

Having a C-Section: What to Expect?

What is a cesarean section?

A cesarean section is an operation to deliver a baby when delivery through the birth canal (vagina) is not possible or safe. The doctor makes a cut in the mother's abdomen (belly) and uterus to remove the baby. The uterus is the muscular organ at the top of the vagina where the baby develops during pregnancy.

This surgery is also called a C-Section or Cesarean Delivery. In the United States, one in three infants is delivered by C-section, which total more than 1 million births per year.

A C-Section may be planned ahead of time, or done without prior planning in certain situations. Talk with your health care provider about C-section delivery during your pregnancy so you are prepared if it becomes necessary.

What are the reasons for cesarean delivery?

There are many situations where a C-Section is safer than a vaginal delivery. Some of the most common situations include:

- A “multiple” pregnancy of two or more babies. The chances of having a C-Section increase with the number of babies a woman is carrying.
- Baby is not positioned properly for a vaginal birth. Most infants move their heads down near the birth canal by three to four weeks before the due date. If not, the buttocks, the feet, or both may be in place to come out first during birth. This is referred to as a “breech presentation”.
- Labor is not progressing. The cervix may not open wide enough to allow the fetus to pass into the vagina, Sometimes the cervix does not fully

dilate, even if you have received medications such as Oxytocin®—or Pitocin®--to have stronger contractions

- Baby is too large to come through the birth canal
- Mother is unable to push the baby out through the birth canal
- During labor, the baby's heartbeat slows down too much, for too long. This may indicate that the baby cannot tolerate labor any longer.
- Problems with the baby's umbilical cord or placenta. Placenta is tissue that provides nourishment and takes away waste from the baby in uterus.
- Certain medical conditions affecting the mother may make vaginal labor impossible or unsafe. For example:
 - Chronic conditions such as diabetes or high blood pressure may make vaginal delivery more risky
 - Certain infections in the mother's genital area may be transmitted to the baby during vaginal labor.
 - Having a vertical scar on the uterus from a previous surgery
 - Having a growth on the walls of the uterus (fibroid) which is blocking the birth canal

What are the benefits of this surgery?

C- Sections save the lives of newborns and their mothers and have other benefits as well:

- C-Sections prevent complications that may occur with a delayed vaginal birth.
- Some of the pain of labor may be avoided.
- It may be possible to schedule the time of the delivery.

What are the risks of having a C-section??

Any surgery has risks for complications. Talk with your health care providers about these risks and how they apply to you. Many of risks from C-Section may also occur with vaginal birth. They include:

Having a C-section: What to Expect?

- Minor pain or discomfort if the regional anesthetic (numbing drug) did not numb the area quite enough
- An allergic reaction to the anesthetic drug
- Blood loss
- Infection
- Formation of blood clots in the legs, pelvic organs or lungs
- Injury to the bowel or bladder
- The incision (cut) in the wall of the uterus may leave a weak part in the wall.
- Depending on the type of incision, future children may also need to be delivered with a C-Section.

I have a scheduled C-Section planned. How do I need to prepare?

- Plan ahead for your care and recovery after the operation. Allow for time to rest and try to find other people to help you with your day-to-day duties.
- Suggest to your family members that they wait until after your delivery to come to the hospital. Your visiting time will be very limited before and immediately after your delivery. If family members come with you, they may wait in the family waiting area on second floor.
- If you go into labor before your scheduled surgery date, call your health care provider or go to Triage (734-764-8134). Remember to tell the nurse the date your surgery is scheduled.

What are the instructions for the night before surgery?

- Eat a light meal, such as soup or salad, the night before the surgery. Do not eat anything 6 hours before your surgery (including gum, hard candy, etc.). You may drink water or Gatorade up to 2 hours before admission.
- Take a shower with soap the night before, and the morning of, surgery.
- Leave all your jewelry, including piercings, at home.

Your healthcare provider may give you additional instructions.

What to expect on the day of the surgery?

How will my support person prepare?

Your support person can be with you in the operating room. We will provide the support person with operating room clothing including a scrub suit, hair cover, shoe covers, and a mask. It is a good idea for your support person to eat something before coming in to the hospital with you (or before going into the operating room).

What will happen in the operating room?

- Our staff will assist you in moving onto the operating table. The room will be cool but we will provide you with warm blankets so you are comfortable.
- Your health care provider and other nurses and doctors will be with you in the operating room. The medical team includes:
 - An anesthesiologist: a doctor with special training to provide pain and sedation medicines
 - An obstetrician: a doctor with special training in delivering babies and performing the C-Section
 - A pediatrician or Nurse Practitioner – a provider with expertise in the care of newborns and infants, may be present at birth.
- Most C-Sections are done with regional anesthesia. Regional anesthesia is also known as a spinal, or epidural. Regional anesthesia numbs you from the top of your uterus down to your feet. With regional anesthesia you can be awake during the entire birth and you will not feel the surgery. Regional anesthesia is safer for both mother and baby, but in some cases we need to use general anesthesia, which will put you to sleep. If you have general anesthesia, your support person will not be in the operating room with you, since you will be asleep.

- We will place a small pillow or blanket roll under your right hip to tilt you toward your left side. This position promotes increased blood flow to the uterus for the baby. We will position your arms in a way that will allow us to observe you IV and allow your support person to hold your hand. You will have a safety belt around your thighs.
- You will see and may hear some noise from several monitors. The monitors allow the doctors to continually observe your blood pressure and pulse.
- You may receive oxygen to breathe through a mask or tubing placed by your nose.
- Your nurse may listen to your baby's heart rate again.
- The nurse will wipe your abdomen (belly) with a special solution that prevents infection
- Other staff will place sterile drapes so you and your support person will not be able to see the incision area.

Once surgery begins, your baby will be delivered within five to fifteen minutes.

- The doctor will make a cut below your belly button and into the lower part of the uterus. The doctor will then remove the baby, placenta, and birth sac. The doctor then sews the uterus and abdomen closed.
- The doctors and nurses will immediately examine your baby at the infant warming bed. We will place matching identification bands on your baby, you, and your support person.
- Your baby will be weighed, and brought to you and placed skin-to-skin with you, on your chest. This helps both you and your baby recover from the delivery.
- After skin-to-skin, we will wrap your baby in warm blankets, and bring it to you for cuddling and touching. It may be possible for the baby to

remain in the operating room and go with you to the surgical recovery room.

After the baby is born, it will take about 45 to 60 minutes to finish your surgery. The surgeon will close the incision with staples or stitches and place a dressing over the incision. When this is done, we will move you to a stretcher and take you to the recovery room.

What will happen after surgery?

You will be in the recovery room for two to three hours (in most cases). When you are ready to be discharged from recovery room care, you will be transferred by stretcher with your baby to your postpartum (after delivery) room. You will be admitted to a private room in the Birth Center on the 9th floor of Von Voigtlander Hospital for your postpartum (after delivery) stay. Your support person may stay with you and your baby in your room overnight.

In VonVoigtlander Women's Hospital, the babies are in the same room with the mother. They also have the same nurse. Your nurses will assist you with your recovery from the surgery and with providing care for your baby. If you need a short break, for rest, your baby can go to the nursery for a brief time, but not for longer than four hours. Your baby will be brought back to you after your rest, or when it is time to feed the baby

What to expect during my hospital stay?

- We will check your blood pressure and pulse frequently. We will also frequently check the amount of bleeding you are having.
- Your regional anesthesia may include a medication called Duramorph® that will help keep you comfortable for 16-18 hours. You may receive other pain medication, as well. The anesthesiologist will talk to you about the options for post-operative pain management. You may receive

opioid medications through a PCA (Patient Controlled Analgesia) pump, if you did not receive Duramorph®.

- You will have a urinary catheter, or Foley Catheter, to drain your bladder. This is a small tube that drains the urine continuously, while you are unable to get up to the bathroom. It will be removed as soon as the numbness wears off, and when you can walk to the bathroom. This usually takes 12-16 hours.
- You will keep the IV in your hand or arm, usually until the next morning.
- We will teach you how to do breathing exercises with an Incentive Spirometer. It is important to take deep breaths frequently after surgery, to decrease your risk of post-op pneumonia.
- You will have SCDs (compression sleeves) on your lower legs that gently squeeze and release your legs to help prevent blood clots. The SCD's need to stay on while you are in bed.
- We will assist you in getting out of bed shortly after your surgery. It is important to move around. Try walking in the hall a few times every day.
- You will start eating solid foods by the second day.
- The nurses will provide expert guidance with breastfeeding and newborn care to assist you in your transition to motherhood. If you need more help, ask to speak with the Breastfeeding Support Team, or Lactation Consultant.
- Your care providers and your baby's care providers will see you each day. Be sure to ask any questions you may have.
- You will stay in the hospital for 2 days unless you have a medical problem requiring you to stay in the hospital.

What to expect after going home?

Because you will be going home on the second day, you and your baby will receive a home visit with one of our mother/baby nurses from the Michigan Visiting Nurses. At this home visit, the visiting nurse will remove your staples,

if you have them. If you have sutures, you do not need to do anything, except keep them clean and dry. The sutures will dissolve over time.

Once you go home, avoid heavy lifting for 6 weeks. After 6 weeks you may begin an exercise program to regain abdominal muscle tone. Ask your health care provider what other steps you should take and when you should come back for a checkup.

When do I need to call my health care provider?

Call your health care provider immediately if you have any of the following signs and symptoms

- a fever of 100.4 orally
- Drainage from, or separation of, the incision.
- Heavy bleeding from the vagina.
- Dizziness or fainting
- Pain in your leg
- Swelling and redness in one or both legs
- Nausea and vomiting.
- Chest pain.
- Short of breath.

Who do I call?

During business hours call your primary care provider.

If your health care provider's office is closed, you can call University of Michigan OB Triage at (734) 764-8134. If you are not able to get medical advice on the phone, go to the nearest Emergency Room.

Always call 9-1-1 for life-threatening emergencies, such as trouble breathing, chest pain, or sudden onset of heavy bleeding.

If you have questions about the surgery, its result or if you want to make another appointment call your health care provider during business hours.

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