

*Remember that
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or drink anything
for 8 hours
before surgery.*

Cesarean Birth

This information will help you prepare for your cesarean birth (C-section). It will help you understand what you can expect before, during and after your surgery. It also describes important care guidelines you should follow after you leave the hospital.

Before the procedure

Pre-register by the 20th week of pregnancy.

It is recommended to pre-register by the 20th week of pregnancy, or as soon as possible. You may choose to pre-register by choosing 1 of 3 options:

- Online at nm.org/laboranddelivery
- By completing a packet in your physician's office
- In person at the Admitting Department, 1st floor of Prentice Women's Hospital, 312.472.3599 (TTY: 711)

You will need your medical insurance information to pre-register.

3 days before surgery

- If you have diabetes, you will need specific instructions about the use of oral medications and insulin. Check with your physician to see if you should take insulin before and on the day of your surgery.
- Make sure you have completed any lab tests, if ordered by your physician.

1 day before surgery

A Labor and Delivery (L&D) staff member may call to confirm your arrival time and answer any questions. If you are having surgery on Monday, you will receive a call the Friday before surgery. Most often, hospital check-in time is 2 hours before your scheduled C-section.

Day of the procedure

Do not eat or drink anything for 8 hours before your scheduled surgery time. This includes:

- Gum
- Hard candy
- Water

If you eat or drink during this time, your surgery time will be delayed.

As instructed by your physician, you may take any needed medications with sips of water, just enough to swallow the pills.

What to bring to the hospital

- A list of your allergies
- A list of all your current medications (prescription, over-the-counter and herbal)
- Photo ID
- Medical insurance information
- Medicaid card (Medicaid patients only)
- Containers for contact lenses, glasses or dentures labeled with your name
- Toiletries and other personal items
- Copy of any advance directives, such as power of attorney

Please leave all valuables (jewelry, credit cards, money) at home. This includes any body-piercing jewelry and tongue studs, which cannot be worn during surgery.

Keep in mind that makeup, nail polish, hairpins, false eyelashes, hearing aids, dentures, hairpieces and jewelry cannot be worn during surgery. You may wear contact lenses or glasses.

We suggest that you limit the items you bring to L&D. This will decrease the need to transport items when you move to your postpartum room. You may want to ask your family or friends to bring any other belongings to the postpartum room, after your transfer.

Your partner may bring a camera. But keep in mind, no pictures may be taken during the actual birth.

Parking

Labor and Delivery Triage is located on the 1st floor of Prentice Women's Hospital, 250 East Superior Street at Fairbanks. Valet parking is available. The parking garage is located at 222 East Huron Street, across from Feinberg and Galter pavilions. For discount parking rates, please bring your parking ticket with you. Take the parking ticket to the Information Desk (1st floor of Prentice Women's Hospital) for validation.

Arrival

Arrive 2 hours before your scheduled C-section. Check in at L&D Triage on the 1st floor of Prentice Women's Hospital. You will then go to the Labor and Delivery Unit on the 8th floor, where you will wait to be called.

You will be asked to change in to a hospital gown and give a urine sample. The nurse will review your health history and take your blood pressure, temperature and pulse. A fetal monitor will be used to listen to the baby's heart rate. An IV (into the vein) line will be placed in your arm or hand.

Physician visits

An anesthesiologist will visit you to:

- Review your medical history
- Discuss the type of pain relief medication (anesthesia) to be used in surgery
- Answer any questions you have

You may choose to receive spinal or epidural anesthesia, which allows you to be awake for the birth of your baby. With these types of anesthesia, numbing medication will be injected into the mid or lower back. The nerves going into the incision site and nearby areas will become numb. With a spinal or epidural, you may have a lack of feeling from the waist to the toes. Feeling will return in a few hours.

Your physician or the resident will also visit to explain the C-section and answer any questions. You will be asked to sign consent forms for both anesthesia and the surgery.

Just before entering the operating room (OR) for your surgery, jewelry, hearing aids, dentures and hairpieces will be removed. If you are having a spinal or epidural anesthesia, one person can be with you during your surgery. Your partner or support person will change into a disposable jumpsuit to fit over their clothes, shoe covers, a surgical hat and a mask to wear in the OR. After anesthesia is given, your partner can join you in the OR and may bring a camera.

During the procedure

Once in the OR, you will be assisted onto a firm table. After a numbing medication is injected, you may feel pressure and touch but no pain. You will be repositioned for your surgery. A catheter (tube) will be inserted into your bladder to drain your urine. Then your lower abdomen will be cleansed. You will be covered with sterile sheets.

At this time your partner will be escorted to the OR and positioned at the head of your bed. Once the anesthesia has taken effect, the physician will make an incision into your abdomen. Then an incision will be made into your uterus to deliver your baby.

Your baby will be placed on a special bed. Matching identification (ID) bands will be placed on you, your baby and your partner. Your partner can come over to see the baby.

Photos may be taken at this time.

After the procedure

Your C-section will take about 1 hour. You and your baby will then be taken to the recovery room. Your support person or partner may be with you during this time. For all other visitors, please see the current visitor policies at nm.org/visitors.

A nurse will care for and closely monitor you and your baby. They will help you feel more comfortable and manage any pain you may have.

While in the OR or recovery room, your baby may be placed on your chest (skin-to-skin contact). This will help:

- Keep your baby warm
- Promote mother-infant bonding
- Prepare you and your baby for breastfeeding, if you choose to do so

At this time, you will also have a chance to begin feeding your baby. Your nurse can assist you as needed.

After about 2 hours, you will be escorted to your postpartum room.

Postpartum care

Once you are in your room, the nurse will take your blood pressure, pulse and temperature and check your vaginal bleeding. As needed, medication will be given for pain or discomfort. Remember that good pain relief is important to your recovery.

Your diet may begin with clear liquids and progress to regular food.

Most patients will be out of bed on the same day as surgery. Your nurse will assist you with getting out of bed and walking. Do not try this alone the first time. Deep breathing, coughing, turning and walking in the hall will help:

- Speed your recovery
- Improve circulation
- Promote healing
- Prevent complications

The urine catheter, inserted before surgery, will remain in place until the next morning. The IV may be in place for 1 or 2 days. If you have staples, your physician will most likely remove these before you leave the hospital.

Your obstetrician will oversee your care, while the pediatrician you selected will direct the care of your baby. If you choose, your obstetrician can perform your baby's circumcision during your hospital stay.

Please carefully review the *Mother and New Baby Care* booklet in your room. Write down any questions for your physician or nurse.

Both your baby's pediatrician and your physician will visit before you are discharged. The discharge time is around 11 am.

Your physician and nurse will review care guidelines for you and your new baby.

At home

Be sure to follow your physician's instructions and the guidelines below to help you recover from your C-section:

- Make sure you rest as much as possible.
- Try to nap when the baby naps.
- Do not lift anything heavier than your baby.
- Slowly increase your activity.
- Continue to take pain medication as needed.

Driving and exercise

Do not exercise or drive without checking with your physician or midwife. Do not drive after taking narcotic pain medication.

Diet

You may resume your normal diet. Drinking extra fluids helps prevent constipation. If you are breastfeeding (or providing breast milk for your baby), do not drink any alcohol. If you are taking narcotic pain medication, do not drink any alcohol.

Bathing

You may shower or bathe as long as your incision edges are not open. Use a mild soap to gently clean your incision and carefully pat it dry.

Incision

You may have discomfort from the incision and muscle aches. Getting up and moving around can ease some of the discomfort. Brace your incision with a pillow when you need to cough or sneeze. Keep your incision clean and dry. You do not need to cover the incision site. You may have small Steri-Strips™ (tape strips) on your incision. Do not remove these strips. These offer extra support while your incision heals. They will slowly curl up and fall off on their own about 1 week after surgery. If they have not fallen off 1 week after your surgery, then you may gently remove them.

Sexual activity and birth control

Check with your physician before resuming sexual activity. Often, after 4 to 6 weeks, if you feel good and are well rested, sexual activity may resume. Avoid positions that strain the incision site.

Keep in mind that breastfeeding is not a form of birth control. Please talk with your physician about birth control options.

When to call your physician

Inspect your incision daily for signs of infection. Call your physician if you have any of the following symptoms:

- A temperature more than 100.4 degrees F
- Drainage or fluid from the incision that may be foul-smelling
- Increased tenderness or soreness at the wound
- Wound edges that are no longer together
- Redness or swelling at the wound site

Follow-up care

Follow-up visits with your physician are important after you leave the hospital. Most patients have their first appointment 6 weeks after their C-section. Before your discharge, you will receive more information about your follow-up visits. If you have any questions, please call your physician.