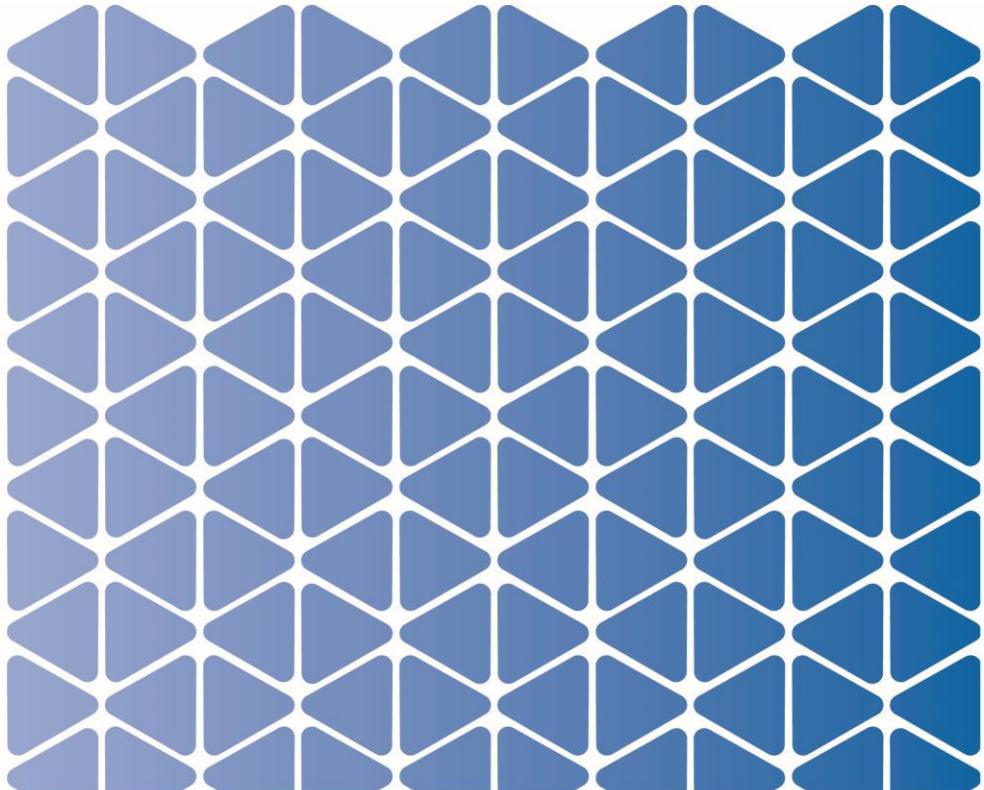




PATIENT INFORMATION

Planned Caesarean Delivery at Worcestershire Royal Hospital – Enhanced Recovery Programme

Information Guide for mothers and birth partners



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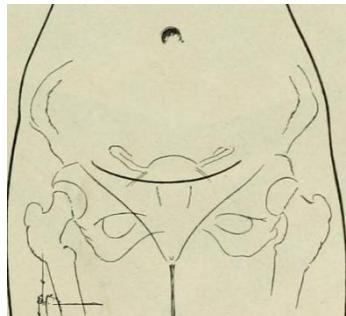
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Introduction to Elective Caesarean Sections at Worcestershire Royal Hospital

- A caesarean section is an operation performed to deliver the baby through a cut in your lower abdomen (usually just below your bikini line).
- You have been given this guidebook because you and your obstetrician have decided that a planned (elective) caesarean section is the best way to deliver your baby.



At Worcestershire Royal Hospital we run an ***Enhanced Recovery after Obstetric Surgery (EROS)*** programme. This means that, using current research evidence we plan to give new mums the opportunity to return home as soon as possible following their surgery – usually the day after. For this to work well we will need to work as a team.

Our part will be to:

1. Ensure that you have safe and efficient care
2. Make sure we communicate well and ensure you understand exactly what this process involves
3. Make you feel safe and able to cope at home with your new baby

Your part will be to:

1. Read this document carefully so that you understand what we will be expecting along your delivery journey
2. Agree to attend hospital appointments when required and work with staff to make your delivery as safe and efficient as possible
3. Ask as many questions as needed to ensure you are as prepared as possible to deliver and look after your baby at home

You will be given this document on the day you agree to have a Caesarean delivery and it will then serve as a guide and reference throughout your pregnancy, delivery and recovery in hospital as well as at home. ***Please read it all the way through.*** If you then have any questions, the team will be available for contact throughout your pregnancy as well as at your final pre-assessment appointment at Worcestershire Royal

Section 1:

Being prepared before the Operation

A. INITIAL BOOKING APPOINTMENT:

- When you and your consultant agree that a Caesarean section is the right way to deliver your baby/babies, the process begins with a discussion with one of our staff.
- We will give you this booklet and introduce you to the idea and principles involved in the Enhanced Recovery Programme.
- Unless your consultant needs you to have further tests or appointments, the next time you need to come to hospital will be your final preassessment appointment, 2 days before your delivery.

B. GIVING YOUR CONSENT FOR THE PLANNED CAESAREAN SECTION.

- The decision to have a caesarean delivery will have been discussed with you by an obstetrician and you will be asked to sign a consent form before a date is set for your caesarean.
- This is a legal document outlining the discussion you have had regarding the risks and benefits of the procedure. It states that you give your permission for the operation to take place and you should have a copy to take home.

C. PRE-ASSESSMENT APPOINTMENT

- One to two days before the date of your elective caesarean you will be invited to attend a structured pre-assessment appointment at Worcestershire Royal Hospital. This appointment is essential to enable us to ensure your day of surgery runs as smoothly as possible.

During this appointment we will:

1. Answer as many of your questions as possible to ensure you are as prepared as you can be for the big day.
2. Ensure all your paperwork is in order
3. Check your height, weight, basic observations (blood pressure and heart rate)
4. Measure you for surgical stockings, which help prevent blood clots (known as deep vein thrombosis or DVT) from forming in your legs.
5. Take any necessary blood tests and review the results
6. Issue you with routine anti-acid tablets and instructions on when to take them
7. Arrange for you to discuss your anaesthetic options with an Anaesthetist

PLEASE MAKE SURE YOU BRING YOUR GREEN PREGNANCY NOTES TO THIS APPOINTMENT

D. YOUR ANAESTHETIC

- An Anaesthetist (specialist doctor) will meet you at your final pre-assessment appointment and explain to you how you will be kept comfortable during and after your delivery. They will discuss with you the risks and benefits of using a Spinal anaesthetic and other options if a spinal is not possible.

- A '**Spinal**' is an injection in your lower back which allows you to remain awake during your caesarean section, without feeling any painful sensation in your lower body. This is nearly always safer for you and your baby, and, allows you and your birth partner to experience the delivery of your child together. This is how most elective caesareans are performed.

The link below gives you an idea of what to expect during a spinal anaesthetic in Maternity at WRH:

<http://www.worcsacute.nhs.uk/maternity-services/having-your-baby-planned-delivery> - spinal anaesthetic

E. EATING AND DRINKING

(the night and morning before surgery)

- One of the key principles of Enhanced recovery is to interrupt normal eating/drinking habits as little as possible and keep you well nourished. There are many negatives to denying you food and drink before planned surgery and so the following advice is important to follow:

1. You can eat and drink freely up to 02.30 am (the night before surgery)
2. Between 02:30 and 06:30
 - Only non-fizzy, clear fluids such as squash or water.
 - Tea/Coffee with small amount of milk is allowed
 - No Food
3. At 06.30 please have a generous drink of the clear fluids mentioned above
4. After 06:30 – Nothing until discussed with hospital team.

F. REGULAR MEDICINES

- If you take regular medications, please bring them to hospital on the morning of your caesarean section. It is important that you bring them in the original packaging or containers. If there are any medicines you need to stop before the operation this should have been discussed by your midwife or obstetrician, however we will confirm these plans at your pre-assessment appointment.

G. ANTI-ACID MEDICATION (RANITIDINE TABLETS)

- To reduce the level of acid in your stomach during the operation we routinely give patients Ranitidine tablets to take before coming into hospital. This will be discussed with you at your preoperative assessment appointment. As instructed please take: -
- *2 Tablets (300mg) at 22.00 (10pm the night before) and 1 Tablet (150mg) at 06.30 (6.30 am on the morning of surgery)*
- Take your Ranitidine tablets with a large glass of water.

Section 2:

On the day of surgery

H. FIRST THING IN THE MORNING:

- Should take your Ranitidine tablet as above and then do not have anything else to eat or drink.
- Put on your Anti-Embolism Stockings (TEDS) before leaving home.
- Should please arrive at the post-natal ward at 7.30am, leaving all large bags in the car.
- Bring with you a small bag with a set of baby clothes, nappy, dressing gown and slippers.

I. WHEN YOU ARRIVE AT THE HOSPITAL:

- Please head to the **Postnatal Ward**. Turn left inside the main entrance, past Costa, and make your way to the end of the corridor. Ring the buzzer and a midwife will collect you and take you to your bed.



- Your midwife will then check your blood pressure, pulse, temperature and ask for a urine sample. She will routinely assess your baby's heartbeat and position.
- You will be asked to change into your theatre gown and your midwife will check you have your stockings on correctly.
- You will meet the obstetrician performing your caesarean section and your Anaesthetist who will be able to answer any remaining questions you may have.

J. THEATRE TIMINGS:

The weekday operating plan would usually progress as follow

7.30 am	Arrive on Post-Natal ward
7.30-8.15am	Meet the team on delivery suite (Midwife, Obstetrician and Anaesthetist)
8.15am	The Theatre team will meet and discuss all the deliveries for the day, and then your midwife will bring you around to theatre.
8.30am – 5pm	Daily deliveries in theatre. Monday, Tuesday and Thursday. (Wednesday and Friday only elective deliveries from 8.30am – 1pm)
6pm	All elective deliveries completed for the day

Outside these times there are theatre staff available for emergency cases only.

DELIVERING YOUR BABY:

- When the time comes, your Midwife will lead you and your birth partner around to the operating theatre.
- Your partner will be given some suitable theatre ‘Blues’ to change into whilst the theatre team are performing their safety checks.
- Your Anaesthetist will then insert a cannula or plastic tube into the back of your hand before performing the Spinal anaesthetic.
- The procedure itself should routinely take between 45mins to 1 hour but your baby has usually been delivered within 10 minutes of starting.
- He/she will remain connected to you for 2 minutes (“delayed cord clamping”) to receive as much blood as possible from you before the cord is cut.

- Your partner can then trim the umbilical cord once the baby has been briefly assessed by your midwife.
- You will then have the opportunity to hold and cuddle them against your skin and breast feed if you wish. Your partner can enjoy skin-to-skin contact at this stage.

The team looking after you in theatre are very experienced and although most Caesarean deliveries are performed in a very similar way, if you have any particular requests, please discuss them with the team at your pre-assessment appointment. We will do everything we can to ensure the experience is tailored to you.

The following links will give you a better idea of what to expect. Please have a look at as many of these as possible before the day, especially the clip following a routine Caesarean delivery

- <http://www.worcsacute.nhs.uk/maternity-services/maternity-enhanced-recovery> - Enhanced recovery web page link
- <https://www.facebook.com/WorcesterCaesarean> - general information about Caesarean delivery
- <http://www.worcsacute.nhs.uk/maternity-services/maternity-enhanced-recovery> - Physiotherapy advice on exercise/activity following Caesarean delivery
- http://www.labourpains.com/International_Translations - General advice about Caesarean section with translation to multiple languages

Or use the following QR codes using any free QR code reading app:



WHERE DO I GO AFTER MY OPERATION?

- Following the completion of the procedure you and your partner will be moved round to the recovery unit. Here you will be looked after by midwives and theatre staff for approximately 30 minutes.
- We will be monitoring your: blood pressure, pulse, temperature and level of comfort
- You will be encouraged to drink and eat if you wish at this stage, and your midwife will offer support as you feed and care for your baby.

HOW LONG CAN MY PARTNER STAY?

Your partner may stay with you in the recovery area immediately after your operation. Once returning to the post-natal ward the times below apply for visiting;

- Partners and own children 10:00 – 22:00
- All other visitors 15:00 – 16:00 and 18:00 – 20:00

WHEN CAN I EAT AND DRINK?

- After your caesarean section you will be encouraged to drink normally as soon as possible. It is very uncommon after a routine Caesarean delivery to need a fluid drip once you leave recovery.
- If you have not had some toast in recovery, you will be offered a something light to eat as soon as you return to the Post-natal ward. If there is something light that you know you would like to eat, then please bring it with you and tell your midwife.
- You should aim to be eating normally on the evening of your operation.

Section 3:

What to expect after Surgery

PAIN RELIEF

- Caesarean section is a major operation and providing you with the right pain relief is a really important part of ensuring that you recover quickly and fully over the days, weeks and months afterwards.
- **All the pain relief you are offered will be safe to use while breastfeeding.**
- For most mothers delivering at Worcestershire Royal Hospital you should be receiving:
Paracetamol 500mg (2 tablets 4 times a day) and
Diclofenac 50mg (1 tablet 3 times a day)



It is vital that these medications are taken at regular intervals, when delivered by the midwifery team. How long you need these drugs does vary from person to person but is likely to be up to a couple of weeks for most people. These regular medications will help you to remain mobile and care for your baby, as well as reduce the likelihood of you experiencing **breakthrough pain**.

- ⊕ **Breakthrough pain** is the term used to describe recurrent pain or pain that occurs before your next dose of regular pain relief medicine is due.
- ⊕ If this occurs, Oral Morphine Solution can be given by your midwife to be taken **AS WELL AS** the tablets above. It is normal for most women to need some oral morphine on the first day post Caesarean.

We no longer recommend the use of morphine-based drugs such as Codeine or Tramadol for breast feeding mothers.

GETTING OUT OF BED AND WALKING

- Once the numbness from the anaesthetic has worn off and you have someone with you for support, you will be encouraged and helped to get up and about as soon as possible.
- You will be encouraged to continue walking around the ward, and once your catheter is removed walk out to the toilet. This not only aids your recovery but helps to reduce the risk of blood clots.
- In some cases, urinary catheters remain in for longer than is planned – **this does not mean you have to stay in bed.**

BLOOD LOSS

- It's normal for women to lose lochia (a combination of mucous, tissue and blood) from their vagina after birth until the womb renews its lining.
- Following your Caesarean, you will be given a drug called Oxytocin (a synthetic version of the naturally occurring hormone Oxytocin) through your cannula into your vein. This will encourage your uterus to contract, helping it to shrink back to its normal size and reducing your blood loss.
- However, you may find that your lochia appears to increase when you first stand up.

BLADDER CATHETER MANAGEMENT

- Urinary catheters will routinely be removed 12 hours after they have been inserted. If it has not been removed by 12 hours, please ask your midwife why this is the case.

- Once your urinary catheter is removed, you will be encouraged to drink plenty of fluids. When you pass urine, you will be asked if you had normal sensation (feeling) at the time.
- You will also be asked to measure the amount of urine you passed during your first two visits to the toilet. This will allow your midwife to assess your bladder function.
- This is an important step to getting you back to normal and your midwife will talk to you about this process after you are back on the Post-natal ward.

POST-NATAL PHYSIOTHERAPY

- You will be seen by the Post-Natal Physiotherapy team the morning after your delivery
- They will go through specific exercises to strengthen up your pelvic floor and abdominal muscles and provide advice on movement and activity after surgery
- Now is the time to ask any questions about returning to normal activity

The following links will help re-enforce the advice given by your physiotherapist

- <http://www.worcsacute.nhs.uk/maternity-services/maternity-enhanced-recovery> - Activity and exercise after Caesarean delivery (video clip)



- <http://www.worcsacute.nhs.uk/patient-information-and-leaflets/documents/2180-postnatal-exercises-advice/file> - Post-natal exercise and advice (leaflet)



BLOOD CLOTS (DEEP VEIN THROMBOSIS AND PULMONARY EMBOLISM)

- During pregnancy, swelling and discomfort in both legs is common and does not always indicate a problem. However, it's important that you are aware of the symptoms of DVT and PE so that you know when to seek medical advice if you are concerned.

To help reduce the risk of developing blood clots in your legs after your caesarean section you may receive a daily injection of medicine to thin your blood.

Symptoms of a blood clot

(DVT):

- Pain in the calf or thigh **with** swelling of the limb - this may be worse when the foot is bending upwards towards the knee
- Heat or redness, particularly in the back of the leg, below the knee
- You may find it difficult to put weight on the affected leg.
- DVT usually affects one leg.

Symptoms of pulmonary embolus

(PE):

- Difficulty in breathing or shortness of breath
- Coughing up blood-stained sputum (a thick fluid produced in the lungs)
- Chest pain that is often worse when breathing in
- Collapse

If you have any of these symptoms while in hospital, please inform your midwife. If you have been discharged home and have any of these symptoms, please call **maternity triage on 01905 733196**.

- It is also important for you to continue wearing your surgical stockings for at least seven days.

They need to be worn day and night with a maximum 30-minute break each day

BLOOD THINNERS (ENOXAPARIN SODIUM)

- Your midwife will explain how to administer any blood thinning drugs your obstetrician has asked you to take after your delivery.
- You will need to give the drug to yourself as an injection, but it can be somebody else if they are trained and happy to do so.
- The following links can be used as a guide:

http://www.worcsacute.nhs.uk/images/Inject_Clexane.jpg - How to inject Clexane – instruction (leaflet)

<https://www.vtematters.co.nz/resources/clexane-video> - Injecting Enoxaparin blood thinner (video)

Section 4:

All about Going Home

- The Enhanced recovery programme aims to have you fit, well and confident enough to go home the day after your caesarean section, so you should organise your transport home in advance.
- Please ensure that whoever is taking you home brings your baby's car seat to the ward, as you are unable to take your baby home without one.
- Your midwife will discuss your pain relief and any other medications you are to take home but that will not include Paracetamol. **Please make sure you have enough Paracetamol at home to at least see**

you through the first week. If you then need more, you will have had enough time to buy some.

The following link is available for more specific information:

<http://www.worcsacute.nhs.uk/patient-information-and-leaflets/documents/2183-pain-relief-after-caesarean-section>



WHAT NEEDS TO HAPPEN FOR ME TO BE ALLOWED HOME?

A useful tick-box guide to the steps required to enable you to get home is given below, a patient diary.

What needs to happen before you go home	Tick box	Time achieved (approx.)
Ways of knowing how well your recovery is going		
a. Your pain should be no more than mild at rest or moderate when you move		
b. You should be able to walk without difficulty		
c. You should be able to pass urine		
d. You should be eating and drinking normally		
e. Your wound should be clean, dry and healing well		
f. Your blood count should be checked and satisfactory		
g. There should be no other concerns about your health that mean you must stay		
Things about your baby		
a. Your baby/babies should be feeding well		
b. Your baby has had their routine check by the doctor/midwife		
d. There should be no other concerns about your baby's progress		
Things about your discharge arrangements and follow up		
a. The name and address of your GP should have been checked		

b. Discharge address – you should have confirmed the address you will be going to from hospital		
c. Discharge advice discussed, and postnatal paperwork provided		
d. An outpatient appointment should have been arranged if required only		
e. You should have paracetamol at home and your extra discharge medication to take home		
f. You should have been shown how to self-medicate Clexane blood thinners if required		
g. Physiotherapy advice		
h. For some women:		
I. Any other outstanding issues must have been considered		
II. If you are Rhesus negative an Anti D injection should be administered if required		
i. You are aware of who and where to call if you have any problems over the following 2 weeks: Please call the hospital switchboard and ask them to page the 223-bleep holder. This will be an experienced midwife who will be able to either answer your questions or direct you to a colleague who can help.		

Before you go home, your midwife will ensure you have the following information:

- **You will be asked to confirm the address and contact details for your postnatal visits.**
1. A summary of your notes and delivery details will be sent to your community midwives that visit you at home. Your GP and health visitor will also receive an electronic copy of this summary.
 2. Information on what to expect over the forthcoming days in terms of you and your baby's health
 - ⊕ http://www.worcsacute.nhs.uk/images/How_to_prepare_a_powdered_milk_bottle.jpg - **A step by step guide to preparing powdered formula feed**
 - ⊕ <http://www.worcsacute.nhs.uk/patient-information-and-leaflets/documents/2178-breast-or-bottle-feeding-advice-june-2018/file> - **Breastfeeding Groups in Worcestershire**

- <http://www.worcsacute.nhs.uk/patient-information-and-leaflets/documents/2182-helping-babies-who-are-reluctant-to-feed/file> - **Helping Babies who are reluctant to feed**
 - <http://www.worcsacute.nhs.uk/patient-information-and-leaflets/documents/2179-jaundice-in-newborn-babies-information-for-parents-of-carers/file> - **Jaundice in Newborn babies**
 - <http://www.mothersguide.co.uk/> - **Mothers + Others Guide**
(free paper copy for you on discharge)
-
- ❖ <https://www.gov.uk/government/publications/screening-tests-for-you-and-your-baby-description-in-brief> - **Screening tests for you and your baby (language translation options)**
 - ❖ <https://www.gov.uk/government/publications/cervical-screening-description-in-brief> **NHS cervical screening – Helping you decide (language translation options)**
 - ❖ http://www.worcestershire.gov.uk/info/20315/births/68/registering_a_birth - **How to register your baby/babies' birth**

- A contact telephone number for **ANY** questions regarding:

Your Caesarean delivery, immediate recovery or pain relief – call **Post-natal ward on 01905 760570**

Baby/feeding concerns – call **Transitional Care unit on 01905 760663**

MIDWIFE SUPPORT AT HOME

- Your Community Midwife will visit you on the day after your discharge home.
- At this stage you will discuss how things are going and make a plan for the next week.
- She will usually visit you two or three times during your first ten days at home. Unfortunately, we cannot guarantee a time for this first visit, but it should be in the morning of your first day.

- The health visitor will usually contact you within ten days after the birth of your baby and their role is to help you care for your new baby.

WOUND CARE

- Your wound will be covered with a dressing which should stay in place for about 48 hours after your caesarean section.
- You are advised to wear loose, comfortable clothing and cotton underwear, and keep the wound clean and dry.
- After 48 hours you should remove the dressing after having a shower (as it will be easier to remove if it's wet).

Stitches stop any bleeding from the wound and join the skin and muscle together. The thread used is dissolvable so they do not have to be removed. The stitches start to dissolve after about ten days and have usually completely disappeared after six weeks. Please discuss care of your wound and infection prevention with your midwife. Your midwife will review your wound if you have any concerns.

Please let your midwife or GP know if:

- your wound becomes hot, swollen, weepy, smelly or very painful
- your wound starts to open
- you develop a temperature and flu-like symptoms.

If you experience any of these symptoms you may be developing an infection and need treatment with antibiotics.

HEADACHES

A headache can often be the result of tiredness or stress. If this does not clear after using pain relief (such as paracetamol and ibuprofen) or if you feel the headache is severe or is associated with other symptoms such as drowsiness or nausea, please telephone the **Post-natal ward on 01905 760570**.

LIFTING

You are advised not to lift anything for six weeks. You may begin light housework and lifting after this time but avoid heavy lifting for three months. The exception to this is lifting your baby. If you already have older children or toddlers at home you will need to ask for extra assistance from family and friends to begin with, because toddlers are too heavy to lift (although they can have plenty of cuddles for reassurance). If you are shopping, try to carry equal loads in each hand, not one heavy bag. It is worth remembering that car seats and prams can be quite heavy, so remember to ask for help when you require it.

REST

Try to rest for at least one hour every afternoon. You will need someone to help you at home for at least two weeks. Where possible, make arrangements with family and friends who may be able to assist with daily household tasks.

DIET

It's important to eat properly. Try to eat three meals a day, containing plenty of protein such as meat, cheese, nuts, milk or fish to aid healing and help build you up. Also include fibre such as fruit, bran and vegetables to prevent constipation, which will cause strain on your abdominal muscles.

DRIVING

You may start driving when you feel comfortable, although you should check with your insurance company that you are covered to drive following major surgery. Before you start and before you put the keys in the ignition, try putting your foot on the brake while the car is stationary, as if you were doing an emergency stop. If this is painful you should wait a few more days and try again. Try to start with short journeys as you may get tired quickly.

ACTIVITIES

The Physiotherapy team will discuss postnatal exercises with you either before you go home and following these instructions will aid your recovery considerably. Gentle sports such as swimming can be started when your wound is healed. It is not advisable to undertake high intensity exercise such as aerobics until you feel comfortable. If you would like further advice or more information you can:

1. Contact the **Maternity physiotherapist on: 01905 760622**
2. Refer to the 'Post-natal exercise and advice leaflet' and have a look at the following information and demonstration clips using either the QR code or links here:

<http://www.worcsacute.nhs.uk/maternity-services/physiotherapy-advice-after-delivery>



It is important that you attend a six-week postnatal check appointment. This follow-up enables your doctor to check that everything is healing well and that there are no problems. This is usually with your GP, but you may be asked to come back to the hospital if there were complications that need to be

discussed with the obstetrician. If you are thinking of going back to work, this is a good opportunity to discuss it with your doctor.

SEX

Sexual intercourse can be resumed when you feel comfortable. It will not damage your wound, but some positions may feel uncomfortable.

Contraception is important because fertility can return quickly. Your midwife or doctor about this can discuss your future contraceptive needs with you.

FUTURE PREGNANCIES

It is advisable to leave a 12month gap between pregnancies. This enables your body to recover from your caesarean and reduces your risk of scar separation during pregnancy and/or labour (2 in every 1,000 women).

Your caesarean section may also put you at increased risk of the placenta growing in the wrong place on the wall of your womb in a future pregnancy. This could lead to difficulties at the time of delivery or excessive bleeding. These are uncommon complications affecting between 4 and 8 women in 1,000.

Although having one caesarean section increases the likelihood of you having subsequent caesarean sections, 75% of women (3 in 4) with one previous caesarean have a subsequent vaginal birth (NICE 2007). You are therefore advised to discuss the implications of your caesarean section with your midwife or obstetrician.

We hope this has been a useful resource to support your Caesarean Delivery. If you have any feedback for us about either this document or your care, then please let us know by either speaking to a member of the team looking after you or using the feedback survey we would ask you to complete on leaving hospital.

Patient Experience

Being admitted to hospital can be a worrying and unsettling time. If you have any concerns or questions you should speak to a member of staff in the ward or department who will do their best to reassure you. If you are not happy with their response, you can ask to speak to someone in charge.

Patient Advice and Liaison Service (PALS)

Our PALS staff will provide advice and can liaise with staff on your behalf if you feel you are unable to do so. They will also advise you what to do if your concerns have not been addressed. If you wish to discuss making a formal complaint PALS can provide information on how to do this. Telephone: 0300 123 1732. Monday to Thursday 8.30am to 4.30pm. Friday 8.30am to 4pm. An answerphone operates outside office hours. Or email us at: wah-tr.PET@nhs.net

Feedback

Feedback helps us highlight good practice and where we need to improve. There are lots of ways you can give feedback including completing a Friends and Family Test card or undertaking a survey. For further information please speak to a member of staff, see our Patient Experience leaflet or visit

www.worcsacute.nhs.uk/contact-us

If you would like this leaflet in an alternative language or format, such as audio or braille, please ask a member of staff.

Polish

Jeżeli są Państwo zainteresowani otrzymaniem niniejszej ulotki w innej wersji językowej lub formacie, prosimy zwrócić się w tej sprawie do członka naszego personelu.

Bengali

আপনি যদি এই লিফলেটটি অন্য ভাষায় বা ফর্ম্যাটে পেতে চান যেমন, অডিও বা ব্রেইল তাহলে অনুগ্রহ করে সদস্য বা কর্মীদেরকে তা জানান।

Urdu

اگر اس کتابچہ کو آپ کسی متبادل زبان یا بیئٹ جیسے آٹھیو یا بریل میں چاہتے ہیں، تو برائے کرم اسٹاف رکن سے مانگیں۔

Romanian

Pentru a obține această broșură în altă limbă sau în alt format fie audio sau limbajul Braille, vă rugăm să apelați la un membru al personalului.

Portuguese

Caso deseje este folheto numa língua ou formato alternativos, tal como ficheiro áudio ou em Braille, por favor dirija-se a um dos nossos funcionários.

Chinese(Mandarin)

如果您想要本手册的替代语言或格式的版本，如音频或盲文，请向工作人员咨询