

Caesarean section

You are about to have an elective caesarean section, also known as a C-section. This information leaflet provides information about the caesarean section and the Turku University hospital's treatment practices. You will receive postoperative home care instructions after you are discharged from the maternity ward.

One in five children is born via a caesarean section, and approximately half of caesarean sections are elective, i.e. planned beforehand. All surgical procedures carry risks. When a decision to deliver by a caesarean section is made, the risks associated with a vaginal delivery are evaluated to be more significant than the risks associated with a caesarean section. In Finland, the most common complications are bleeding, infection of the incision site and uterine infection (endometritis). Rare but serious complications include blood clots, and, in later pregnancies, uterine rupture of the incision scar and placental attachment disorders.

Preparing for the caesarean section

A **preoperative blood sample** will be taken to determine your blood type. Go to the laboratory before the surgery day. You will receive more precise instructions about your laboratory visit from the Maternity outpatient clinic when you receive your C-section appointment.

Shower and wash your hair the night before the operation. Due to a risk of infection, we ask that you do not shave your stomach or pubic hair at home.

On the day of the operation, **put on the compression stockings that you got from the hospital** at home immediately after you wake up. The stockings have small holes in the feet: these go under the ball of your foot. Leave all jewellery at home, including piercings.

Eating and drinking

- Do not eat after midnight on the night before the surgery.
- Drink the ProvideXtra drink you got from the hospital 2 hours before your appointed time at the hospital. The drink helps you keep your energy up when you are fasting.
- During the night, you can drink less than 2 decilitres of fluid if you want to. The fluid needs to be clear and transparent (for example water, clear juice, tea or coffee, NO milk). Do not drink any fluids on the day of the procedure after 6 am, other than the ProvideXtra drink.

You must not use any **tobacco products** at least 2 hours before arriving at the hospital.

Arrive at the hospital at the appointed time. Take only necessary items with you; It is best to bring items such as a car seat and a stroller to the ward only when you are heading home.

Preoperative preparations at the hospital

- Patient ID wristband
- Interview for the anesthesia
- Checking on the baby
- Warming blanket to keep the body temperature stable
- Inserting the intravenous cannula and monitoring equipment in the operating room
- Body hair removal if necessary
- Cleansing the vagina using iodine based cleaning swabs
- Inserting the urinary catheter
- Washing the stomach using a disinfecting solution

The delivery ward is a medical unit that provides treatment for patients in need of acute care. Sometimes elective procedures may have to be postponed, at times with very short notice, so that mothers who need acute care can be treated. You will be kept informed about the schedule.

During the caesarean operation

The surgical staff consists of a five-member surgery team, together with midwives and if required, a paediatrician. A support person can be present in the operating room if the mother is awake.

The operation is usually carried out under spinal anaesthesia, where an anaesthetic is injected into the cerebrospinal space, and a thin catheter is inserted into the epidural space for pain management. Your lower body will become numb from the chest down.

You will receive an intravenous dose of antibiotics to prevent infections. The operation area and the vagina is cleansed using antiseptic solution before sterile surgical drapes are applied. The urinary catheter is inserted so that the bladder stays empty during the procedure and to ensure that we can monitor the flow of urine. Emptying the bladder after the operation can be challenging due to anaesthesia. The surgical incision is usually made horizontally on your lower abdomen, above your pubic bone.

The baby is born a few minutes after the operation has started. After the umbilical cord has been cut, a midwife inspects the baby in the operating room, dries and diapers them, and

administers the K-vitamin injection, which prevents bleeding. Your support person can help the midwife with cutting and clamping the umbilical cord if they so choose. The baby will be placed on your chest for skin-to-skin contact provided that your and the baby's health allows it. Alternatively, your support person can hold the baby in skin-to-skin contact in the operating room. Our goal is to give you a moment as a family during the first hour after the birth.

The operation continues after the baby has been born. Tissues will be closed layer by layer. Finally, the skin will be closed using either absorbable or non-absorbable sutures.

After the surgery

After the surgery, you will be transferred into the recovery room with your new-born for observation.

You can only have one support person in the recovery room with you. Using a phone in the recovery room is prohibited to ensure all families have the ability to recover in peace. When filming, please be mindful of other people in the recovery room.

The anaesthesia will wear off gradually during the observation period at the recovery room. Postoperative pain is managed in the recovery room by administering pain medication either into the epidural space or intravenously.

In the recovery room, the new-born can still be in skin-to-skin contact with you or your support person. If your observation at the recovery room goes as planned, you will be transferred to the maternity ward after approximately two hours of observation. If your baby requires treatment at the neonate intensive care unit, you will also be transferred there.

Recovering from a caesarean section is different for every person. On the maternity ward, postoperative pain management is continued by administering pain medication into the epidural space, and by taking pain medication by mouth regularly. The epidural infusion is continued for approximately two days. Moving your feet in bed and early mobilization are important for speeding up your recovery, for helping to activate your bowels, and for preventing blood clots. To minimize the risk of blood clots, women who are at a higher risk can be administered subcutaneous unfractionated heparin for 1 to 2 weeks. Mothers who have undergone a caesarean section are usually discharged 2 to 4 days after the operation. You will receive prescription for pain medication and other medications if necessary. Please note that taking pain medication does not prevent breastfeeding. You will receive separate instructions about wound care and stitch removal when you are discharged. The postpartum examination is usually carried out at your maternity and child health clinic (neuvola) 8 to 12 weeks after the delivery.

Future pregnancy and delivery

In most cases, you can try for a new pregnancy one year after the caesarean section. If you want to opt for a permanent birth control method and wish that a sterilization is performed during your caesarean section, fill and sign sterilization forms together with your doctor before the surgery.

Your caesarean section has been scheduled for _____ .

A midwife will call you the day before the operation and tells you when you should arrive at the hospital. If your operation is on Monday, the midwife will call you on the preceding Friday.

On the day of the operation, sign in at:

Emergency services during pregnancy and labour

TYKS Lighthouse hospital, B elevators, 3rd floor, door located slightly to the left when exiting the elevators.

Please take into consideration that finding parking may take a while.

For more information about caesarean section, consult your **digital care pathway**.

You can also find information at:

[Terveyskirjasto.fi \(only available in Finnish\)](https://www.terveyskirjasto.fi/dlk00873) (https://www.terveyskirjasto.fi/dlk00873)

[At HealthVillage's Women's Hub \(only available in Finnish and Swedish\)](https://www.terveyskyla.fi/naistalo/synnytys/synnytystapa-alatie-vai-keisarileikkaus)

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TYKS Department of Obstetrics and gynaecology • Emergency services during pregnancy and labour 02 313 1000 • These instructions are intended for patients under our care..