

Your Cesarean Delivery: Information Regarding Your Birth Experience




MemorialCare[™]

800-MEMORIAL
memorialcare.org

Name: _____

Date of Scheduled Cesarean Birth: _____

Arrival Time: _____

Thank you for choosing a MemorialCare hospital for the birth of your baby. Your care and well-being is important to us. We're committed to providing you with the best possible care using the latest evidence and technologies.

This handbook should be used as a guide to help you understand your surgery and recovery, and answer questions that you may have.

We welcome your feedback and encourage you, your partner, and family to share your experiences or observations with any member of your care team.

Please bring this book to:

- Your pre-operative appointment
- Your arrival to the hospital



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This guide outlines the most common experiences and questions from women undergoing cesarean delivery. However, every woman’s delivery is unique. Talk to your provider about how your delivery may be different.



Understanding Your Cesarean Delivery

What is a cesarean delivery?

During a cesarean delivery (C-section), the baby is delivered surgically through an incision (cut) on your abdomen (stomach) and on the lower part of your uterus (where the baby grows). The cut is made by your surgeon and usually is made along the bikini line.

How will I know when my surgery is?

Your prenatal care providers will give you a scheduled date for your surgery. We will contact you to set up a pre-operative appointment. During your pre-operative appointment, specific information regarding how to prepare and when to come to the hospital will be provided. This information also is also provided in this booklet.

How long is the surgery?

The surgery takes approximately one hour to complete, but may take longer.

How long is recovery in the hospital?

Your recovery in the hospital is usually between two to four days after your surgery.

How long is my recovery at home?

Your recovery at home can take up to several weeks.

How will my care team ensure that I have a safe rapid recovery?

We follow the Enhanced Recovery After Surgery (ERAS) methods to help you heal from surgery faster so you can focus on your new baby. These methods include:

- Decreasing medical treatments known to slow your recovery
- Providing round-the-clock medicine to control your pain
- Giving you liquids and food shortly after surgery to keep you well-nourished
- Helping you get out of bed early and often to help you regain your strength

Preparing for Your Surgery at the Hospital

Are there any special things I need to do in the weeks and days leading up to my surgery?

Yes. If you are a smoker, you should make every effort to stop four to six weeks prior to the date of your surgery. Your health care provider can help you with smoking cessation strategies.

To decrease the risk of infection, you should not shave or use hair removal products in the bikini area at least three days before surgery.

What should I do the night before my surgery?

You will get specific instructions during your pre-operative appointment, which will include taking a shower and washing your hair.

What are my eating and drinking restrictions?

- You may have a light meal up to six hours before your surgery.
- You may drink clear liquids up to two hours before your surgery.
- **No solid foods or thick liquids six hours before your surgery, no clear liquids two hours before your surgery.**

Examples of clear liquids that are okay to drink up to two hours before surgery

- Water
- Carbohydrate drinks, such as Gatorade[®]
- Tea without honey
- Black coffee (WITHOUT milk/cream)
- Fruit juices without pulp like apple or grape (NOT orange, pineapple, tomato, prune)

Patients taking medicines for diabetes will be provided with additional instructions from their care team.

The Big Day is Finally Here!

What can I expect when I arrive for my cesarean delivery?

- The hospital staff will have you change into a hospital gown and place a loose surgical cap over your hair.
- Your support person also will be provided with operating room clothing to put over their clothes, hair and shoes.
- An intravenous line (IV) will be started and blood drawn.
- The nurses will give you fluids through your IV line.
- The anesthesiologist and nurses will talk to you about the type of anesthesia (numbing medicine) you will be getting and answer any of your questions.
- You will receive medicine before surgery to reduce stomach acid and medicine to prevent nausea or vomiting, which can be a side effect from surgery.

What can I expect in the operating room?

- You will be wheeled on a bed into the operating room. Nurses and doctors will be there to greet you. Your baby will be here soon, but first your care team needs to give you numbing medicines.
- Most women have “regional anesthesia,” medicines that numb you from your breasts to your feet, but allow you to be awake for your birth. These medicines are safe for you and your baby and also will provide pain relief for 18 to 24 hours after your surgery.
- The team will help you sit up so the anesthesiologist can place the numbing medicine. You will feel the anesthesiologist cleaning your back and feel pressure from a thin needle that is inserted in your back. The numbing medicines are then given through the thin needle in your back.
- Once the numbing medicine is given, the nurses will help you to lie back down and put compression boots on the lower half of your legs to enhance your circulation and prevent blood clots from forming.
- The nurses will then place a catheter (small tube) into your bladder to drain your urine.
- Operating rooms can be cold, so your nurses will provide you with warm blankets.

- Your entire stomach area and thighs will be wiped down with an antimicrobial solution. Once that is dry your doctor will cover your abdomen with a sterile cloth to avoid infections.
- Now that you're settled and ready, your support person will join you and be seated near your head.
- The surgery will start once the doctors have verified that you don't feel any pain.

What can I expect during surgery?

- During the surgery you will feel pressure and pushing, but you should not feel any sharp pain. You will feel your doctors pushing at the top of your belly to help deliver your baby through the incision made on your uterus.

Birth of Baby

What happens once my baby is delivered?

- Once your baby is delivered, your doctor will wait a few seconds, if your baby is stable, before clamping and cutting the umbilical cord to allow more blood to reach your baby.
- After the cord is cut, your baby will be handed over to the nurse-pediatrician team.
- The care team will place your baby in an infant warmer and check to make sure he/she is doing well before wrapping in blankets and bringing to you and/or your support person. This process may take between 5 to 10 minutes.
- If you and your baby are doing well, he/she may be placed on your chest, skin-to-skin. Placing your baby directly onto your skin helps keep your baby warm, begins the bonding process and supports breastfeeding.
- While spending time with your baby, your doctors will finish your surgery. Your skin incision is usually closed with stitches that will dissolve on their own.
- Don't be surprised or scared when your nurses press down firmly on your uterus. This is an important practice to keep your uterus firm and pass blood clots to prevent further bleeding. It will be repeated often during your hospital stay.

Recovering From Your Surgery in the Hospital

After your surgery, you will go to a recovery area. Nurses will be with you and your baby and will monitor both of you closely to ensure that you are both doing well. Procedures to ensure you are both well include, but are not limited to, monitoring vital signs (heart rate, temperature, breathing and blood pressure), and managing your pain, nausea, bleeding and urination.

Your baby will be alert during this time, and it's a great opportunity to keep your baby skin-to-skin and begin learning to breastfeed. The first milk you have is called colostrum and it has many benefits for both you and baby. It's full of antibodies which help your baby fight infections. The act of breastfeeding alone will also help your uterus stay contracted, which will aid in lessening your bleeding.

How will my pain be managed?

- Effectively managing your pain is one of our highest priorities. Good pain control improves your recovery so you can walk, breathe deeply, eat and drink, feel more relaxed, sleep better, have better bowel movements, prevent blood clots, and bond with your baby. It is normal to have some pain after surgery. Usually the pain is worse the day after surgery, but quickly begins to get better.
- Most women will receive two kinds of non-opioid medicines through their IV immediately following their surgery. These medicines are the IV versions of acetaminophen (Ofirmev®), and ibuprofen (Ketorolac/Toradol).
- Following the initial IV doses, you will continue to be given these medicines in their pill form while you are in the hospital. These medicines will often be given together (as shown in Box 1 on following page), but your care team may tailor the timing of them based on how they are working for you.
- Using non-opioid medicines to control your pain are the best first option, as they cause less drowsiness, confusion and constipation. These are important factors to consider for new mothers.

- Your care team also may offer you alternative pain control methods. These methods include, but are not limited to:
 - Heating pads
 - Ice packs
 - Abdominal binder
 - Visualization and breathing exercises
- When your pain is not effectively managed with acetaminophen and ibuprofen, your doctor will prescribe oxycodone. Oxycodone is an opioid that is safe to use while breastfeeding.

Example of how to use your medicines may be given:

Most patients will take their acetaminophen (Tylenol®) and ibuprofen together every six hours as described below:	
6 a.m.	Acetaminophen 1000 mg. (Two pills, 500 mg. each), plus ibuprofen 600 mg. (One pill, 600 mg.)
12 p.m.	Acetaminophen 1000 mg. (Two pills, 500 mg. each), plus ibuprofen 600 mg. (One pill, 600 mg.)
6 p.m.	Acetaminophen 1000 mg. (Two pills, 500 mg. each), plus ibuprofen 600 mg. (One pill, 600 mg.)
12 a.m.	Acetaminophen 1000 mg. (Two pills, 500 mg. each), plus ibuprofen 600 mg. (One pill, 600 mg.)

If you can't take acetaminophen or ibuprofen, notify a member of your care team, as alternative pain medicine options are available.

Your blood may be drawn the morning after your surgery to check that your blood count is okay.

When will I be allowed to eat and drink?

- Most women will be ready to eat a light meal and drink fluids approximately two to four hours following their surgery. Providing early food and liquids will help your digestive system return to normal as fast as possible, can reduce pain and speed your recovery.
- Once you are eating and drinking, your IV fluids will usually be stopped unless you're receiving IV medicines.
- You'll begin to pass gas on the first or second day after surgery.

When will I be allowed to get up and walk?

- Once your anesthesia (numbing) wears off, the nurses will help you get out of bed. Your goal will be to walk for 15 to 20 minutes at least four times a day. Between walking, you should sit in a chair as much as possible.
- Until you are up and walking, the nurses will keep the compression boots on your calves to help prevent blood clots. Some women are at high risk for blood clots. These women will be given medicine to prevent blood clots. If you have been identified as high risk for blood clots, your care provider will provide you with more detailed information.

When will I be able to urinate on my own?

- Your nurses will remove the tube in your bladder as soon as you are drinking and eating. Generally, you should anticipate that the tube will come out six hours after surgery. In some instances the bladder needs more time to return to normal, and you may experience difficulty urinating. When this happens, your nurse may have to put a tube back into your bladder.

When can I start breastfeeding my baby?

- All MemorialCare hospitals support breast milk as the best food for your baby. Your care teams will encourage you to begin breastfeeding as soon as you feel able. Sometimes, that can be immediately in the operating room! If you experience any difficulties with breastfeeding, we have experts available to help.

Making the most of your hospital stay

- This is an exciting time for you and your partner and your hospital stay will be very busy with a variety of team member visits to get you both off to a good start. Since most babies will be well enough to room-in with their mom, you will need to take advantage of quiet times. We highly encourage you to inform your family and friends ahead of time to wait to visit until you get home, or limit their visitations to times of your choosing and in short durations.

For the most current visitation guidelines, visit [memorialcare.org/patients-visitors](https://www.memorialcare.org/patients-visitors).

A Road Map of Your Cesarean Delivery

Before Surgery		
Goals	What needs to happen?	When
Good pain control	You will review pain control techniques with your care team.	A few days before surgery
Eating, drinking and eliminating	You can eat and drink normally.	Day before surgery
	<ul style="list-style-type: none"> You can eat a light meal up to six hours before surgery. You can drink clear liquids up to two hours before surgery. You will receive medicine before surgery to reduce stomach acid and medicine to prevent nausea and vomiting. You will have an IV placed before your surgery. 	Day of surgery
Activity	<ul style="list-style-type: none"> You can continue your normal activity. Take a shower and wash your hair. Do not shave or use hair removal products around the surgical site for at least three days before surgery to decrease your risk of infection 	Day before surgery

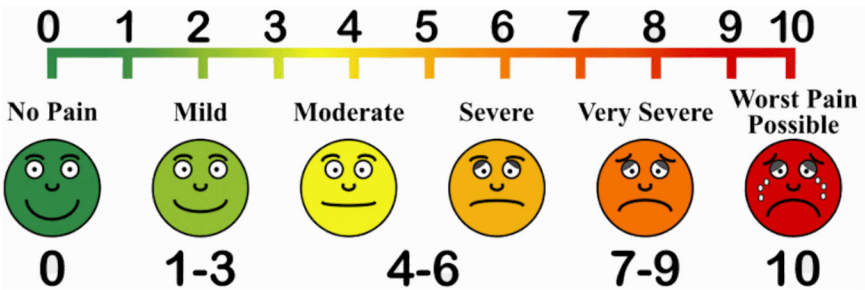
A Road Map of Your Cesarean Delivery

After Surgery		
Goals	What needs to happen?	When?
Good pain control	You will receive regional anesthesia for long-acting pain control.	Day 0
	You will take scheduled medicines: <ul style="list-style-type: none"> • Acetaminophen (Tylenol®) • Ketorolac (Toradol) - a medicine like ibuprofen 	Day 0
	You will take scheduled medicines: <ul style="list-style-type: none"> • Acetaminophen (Tylenol®) • Ibuprofen (Motrin®) You will take, if needed: <ul style="list-style-type: none"> • Oxycodone You also can use non-medicine pain control methods (ice, deep breathing).	Day 1 to Discharge
Eating drinking and eliminating	<ul style="list-style-type: none"> • You will start eating and drinking as soon as you are ready. • Your bladder catheter will be removed and you will begin urinating on your own. 	Day 0
Activity	<ul style="list-style-type: none"> • You will wear compression boots while in bed. • You will get out of bed to walk to the bathroom and sit in a chair. • You will start breastfeeding (if desired). 	Day 0
	<ul style="list-style-type: none"> • You will walk at least 15 to 20 minutes, four times a day. • You will sit in a chair as much as possible. • You may have your blood drawn. 	Day 1- Discharge

Preparing for Discharge

How will my pain be managed when I'm home?

Some pain after surgery is normal. Women who had a c-section generally rate their pain level as a 5 while in the hospital, 3 one week after going home, and a 2 two weeks after going home. The pain scale below helps to understand how to rate your pain:



When you are home, we recommend taking 650 mg. of acetaminophen (Tylenol®) every six to eight hours and 600 mg. of ibuprofen every six to eight hours as needed, and then using oxycodone if you have breakthrough pain.

Everyone is different, but in general, you will likely need to use pain medicines for about one to two weeks after going home. Following this regimen may lower your need for oxycodone, which has many side effects (sleepiness, constipation, itching, nausea, vomiting and risks of opioid misuse or abuse, including others).

You and your health care provider will decide what amount of opioid pills are right for you when you go home. You might choose fewer pills if you did not use opioids after your delivery, or if you didn't need any the day before your discharge from the hospital.

Discharge Checklist

You're almost there! Below is a checklist of important factors to prepare you safely for discharge. This checklist also is an excellent guide to begin discussions with your doctors or nurses about any care concerns you may have.

- Your incision has been checked and your dressing has been removed.
- You and your health care provider have talked about becoming pregnant again and options for contraception.
- You have an appointment with your OB/GYN health care provider scheduled.
- Your team has reviewed concerning symptoms and reasons to call your health care provider.
- Your prescriptions have been sent to the pharmacy of your choice.
- If you're going home with an opioid prescription, you have discussed the best number of pills for you to go home with.

Recovery at Home

Your nurses will provide you with printed discharge instructions to follow when at home.

Let's review some of those instructions here:

Caring for Your Surgical Incision

- After showering, pat your incision dry. Don't scrub over the incision.
- The small strip bandages on your incision can be removed seven to 10 days after surgery, but it's okay if they come off before that, assuming that the incision is healing without signs of infection. Signs of infection include redness, swelling, oozing of fluid or pus.
- Holding a pillow over your incision when you laugh or cough, and when you get up from laying or sitting positions, may improve your comfort.
- Remember, it can take as long as six weeks for a c-section incision to heal, and months to reach its final appearance and sensation.

Activity Levels and Restrictions

- Don't drink alcohol or drive if you are taking narcotic pain medicines (opioids).
- Don't lift anything heavier than your baby in a car seat until your health care provider tells you it's safe.
- Don't place anything in your vagina until your follow-up visit with your health care provider.
- Slowly increase your daily activities. You may have some increased vaginal bleeding when you increase your activity, however the bleeding should not be heavy or bright red in color. If bleeding is heavy and/or bright red, call your health care provider.

How to dispose of unused medicine safely

If you're finished with your opioid prescription and you have pills left, or if you have any unused prescriptions around the house, it's important to get rid of them safely. We recommend bringing them to a drug disposal center. To find a drug disposal center near you, we recommend visiting [fda.gov/drugs](https://www.fda.gov/drugs).

If you're unable to take them to a disposal center, you may flush them down the toilet.

Remember, it's your responsibility to safeguard all medicines and keep them in a secure location.

If you ever have a life-threatening emergency, such as chest pain, trouble breathing, loss of consciousness, or heavy bleeding, call 911 immediately.

Call your doctor if you have any of the following:

- Fever higher than 100 degrees, or chills.
- Severe headache, unrelieved by acetaminophen (Tylenol®) or ibuprofen (Advil® or Motrin®).
- Dizziness, blurry or double vision, or seeing spots.
- Pain in your belly, especially the right upper area below your ribs.
- Serious difficulty catching your breath.
- Fainting.
- Frequency or burning with urination.
- Heavy (more than one pad per hour), prolonged, or foul smelling vaginal bleeding or discharge.
- Swelling, redness, tenderness in breasts.
- Swelling, redness, tenderness, warmth in legs.
- Increasing drainage, redness or pain from c-section incision.
- Severe mood swings.

If you have thoughts of harming yourself or your baby call 911 or go to the nearest emergency room.



This booklet was adapted with permission from Von Voigtlander Women's Hospital-Michigan Medicine.


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