A caesarean section

azdelta
Uw ziekenhuis.

Dear prospective parent(s),

You will soon be admitted to our hospital for a planned caesarean section. It is one of the most special events in your life: the birth of your baby. Giving birth by caesarean section may not be your first choice, but through this leaflet, we want to inform you as much as possible about the admission and course of the caesarean section.

Do not hesitate to let us know your wishes and questions. We try to make your stay as pleasant as possible.

Maternity unit team



What is a caesarean section?

A caesarean section or C-section is an operation to deliver the baby through your abdomen. We make an incision in the lower abdomen, approximately at the level of the bikini line. That incision measures about 15-20 cm. Afterwards, the gynaecologist stitches everything nicely closed again. The procedure takes about 45 minutes.

A caesarean section is usually done when vaginal delivery is not possible. Some of the reasons for a planned caesarean section are:

- the baby is in a breech position;
- the placenta is lying in front of your cervix;
- the mother's pelvis is too narrow;
- a multiple pregnancy, where one or both babies are not in a correct position for vaginal delivery;
- etc.

If it is clear that it will be a planned caesarean section, we schedule it **from 39 weeks** of pregnancy.

Sometimes, we switch to an **unplanned caesarean section** when there is a danger to the mother, to the baby or to both. The gynaecologist always makes a well-considered decision on this, and your doctor will give you a full explanation.

After a caesarean section, you will stay in the maternity ward for **four nights**. This is calculated from the day of your caesarean section. You can go home earlier if you wish, provided your gynaecologist agrees.



What happens prior to the caesarean section?

During pregnancy, you are entitled to a prenatal consultation in the hospital. You are then given information about the caesarean section.

Prior to your caesarean section, you will also receive more information from your attending gynaecologist.

The gynaecologist will also ask you to go to the DVO office. A nurse will review the preoperative course here. If necessary, we will schedule a consultation with an anaesthetist. You will also complete the patient questionnaire and informed consent form online with the nurse or at home. This is done via your healthcare portal (sign up via itsme).

Website: *www.azdelta.be*



> log in via



If you also want a **sterilisation** procedure to be done, discuss this thoroughly with your gynaecologist before the caesarean section. You will need to sign a paper document for this and bring it with you on the day of your caesarean section.

One or two days before the caesarean section, you will have an appointment at the maternity unit to visit for its preparation. This is when the following things will take place:

- You will be on a **monitor** for at least 45 minutes. You might also have an ultrasound scan if your baby is in the breech position (inverted position).
- We will prepare your **file**. We will check if your online preoperative questionnaire is fully completed.
- We will check that the **informed consent forms** have been signed online (that is, your consent for the surgery, anaesthesia and possibly for blood administration).
- We will take a **blood** sample.
- We will measure your legs to provide you with **TED stockings**. These are preventive stockings for arteritis (phlebitis).
- If necessary, we will **shave** you in the area of the operation site.
- You will be given two tablets of Pantomed® 40 mg (**stomach protector**) to take home. Take one tablet on the night before the operation and the other one on the morning of the caesarean section.
- We ask that you **remove** all **nail polish** on your fingernails and toenails and also that you do not wear makeup. This allows the doctors to determine your colour during the procedure. Lenses may not be worn, so be sure not to forget to bring your **glasses** to the maternity unit.
- Most importantly, you will receive a lot of **information** and be able to ask all your questions.

We will also let you know what time we expect you to be at the maternity ward. In fact, you will be admitted to your room right away. This is so that you can already settle in a bit here.

Food

You must **not eat** before the procedure. That is, you are not allowed to eat solid food from midnight. Drinking some water or up to 200 ml of apple juice or Aquarius is still allowed up to 2 hours before the procedure.

The operation itself

You can report for admission at the maternity ward nurse's station at the appointed time. A midwife will escort you to your room. After admission to the maternity ward, you will be given a **hospital gown** to put on. The **TED stockings** are put on, and we briefly listen to your baby's heart tones again with the **monitor**.

The midwife installs an **IV drip** in the maternity ward. We administer antibiotics via this route just before leaving for the operating room. This is to prevent possible wound infections.

The caesarean section itself takes place in the **operating room**. In the Rumbeke Campus, the operating room is located in the maternity unit. If your baby is in a breech position, we will check this one last time. Once in the operating room, the nurse or midwife will position you on the operating table. We will attach electrodes to your body to monitor your parameters closely.

We will then place an **epidural or epidural anaesthetic**. That epidural anaesthetic numbs your lower body so that the caesarean section can be performed. We will insert a **bladder catheter** because you will not be able to get up to urinate by yourself for the first 24 hours.

Your **partner can stay** with you during the entire process. He/she can come to the operating room with you. Only when we place the epidural anaesthetic will your partner have to wait outside for a while. Once you are fully installed, he/she can

be in the room and take a seat next to you at the head end. If your caesarean section is performed as an exception under general anaesthesia, your partner will have to wait outside the operating room.

We always use a **drape with an open section**. If you wish, we can open the surgical drape when your baby is born. This is so you can see your baby being born. Then we will close the drape again.

Your **baby** will be born about 5 to 10 minutes after the start of the procedure. We will take your baby for a short check-up when it is born. The attending paediatrician and midwife will perform an initial check on your baby here.
We do not weigh and measure your baby yet at this time. This is because we try to lay your baby **skin-to-skin** with you as soon as possible. This way, you can cuddle your baby until you go back to your room on the maternity ward.

If you would like to **breastfeed**, we will try to get your baby to nurse at your breast as soon as possible after the procedure.

If your baby does need to recover for a while after birth, we may take your baby to the neonatal unit. Your partner can come to this unit with your baby, of course.

We recommend that your partner wear clothing that can be easily opened to place the baby skin-to-skin if that is not possible with the mum.

At the Rumbeke Campus, you spend the recovery period in the maternity unit. This allows you to stay together with your baby and your partner in peace, while we monitor you closely after your caesarean section.

At the Menen and Torhout campuses, you will go to the room together, and we will continue monitoring you in the maternity ward.

What happens after the caesarean section?

Back in the maternity ward, **we will continue caring for you**: we will freshen you up and you can put on your own (comfortable) clothes again. On the day of your caesarean section, you will continue to stay in bed, and we will routinely administer painkillers.

The epidural catheter, IV and bladder catheter remain in place. Half an hour after the caesarean section, you will be allowed to drink again, and after about 2 to 4 hours, you will be brought sandwiches to the room.

In the maternity ward, we will take care of your baby and also continue to monitor your baby.

On **day one**, we will remove your IV drip, the epidural and the bladder catheter. You can take a shower if you wish. We will continue to ask you about your pain to adjust your pain medication accordingly during your stay.

You should continue to wear the TED stockings during your stay and also at home. As a precaution, you will also be given an injection for this.

Wound care:
We will check your wound regularly. On day one, we will replace the wound dressing with an adhesive waterproof dressing you can keep on when showering. The dressing should preferably stay on after this unless it is dirty or shows signs of infection. Your GP or the midwife who visits you at home will remove any remaining stitches or staples after 10 days.

After 10 days, when the wound is well closed, you may apply cream to it, e.g. Cicaplast Baume®, Nivea®, scar gel or silicone gel.

Physiotherapy
During your stay, a physiotherapist will visit you in your room. He or she will inform you about lifting and exercise after your caesarean section.

On the last day of your stay, you will be given a discharge letter with all the necessary information about your further recovery.

Gentle C-section

We always try to apply the principle of a gentle C-section or "**natural caesarean section**" in our hospital:

Despite a caesarean section being an operation, we try to approximate a natural, vaginal birth as much as possible by making the caesarean section as friendly to both parent and baby as possible.



- Your partner can stay with you from admission to discharge.
- We keep the temperature in the operating room higher than in a standard operating room. This is more pleasant for you and your baby.
- We avoid (annoying) ambient noise. If you wish, you can bring your own music and have it played.
- We use a drape with an open section so you can see your baby being born.
- We remove the baby from the womb slowly so that it can get used to this big change.
- We do not cut the umbilical cord immediately, if possible. The WHO recommends only cutting the umbilical cord after 60 seconds, or when it has stopped beating. We cut it only when your child is ready for this.
- We place your baby with you right away, skin-to-skin, after a brief check by the paediatrician.
- Whenever possible, we place the ECG stickers in the area of your shoulders rather than on your chest. This leaves your chest free to have your baby skin-to-skin more easily.
- The baby stays with you after birth until your wound is closed. This promotes mother-child bonding and helps the baby adjust to the world outside the womb.
- Skin-to-skin contact stabilises your baby's heart rate, breathing, temperature, blood pressure and blood sugar regulation and is soothing. Breastfeeding also starts more easily this way.
- If you wish to breastfeed, we will put your baby on your chest as soon as possible. This may be possible as early as during the operation, and if it is not, we will do this immediately

after your caesarean section.

- You will not be separated after the caesarean section. Your further recovery takes place in the delivery ward, where your baby and your partner can continue to stay with you.

Cost

The hospital invoice includes all costs for your stay and care. If you have any questions about the hospital invoice (its contents or price estimates), please contact the staff of the invoicing department.

This can be done on 051 23 76 66 (8-12 a.m. and 1-5 p.m.) or via factuur@azdelta.be

If you have any questions about the payment settlement or questions of a financial nature, please contact the financial department on tel 051 23 76 29 (8-12 a.m. and 1-5 p.m.) or debiteurenadmin@azdelta.be.

Contact

Rumbeke Campus

- Rumbeke Obstetrics Department:

Tel 051/23 61 69 - zd5.1.4verlos@azdelta.be
Head midwife: Liesbeth Devrome (051 23 61 02)
liesbeth.devrome@azdelta.be

- Rumbeke Maternity Ward:

Tel 051/23 61 71 - zd.515a.kraam@azdelta.be
Head midwife: Emily Rosseel (051 23 63 76)
emily.rosseel@azdelta.be

Menen Campus

- Menen Maternity Ward:

Tel 056/52 24 95 - afd.kraam.menen@azdelta.be
Head midwife: Heidi Loyson
heidi.loyson@azdelta.be

Torhout Campus

- Torhout Maternity Ward:

Tel 050/23 23 70 - afd.kraam.torhout@azdelta.be
Head nurse: Dirk Feys
dirk.feys@azdelta.be

Notes

AZ Delta Deltalaan 1, 8800 Roeselare **t** 051 23 71 11 **e** info@azdelta.be **w** www.azdelta.be
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