

Cesarean Birth



If you know ahead of time that you are going to have a cesarean birth, you may have some questions. Make a list of questions and take them with you to your next appointment with your doctor or midwife. They are the best ones to answer your questions.

Questions you May Have:

- What anesthesia will I have? Do I understand the epidural/spinal anesthesia process? (Watch the video in the flipbook on page 62.)
- What will be used for my pain control?
- What if I go into labor before my scheduled cesarean birth date?
- How will I handle visitors or company while recovering at the hospital?
- What support will I have or need at home?
- Do I need to make arrangements for other children, car pools, or pet care?

Make sure you take a tour of the facility so you will know where to go, where to park and what the facility looks like. This will be part of your Tender Care appointment, call 307-633-7803 to make an appointment.

Call your doctor if:

- Your baby is not moving
- Your water breaks
- You have a fever over 100°F
- You are bleeding
- You are having contractions with regularity; more than 4 - 6 per hour

Call your doctor or midwife with any concerns, such as cramping in lower abdomen, low dull backache, pelvic pressure, an increasing amount of vaginal discharge.

When Do We Go to the Hospital?

Your doctor will let you know the day and time to report to the hospital.

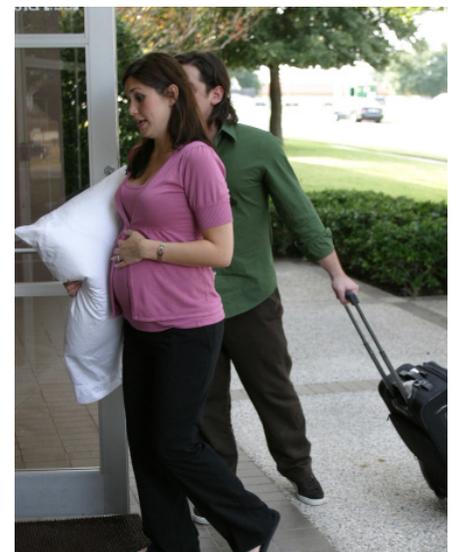
Most doctors recommend you arrive at the hospital 2 hours before your scheduled surgery time.

Check with your doctor; moms may usually have nothing to eat or drink after midnight. For births scheduled after 1:00 p.m., ask for alternate instructions.

What Will Happen When We Get to the Hospital?

Check in at Admissions in the main hospital lobby. Then check in at the Labor and Delivery desk, someone there will take you to your labor room.

Blood work will be completed, an IV started and your nurse will complete her assessments and paperwork. Then you will get ready for your anesthesia. During this time, 1 support person may stay with you.



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What Happens to my Baby Immediately After Birth?

Immediately after birth, your support person may want to follow the baby to the warmer. If mother and baby are stable after delivery, the baby may stay in the Operating Room to promote bonding. If interventions are indicated, the baby, nurse and your support person will go to the nursery. Once stable, the baby and support person will again join you in the recovery room. We encourage skin-to-skin with your baby as soon as possible in the recovery room. If your baby needs specialized care, he/she may remain in the nursery.

In the Recovery Room

You will recover on the Labor and Delivery Unit. Your support person is welcome and your baby will be with you during this time. A nurse will monitor you until you are stable and comfortable for at least one hour. This is a great time for skin-to-skin contact and to begin breastfeeding. Watch your baby for signs, or cues, such as smacking, sticking their tongue out and trying to suck.

If you desire help from your nurse she will help you get comfortable and support the base of the baby's head, hold your breast with the other hand, tickle the baby's top lip and WAIT. When baby's mouth is open wide, bring him/her to you. If your baby is tired and does not show any interest, don't worry! Just keep up the skin-to-skin contact.

As your numbing medication wears off, your movement will return. Additional medication for pain may be given as needed. When you are ready, you will go to the Mother Baby Unit.

Mom Care in the Hospital

Day 1: Turn, cough and take a deep breath every 2 hours. Drink lots of clear liquids. The urinary catheter is still in place, the IV remains and when necessary, pain is managed by you pressing the PCA button. If the pain relief is not adequate, you should call your nurse.

Things to Consider

Who do you want to be with you the first day?

Remember you have had major abdominal surgery. You will be offered pain medication if you should need it. It is hard to entertain family and friends as you may be tired, also this is a cherished time to get to know your baby and bond as a new family. For the first 24 hours you may only want your close family and friends.

Infants remain with their mothers for the remainder of their stay to promote bonding.

Day 2: The IV and catheter are removed. Pain medication is given orally in pill form. You will progress from clear liquids to soft to regular meals. Your nurse will monitor your vaginal bleeding. You will be encouraged to walk. An afternoon shower is usually permitted. Some mothers want to go home and are permitted to do so as long as they are stable and the baby is feeding well.

Day 3: Keep moving and walking. A lighter diet is recommended at first. Avoid carbonated drinks, large amounts of cold fluids, or using straws as these can cause an increase in gas. To speed your recovery, eat healthy foods, drink plenty of fluids and rest often.

Throughout your stay in the hospital

Follow the breastfeeding advice you received previously in the eLearning program. All of the nurses will be happy to assist you. And remember, any position works as long as the baby does not put pressure on your abdomen.

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Recovery at Home

- Take it easy for at least 2 weeks and plan to nap daily for at least 6 weeks. Your first priorities will be getting breastfeeding off to a good start and forming new family bonds.
- Get help with the housework so you can rest and spend time with baby.
- Consider where your master bedroom is in relation to the baby's room. Is your bedroom upstairs or down? What provisions have to be made to avoid stairs?
- Most doctors suggest not taking tub baths until the steri strips have been removed. Your incision may itch for many months; warm compresses may help.
- Your doctor may suggest that you do not drive for several weeks, or at least as long as you are on pain medication.
- No housework or lifting for 6 weeks and do not lift anything heavier than your baby.



An Emotional Roller Coaster

Having a baby is a very emotional event. Parents who have had a cesarean birth can feel excitement at the birth of their baby as well as many of the following emotions:

- Relief that it is over and the baby is okay.
- Anger at not being able to have a vaginal birth.
- Anger if mom had to have a general anesthesia and the support partner could not be present.
- Disappointment if the birth experience did not meet expectations.
- Resentment, guilt or fear about other pregnancies.

“Baby Blues” are very common and can include mood changes, weepiness or sadness, anxiety, lack of concentration, and feelings of dependency. Be sure and talk to your doctor or midwife if you are experiencing this longer than 2 weeks.

Please go to Chapter 5, pages 71- 74, in the flipbook above to learn more about cesarean birth and to see a cesarean birth video.



Cheyenne Regional
Medical Center