takes place at the Spaarne Gasthuis location Haarlem Zuid.

Between 6.30 a.m. and 9 p.m., the main entrance to the hospital is open.

Outside these times, you can use a special entrance. Follow the signs "bevellingen 24/7" from the car park. In case of emergency you can park in the emergency area, otherwise in the car park.

You will be admitted via an intercom. Take lift A and go to the 3rd floor Unit A.

In the hospital

In the hospital you go to the 3rd floor. Here you will be taken to your room. The nurse will check the baby's heartbeat by performing a CTG. You will be given an infusion. If your baby is in a breech presentation, an ultrasound will also be made to determine its position.

Before you go to the operating theatre, you have to take off your jewellery (preferably leave it at home). You will be given a surgical gown. You will be taken to the operating theatre together with a nurse and your partner/friend/relative at around the scheduled time.

Sometimes a caesarean section has to be moved to a later time of the day if the operating theatre or doctor is unavailable due to an emergency operation.

In the operating theatre

Several doctors and nurses are present in the operating theatre. They all have a task to perform during the caesarean section or the care of your child. There are:

- an anaesthetist (this is the doctor who administers the epidural) and his/her assistant.
- two operating assistants who make sure that all the equipment for the operation is present and assisting the gynaecologist during the operation.
- a gynaecologist and a trainee gynaecologist who perform the operation and usually be assisted by a trainee (medical student).
- a nurse for the initial care of the baby after birth.
- Sometimes a paediatrician is also present.

In the operating theatre, you yourself switch from the bed in which you are lying to the operating table, which is a kind of narrow bed on which you lie during the operation.

Safety

Even before the anaesthetic is administered and before the operation starts, one of the doctors will ask you a few questions for safety reasons (such as your name, date of birth, any allergies, etc.).

Before the Caesarean section, you will be given antibiotics via an infusion to minimise the risk of an infection.

The anaesthesia

Two types of anaesthesia are available for Caesarean sections: epidural or narcosis. Usually, an epidural is recommended. Very occasionally, there is a reason for anaesthesia, for instance if your blood clotting is not working properly.

An epidural

With an epidural, the skin is numbed locally and the anaesthesiologist injects anaesthetic fluid between the vertebrae. Often you hardly feel the actual puncture itself. Soon you will no longer feel any pain in your lower body and legs. You will continue to feel the touch.

You may experience nausea after the epidural. This is due to a drop in your blood pressure.

Before the operation, the gynaecologist will test whether the epidural is working properly and whether you feel any pain.

With an epidural, you consciously experience the birth of your baby. Even during the operation, you can see, hear and feel your baby (through a thin transparent plastic sheet). There is no pain during the operation. Sometimes, however, you may feel movement or pushing on your abdomen. Occasionally, the anaesthetic will reach a little higher than just your lower body. It then seems as if breathing is difficult. This is annoying, but not dangerous.

In some cases (approximately 1 in 100), it is not possible to give anaesthesia by means of an epidural. In such cases, a general anaesthetic is administered.

General anaesthesia

With a general anaesthetic, you sleep during the Caesarean section. The anaesthetic is administered in such a way that your baby receives as few drugs as possible via the placenta. The medicines for the anaesthesia are

injected via an infusion. Sometimes you will be given some oxygen beforehand through a cap or tube in front of or in your nose. While you sleep, a tube will be inserted into your windpipe for ventilation. You feel no pain and wake up when the operation is finished and the baby is born. With this type of anaesthesia, you do not experience the birth of your baby and your partner cannot be present in the operating theatre.

Bladder catheter

After the epidural, you will be given a bladder catheter. This is a tube that is inserted through your urethra to drain urine from the bladder. The insertion does not hurt because the anaesthetic is already working. A bladder catheter is important because it prevents the bladder from being damaged during the Caesarean section and because you will not be able to urinate on your own for the first 12 to 24 hours after surgery.

The operation

The doctor or operating assistant cleans your abdomen with disinfectant liquid. After this, the gynaecologist covers your abdomen with sterile cloths. Before starting the operation, the gynaecologist will always check that you do not feel any pain. As with an anaesthetic at the dentist's, you may continue to feel touch, but you will not feel any pain.

The gynaecologist almost always makes a 'bikini cut', a horizontal (transverse) incision of 10-15 cm just above the pubic bone (that is, around the hairline). Your abdominal muscles, which run from the rib downwards, are not cut but pushed aside and your abdominal cavity is opened. The gynaecologist then opens the womb and brings out the baby. Often pressure is applied to your abdomen. If you wish, part of the cloth will be opened in front of your face so that you can see your baby being born through a transparent screen. Photos may be taken in the operating theatre.

When your baby is born, he/she is placed on your chest (with the plastic sheet in between for sterility reasons) so that you can see and feel him/her. You will wait one minute until the umbilical cord is cut ([source](#)) unless there is a medical reason to do it earlier, for example because the baby needs some extra support or because you have lost a lot of blood. The nurse or paediatrician will check the baby and dry him/her off. This happens in the operating theatre right next to you. The baby usually comes to you on your chest until the operation is finished. If the baby needs extra support or has to go to the incubator department, your partner may stay with the baby.

You will be given an infusion of oxytocin to help the uterus contract properly and limit blood loss. After the placenta is born, the gynaecologist stitches up the uterus and the various layers of the abdominal wall. The gynaecologist uses soluble stitches that do not need to be removed or staples that are removed after 7 days by the midwife.

After the Caesarean section, you will be put back on a normal bed and will be taken to the recovery room.

In the recovery room after surgery

Here, you will be intensively monitored for, among other things, blood loss and your blood pressure. Here too, you can keep your baby skin-to-skin with you.

If you have decided to breastfeed your baby, you can start with the first breastfeeding during recovery. During the first two hours after birth, your baby will be wide awake and will want to drink from the breast. This is certainly possible in the recovery room and the nurse will help you. After two hours, your baby will often fall into a deep sleep and will not want to drink at the breast for a while.

In recovery, your partner is with you the whole time. The nurse will help you to breastfeed your baby.

We ask you to be considerate of other patients lying in the recovery room. This is one of the reasons why the use of mobile phones is not permitted. If the medical checks in the recovery room do not show anything unusual, you will return to the maternity ward with your baby, your partner and the nurse.

Back in the maternity ward

You

After a Caesarean section, your blood pressure, pulse, blood loss and the amount of urine that drains through the bladder catheter into a bag are checked regularly. You will be given fluids via an infusion.

If you have had an epidural, you will not have control over your legs for the first few hours after the operation. Gradually, you will regain the feeling and strength in your legs. On the day of the Caesarean section, you will stay in bed.

Food and drinks

After the operation, you may start drinking sips of water. Depending on any nausea and the progress of the bowels, this will soon be extended to normal food. During your stay in hospital, you will receive food from the hospital and you may choose from various menus. Your partner will also receive food from the hospital on the day of the Caesarean section. On subsequent days, he will have to pay for this or he may bring his own food.

(Abdominal) pain

The abdomen is often still swollen and you may experience painful cramps. Shortly after the Caesarean section, you will experience pain at the wound and sometimes painful aftereffects. You will be given painkillers for this (see: Medicines). The abdominal wall is often painful, not only at the level of the scar but also higher up, up to the belly button. This is because under the skin the wound in the abdominal wall runs vertically from the belly button to the pubic bone.

Bladder catheter removal

The day after the Caesarean section, the nurse will remove the bladder catheter in the morning. You can usually take a shower the day after surgery. You will often still feel weak and a little dizzy when you stand up. This is normal and will gradually decrease as you mobilise more.

Blood sampling

Sometimes a blood sample is taken the day after the operation to check whether you are anaemic. If necessary, the doctor will discuss with you the use of iron tablets, an iron infusion or a blood transfusion.

Medicines

All medicines prescribed after a caesarean section can be safely used while breastfeeding.

To prevent thrombosis, you will be given an injection of a blood thinner in your thigh once a day in hospital. This medicine is called Fraxiparine.

For pain relief, you usually receive paracetamol tablets, diclofenac (with stomach protection) tablets and morphine injections on the first day. On the second day, morphine is often no longer needed.

In case of hypersensitivity or allergy, a safe alternative is prescribed. Always let the nurse know if you are in a lot of pain so that it can be dealt with.

Your baby

In the maternity ward, the paediatrician will continue to examine your baby. Your baby will also be weighed and dressed there. At the maternity ward, your baby will be placed in a cot or an incubator. This depends on the reason for the caesarean section, the pregnancy stage and the condition of your baby. We aim to have you in the room with your baby, even if he/she is in an incubator at the neonatology department.

During the first few days in hospital, the nurse will help you care for your baby. From the first day onwards, she will also involve your partner in this. From the second day onwards, you will be supervised in taking care of your baby yourself. At home, the maternity nurse will take over this task.

Breastfeeding

After a Caesarean section, you can breastfeed. Usually, the baby stays with you. If you have had an epidural, you can use the first sucking reflex after birth, in the recovery room, to breastfeed your baby. Even after anaesthesia, if you have regained consciousness, you can usually start breastfeeding your baby soon. This will get the milk production going well and the baby can benefit from the important first food, the colostrum.

When your baby is in the incubator, you can pump milk. The milk is then given in a bottle or, if there are feeding problems, through a tube. This is a thin tube that goes into the baby's stomach.

The nurses will help you with breastfeeding. They have a lot of experience and can also give advice on breastfeeding and finding the right position after a Caesarean. If necessary, a lactation expert can be called in for extra help or support.

Visiting times and rest periods

During the Corona period, modified visiting rules apply, which change regularly. Please check the website of the SpaarneGasthuis or click on [this link](#).

Your partner is welcome day and night and can also sleep in the maternity ward.

If you are admitted to the incubator ward, your partner unfortunately cannot stay the night.

Facilities in the hospital

Click on [this link](#) for more information on hospital facilities such as wifi, lockers for valuables, shop opening hours and sending cards.

Going home

After the Caesarean section, you can usually go home after one or two nights. When you can go home depends on the speed of your recovery and the health of your baby.

You or your partner call the maternity care in the morning on the day you go home. Please take the telephone number of the maternity care centre with you.

Back home

At home, you will continue to recover. After a Caesarean section, recovery takes longer than after a normal delivery via the vagina. Many women are tired after a Caesarean section. Get enough rest and make use of the help offered by family and friends.

Midwife

The midwife (from the obstetrics practice) will visit you several times in the first week after the Caesarean section to see how you are doing. She will check your temperature, your blood pressure, the wound and the amount of blood loss. She can also help with breastfeeding.

Maternity care

Often you will receive maternity care. A maternity nurse can answer questions, take over household tasks and support your partner.

Breastfeeding

If you want to breastfeed, the maternity care can help. If you have any questions about breastfeeding, if it is not going well or if you have any (pain) complaints about your breasts, you can contact a lactation expert through your maternity care provider or midwife.

Feelings and emotions

A woman goes through all kinds of emotions after giving birth. Besides being happy, it is normal to feel sad, tired or to have crying fits. Finding your rhythm with the baby can also be difficult, especially at night. Take your time for recovery, get enough rest and do not expect too much from yourself too soon.

If you are worried about how you are feeling or if you need extra support, call the midwife, family doctor, health centre or the family doctor's practice support worker.

What is allowed and what is not?

After the first few weeks, you will notice that you can slowly do more.

Lifting and sports

You should not lift things heavier than the baby in the first six weeks (rubbish bags, heavy shopping bags). Slowly, you can expand your activities (light housework, smaller shopping bags). Try to listen to your body when doing this. Pain is a reason to take it easy.

Six weeks after the operation, you can start exercising again and doing abdominal exercises. The different layers of the abdominal wall will have healed properly by then. The side of the scar may feel tight/unpleasant at first. This is caused by the internal stitches. This is not harmful. The bikini incision cuts through nerves in the abdominal skin. As a result, you will have a numb feeling around the scar for quite some time. Above this area, there is often an area halfway to the belly button that is extra sensitive. The feeling in the abdominal wall usually returns to normal after 6 to 12 months.

Blood loss

Blood loss is normal and can last up to 6 weeks.

As long as there is still a bloody discharge (2-4 weeks on average), bathing, having sex and using tampons are not recommended. This is to prevent an infection. Is there still some fluid or blood coming out of the wound? Then you can rinse the wound with the shower, carefully pat it dry and put a dry gauze over it to protect your clothes.

Sutures

The stitches dissolve on their own and do not need to be removed. Have you been stitched up with staples? Then the staples will be removed after approximately one week. Your midwife usually does this.

Driving

We recommend that you do not drive for at least the first two weeks after a Caesarean and that you do not drive again until you are fully recovered, free of pain and alert. It is important that you can safely participate in traffic without endangering yourself or a fellow road user. You are responsible for this yourself.

Sex

Wait with sex until the bloody discharge has passed. For many women, it takes a long time before they feel like having sex again. This is normal.

Ways to avoid getting pregnant

You may not become pregnant for the first 6 to 12 months after a Caesarean section because the scar in the uterus needs to heal properly.

The use of contraception is no different than after a 'normal' birth. If necessary, ask the midwife, GP or obstetrician for advice.

The scar

In the first six weeks, the scar may itch. There is no need to worry about this, this is a sign of healing. You may also experience a pulling sensation near the scar or the surrounding skin may feel numb. This is because the nerves have been cut and cannot be prevented. It usually recovers within six to twelve months. In the first few months, the scar is often still a dark or reddish-purple line. Over the course of months to a year, this often lessens. There is no evidence that scar ointment, scar cream or scar patches have a good effect on scar healing.

When to call the hospital

If you experience any of the following symptoms during the first 6 weeks after the caesarean section, please call **023-2240382** (available day and night)

- Increasing and severe abdominal pain
- Fever >38.5 degrees
- Other complaints that worry you

For other questions (e.g. about breastfeeding) or complaints, call the midwife at the practice who visited you at home after the Caesarean section.

If you experience symptoms more than 6 weeks after the caesarean section, call your GP (during the day) or the GP post (in the evening and at weekends).

Follow-up check

About 4 weeks after the Caesarean section, you will have a follow-up check-up with the gynaecologist. Usually, the doctor will call you for this purpose. Sometimes, it is agreed that you will go to hospital for this.

Information on risks and risk of complications during a Caesarean section

Complications

Every operation involves risks, including a Caesarean section. Serious complications are fortunately rare, especially if you are healthy. We list here the most common complications:

Anemia

Every Caesarean section involves blood loss. If there is a lot of blood loss, anaemia sets in. A blood transfusion may then be required. Or you may need to take iron tablets.

Cystitis

Sometimes a bladder infection develops after a Caesarean section. That is why your urine is sometimes checked in the hospital. If necessary, you will be given an antibiotic.

Haemorrhage in the abdomen

A back bleed is a rare complication of a Caesarean section. In cases of severe pre-eclampsia/HELLP, where the blood does not clot as well, a follow-up haemorrhage occurs more often. Occasionally, a second operation is necessary.

Haematoma in the wound

A subcutaneous haemorrhage in the wound is caused by a blood vessel in the fat under the skin continuing to bleed. The risk of this occurring is greater if the blood clotting during a Caesarean section is abnormal, for instance if there is a low level of blood platelets as a result of severe pre-eclampsia/HELLP.

Inflammation of the wound

An infection of the wound occurs occasionally. The chance of this is somewhat greater with a Caesarean section after a long delivery. To prevent infections, you will be administered an antibiotic during the operation.

Thrombosis

With every operation and after every birth there is an increased risk of thrombosis. In order to prevent this, you will be given blood thinners for as long as you are hospitalised in the Spaarne Gasthuis.

Damage to the bladder

Damage to the bladder is a rare complication. The chance of this happening is somewhat greater if you have already had several Caesarean sections. Adhesions may have formed around the bladder. It is possible to stitch up a damaged bladder. However, you will often need a catheter for longer.

Intestines not coming up to speed (ileus)

After a Caesarean section, the intestines have to get going again. Sometimes this does not happen or happens too slowly. Fluid then collects in the stomach and intestines. This may cause nausea and vomiting. A stomach tube (tube through your

nose into the stomach) may be necessary to drain this fluid. Only then will the intestines start to work. Fortunately, this does not happen often.

Emotional aspects of a Caesarean section

The experience of a Caesarean section varies greatly. Some women experience emotional problems. They are disappointed that the delivery could not take place in the normal way and have the feeling that a normal delivery has been 'taken away' from them. Sometimes they feel they have failed. With anaesthesia, women do not consciously experience the birth of their baby, so they sometimes have difficulty getting used to their baby. Do you have these feelings? Talk it over with your partner, friends and family members. Discuss your emotions and questions, such as why the Caesarean section was necessary, during the follow-up check-up. This may also help you to process your emotions. Write down your questions in advance so you don't forget anything. Even after a longer period of time or before the next pregnancy, you can discuss with the gynaecologist, midwife or family doctor any issues you may have.

A Caesarean section can also be difficult for a partner to cope with. They see you walking around with the baby for 9 months and then you have to undergo an operation (after any contractions) to have the baby born. Sometimes a partner feels useless because he feels he was hardly able to do anything for you. Fear can also play a role. Your partner may have been afraid that something would go wrong. Are these feelings present? If so, try to discuss them with each other and with your gynaecologist or midwife.

Questions?

If you have any questions, please contact your gynaecologist, midwife or family doctor.