



The Center for Women

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Patient Education for Cesarean Birth

Your doctor is your best source of information regarding the health and well-being of you and your family. It is hoped that the following information on cesarean birth will help you in developing an understanding of cesarean births and give you a basic knowledge so you can discuss your unique situation with your doctor and others significant to you at this special time of your life.

Reasons for cesarean

CPD (Cephalopelvic Disproportion), the baby is too large for the passageway or the passageway is too small for the baby to fit through.

- Position of the baby in mother's uterus. This includes many breeches and transverse lie.
- Fetal distress.
- Medical condition affecting mother: diabetes, preeclampsia (toxemia), active herpes infection, severe heart disease.
- Placenta previa or placenta abruption, a condition in which the placenta cannot supply the needed circulation to baby and can cause severe blood loss from mother.
- Failure of labor to progress, ineffective uterine contractions, or contractions cease.
- Cord accidents, prolapse of cord, or tangled cord, causing loss of circulation to baby.
- Rupture of membranes for longer than 24 hours without effective labor.
- Previous uterine surgery or injury where uterine scar is at risk when put under stress of labor.
- When a condition repeats itself that caused the first cesarean (CPD, active herpes).
- The pediatrician (baby doctor) will check the baby's condition, suction and administer oxygen and give APGAR scores. During this time the baby may be placed in a warmer.
- Note: A trial of labor may be discussed with your doctor although this has more risk to the baby than previously thought, including increased risk of fetal death.

If awake, mother may hear talking, suctioning and other noises during the procedure. This includes the baby's first cry! Mother may see the baby before it is taken to the nursery. The father or family member goes to the nursery with the baby and can hold the baby and become acquainted as soon as the baby is checked and it is certain that everything is fine.

If the father is not present during the delivery, he should stay close to the Labor and Delivery area. If you wish, father can wait near the nursery door and see the baby before he or she is admitted to the nursery.

In the recovery room:

- Blood pressure, pulse, respiration and temperature will be taken often.
- The nurse will check your abdomen to make sure your dressing is dry and she will press on your abdomen to make sure the uterus is staying firm.
- Vaginal flow will be checked and a perineal pad may be put in place.
- Pain medication is available and you should ask for it if needed.
- Moving toes and legs, taking long deep breaths and coughing are exercises that can help improve circulation and help you awaken faster. Splint your incision with your hands or a pillow to give it extra support to make it more comfortable.

When exercising or moving:

Breastfeeding is allowed to start as soon as you feel you would like to. Lying on your side with baby on a pillow next to you or sitting up with a pillow over your incision and baby on top are positions that work well.

- You will stay in the recovery room for one to two hours, until your anesthesia wears off. Then you will be moved to your room on the postpartum floor.

Common problems after a cesarean birth include:

- Constipation
- Gas pains
- Tiredness

To cope:

- Enemas, stool softeners, suppositories or laxatives may be ordered for you if you have problems with constipation.
- Moving about and beginning exercises as soon as possible will help relieve constipation and gas pain. Start doing Kegels, pelvic tilts and abdominal stretching exercises, as well as walking as soon as you can and gradually increase your exercise, but do not overdo.
- Take plenty of fluids to avoid constipation. Avoid temperature extremes such as iced drinks to avoid gas pains.

Limit number of visitors and length of their stay to avoid fatigue. Let friends help with housework while you rest. The risks involved in cesarean birth include:

- Reaction to anesthesia, mother may have complications or allergies, baby may be sleepy.
- Infection. Any surgery increases chances of infection in the area in which surgery is done. Antibiotics can often lessen this risk.
- Respiratory difficulties for baby, due to fluid in the lungs and/or prematurity. (Prematurity is less of a risk in mothers going into spontaneous labor before a cesarean).

These risks are rare problems and should be discussed with your doctor. The hospital staff and your doctor are well trained in making cesarean births as safe as possible and providing you with the information you need to ease your mind.

Procedures done prior to cesarean delivery:

Abdomen and pubic hair may be shaved and washed with antiseptic.

- Blood and urine samples may be taken.
- I.V. is inserted.
- Cardiac monitor placed on mother.
- Urinary (Foley) catheter is inserted.
- Sterile drapes are placed over mother and in front of her face.

Anesthesia used for cesarean births can be general or regional:

General anesthetic: Mother is given medicine to put her in a state similar to sleep. Mother is unaware of anything going on around here. No family will be allowed in the room.

- Regional, Spinal or Epidural: Mother is awake and alert but is unable to feel pain in legs and abdomen. One family member or close friend is allowed to sit next to you during the delivery.

The incision in your abdomen may be:

“Bikini” or “Pfannenstiel” incision which is horizontal just below the line where the pubic hair grows. This is the most common skin incision.

- Midline is a vertical incision from just below the navel to just above the pubic bone. If this incision is necessary it will be discussed with you prior to delivery unless it is an emergency.
- The skin incision may or may not be the same as the incision on the uterus.

What happens during the cesarean delivery?

The obstetrician makes the incision, delivers the baby and the placenta and repairs the incision. Usually within 30-45 minutes you will then be taken to the recovery room.

- The anesthesiologist (M.D.) or anesthetist (a specially trained nurse), administers anesthesia and monitors mother's condition.
- The nurses help the doctor in the surgery, keep record of the birth, assist pediatrician and count sponges, needles and instruments.
- Take every chance to get a nap. (Sleep when your infant sleeps.) Limit trips up and down stairs when you get home and do not lift heavy objects.

- As your diet goes from liquids to solids, be sure to eat nutritious meals and snacks.
- Use your Lamaze techniques of relaxing whenever you feel yourself becoming tense or overly tired. Relaxation can help you fall asleep more easily and can help in the let-down of milk if you are breastfeeding.
- Use your imagination freely to let your techniques work for you in making your individual situation easier.
- The usual hospital stay is 2-3 days after deliver. After going home continue to rest. Share responsibilities with the family. No driving for two weeks and no lifting greater than 10 pounds.

After a cesarean it is common to experience an array of emotions, from joy and relief to resentment, failure and guilt. Some things to remember:

Accept your negative feelings as normal and appropriate.

- A period of blues or postpartum depression is common after any method of delivery.
- Finally, **talk** when you feel ready, to your spouse, family, friends, your doctor or other cesarean parents.

Remember, you are not alone!



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