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Postnatal care (continued - see page 6)

Caesarean section (wound/drain). After your caesarean section your blood pressure, pulse and breathing rates will be monitored frequently. This is to check you are recovering from your anaesthetic and the birth. If you are well and have no problems, you should be able to eat and drink if you are hungry or thirsty, your midwife will advise you when it is safe to do so.

You may have a drain in the wound to allow fluids to drain away to aid healing. It usually remains in place for a day or two and is gently removed by your midwife. Some women experience numbness around the wound and even in the abdomen for some time after the operation. This is normal as the nerves and muscles need time to heal. Your midwife will regularly check your wound for signs of infection. Symptoms may be redness spreading from the wound, increased pain and a smelly discharge, often accompanied by feeling unwell and having a high temperature. If you develop any of these contact your midwife or GP. It is important to complete any prescribed antibiotics and to take pain relief as recommended by your carers. A tube which keeps your bladder empty (catheter), will be removed once you are able to walk.

Have a bath or shower daily, ensuring the wound is carefully washed and dried. There is no need to apply a dressing unless supplied by your midwife or GP. Wear loose clothing and cotton underwear.

You will have stitches in your wound, they will either be dissolvable or will need to be removed. If they need to be removed your midwife will gently do this after about 5 days.

Going home after a caesarean section. Women usually stay in hospital for 2 - 3 days after the birth. If you and the baby are well, you may be able to go home earlier. When you go home, you should continue to take regular pain killers for as long as you need them. There may be some things that you are not able to do straight after the birth, such as driving a car, lifting heavy things and some exercises. If you are unsure, discuss any concerns or problems with your midwife or GP. Check with your car insurance cover about driving after a caesarean. Some insurance companies require your GP to certify you are fit to drive.

Just because you have had a caesarean birth this time, it does not mean you will have to have another one next time. It will depend on the reason for the caesarean. You can talk to your carers about the reason you had a caesarean this time and your options for future pregnancies. Many women go on to have a vaginal birth after having a caesarean.

Care of the pelvic floor and perineum

What is the pelvic floor? Layers of muscle stretch like a hammock from the pubic bone in the front of the pelvis to the bottom of the backbone. These firm supportive muscles are called the pelvic floor. They help to hold the bladder, womb and bowel in place, and to close the bladder outlet and back passage. The muscles of the pelvic floor are kept firm and slightly tense to stop leakage of urine from the bladder or faeces from the bowel. When you pass urine or have a bowel motion, the pelvic floor muscles relax. Afterwards they tighten again to restore control. Pelvic floor muscles can become weak and sag because of childbirth.

Pelvic floor exercises. Pelvic floor exercises can strengthen these muscles so that they once again give support. This will improve your bladder control and improve or stop leakage of urine. Like any other muscles in the body, the more you use and exercise them, the stronger the pelvic floor will be.

Performing pelvic floor exercises

(Taken from *FIT for motherhood*, a leaflet produced by the Association of Chartered Physiotherapists in Women's Health).

To do your pelvic floor exercises first get into a comfortable position (any position will do). Imagine that you are trying to stop yourself from passing wind and at the same time trying to stop the flow of urine. The feeling is one of 'squeeze and lift', closing and drawing up the back and front passages. This is called a *pelvic floor contraction*. Remember – you should start gently and stop if it hurts. Do not pull in your stomach excessively, squeeze your legs together, tighten your buttocks or hold your breath. This programme is designed to build up the endurance of the pelvic floor muscles, so that they will be able to work harder and longer.

Firstly though, you will need to determine your 'starting block'. Tighten your pelvic floor muscles as previously described and hold for as many seconds as you can (maximum of 10 seconds). Release the contraction and rest for 4 seconds. Then repeat the 'tighten, hold and release' movement as many times as you can (up to a maximum of 10). For example, if you can hold the contraction for 2 seconds and repeat four times, this is your 'starting block'. Now perform the basic pelvic floor exercise – but squeeze and lift more firmly, then let go. This is called a *quick contraction* and will help your muscles react quickly when you laugh, cough, sneeze, exercise or lift. Aim to increase the number of quick contractions, up to a maximum of 10.