

Caesarean section

A caesarean section is a procedure where a baby is delivered through an incision made in the abdomen. The procedure is usually performed under local anaesthesia, but under certain conditions, general anaesthesia may be required. The procedure takes approximately 45 minutes.

If it is suspected that birth is impending before the scheduled operation date, labour begins or water breaks, contact Landspítali's Maternity Ward by calling 543 3049.

Overseas travel in the preceding six months

Inform hospital staff if you've been to a hospital abroad in the last 6 months or travelled to countries outside of Europe or to North America, in which case you must go to a healthcare centre to have samples taken so appropriate measures can be taken during the procedure.

Support during birth

One supporter is welcome to accompany a woman to the operating room and in post-surgery recovery, and to stay with the mother and child after birth as long as conditions allow. Other visits to the ward are not allowed.

Shaving

It is recommended to refrain from shaving and removing pubic hair for at least one month before surgery. Studies show that infections in shallow surgical wounds can be reduced by up to half by not removing pubic hair during this time. Hair is removed from the operating field before surgery, if necessary.

Tobacco use and e-cigarettes

Tobacco use is not recommended during pregnancy and after delivery due to the harmful effects on the foetus and child. Smoking, smokeless tobacco products and nicotine in e-cigarettes may interfere with post-surgical recovery, delay wound healing and increase the risk of procedural complications. Tobacco users are encouraged to stop and can seek help from health care centres or at www.heilsuvera.is (online chat, telephone counselling and educational material on tobacco and pregnancy).

Preparing for the procedure

Preoperative interview

A maternity ward doctor will call after the 33rd week of pregnancy. In rare cases, this interview has been conducted at an earlier date, in which case this call will be cancelled. Questions about general health will be asked and information provided about the procedure and what can be expected. Information about medicine use is recorded. It will be discussed in the interview if anticoagulant treatment has to be amended or halted before the procedure. It is important to inform of any allergies or intolerance to medicine.

Telephone conversation about the anesthesia

A nurse anesthetist calls a few days before the procedure to review the mother's health status with regard to anesthesia and provide an opportunity for questions. It is also explained how anaesthesia takes place during the procedure.

It is a good idea to have a list of medicines on hand, as information will be provided in the call about which medicines can be taken and which ones should not be taken before the procedure, as it is inadvisable to take certain medicines before anaesthesia.

Information about arrival time

In the week before the procedure, a Maternity Ward secretary will send a message through Heilsuvera about the time of the procedure.

Video on caesarean section

To facilitate recovery and return home after caesarean delivery, it is recommended to watch this educational video about caesarean sections (<https://vimeo.com/148866217>).

The day before the procedure

Blood tests

The last working day before the caesarean section, blood samples are taken in the morning at outpatient ward 10E at Landspítali, Hringbraut. If you reside outside of the greater Reykjavik area, you can visit a healthcare centre for blood sampling. In that case, it is necessary to let it be known that the blood test is for a caesarean section at Landspítali the following day to ensure that results will be received in time.

The evening before the procedure

Fasting

Fasting is necessary before the operation to reduce the risk of complications in connection with the anaesthesia. However, fasting for long periods of time is not good for the body and you will feel better after the procedure if the following instructions are followed:

- Grab an extra bite or drink before going to bed the night before the procedure.
- Do not eat food in the last 6 hours prior to arrival at the hospital.
- Clear drinks (1-2 glasses at a time) are safe until 2 hours before arrival at the hospital. Clear drinks include water, clear fruit juice, and dairy-free coffee and tea.
- After arrival at the hospital, staff will provide information about whether and for how long liquids may be consumed before the procedure.
- Do not use tobacco in the 2 hours before the procedure.

Other preparation

When going in for the procedure it is good to bring with you:

- Comfortable clothes, pyjamas or a robe, toothbrush, toothpaste and something to keep you entertained
- Baby clothing, diapers and wipes
- A baby car seat

Day of the procedure

Showering

You must shower before arriving at the hospital and clean your navel with a cotton pin.

You must put on clean clothes after showering and don't use deodorants, creams, makeup, fragrances, nail polish, or jewellery.

You check in at the agreed time at Maternity Ward 22A on the second floor of the gynaecology building of Landspítali, Hringbraut. You must bring with you all medicines that you take on a daily basis. Do not take your own medicines without first consulting your doctor or midwife.

If a caesarean section has been decided because the foetus is in a seated or transverse position, there is a possibility that the foetus will turn to a head-first position. On arrival at the ward, an ultrasound is performed and the caesarean section cancelled if the foetus is in a head-first position.

Before the procedure takes place, consent must be provided in writing for the operation and the local/general anesthesia upon arrival at the ward. Unexpected circumstances may cause the operation to be rescheduled. To ensure safety, questions about important matters, such as the patient's name, identification number, allergies, fasting and type of operation, are asked repeatedly. Upon arrival in the operating room, further preparations for the procedure are made.

Please note

- It is forbidden to take photos of the operating room staff, but you can take photos of the baby and the family when the baby is born.
- Mobile phones must be set to airplane mode.
- Telephone calls are not permitted in the operating room.
- Video recording is not allowed in the operating room.

After the procedure

The procedure is followed by a stay at the post-anesthesia care unit, where the mother and child are closely monitored before being transferred to the maternity ward. It is normal to feel tired and drowsy to begin with, and you may feel nauseous after the procedure.

Pain

Painkillers are administered at fixed times and in consultation with the mother. The mother assesses the intensity of pain on a pain scale, where 0 means no pain and 10 means extreme or the worst possible pain. It is important to inform about any pain so it is possible to respond to it. The mother should have sufficient pain relief, and be able to move comfortably and breath deeply.

0Engir
verkir**1****2**Vægir
verkir**3****4**Miðlungs
verkir**5****6**Miklir
verkir**7****8**Gríðarlegir
verkir**9****10**

Urination

A catheter is placed in the bladder during the procedure and is usually removed the same day or the following day. You may have difficulty passing urine when the catheter has been removed, in which case it is important to inform staff if urinating is difficult or if you only pass small amounts of urine.

Exercise

Exercise is important to accelerate recovery and reduce the risk of complications such as blood clots. Exercise also increases gastrointestinal motility. Patients may leave the bed when they feel up to it, but it is important to have someone with you the first time due to risk of dizziness.

Complications

The most common complications during or after a caesarean section are excessive bleeding, blood clots in the foot, and infection of the incision site.

Discharge

Discharge is scheduled within 48 hours of the birth of the child. Mothers receive home care from a midwife for the first few days after they are discharged from the hospital. In rare cases, a longer hospital stay may be required.

The following must be provided before discharge:

- Discharge education
- The name and telephone number of the home care midwife
- An appointment for the child's five day check-up

Discharge education

Pain

You can expect to feel pain at the incision site in the first few days after the procedure. It is important to reduce pain to the extent possible, as pain delays recovery. It is recommended to have painkillers at home to use following discharge. Paracetamol 500 mg and ibuprofen 400 mg can be purchased without a prescription at pharmacies. The maximum dose of paracetamol is 1000 mg at a time, no more than four times a day. The maximum dose of ibuprofen is 400 mg, no more than four times a day, i.e. every six hours. Stronger painkillers may be needed for the first three days after discharge. These are handed out at the ward before the patient is discharged. If you are breast-feeding, it is not recommended to take medicines containing codeine, for example paracetamol, as it can be passed on to the baby through breast milk.

If pain persists, it is advisable to take painkillers regularly throughout the day, as directed. The medication is then gradually reduced by reducing the dose or by taking the medication less frequently.

Food and drink

The procedure does not require a change in diet. It is good to eat high fibre foods and drink well to help with lactation and to avoid constipation.

Urination

The procedure should not result in changes in urination.

Vaginal bleeding

Vaginal bleeding can be expected for 1-3 weeks following the procedure. The bleeding comes from a wound in the uterus where the placenta was attached. Sanitary towels should be used rather than tampons or menstrual cups due to risk of infection immediately following the procedure.

Sex

Sex is generally allowed when people feel ready, although direct pressure on the incision area should be avoided.

Anticoagulants

Injectable anticoagulants are commonly administered after the procedure and are evaluated by a maternity ward doctor on a case-by-case basis. Treatment can last anywhere from 10 days to six weeks depending on the circumstances. Instructions for administration are provided before discharge.

Surgical wounds

A surgical wound may be closed with:

- a. Metal staples removed by a home care midwife 5-6 days after the procedure. If no home care is provided, an appointment is made at the hospital's outpatient antenatal ward to remove the staples, or at a healthcare centre for those who live outside the greater Reykjavik area.
- b. Dissolvable stitches. They are covered with small adhesive patches that may not be removed until they become detached from the skin.

The surgical wound has waterproof bandages. The bandages should be removed after five days. You can shower but baths must be avoided until the surgical wound is thoroughly healed. You can go swimming six weeks after the procedure. The surgical wound is sensitive to strong sunlight for up to 12 months after the procedure.

Exercise

Appropriate exercise is important to accelerate recovery from the procedure. Abdominal exertion and exercise must be avoided for six weeks following the procedure. It is advisable to avoid lifting things that are heavier than the baby while the surgical wound is healing.

Pelvic floor exercises

It is important to perform pelvic floor exercises after pregnancy and childbirth to reduce the chance of pelvic floor problems, such as urinary incontinence. Further information on pelvic floor exercises can be found on the Landspítali hospital website.

Contact the emergency services of the gynecology ward if you experience any of the following warning signs in the first two weeks after the procedure.

- Increased pain or pain does not decrease when painkillers are used
- A fever of more than 38.5°C
- Bleeding or discharge from the surgical wound
- Redness or swelling around the surgical wound
- Difficulty urinating despite urge to urinate
- Pain or swelling in the calf or foot

In the event of an acute condition, contact 112.

Telephone number

Maternity Ward	543 3220
Landspítali's switchboard (emergency telephone service for gynecological wards)	543 1000