

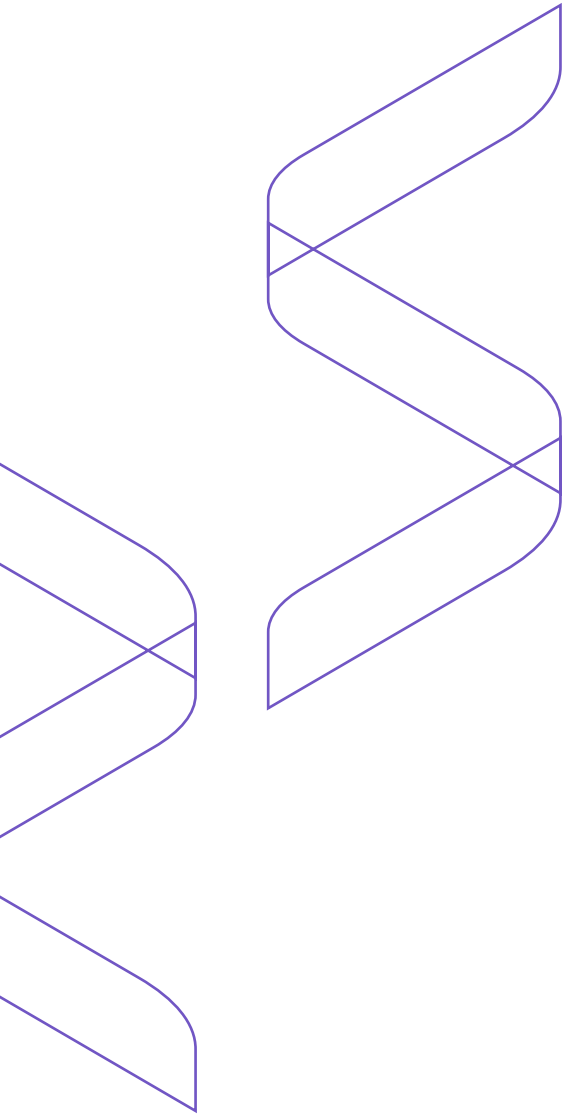


Government of Western Australia  
North Metropolitan Health Service  
Women and Newborn Health Service



# Your Caesarean birth and recovery





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This booklet gives you and your family information that is commonly requested by women who are preparing for a scheduled Caesarean birth or who have already had a planned or unplanned Caesarean birth.

This booklet is meant as a guide only and is no substitute for your doctor or midwife. Please ask those caring for you should you have any concerns or questions about your Caesarean.

In some cases, a Caesarean birth plan (form no. MR290.01) is available which may help personalise your experience. If you do not receive this in clinics, please ask for a copy at your Caesarean birth Pre-Admission Clinic.

If you are having a support person at the birth, please refer to the 'Information for a support person attending a Caesarean birth' sheet at the back of this booklet.

KEMH Parent Education department host a Planning a Positive Caesarean Birth Class, for dates and times please call (08) 6458 1368 between 8 - 9am or 3 - 4pm weekdays (except Wednesdays).

### Important information - Caesarean admission

For Caesareans scheduled Tuesday to Friday, please call the Day Surgery Unit (DSU) between 5 - 6pm the evening before your admission, on (08) 6458 1459.

DSU will:

- confirm your admission,
- tell you what time to arrive for your Caesarean, and
- provide fasting instructions.

For Caesareans scheduled on a Monday please call between 5 - 6pm on the Friday before.

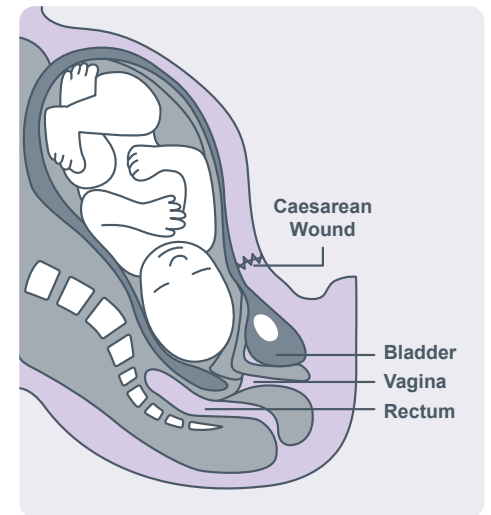
### Special instructions:

- Do not shave, wax or use hair removal cream prior to your Caesarean surgery.
- Shower with soap on the morning of your operation but do not use talcum powder.
- Remove all jewellery and nail polish.

## Caesarean surgery

A Caesarean is a major operation where your baby is born through a surgical cut (incision) made in your abdomen.

The incision is usually made just above the pubic bone in the lower part of the abdomen. A horizontal cut is made and goes through skin and fat. The muscle layers are pushed aside, and the lining of the abdomen (peritoneum) is opened to give access to your womb (uterus) and then a cut is made through the lower part of the uterus to allow your baby to be born. This is often referred to as a Lower Uterine Segment Caesarean Section (LUSCS).



Less frequently it may be necessary for the incision to be made in the upper segment of the uterus and this is called a Classical Caesarean Section.

The lower segment is preferred because:

- it heals more strongly and bleeds less than the upper segment, and
- if you became pregnant again following a lower segment Caesarean section, a vaginal birth may be possible.

If you become pregnant again following a Classical Caesarean Section, a vaginal birth would not be recommended and another Caesarean section would be performed.

### Blood Tests

You will have been given a form to have a Group and Hold (G&H) blood test done prior to your Caesarean. Other blood tests may also be required depending on your circumstances. It is important that this blood test is done four to five days prior to your operation date at a Pathwest collection centre only.

## Urgent and elective Caesarean

Some Caesarean births are planned in advance during pregnancy, if this is the safest option for giving birth. This is called an 'elective Caesarean'. In other cases, the decision to perform a Caesarean is made during labour. This is called a 'non elective' Caesarean.

## Risks and complications

Caesarean surgery is a common and relatively safe procedure but as with any surgical procedure there are some risks and complications that can occur:

- Excessive blood loss of three cups (750 mls) or more. Depending on the degree of bleeding, some women may require a blood transfusion and / or sometimes additional things such as extra stitches in the uterus (B Lynch stitch) or a temporary balloon inside the uterus may be needed to stop blood loss. This is uncommon. Very rarely, hysterectomy (removing of the uterus) may be required to stop life threatening bleeding.
- Damage to organs surrounding the uterus, such as the bladder or bowel.
- Wound infection.
- Higher risk than vaginal birth of blood clots forming in the veins of the pelvis and lower legs. If these clots move to the lungs (pulmonary emboli) they can be fatal.
- Recovery is longer than for a vaginal birth.
- Possibility of complications with future pregnancies and / or births, e.g: placenta growing into the scar tissue on the uterus, leading to severe bleeding.
- Scalpel cut to baby.
- Baby having breathing problems requiring admission.
- Increase risk of baby having feeding problems.

Your doctor and / or anaesthetist will have discussed other risks from the anaesthetic and the Caesarean surgery with you however if you wish to discuss these further ask your midwife to arrange for the doctor or anaesthetist to visit you while in hospital.

After returning home you may make an appointment to meet with the staff involved in your care by phoning the Clinical Midwife Consultant in Labour and Birth Suite on (08) 6458 2222 - page 3317.

## Risk prevention and reduction

Your doctor and anaesthetist will take steps to make sure any risk to you or your baby is minimised. There are also steps you can take to help you recover faster.

Enhanced Recovery After Surgery (ERAS) is the innovative approach to improve your experience and recovery following Caesarean section.

King Edward Memorial Hospital for Women has an ERAS program for women undergoing Caesarean section. This is an evidence-based approach designed to help you recover from surgery sooner so that your life can return to normal as quickly as possible and you are better able to care for your new baby.

As part of this program we will:

- Encourage you to eat and drink normally the day before your operation.
- Facilitate skin to skin contact with your baby in theatre, if you are both well.
- Encourage you to eat and drink as soon as you feel able after your operation.
- Remove the tube (cannula) from your vein as soon as you are drinking normally.
- Assist you to get up and about after your operation. This is important as it can aid your recovery, and help reduce the chance of developing a blood clot in your legs.
- Ensure you have adequate pain relief to move easily and we expect you to be able to get out of bed on the evening of your operation.
- Remove the tube (catheter) from your bladder once you are able to walk to the toilet.

## Preventing excessive blood loss

- Expected blood loss at Caesarean section is less than 3 cups (750 mls).
- To reduce the risk of excessive blood loss the anaesthetist will give you a medication called Oxytocin via your intravenous line immediately after the birth of your baby. This will help your uterus to contract, thus reducing the amount of bleeding.
- The surgeon will make sure the placenta, membranes and any clots are removed from your uterus before repairing (closing) the incision. This allows your uterus to contract and reduces the amount of bleeding.

## Bladder protection

- Before the operation a catheter (tube) is placed into the bladder to allow urine to drain. This keeps the bladder empty and out of the way during the operation. The catheter is inserted in theatre after the anaesthetic has taken effect.
- Following catheter removal the amount of urine will be measured. The bladder is generally back to normal when:
  - » you have a normal urge to urinate
  - » you pass 150 to 600mls of urine on more than two separate occasions
  - » your bladder empties completely and easily each time.
- Empty your bladder every two to three hours. Following the birth you will be losing body fluid that you gained during your pregnancy. This creates a lot of urine in the first few days. Keeping it empty will prevent over stretching of the bladder, help control wound pain and reduce the amount of bleeding from your uterus.
- After having a baby some women may experience:
  - » discomfort or difficulty when passing urine
  - » incontinence (leaking) of urine
  - » lack of sensation of a full bladder.

If you experience these problems talk to your midwife, doctor or physiotherapist.

- You may notice increased swelling in your hands and feet at this time which is normal. Continue to drink fluids, walk and go to the toilet regularly and the swelling will go away. When resting, lie on your bed and elevate your legs above the level of your heart.
- Pregnancy, childbirth and having had a catheter in your bladder increase your risk of bladder infection. To decrease this risk the catheter is removed as soon as possible. You should drink two to three litres of fluid each day and empty your bladder regularly. Symptoms of bladder infection are listed in the section: 'When should I be concerned and seek advice' on page 27 of this booklet.
- Leaking urine may have been a problem during your pregnancy due to the weight of your baby on your bladder and the hormones of pregnancy, which tend to decrease your bladder control. If this problem occurs or continues after your Caesarean, seek help from the KEMH Physiotherapy Department or your local women's health physiotherapist.

## Preventing wound infection

- It is recommended not to shave, wax or use hair removal cream on your pubic area prior to your Caesarean.
- Antibiotics will be given during the operation to reduce the risk of wound infection.
- A sterile area is maintained during the operation.
- A sterile dressing will be placed over the wound in the operating theatre.
- You may be offered a preoperative chlorhexidine body wipe shortly before your surgery.
- Hospital staff should always wash their hands before touching you or your wound.
- Family or friends should not touch your wound or dressing.
- Visitors should wash their hands before and after visiting you.

## Wound care

Always wash your hands before and after touching your wound.

Once your wound dressing has been removed:

- Gently wash with water when in the shower.
- Leave it to 'air dry' or gently dry around your wound with a clean towel.
- If your clothes are rubbing your wound, place a fresh sanitary pad between the wound and your clothing. You may wish to purchase underwear and clothing with a higher waistband to prevent rubbing.
- Staples / stitches will be removed as instructed by your doctor or after about 96 hours. They may be removed at hospital or at home by the visiting midwife.

## To help healing:

- Follow recommendations for eating and drinking (page 13).
- Follow recommendations for exercise; warm muscles encourage blood flow, cell growth and promote healing.
- Avoid extremes of hot and cold temperature.
- Keep clean and dry:
  - » shower daily and dress in fresh clothes
  - » change bed sheets regularly and if they become soiled
  - » cover your wound if it is oozing and report this to your midwife or doctor immediately.

## Preventing blood clots in lower leg veins

- Avoid smoking and exposure to cigarette smoke during pregnancy and after the birth of your baby. This will reduce the risk of blood clots forming. Pregnancy and having a young child at home are good reasons to give up smoking.
- T.E.D.® stockings are given to you before the surgery and should be worn until you leave hospital.
- Keeping blood moving around your body reduces the risk of blood clots forming. After the operation, work the muscles in your legs by moving your legs and rotating your feet as demonstrated under 'Circulation' (page 15). You should start as soon as sensation and movement returns to your legs. This activity promotes the return of blood to your upper body.
- If you are at risk of forming blood clots you may be prescribed blood thinning medication (anticoagulants) by the doctor which are given daily via an injection.

## Pain management

You are likely to be offered a combination of medications to control your pain. Combining medications gives the most effective pain relief. It reduces the amount of each medication you need which may reduce your chance of experiencing possible side effects such as dizziness, drowsiness, nausea, vomiting, itch or constipation.

There are several ways of getting pain control. Factors such as the type of anaesthetic used, your individual circumstances, hospital practice and your personal preference determine the type of pain medication you will receive.

Your anaesthetist will discuss with you how your pain will be controlled. A 'pain team' (including an anaesthetist and midwife) will visit you in your room to ensure you are comfortable and are experiencing few or no side effects. If you have any problems with your pain control your midwife can contact the anaesthetist.

Pain control starts before or during the operation and is achieved in three main ways:

1. Epidural - pain relief medication (anaesthesia) containing opioids given through a catheter in your back. A single dose of this medication into the spinal area provides long-lasting, effective pain relief. In some cases, medication can be 'patient-controlled' which will be explained to you. After removal, strong oral pain relief medication may be taken.
2. Paracetamol - medication that can be used while breastfeeding and can be given by mouth or as a suppository.
3. Anti-inflammatory pain-relief - medications such as ibuprofen or diclofenac, may be given for a few days. They are considered safe to use, but not suitable for everyone. This medication can be given as a tablet or suppository.

The intravenous tube will be removed when:

- You are able to drink and eat
- The epidural is no longer needed.

If you have questions about the safety of medications and how they may affect you and / or your baby please contact any of the following:

- Midwife
- Doctor
- Anaesthetist
- Pharmacist
- KEMH Obstetric Medicines Information Service – Phone (08) 6458 2723  
8.30am to 5pm, Monday to Friday.

## Following Caesarean Surgery

### Vaginal blood loss

Immediately after the birth, your vaginal blood loss will be bright red in colour and the amount should not fill a regular sized sanitary pad in less than four hours.

1. The loss over the next five days will decrease in amount and change colour. It will change from bright red to watery pink to a dark red/brown colour by day five (similar to a period).
2. Your loss may increase slightly when:
  - » you get out of bed, due to gravity
  - » breastfeeding, due to hormones released causing your uterus to contract
  - » you get home and increase your activity.

This should settle again within half an hour. Small clots (no bigger than a 50 cent piece) can also be passed at this time.

3. Sanitary pads should be changed at least every four hours to reduce the chance of infection.

### Emptying your bowel

1. You should have a bowel movement on the second or third day after your baby's birth.
2. Visit the toilet as soon as you feel the urge. Don't delay.
3. The best position for emptying your bowel is to lean forward and rest your forearms on your knees. Placing your feet on a foot stool can also be helpful.
4. Prevent constipation by:
  - » drinking two to three litres of water per day - this will make emptying your bowel easier
  - » eating fibre; whole grain cereals, fruits and vegetables
  - » walk as advised in the 'Physiotherapy and Exercise' section (page 14). If pain or illness prevents this activity you should consult your doctor.
5. If you experience constipation, talk to your midwife as soon as possible about a management plan.

## Eating and drinking

### Fluids

- You may drink fluids immediately following your operation.
- Adults are advised to drink at least eight cups (two litres) of fluid each day.

### Food

- You may eat food immediately following your operation unless directed otherwise by your midwife or doctor.
- Well-balanced meals that include the five food groups are recommended.
- Possible reasons that you may not tolerate food are:
  - » nausea and vomiting
  - » rare complications of surgery involving your bowel (your surgeon will have already discussed this with you).

## Physical recovery

It is important that you give your body time to recover and to heal. Healing continues to occur internally for several weeks so avoid strenuous activity for six to eight weeks after your Caesarean.

### Rest

To get as much rest as possible try these suggestions while in hospital and when you are at home:

- Use the amount of pain relief that you require, as directed by your doctor.
- Use the rest period the hospital has arranged between 1pm and 3pm.
- When in hospital use your 'Do Not Disturb' sign by placing it on your closed door when you are resting.
- Take the phone off the hook and turn your mobile phone to silent.
- Put the back of the bed flat when resting if comfortable.
- Keep visitors to a minimum for the first 24 to 48 hours and ask they keep their visits short (15 to 20 minutes).
- Keep your baby's cot close to your bed so you can easily attend to your baby.
- Ask your partner or family to look after your baby if you find it difficult to rest with your baby in the room.

- Nap during the day when your baby is sleeping.
- Arrange care for your other children so you can rest.
- Perhaps for the first one or two days at home your other children can stay with family or carers.
- Accept offers of help from your family and friends.

## Physiotherapy and exercise

Gentle, rhythmic movement and walking help to reduce pain and should be started as soon as possible after your Caesarean.

Remember to listen to your body. You may find you need to rest at regular intervals. Gradually increase your activity as you feel more comfortable.

## Deep breathing

- Deep breathing reduces discomfort, helps you relax and is good for you!
- Sit up in bed, knees bent. Place one hand on your tummy above your navel.
- Breathe out gently, then take a slow deep breath getting in as much air as possible. Relax and gently breathe out. This may also be done in a chair.
- Aim for five deep breaths every hour



## Huffing

- Coughing places more stress on your tummy and pelvic floor muscles so it is better to huff to clear phlegm from your chest.
- Take a medium sized breath in and then force the air out through a rounded mouth as if you are fogging up a mirror.
- If you need to cough or sneeze hold your tummy as pictured. Remember to tighten your pelvic floor muscles at the same time.



Coughing, showing the position of your hands while sitting in a chair.

## Circulation

- Move feet up and down briskly at the ankles at least ten times per hour, even if sitting out of bed.





## Getting out of bed after your operation

- Bend your knees up and roll onto your side. Keep your knees together and pulled up towards your chest.
- As you push up with your hands to a sitting position, swing your legs down over the side of the bed.
- Sit on the edge of the bed with your feet flat on the floor, lean forward and stand up.



## Physical recovery goals

### In hospital:

First 24 hours: Getting out of bed the day of your baby's birth.

24 - 48 hours: Walking to the shower and around your room / ward throughout the day.

Up to 72 hours: Continue short walks around your ward.

- Each day, increase the number of times, and the length of time you go for walks around your room and ward.
- Start the "Essential Exercises" page 7-10 in the "Physiotherapy After Childbirth" booklet. These help reduce pain as well as gently starting to strengthen your abdominal and back muscles.

### At home:

- When you feel able, take a daily walk pushing your baby in the pram. Start by walking for 10 to 15 minutes on fairly flat ground. Gradually increase your pace of walking and the length of time you walk for, as you feel stronger.
- Continue the Essential Exercises from the "Physiotherapy After Childbirth" booklet.
- Only attempt light housework at first (dusting, light sweeping, and washing dishes). After about six weeks you can gradually progress to vacuuming a small room, etc.
- Avoid lifting anything heavier than your baby for the first six weeks. For example you should not be lifting loads of wet washing, toddlers, shopping bags, full baby baths or baby capsules. If you need to hold your breath the load is too heavy. You are able to lift very light loads such as your baby, a few garments in a washing basket, a light shopping bag etc. After six to eight weeks you may be ready to start lifting slightly heavier loads (but with caution).
- See the "Physiotherapy After Childbirth" booklet for tips on posture and back care.

## Emotional recovery

There are many reasons why birth by Caesarean happens. For some women the decision may have been made many weeks before the birth. Others may have experienced a labour that ended with a Caesarean. It is often very valuable to talk about your expectations, thoughts and feelings with supportive family and friends and with the midwives and doctors who shared your birth experience.

Having an unplanned Caesarean can sometimes be distressing. Occasionally women may experience a sense of loss of control, trauma, anxious feelings or disappointment relating to the birth.

On the positive side, these feelings are often intermingled with a sense of relief that the procedure is over and that both mother and baby are safe. Difficult emotional reactions will hopefully settle within a short period of time.

Midwives and doctors are happy to arrange a convenient time to talk through memories and feelings of your labour and birth experience. While still in hospital you may arrange an appointment with these carers by asking your midwife, or after returning home, by phoning the Clinical Midwife Consultant in Labour and Birth Suite (08) 6458 2222 and asking for page 3317 or the midwives from the Next Birth After Caesarean (NBAC) clinic on (08) 6458 1626.

If you wish to speak to someone independent from your experiences you can ask for a referral to the Department of Psychological Medicine, a service with specialised staff who offer a confidential consultation to help you deal with any persistent, emotional reactions either while in hospital or after you have gone home. You may self refer for up to six months after you had your baby and for up to 12 months if your baby was in the Special Care Nursery by phoning (08) 6458 1521. The patient advocate is also available on (08) 6458 1559.

There are some simple things that you can do to improve your emotional wellbeing:

### While in hospital

- Dress in your own clothes, do your hair and make-up.
- Telephone supportive friends and family.

### At home

- Accept offers of help, such as washing and cleaning.
- Ask for help when needed.
- Plan at least one outing or activity each day such as hobbies and exercise, or restful activities like reading and watching television.
- Contact friends regularly.
- Join a mothers group; your child health nurse may have information and contact details.
- When you're feeling housebound, walk with your baby to the local park or shops - your new baby will encourage others to talk to you.
- Write in a journal or diary.

Acknowledge your feelings. It is possible to feel happiness at having a healthy baby and at the same time have mixed feelings about how the birth went.



## Caring for your baby

### After the birth and in hospital

Your baby will room-in with you 24 hours a day. The midwife will assist you to care for your baby in your room. As you become more confident and mobile your midwife will encourage you to become more independent in caring for your baby.

Following birth, your baby may need:

- Warming through skin-to-skin contact with you or under a heater.
- A beanie - you may wish to bring a washed one for your baby to wear after the birth.
- Observation, and perhaps treatment, in the Special Care Nursery. If your baby does need this care you will be told immediately and contact with your baby will be assisted, depending on you and your baby's health.



## Feeding your baby

### Breastfeeding

Successful breastfeeding is encouraged by:

1. Skin-to-skin contact between you and your baby as soon as possible after birth and as often as possible.
2. Adequate pain control.
3. Comfortable positioning of yourself and your baby.
4. Unrestricted breastfeeding – loose comfortable clothing.
5. Allow the baby to determine the frequency and length of each breastfeed.
6. Correct attachment when feeding.

To achieve this your midwife and family can assist you to position yourself with your baby comfortably in bed or in a chair. Your midwife will encourage you to have lots of contact with your baby.

### Formula feeding

When bottle feeding your baby it is important that both you and your baby are comfortable and warm. The need for closeness and cuddling is important.

For further information please refer to the pamphlet “Formula feeding - a guide for parents”.

### Support services for feeding your baby

Contact details can be found towards the back of this booklet.

- Breastfeeding Centre of WA located at KEMH
- Australian Breastfeeding Association
- Child Health Nurse – local Child Health Clinic
- Ngala

Your baby's purple Personal Health Record book and your telephone directory are also good sources for community assistance that is available in your area.

## Going home

You can expect to go home between 24 - 72 hours after a Caesarean birth.

A doctor will see you and your baby before you leave the hospital to discuss contraception and pain relief and provide you with medication and / or information, as required. Once home, effective pain relief and a supportive family remain an important part of your recovery.

You should continue to:

- Take pain medication regularly
- Observe your wound as it heals and report any problems to your doctor
- Have an afternoon rest
- Exercise as previously described in this booklet
- Ask family and friends to help with house cleaning, preparing food and care of other children.

## Visiting Midwifery Service (VMS)

This service provides assessment by a midwife in your own home. If you are expecting a visit from VMS, please remain home until seen.

Your care at home will be referred to the VMS if:

- You left the hospital before day five
- You or your baby require daily assessment by a midwife.

## Driving a vehicle

Austroroads guidelines state that women who have had a birth by Caesarean 'should not drive for four weeks or until cleared by a medical practitioner'. Ask your doctor at the hospital or your GP if you are able to drive safely.

Some insurance companies do not cover you in the first six weeks after abdominal surgery, so ring and check before driving.

You should not drive a vehicle if you are in pain or are using medication that has the warning, 'Care should be taken when driving or operating machinery'.

Generally you are safe to drive when you feel comfortable:

- pushing the pedals (could you brake suddenly?),
- turning the steering wheel, and
- turning to look over your shoulder to reverse.

Most vehicle insurance companies insure drivers after they have had an operation if they follow the instructions of their doctor. If you are unsure of your insurance company's policies please phone them and check your accident coverage.

## Child Health Nurse

You will find the phone number and address of your local Child Health Nurse in your baby's Personal Health Record. During the first week at home with your baby you should call the phone number and arrange an appointment with the Child Health Nurse. If you wish to choose a different Child Health Nurse your phone book has listings under 'Child Health Services'.

## Postnatal check-up by General Practitioner

Your nominated GP will receive a summary of your stay in hospital and birth details.

Arrange an appointment for yourself and your baby six weeks after the birth. See your GP sooner if there are any problems that you need to discuss or have treated.

## Sexuality

- The best gauge of when you are ready to resume sex is how you are feeling.
- Careful positioning may be helpful to prevent pain in the wound area.
- A common side effect of surgery is a numb sensation around the wound that can last a year or more. Touching this area can be uncomfortable for some women.
- Breastfeeding can reduce vaginal secretions. A water-based lubricant gel may make sex more comfortable.
- If pain continues see your GP or contact the KEMH Physiotherapy Dept on (08) 6458 2790.

## Planning another baby

When planning a future pregnancy you should discuss your birth options and possible risks of another pregnancy with your obstetrician, doctor or midwife. It may be possible to achieve a vaginal birth with your next pregnancy depending on:

- the reason for this Caesarean, and
- whether the next pregnancy has complications.

For most women it is best not to plan another pregnancy for at least 12 months after a Caesarean.

For information about your birthing options after having a Caesarean, please contact the KEMH Next Birth After Caesarean (NBAC) clinic on (08) 6458 1368 or visit [www.wnhs.health.wa.gov.au](http://www.wnhs.health.wa.gov.au)

Your doctor will discuss contraception with you, providing you with medication and / or information, if you wish, before you leave the hospital. Remember when you are sexually active it is always possible to become pregnant regardless of:

- Time passed since you gave birth.
- Evidence of menstrual period.
- Breastfeeding.

## Further information

Maternal and infant health publications and information are available from:

- Antenatal clinics
- Hospital wards
- Parent Education Department
- Women and Newborn Health Library, a consumer health library located in the Main Corridor of KEMH.
- Phone: (08) 6458 1100
- Fax: (08) 6458 1124

## Useful contacts

### Community support

Australian Breastfeeding Association	1800 686 268
Birthrites: Healing After Caesarean Inc	<a href="http://www.acnc.gov.au">www.acnc.gov.au</a>
Ethnic Child Care Resource Unit Inc	(08) 9443 4323
SHQ Sexual Health Quarters	(08) 9227 6177
Health Direct Emergency (24-hour medical advice line)	1800 022 222
Lactation Consultants (Private)	Under 'L' in the Yellow Pages
Multiple Birth Association of WA (Inc)	(08) 6458 1536
National Continence Help line	1800 33 00 66
Ngala Family Resource Centre	(08) 9368 9368
Parent Help Centre	(08) 6279 1200 or 1800 654 432
Post Natal Depression Support Association (PANDA)	1300 726 306

## KEMH phone numbers

Antenatal Clinic	(08) 6458 1376
Breastfeeding Centre of WA	(08) 6458 1844
Women and Newborn Drug and Alcohol Service	(08) 6458 2222 (Pager 3425)
Diabetes Educator	(08) 6458 2163
Diagnostic Imaging Department	(08) 6458 2700
Emergency Centre KEMH (24 hours)	(08) 6458 1433
Genetics Department	(08) 6458 1525
KEMH Switchboard (24 hours)	(08) 6458 2222
Labour and Birth Suite (24 hours)	(08) 6458 2199
Next Birth After Caesarean Clinic	(08) 6458 1626
Parent Education Department	(08) 6458 1368
Patient Advocate	(08) 6458 1559
Pharmacy Help Line	(08) 6458 2723
Physiotherapy Department	(08) 6458 2790
Psychological Medicine	(08) 6458 1521
Social Work Department	(08) 6458 2777
Visiting Midwifery Service	(08) 6458 1530
Women and Newborn Health Library	(08) 6458 1100

## When should I be concerned or seek advice?

### Contact your midwife or doctor if:

- You have a fever, shivering or sweating.
- You have stinging or burning when you pass urine.
- You notice increasing redness, inflammation and tenderness in your wound.
- Pus, blood or fluid leaks from your wound.
- Your vaginal loss returns to a bright red colour, unexpectedly increases in amount, or smells offensive.
- You experience a hard, red and painful lump in a breast that is not relieved after following advice given in the booklet "Breastfeeding and Breast Care".
- Tiredness is not improving or is getting worse.
- You are worried.

### Contact KEMH Department of Psychological Medicine

#### Call us on (08) 6458 1521 if:

You experience depressive, anxiety symptoms or other emotional difficulties

### Contact Breastfeeding Centre of WA

Call us on (08) 6458 1844 or your lactation consultant if you have:  
Breastfeeding problems of any kind

### Contact your Physiotherapist

Call us on (08) 6458 1844 if one or more of the following problems happen or continue after your baby is born:

- Back or neck pain.
- Caesarean scar pain.
- Weak abdominal muscles.
- Painful tailbone.
- Haemorrhoids or pain when using bowels.
- Loss of bladder/bowel sensation or control.
- Urgency to pass urine or use bowels.
- Passing urine frequently.
- Difficulty keeping tampon in place.
- Pain during sexual intercourse.

## When can baby and I go home?

Tick off check list for readiness to go!

Are you ready to go home?	First 24 hours	24 - 48 hours	Up to 72 hours
Eating and drinking well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting out of bed in the first 24 hours	<input type="checkbox"/>		
Pain being managed by regular medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Up to the shower and walking around the room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to pass urine once your catheter has been removed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baby is feeding well or do you have a feeding plan for your baby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your wound dressing is intact, clean and dry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you passed wind?	<input type="checkbox"/>		
Have you had your bowels open or have medication to help with this?			<input type="checkbox"/>
Seen by the Physiotherapist?			<input type="checkbox"/>
Have you been advised on how to do your back and tummy exercises?			<input type="checkbox"/>
Able to take short walk around the ward			<input type="checkbox"/>
Able to increase the number and length of walks around the ward			<input type="checkbox"/>

## Information for support person

### Attending a Caesarean birth

A support person is present at the Caesarean birth to provide moral support and encouragement for the woman giving birth.

The women's Caesarean is usually done while she is awake under epidural / spinal anaesthesia. If she becomes unwell the birth will be performed under general anaesthetic (i.e. she will be asleep) and you will be asked to leave the theatre.

This may be the case if the woman is an emergency and requires a general anaesthetic. You will not be allowed to accompany the woman to the theatre.

**Only one support person is able to accompany the woman in theatre. This restriction is because of:**

- Occupational safety and health risks to the staff and support person.
- Limited space within the operating room.

**In the checking in area you will be supplied with:**

- Disposable theatre clothing to put over your clothes.
- A disposable hat to wear for the time you are in theatre.

**In the Operating theatre during the birth:**

- No flash photography, pictures only of mother and baby, no filming.
- Please refrain from taking pictures of the staff or the operation.
- No texting or use of mobiles for calls.
- Please remain seated whilst in the operating theatre for your safety unless requested otherwise.
- Always remain seated whilst holding the baby.
- Appropriate clean footwear must be worn at all times (no thongs). Enclosed footwear only.



No children



No filming



No mobile phones



No standing with baby

## After the birth:

- If possible you may accompany the mother and baby to the recovery area.
- You will remain in recovery with mother and baby until they are transferred to the ward. If you leave recovery at any time during their stay you will not be allowed to return to the recovery area.
- No texting or use of mobiles for calls in this area.
- Please remain seated whilst in the recovery area.
- You may be asked to leave recovery in the event of medical emergency.



**No mobile phones**







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## Women and Newborn Health Service

King Edward Memorial Hospital  
374 Bagot Road, Subiaco WA 6008  
📞 (08) 6458 2222  
🌐 [wnhs.health.wa.gov.au](http://wnhs.health.wa.gov.au)

This document can be made available  
in alternative formats on request.