

## **Caesarean Birth: What to Expect in Hospital**

**You will receive a phone call from a nurse the day before your surgery to review your health history and give you're a chance to ask questions.**

**You will be given your time of surgery at this time.**

### **CANCELLATION POLICY**

**OPERATING ROOM TIME IS A VALUABLE RESOURCE. CANCELLATIONS WITH LESS THAN FIVE DAYS' NOTICE CAUSE PROBLEMS WITH BOOKING AND PREVENT OTHERS FROM USING THAT TIME. ANOTHER PATIENT WHO IS WAITING ON SURGERY COULD BE PLACED INTO YOUR SPOT SO THAT THIS TIME IS USED EFFECTIVELY.**

**PLEASE CALL YOUR SURGEON IF YOU ARE SICK WITH A COLD, FLU, FEVER, CONCUSSION, OR ANY OTHER ILLNESS. IF YOU NEED TO CANCEL IT IS IMPERATIVE THAT YOU TELL YOUR SURGEON IMMEDIATELY. THIS IS FOR YOUR SAFETY.**

## **Pre-op Instructions:**

Eat food until: \_\_\_\_\_

**If you eat any solid food after the time indicated, your surgery will be cancelled.**

Drink clear fluids until: \_\_\_\_\_

Arrive to Maternal Child Care Unit at: \_\_\_\_\_

Your approximate operating room time: \_\_\_\_\_

(Please note due to unforeseen circumstances, this time may be changed.)

### ***What is a clear fluid?***

Clear fluids include popsicles, jello, pop, and broth. They **do NOT** include milk or orange juice or grapefruit juices that contain pulp.

### ***What do I need to do to prepare for my surgery at home?***

Prior to coming to hospital the day of surgery, you should have a bath or shower. Remove all jewellery including piercings. Remove coloured nail polish from fingernails.

### ***Where do I go when I get to the hospital?***

On arrival to the hospital, you must check in at the registration desk located in Tower A, Ground Floor before coming up to the Maternal Child Care Unit (Tower A, 4<sup>th</sup> Floor) with your partner/support person.

### ***What happens next?***

After settling you in a room, your nurse will complete your admission and prepare you for your surgery.

This preparation will include starting an intravenous (I.V.) and giving you some medication. You will put on a hospital gown and TED (thrombo-embolic deterrent) stockings to prevent blood clots. Please remove your bra and underwear and all jewellery and contact lenses. You may wear your glasses to the operating room (O.R.). Your support person will also change into O.R. clothing. **Please ensure that this clothing is returned after delivery.**

### ***What happens in the operating room?***

When it is time to go to the O.R., a porter will bring you by stretcher. Your support person will remain with you at all times except for a short period in the O.R. while the anesthesiologist inserts your spinal block, or if you require a general anaesthetic. The

anesthesiologist will insert your spinal block while your support person waits in a waiting area. Once your spinal block is in, your support person will join you.

Sometimes, there is a medical reason to use a general anesthetic. If this is required, you will be put to sleep and pain medication will be delivered through your I.V. In this case, your partner will wait outside the O.R. in a waiting area during the birth and will stay with your baby until you are awake. When you wake and are stable, you will be brought to your baby and support person.

### ***Can I do skin-to-skin in the operating room?***

When your baby is born, you or your partner can provide skin-to-skin care in the operating room as well as in the recovery room. Skin-to-skin is very comforting to your baby and has many health benefits such as: stabilization of body temperature, improvement in heart and lung function, regulation of blood sugar, relief from pain, and initiation of breastfeeding.

### ***What happens after I leave the operating room?***

After the birth, you will be monitored in the recovery room for approximately 30 minutes. Your support person and your nurse/midwife will stay with you.

This is a perfect time to hold your baby skin-to-skin and to breastfeed. Even if you are not planning on breastfeeding, allowing your baby to nurse at this time will provide him or her with protective antibodies from your colostrum that will help protect from infection.

Your baby will also receive antibiotic eye drops and a Vitamin K injection during this time. If there are no complications at delivery, each of these procedures can be carried out while your baby remains skin-to-skin.

### ***What happens when I return to my room?***

When you are ready for return to the Maternal Childcare Unit, your baby will be remain with you and your partner. Your nurse will provide care for both you and your baby in your room as required.

Your incision will be covered with a dressing. Supporting your incision with your hands or a pillow when you cough, laugh, or move will help alleviate pain or strain on your incision.

You will have a catheter to empty your bladder for the first 12-24 hours after birth. Once the catheter is removed, your nurse will assist you to the bathroom until you are comfortable going alone. For the first 24 hours after your catheter is removed, the nursing staff will keep a record of fluids that you drink and how much urine you pass each time you are up to the bathroom. The nurse will show you how to help measure your urine and help to record this information.

### ***What will I do to control my pain?***

Patients who deliver by Caesarean section will receive spinal medication that will control your pain for 18-24 hours after delivery. Your nurse will give you Tylenol and Advil regularly for the first 24 hours, then as needed. You are encouraged to take them at home as needed.

If you receive a general anesthetic, patient-controlled analgesia (PCA) pumps through your I.V., or intramuscular injections (needles) will be used post-operatively.

### ***When will I be able to eat?***

For the first 12-24 hours after birth, you will have an I.V. infusion to give you extra fluids. Once you are drinking well on your own, your I.V. will be taken out. Please let us know if you have any special dietary requirements. You may eat whatever you feel like but it is advised to eat small meals until meals are well tolerated.

### ***When will I be able to get up?***

You will be able to walk once your sensation to your legs and feet have returned. Your nurse will assist you to get up the first time sitting, standing, and walking. It is important to take frequent short walks.

### ***When can I have a shower?***

On the second day, you may shower after your dressing has been removed and your incision assessed by your nurse. Avoid tub baths if your incision is draining, even if it is a small amount. Check the incision daily for signs of redness, discharge, swelling, or pain. If any of these symptoms occur, have your physician assess the incision or come to the Emergency Department.

The incision will have staples or stitches. If you have staples they will be removed at a follow-up appointment. Stitches do not need to be removed as they dissolve on their own. During the second and third day you may also have gas pain. To help manage the gas:

- Take frequent short walks
- Drink plenty of fluids
- Increase the fiber in your diet by choosing whole grains, fresh fruit, and vegetables

You can expect to stay in hospital 24-48 hours or longer if necessary.

## **Daily Living after Caesarean Birth**

**Peri-Care:** Take your peri-care bottle home with you and use it until your vaginal flow decreases from red to pink, brown, and eventually clear. This usually takes from 1-3 weeks. Sometimes increased activity will temporarily increase your vaginal flow. Do not use douches or tampons. If you have hemorrhoids, you may find ice packs, warm baths with Epsom salts, or hemorrhoid creams help.

**Activity:** Ligaments become stretched during pregnancy. It may take a few months for the ligaments to become strong again after delivery. The following suggestions can help conserve energy and prevent potential back problems:

- If possible, arrange for household help before you go home
- Avoid lifting anything heavier than your baby
- To care for other children, sit down and allow them to climb up beside you
- When breastfeeding, establish good posture to avoid strain on your back – have your arms well supported with pillows
- Work surfaces (e.g. change table) should be high enough to avoid the need for bending
- Avoid heavy housework such as vacuuming and carrying laundry for the first 6 weeks
- You can resume driving approximately 2 weeks after a caesarean section (once you can comfortably manage the brake pedal). Adjust your seat belt to avoid contact with the incision and contact your auto insurance company.

### **When to call your doctor:**

- If you develop Increasing pain, swelling, redness or discharge around the incision
- If you develop a fever (temperature greater than 38°C)
- If you develop persistent vaginal bleeding and cramping associated with decreased milk supply
- If you develop post-partum depression. This is a very treatable condition which often goes untreated because woman are ashamed or afraid to confide to their health care provider.

You must book a follow-up appointment in 6 weeks with your obstetrician. At this appointment you should discuss:

- Sexual health
- Birth control
- Any questions you may have

## Questions for Physician at Follow-up

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Adapted from Queensway Carleton Hospital 2011 Parent Handbook

*Leading, Learning,  
Caring For You*