

Most women can get out of bed and walk the day after the surgery. Early walking is recommended to aid recovery and prevent venous thromboembolism (VTE), which includes blood clots in the legs or lungs. The ward nurses and physiotherapist will help you if you have any difficulties. You will also be given compression stockings and daily injection of a blood thinning medication called Clexane to prevent VTE. Please continue to use the stockings for six weeks after delivery.

KK Women's and Children's Hospital (KKH) is Baby Friendly Hospital Initiative (BFHI) certified. We encourage 24-hour rooming in for mothers and babies and recommend breastfeeding as the best food for babies, unless other types of food and drink are medically required. The ward nurses and lactation consultants will guide you through your breastfeeding journey.



The average length of stay after a caesarean section is about two to three days. However, it may be longer in some cases.

■ When you are discharged from hospital

Some degree of constipation is expected after delivery and you will be given laxatives to help pass soft stools without undue straining.

There will be some amount of vaginal bleeding, which will persist for the first few weeks. If there is excessive bleeding or bleeding persisting for more than six to eight weeks, please contact your doctor.

The caesarean section wound is usually closed with dissolvable sutures which do not need removal. The wound dressing may be changed (depending upon the dressing your doctor used) before you go home. It is important to keep your wound clean and dry till complete healing. You may experience some numbness around the incision site which may last for several months.

It may take a few weeks or longer for complete recovery. You will need extra help and support from family and friends. Do not lift any weights heavier than your baby and be careful of your back and wound. You should not drive a car till after full recovery and your wound has completely healed and this may take up to six weeks. Avoid sexual intercourse until you feel comfortable and it is quite normal to take weeks before you are ready.

You will be given an appointment for postnatal check-up at 4-6 weeks after your delivery.

Contraception

It is possible to get pregnant from having sexual intercourse as soon as 21 days after having your baby. Most of the contraceptive methods can be started immediately after your childbirth and before you are discharged from the hospital. Please speak to your doctor about this.



■ What happens if I go into labour before my planned caesarean section date?

Approximately 10% of women go into labour before their planned caesarean section date. If you experience the following symptoms, please proceed immediately to the KKH Delivery Suite (Level 2, Women's Tower) for an assessment and discussion about the safest way to proceed. Please do not eat or drink in such circumstances as you may need an emergency surgery which require you to be fasted.

Symptoms of labour:

- Regular contractions occurring every 5 to 15 minutes
- Blood-stained mucus discharge from the vagina/ "show"
- Sudden gush or continuous trickle of clear fluid from the vagina ("waterbag" burst)

Medical concerns:

- Your baby is moving less than usual
- Vaginal bleeding
- Fever
- Severe headache or changes in vision
- Abdominal pain

If your labour is progressing quickly, and the indication for caesarean section remains, you may require an emergency caesarean section.

Useful telephone number
Central Appointments 6294-4050



100 Bukit Timah Road
Singapore 229899
Tel: 6-CALL KKH (6-2255 554)
Fax: 6293-7933
www.kkh.com.sg
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Preparing for an Elective (Planned) Caesarean Section



Reg No 198904227G OOGees1023

Introduction

An elective (planned) caesarean section is usually performed for medical reasons such as having had a previous caesarean section, a baby who is not in a cephalic (head-down) position, specific medical disorders unsafe for a vaginal birth or at your request.

This information leaflet has been designed to provide you with information and advice that you may find useful in preparing for your elective caesarean section.

How do I prepare for the caesarean section?

Before your admission

During your antenatal clinic appointment, your doctor will book a date for your caesarean section. You will receive an admission form and also a financial counselling session to obtain information about the estimated bill at the Admissions Office located at Level 1, Women's Tower or online via the Admissions Buddy Portal at www.singhealth.com.sg/AB with your SingPass.

You will also be given an appointment to return several days before your caesarean section date for the mandatory pre-operative blood tests.

Day before your admission

On the day before your caesarean section, you will receive a phone call regarding the scheduled time of surgery and reporting details. You will also be advised on the time to stop eating and drinking. Eating and/or drinking after these specific times may result in the postponement of your caesarean section. In certain cases, you may be advised to be admitted the day before the caesarean section for pre-operative preparation.

Checklist of things to bring for your admission

- Documents: appointment booklet, admission folder, identity card/passport, Letter of Guarantee (if applicable)
- Mobile phone and charger
- Personal toiletries
- Glasses or contact lens container
- Room slippers
- Nursing bra and breast pads
- Going home outfit for you and your baby
- Car seat for your baby



We strongly advise you not to bring large amount of money and not to wear any jewellery, makeup, false eyelashes, or nail polish on admission to the hospital. During your caesarean section, the surgeon may use diathermy and/or an electric knife, to seal bleeding vessels to prevent excessive blood loss. Wearing any metal, such as jewellery can cause a burn on your skin. A clip is also placed on your finger during your caesarean section to monitor oxygen levels in your blood. Any nail polish may prevent this clip from working correctly.



On arrival to the hospital

You will be given a hospital gown, a wristband with your personal details and a radio frequency identification (RFID) tag to wear. A staff will assist you in shaving of your pubic hair, complete the pre-operative check and give you an anti-acid solution to drink. The anaesthetist and surgeon will see you before the surgery and you can ask any further questions.



What happens in the operating theatre (OT)?

You will be offered a list of music, specially selected by the KKH music therapists, to be played during your surgery. It has been shown that playing music in the OT reduces stress and anxiety of the expectant mother.

There will be many people present in the OT to care for you and your baby during the birth. Those staff present will usually be, the midwife, surgeons, OT nursing staff, anaesthetists, and OT technician. For low-risk caesarean section, a midwife trained in baby's resuscitation will be present during the delivery. In high-risk cases, a neonatologist (specialist trained in the care of newborn babies) will be attending to your baby.

From time to time, there may be student nurse or medical student present in OT. They are there to observe and learn and will not undertake any procedure that is inappropriate for their stage of training, nor would they be unsupervised at any time. Should you have any concern, please inform your doctor before the surgery.

The caesarean section procedure

Most caesarean sections are done under regional anaesthesia. This involves an injection into the lower back to provide anaesthesia from the waist down, so that you do not feel any pain during the surgery. With regional anaesthesia, you can stay awake during the procedure to welcome your baby. Occasionally, a general anaesthesia may be advised. Your anaesthetist will discuss this with you before the surgery.



Your baby will be delivered through a cut made in the lower abdomen. It may take around 10-15 minutes to deliver the baby, during which you may feel pressure exerted on the top of your abdomen (tummy), when the surgeon assistant help to push your baby out. It is normal to feel stretching, pulling and tugging sensation (but no pain) during the caesarean section. The whole surgery takes around 60 minutes but this may vary for each patient.

Once your baby is born, delayed cord-clamping will be done routinely for about one minute, unless there are any immediate concerns about your baby. Do not be alarmed if your baby does not cry immediately as it often takes a minute for baby's system to change from the mother's to its own.

Your baby will be reviewed by the midwife upon delivery. In some cases, a review by the neonatologist may be necessary. If both you and baby are well, the midwife will bring the baby to you and you are encouraged to cuddle your baby "skin-to-skin". After which, the baby will also be brought to the waiting area to meet your partner.



What should I expect after my caesarean section?

Care in the recovery room

After your caesarean section, you will be moved to the recovery room. Regular checks of your blood pressure, pulse and vaginal blood loss will be made. You will be monitored in the recovery room until your condition is stable and safe to be transferred to the postnatal ward, usually about 1-2 hours after your surgery. In special circumstances e.g. if you have certain medical conditions, you may be transferred to the High Dependency Unit (HDU) for further monitoring.

In the postnatal ward

You will be allowed something to eat and drink. Start off with something light e.g. water and a couple of biscuits. Avoid fizzy drinks, fruit or a heavy meal immediately.

You will be given regular painkillers to help relieve the pain of surgery. Taking regular pain medications as required is important for your recovery.

You will have a urinary catheter (urine tube) with you after the surgery. It will be removed once you are comfortable with walking, usually the day after the surgery.