

A cesarean section is a surgical procedure in which an incision is made by the doctor into the mother's abdominal and uterine walls to deliver the baby. The most important consideration is, of course, the health of the baby and the mother. The majority of cesareans are not emergencies. Usually your caregiver has time to discuss options available to you. Most women who have a cesarean have an epidural or a spinal block. This eliminates pain but allows them to be awake for the surgery and their labor partner can be with them for the birth. In the event of an emergency cesarean section, the mother may be put to sleep with general anesthetic and the baby is delivered in just a few minutes. In this situation, the labor partner will be asked to wait in the patient's room or waiting room.

These are some of the reasons a cesarean may be done:

- Ineffective contractions that don't fully dilate the cervix
- An unfavorable position of the baby (breech, transverse, face or brow presentation)
- The mother's pelvis is too small for the baby's head to pass through
- Maternal disease (diabetes, heart problems, eclampsia or sexually transmitted disease)
- Planned repeat cesarean
- Fetal distress
- Prolapse of the umbilical cord
- Placenta previa
- Abruptio placenta

Expect the unexpected at times and remember a cesarean birth is still a baby's birth.

VBAC is vaginal birth after cesarean. It is pronounced "vee-back". If your first baby is born by cesarean section, your next baby may be able to be born vaginally. VBAC has risks as well as benefits. Of the women who try VBAC, 60 - 80% succeed and are able to give birth vaginally. VBAC may not be an option for you. Discuss this option with your doctor.

### **The following procedures take place to prepare the mother for a cesarean birth also called c-section**

- On admission to your room, your nurse will start your IV fluids.
- An abdominal prep with a small hair clipper will be done around the incision area.
- Your vital signs will be taken: temperature, BP, pulse, respirations and oxygen saturation level.
- The fetal monitor will be applied to the mother's abdomen and a non-stress test will be done.
- You will be given medications to prevent nausea during the c-section.
- A Foley catheter will be inserted to keep the bladder empty during surgery and will remain until that evening or the following morning.
- The mother is taken to the operating room and positioned on the table.
- The support person will change into surgical scrubs, wash his or her hands and will wait outside the surgical suite while the mother is prepared for surgery. This person will join the mother when the Physician and surgical team have her ready for surgery.
- Heart and blood pressure monitors are applied to the mother.
- Anesthesia is administered (such as spinal, epidural, or - in an emergency - general anesthesia).
- The mother's abdomen is prepped with an antiseptic and draped to create a sterile field to prevent infection.
- The support person joins the mother.
- The incision is made.
- The baby is born and taken to the radiant warmer for the baby's nurse to dry and complete an assessment and apgar scores. Then the baby is placed skin to skin with the mother or held by the support person.
- The actual delivery of the baby takes approximately 2 minutes in an emergency, up to 10 minutes in a non-emergency situation. Delivery of the placenta and suturing of all layers of tissue takes approximately 45-60 minutes. The skin is usually closed with stitches, skin glue, or occasionally staples.

## POST-OPERATIVE RECOVERY

Since a cesarean birth is major surgery, the recovery period will take longer than a vaginal birth. If you were not expecting the procedure, you may have feelings of disappointment; so you may have some emotional healing as well. Please remember that this is still your baby's birth, and you are not a failure as a mother. It is important that you communicate with your nurse and your support person and talk through any feelings of guilt or anxiety. She may be able to suggest ways to make this feel like it is a special experience. We have drapes with a "window" available so you can see your baby's birth. We also have music available to help you feel more relaxed. Your nurse can answer any questions that you may have and is always available for you to express your concerns. Do not lose sight of the fact that you have accomplished and received the most beautiful gift – your baby!

If you had a spinal or epidural, you may feel great after the procedure. If you had general anesthesia, it may take an hour or more to feel fully awake and alert.

As soon as you get your feeling back in your legs and feet, you may begin to feel pain. Remember to ask for pain medicine before the pain gets uncomfortable. Pain medicines are available for you even if you are breastfeeding and are safe to use. Decreasing the pain will help you move around much easier and promote faster healing. The Foley catheter will be in place until the evening of surgery or the following morning. The IV fluids are left in until you are taking fluids well on your own.

Coughing and deep breathing are important after your c-section. As with any abdominal surgery, it is uncomfortable to take deep breaths. Use a small tummy pillow or a bed pillow to support your abdomen while you cough and deep breathe. This will help to expand the lungs and loosen any mucus, and hopefully prevent lung complications.

Sometimes gas pains may occur and are more painful than the incision. When the bowel is manipulated during surgery, the movement of gas through the intestines slows down. The more you move about in bed or get out of bed and walk, the less uncomfortable it will be for you. Avoid carbonated beverages or straws. These things add gas into your stomach and may add to your discomfort.

Your vaginal discharge will be bright red for the first few days. It will then change to a brown and then a yellowish discharge. A sanitary pad will have to be worn for a few weeks. If you start to have any active or bright red bleeding more than a heavy period, passage of clots, or a foul smell, call your healthcare provider immediately.

The normal post-op hospital stay is 48-72 hours. Discharge instructions for going home will be thoroughly reviewed with you by your nurse and physician. After you get home from the hospital, if any questions arise, do not hesitate to call your healthcare provider.

## CARE FOR NEW MOTHERS AFTER CESAREAN BIRTH WHEN YOU GO HOME

All new parents benefit from assistance at home after giving birth, but for mothers who have had a cesarean birth such help is essential for at least the first week. Not only are you learning to care for your new baby, you are also recovering from major surgery. Having help that allows you to rest often during the day can make a big difference in how quickly you feel strong and well.

For the first two weeks:

- Keep incision clean and dry
- Taking care of yourself and the baby should be all you do
- Limit stair climbing
- Don't lift anything heavier than the baby
- Ask your partner or a friend to do laundry, vacuuming, and other chores that require lifting, bending, pulling or pushing
- Do not drive a car

Report any signs of an infection to your doctor:

- Increasing pain
- Redness that extends one inch or more around the incision (not just at the incision line)
- Fever
- Foul smelling drainage

If steri-strips are used they are placed over your incision. Leave these strips in place for a week. They will gradually start to peel off and can then be gently removed. Make your follow-up appointment with your obstetrician. Your doctor will give you further advice on your home care, activity, contraception, sexual activity, etc.

