



East Grampians
Health Service

Maternal Pathway Information for Births



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Learning Culture

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What to Expect

Having a baby is an exciting time for you and your family. A new baby does mean life will never be the same.

Inpatient Unit Midwives will help as you get to know your baby.

Your learning needs will be different from any other woman, so we have devised a questionnaire, which you will be asked to fill out. This will help us focus on what you need to know more about.

Please take time to read this booklet and bring it with you when you come to hospital.

What is a Caesarean Section?

A caesarean section is a birth of the baby through a surgical incision cut made in the abdominal wall and into the lower part of the uterus. It is most commonly performed under spinal or epidural analgesia.

Why is it performed?

Caesarean sections are performed for the safety of your baby. This could include:

- Foetal distress
- Labour has failed to progress
- Baby is unable to fit through your pelvis
- Breech position

Day of Birth

Following the birth of your baby:

- The midwife will frequently take your pulse, blood pressure, breathing rate and temperature
- Vaginal blood loss will be checked regularly.
- Pain relief will be provided as required.
- Caesarean section:
 - Your wound will be covered by a dressing and you may have a drain tube to prevent collection of fluid in the wound.
 - A tube in your bladder (catheter) will drain urine for you.
 - Firm stockings will be put on your legs to reduce the risk of blood clots.
- Identification labels with the mother's name will be attached to the baby and their weight recorded.

- The midwife will regularly check your baby's temperature, heart rate, breathing and colour.
- After consent has been obtained from you, Vitamin K and Hepatitis B vaccine will be administered to your baby.

It is a good idea to restrict visitors to immediate family for the first few days after a caesarean section.

Care in Hospital

The midwife will:

- Take your temperature and pulse, check your breasts, uterus, perineum (skin between your vagina and anus) or wound
- Discuss normal changes that occur to your body after birth
- Discuss the importance of adequate rest
- Explain how to care for your perineum or wound
- Enquire how you are feeling about being a new mother
- Be available to assist and offer guidance as you need it
- If you are a negative blood group, you may require an Anti-D injection. A blood sample will verify this.

The day following a caesarean section:

- You will be able to have a shower if desired
- The drip and catheter will be removed and the dressing checked
- Midwives will assist you to sit out of bed and gradually increase activity

Perineal Care

If you have stitches, your perineum may be tender for about 5 days. To reduce discomfort you may:

- Use ice packs up to 24 hours post birth
- Take regular analgesia (pain relievers) as required
- Keep the perineum clean and dry
- Take a salt bath for comfort (after 24 hours)
- Have an adequate intake of fibre, and increase fluids to help prevent constipation
- Start your pelvic floor exercises
- Change pads frequently

The stitches will dissolve usually after Day 5. They may get tight and uncomfortable before they fall out. If this occurs, have your midwife or doctor check them.

Wound Care

For women who have had a caesarean section:

- Your wound will be covered by a dressing and will be checked frequently by the midwife.
- A small amount of ooze from the wound is not unusual. Bruising may also occur.
- Your dressing will remain in place until Day 5 when it is removed and your sutures taken out.
- The wound should be kept clean and dry.
- If you had an epidural/spinal anaesthetic, your back may be sore, where the needle was inserted.
- If you have excessive pain, headache, any redness or ooze - contact your GP immediately.

Length of Stay

For women who have a vaginal birth, the length of stay is 3 days in hospital. For women who have a caesarean the length of stay is 5 days. Please have your baby restraint fitted to your vehicle prior to discharge day.

Pain Relief

Tell the midwife if you have any pain or discomfort.

Pain relief for caesarean sections are usually oral tablets. Diclofenac (anti-inflammatory) suppositories are used in conjunction with these.

If you require pain relief after a vaginal birth, please tell the midwife caring for you and they will help by giving you advice and pain relief as required.

Activity while in Hospital

It is important that you get enough rest to help you recover.

It is quite normal to be up attending to the baby overnight, so you will need to rest during the day when the baby does.

Maternity visiting hours are 9am to 8pm.

Staff will encourage you to be active by walking if you have had a caesarean section. Normal activities are resumed soon after vaginal birth, which you may slowly increase as you feel fit.

The physiotherapist discuss (after-birth) postnatal exercises and back care and check your abdominal muscles.

Rooming In

East Grampian Health Service (EGHS) encourages rooming in (keeping mother and baby together in the same room) as it facilitates bonding between the mother and baby and establishment of breastfeeding.

Research has shown that mothers sleep better with baby in their room and experience longer and more successful breastfeeding.

All well babies stay with their mothers in their rooms' day and night (rooming-in).

Baby Care

You will be the main carer for your baby. The midwife will assist and offer guidance as you need it. During your stay you will learn how to fold and change nappies, bath your baby, settling techniques and feeding your baby.

Infant Feeding

Your baby is first fed as soon as they shows signs of readiness, usually within an hour of birth. 'Feeding according to need' is encouraged for well mothers and babies.

The midwife is available to assist you at all times and to teach you how to:

- Correctly position and attach the baby to the breast
- Recognise your baby's cues for feeding
- Tell if your baby is getting enough breastmilk
- Recognise the baby's sucking patterns
- Recognise and manage breast changes

A lactation consultant is available for extra breastfeeding help or advice, both whilst you are in hospital and after you return home.

Whether you decide to breast or artificially feed, you will be supported and assisted with your chosen method of feeding.

Why do we discourage the use of dummies?

Dummy use has been associated with the following breastfeeding problems:

- Slow weight gain
- Thrush

- Nipple confusion
- Mastitis (infection of the breast issue)
- Increased risk of early weaning (stopping breast feeding)
- Earlier return of fertility in the mother

Discharge Advice

- It may take some time for you and your baby to settle into a feeding routine when you go home.
- You will be tired following the birth, so rest is important. Sleep during the day when the baby does.
- It is important to watch for any signs of wound infection if you have had a caesarean section.
- Vaginal blood loss will usually continue up to 4-6 weeks following birth. Initially it is bright red in colour, then a reddish brown and finally becomes a clear discharge.
- Good nutrition and adequate fluid intake is necessary due to the added demands put on the body at this time.
- Continue to do your pelvic floor exercises as instructed by the physiotherapist. Follow good posture and lifting principles, avoid lifting heavy objects for 6 weeks.
- Contraception methods can be discussed with your GP, obstetrician or midwife. Breast feeding alone may not prevent pregnancy.
- You will have a follow-up appointment with your doctor approximately 6-8 weeks after birth for you and your baby, or 4-8 weeks if this is your first baby.
- If you have any concerns prior to this, please feel free to contact your doctor or midwives.

Consult your midwife or doctor if:

- You have red or sore breasts with flu-like symptoms. This can indicate mastitis.
- If the wound becomes swollen, red, increasingly painful, begins to ooze or you have a fever.
- If vaginal bleeding suddenly increases, you pass blood clots (lumps) or the discharge becomes smelly.

Domiciliary (Home Based) Service

A Domiciliary (home based) Service is offered to all families on discharge to offer advice and support in your own home during the initial settling-in period. This service can visit you more frequently should your stay be less than 3 days.