

# Before and After Your Cesarean Birth

---

## *Enhanced Recovery Guide*

**Your cesarean delivery is on:** \_\_\_\_\_ *(date)*

Please arrive at: \_\_\_\_\_ a.m./p.m. *(2 hours before surgery)*

Surgery Time: \_\_\_\_\_ a.m./p.m.

Obstetrician: \_\_\_\_\_

Location: \_\_\_\_\_


## Contents

|  |    |
|--|----|
| Part 1: What is the enhanced recovery program? | 1  |
| Goals of enhanced recovery                     | 1  |
| What type of pain medicine will I have?        | 2  |
| Frequently asked questions                     | 3  |
| Part 2: Getting ready for surgery              | 4  |
| Part 3: After you arrive at the hospital       | 5  |
| Part 4: While you are in the operating room    | 6  |
| Anesthesia                                     | 6  |
| TAP block                                      | 7  |
| Part 5: Recovery in the hospital               | 8  |
| What to expect the first 24 hours              | 8  |
| What to expect before you go home              | 9  |
| Part 6: Continuing to recover at home          | 9  |
| Part 7: Labor and Delivery locations           | 10 |
| Helpful resources                              | 10 |

Thank you for choosing us for the cesarean birth of your baby (c-section). The health and well-being of you and your baby are of utmost importance to us. We are committed to providing you and your family with the best possible care.

**Please keep this book.** It will be your guide throughout your surgery preparation, the birth of your baby and your recovery. It should help answer any questions you may have.

Look for these symbols in the book:

- !** **Remember to . . .** These “to-do” items remind you of the tasks that will help you get the best results from your surgery or treatment.
- ?** **Did you know . . .** These facts to help you better understand your care.
-  **Expert tip . . .** Wisdom from people who know: Past patients as well as health care providers.

## Part 1: What is the enhanced recovery program?

Enhanced recovery is a way of caring for surgical patients to help them get better faster. All of the members of your care team work together with the goal of a smooth recovery. This includes your obstetrician, family medicine provider, anesthesiologist, pediatric care provider, nurses and midwives. This lets you and your family focus on taking care of your newborn.

### Goals of enhanced recovery

- Helping you understand the process from start to recovery, including how to prepare for it.
- Reducing the physical stress of surgery and delivering a baby. This means allowing you to drink clear liquids or a carbohydrate drink up to 2 hours before surgery and eating up to 8 hours prior to surgery.
- Less opioid pain medicines. We will use multiple methods to control your pain, including a pain block. Our goal is to reduce the side effects of opioids on your body and their transfer into your breast milk.
- Eating and moving around earlier after your baby is born. By controlling your pain, you are more able to eat, drink and move around, which helps improve your recovery.
- Having a partner with you in the operating room, as well as a doula if you have one.
- Giving you the right amount of IV fluids.
- Managing your blood pressure.
- Skin-to-skin contact with your baby as soon as possible after delivery. This helps you bond while keeping your baby warm. It also leads to better success making milk and feeding your baby.
- Waiting to clamp your baby's cord, which can improve baby's red blood cell counts.
- Helping you avoid nausea (feeling sick to your stomach).
- Controlling your temperature to help prevent shivering.

### ? Did you know

We take a family-centered approach to cesarean delivery.

We aim to make surgical births feel less like surgery.

### ! Remember to ...

If you get sleepy during skin-to-skin time, place your baby in the crib.

(It is **not** safe to fall asleep with your baby.)

## What type of pain medicine will I have?

You will meet with an anesthesiologist the day of your surgery to talk about the types of anesthesia, what to expect and any questions or concerns you may have.

There are two main types of anesthesia for cesarean delivery: regional and general.

### Regional anesthesia

Most c-sections are done with regional anesthesia (numb from the chest down) so that you can be awake and hold your baby right away. This also limits the amount of anesthesia your baby gets. It is usually done by giving you an injection in your back. Commonly used types of regional anesthesia include spinal, epidural, or a combination of both.

#### Risks and side effects of regional anesthesia may include:

- Decrease in blood pressure.
- Headache.
- Itching.
- Shivering.
- Local anesthetic injected into a blood vessel.
- Nerve damage.
- Abscess (infection) or hematoma (blood clot) at the site of injection or in the spinal or epidural space.

After surgery, you will likely receive a TAP block anesthetic. (More information about this is on page 7). Your anesthesiologist will discuss the risks and benefits of this procedure.

### General anesthesia

It is unlikely that you would need general anesthesia for a planned cesarean delivery. General anesthesia means that you would be completely sleeping with a breathing tube and would not be awake for the birth of your baby.

We prefer to use regional anesthesia for cesarean births, but occasionally general anesthesia is needed based on your medical history. In this case, your anesthesiologist will discuss the risks and benefits to this type of anesthesia.

## Frequently asked questions

### How long will I be in the hospital?

You will be in the hospital for 2 to 3 days after your surgery.

### Can a partner be with me during my cesarean?

Yes. A partner can be with you during your surgery. We encourage you both to read the handout, *Guidelines for Attending a Birth in the Surgical Suite*, [www.fvfiles.com/524374.pdf](http://www.fvfiles.com/524374.pdf).

### What if I need help understanding what is happening?

Your care team will explain each part of the procedure as it happens. If you need an interpreter (sign language or another language), one will be available while you are in the hospital. This may be in person or with assistive technology. We can also provide voice amplifiers to help you hear or speak.

### What can I expect during my recovery?

After you leave the hospital, you will continue healing at home. This generally takes about 5 to 6 weeks. You may have some pain from your surgical cut and uterus cramping. You will also need lots of rest. It's a good idea to have someone help you at home during this time.

### What if my baby needs to go to the NICU?

Many of our hospitals have a Neonatal Intensive Care Unit (NICU) on site. If your hospital does not have a NICU, your baby would be transported to the nearest location. If your baby needs a longer stay in the NICU, you may go home from the hospital before your baby.

### Can I tour the Birthplace Labor and Delivery unit?

Yes. Please visit [www.fairview.org/overarching-care/the-birthplace/tours](http://www.fairview.org/overarching-care/the-birthplace/tours) to learn how to register for a tour. Some tours may include a walk-by the Neonatal Intensive Care Unit (NICU). (Grand Itasca patients may stop by the WHB unit after one of your final prenatal appointments.)

### Can I take medicines if I'm nursing my baby?

Talk with your pregnancy provider about taking medicines while you are breast/chest feeding. Some medicines are not safe to take, while others are. Your provider can help you weigh the risks and benefits of each.

 **Expert Tip:**

Prepare a few meals ahead of time.

## Part 2: Getting ready for surgery

Please follow the instructions in the handouts below. Your provider or clinic will provide you with a paper copy.

- Preparing for Your Surgery*, [www.fvfiles.com/193169.pdf](http://www.fvfiles.com/193169.pdf).
- Showering Before Surgery*, [www.fvfiles.com/521449.pdf](http://www.fvfiles.com/521449.pdf).
- Guidelines for Attending a Birth in the Surgical Suite*, [www.fvfiles.com/524374.pdf](http://www.fvfiles.com/524374.pdf).

### From now until your surgery date

- Continue seeing your pregnancy provider for regular prenatal care.
- Pre-register for your hospital stay at [www.fairview.org/Pre-Registration](http://www.fairview.org/Pre-Registration).
- Arrange to have someone help you at home while you are recovering. You will need lots of rest.
- Obtain an infant car seat (one that is not too old or in a previous accident).

### During your regular prenatal check-ups in the clinic:

- Schedule your surgery date.
- Meet with an obstetrician (pregnancy doctor) to discuss the upcoming cesarean delivery. Plan how you will manage pain after surgery and at home.
- Discuss an infant feeding plan with your pregnancy provider.
- Choose a pediatrician or clinic for your baby for after you go home.
- Ask your clinic how to obtain special surgical soap and a carbohydrate drink (Ensure Pre-Surgery, Gatorade, Powerade).
- Bring or send Family Medical Leave Act (FMLA) forms to your clinic. Allow up to 10 business days for the forms to be completed and returned to you.

### 1 to 3 days before surgery

- Your clinic may schedule you for a blood test at the lab. If so, this test must be done within 72 hours of your scheduled surgery.
- Obtain the surgical soap and a carbohydrate drink as directed by your clinic, if you have not already done so.

## 24 hours before surgery

- Continue taking any medicines prescribed to you by your doctor or midwife, unless you have been told otherwise.
- Take a shower with the surgical soap you picked up. Follow the directions in *Showering Before Surgery*.

## 8 hours before surgery

- For eating and drinking guidelines, refer to Preparing for Surgery or follow your doctor's guidelines.

## 3 to 8 hours before surgery

- Take a second shower using surgical soap. Follow the steps in *Showering Before Surgery*.
- Drink 8 to 12 ounces of a carbohydrate drink (see examples at the right). It is okay if you cannot drink it all. If you have any type of diabetes (including gestational), drink 8 to 12 ounces of water.

## 2 hours before surgery

- For eating and drinking guidelines, refer to Preparing for Surgery or follow your doctor's guidelines.

## Part 3: After you arrive at the hospital

### What to expect

- We will ask you to sign a form. It states that you consent (agree) to surgery.
- We will give you acetaminophen (Tylenol). This will help decrease pain from surgery. We will also give you medicine to calm your stomach acid.
- We will place compression sleeves around your lower legs. These will help prevent blood clots.
- We will offer you a special blanket or gown to keep you warm.
- We will take you to the operating room.

### **Expert Tip:**

Carbohydrate drinks include:

- Ensure Pre-Surgery
- Gatorade
- Powerade

### **! Remember:**

If you have diabetes, drink plain water instead.



**! Remember to . . .**

Tell your care team the following:

- Who you have chosen to be your baby's doctor.
- What your feeding plan is for your infant.

## Part 4: While you are in the operating room

### Anesthesia

- The anesthesiologist will meet with you to discuss your anesthesia plan for surgery. They will also explain each part of the procedure as it happens.
- We will ask you to sit on the side of the operating table with your back to the anesthesiologist.
- What the anesthesiologist will do:
  - Place a blood pressure cuff on your arm and an oxygen monitor on your finger or toe.
  - Clean your back with sterile soap.
  - Ask you to relax your shoulders, put your chin to your chest and stick out your back (curl down over your belly). This will make it easier to place the anesthesia.
  - Inject numbing medicine at the site.
- Locate the spinal or epidural space and inject the medicine. **Tell the anesthesiologist if you start to feel sick to your stomach.**
- Your legs and bottom will start to feel warm and heavy. We will place you on your back very quickly after this.
- We will begin checking your blood pressure every minute and listening to the heart rate of the baby.

After the medicine is injected, your surgical team will do several things at once:

- Place a urine catheter into your bladder to empty it. This will not hurt since you will already be numb from the anesthesia. This catheter will be removed after surgery.
- Place safety straps on your legs.
- Clean your belly with sterile cleaning soap.
- Place a sterile blue drape over your body to prevent infection. You will not be able to see the surgery.
- Perform a pre-surgery safety check.

- Make sure you are numb enough for surgery.
- Bring your partner or support person into the operating room. They will be able to sit on a chair beside you at the head of the bed.
- Once the baby is delivered and the surgical team gives the okay, we will drop the blue drape. You will be able to see and touch your baby through a clear drape.
- Place your baby skin-to-skin with you. You may be able to start breast/chest feeding if you and baby feel okay.
- If needed, we will provide extra medical support for your baby.

### **TAP block**

After surgery, you may receive a TAP block anesthetic (numbing medicine injected into your belly). You will still be numb from anesthesia and will not feel the injection. The TAP block reduces pain from your surgical cut for 48 to 72 hours.

Less pain means you'll need less opioid pain medicine. It will also be easier to move, walk and care for your baby. Your anesthesiologist will discuss the risks and benefits with you.

### ! Recovery goals

- Sit up within 6 hours after surgery (with help from your nurse).
- Start walking within 6 hours of surgery (with help).
- Able to sit in a chair for meals.
- Pain is under control.
- Begin walking up to 3 to 4 times a day.

## Part 5: Recovery in the hospital

Right after surgery, you will be in a quiet space with just your partner, baby and nurses. This will allow you to rest, feed your baby and have frequent health checks by your nurse. We will limit visitors during these first few hours so that you and your baby have a quiet, healing environment.

After this time, you will be transition to postpartum care. You will continue recovering from your surgery and getting to know your baby. Your surgeon and baby's doctor will check on you every day.

### What to expect the first 24 hours

- You may have ice chips right after surgery.
- You may start eating and drinking as soon as you feel ready. This is usually about 2 hours after surgery. We encourage you to drink water or other liquids every day to stay hydrated.
- We will encourage you to have skin-to-skin contact with your baby until you go home. **If you get sleepy during skin-to-skin time, place your baby in the crib.**
- **If chest/breast feeding:** Try to start as soon as possible. Your nurse can help answer any questions you have. Lactation Services may also be available at your hospital if you need additional support.
- Your nurse will check your bleeding, surgical cut, uterus and vital signs often throughout your stay to watch how well you are recovering.
- We will remove your urine catheter in the first few hours (before you walk).
- We will give you medicine to help with any pain or cramping in your uterus. You may also ask for medicine for itching, nausea and shivering.
- You will continue wearing the compression sleeves on your legs while in bed.

## What to expect before you go home

- We may remove your bandage.
- You may begin showering or bathing. You will be walking 3 to 4 times per day.
- You will be able to sit up in a chair to care for your baby, eat meals and see visitors.
- Expect to chest/breastfeed 8 to 12 times per day or more often if baby desires.
- You will be prescribed a stool softener to help with bowel movements.
- We will tell you how to care for your surgical cut at home.

## Part 6: Continuing to recover at home

### First 24 hours at home

- Review your discharge instructions. Be sure to follow any care instructions we have given you for your surgical cut.
- Rest when your baby rests.
- Take pain medicines as directed.
- Continue skin-to-skin contact with your baby. (Reminder: It is not safe to sleep with your baby.)
- Do not lift anything heavier than your baby.
- Drink lots of water every day to stay hydrated.
- Continue to breastfeed at least 8 to 12 times per day or more often if baby desires.
- Walk at least 3 to 4 times per day, or more if you can.
- Attend all follow-up appointments for you and your baby.

Call us with any questions or if you need support.

### ! Remember to ...

Before you go home:

- Ask about a breast pump if you do not already own one.
- Make follow up appointments for you and baby.
- Talk to your provider about a home care visit.
- Fill out any paperwork for you and your baby (birth certificate and or recognition of parentage).
- Watch any patient education videos your nurse suggests.
- Read your discharge instructions. Ask any questions you may have.
- Arrange for a ride home. Include a car seat for your baby.

## Part 7: Labor and Delivery locations

**M Health Fairview Ridges Hospital – Burnsville**  
201 E. Nicollet Blvd, 4th floor  
Burnsville, MN 55337  
952-892-2055 (Postpartum Unit: 952-892-2480)

**M Health Fairview Southdale Hospital – Edina**  
6401 France Ave. S., 2nd floor  
Edina, MN 55435  
952-924-5200 (Postpartum Unit: 952-924-5400)

- General information: [www.fairview.org/locations/fairview-southdale-hospital/birthplace](http://www.fairview.org/locations/fairview-southdale-hospital/birthplace)
- Directions and Parking: [www.fairview.org/locations/fairview-southdale-hospital/parking-and-driving-directions](http://www.fairview.org/locations/fairview-southdale-hospital/parking-and-driving-directions)

**Fairview Range Medical Center – Hibbing**  
750 East 34th Street, 4th floor  
(North or West entrance)  
Hibbing, MN 55746  
218-262-4881

**Fairview Grand Itasca Clinic & Hospital – Grand Rapids**  
1601 Golf Course Road  
Grand Rapids, MN 55744  
218-326-3401 (Clinic appointments: 218-326-7344)

**M Health Fairview St. John's Hospital – Maplewood**  
1575 Beam Ave.  
Maplewood, MN 55109  
651-232-7550

**M Health Fairview University of Minnesota Medical Center and M Health Fairview Masonic Children's Hospital – Minneapolis (West Bank)**  
2450 Riverside Avenue  
Minneapolis, MN 55454

- Labor and Delivery, East Building, 4th floor: 612-273-4040
- Newborn Family Care Center, South Building, 7th floor: 612-365-7100
- NICU, East Building, 4th floor: 612-273-7032
- Directions and Parking: [www.mhealth.org/locations/buildings/university-of-minnesota-masonic-childrens-hospital](http://www.mhealth.org/locations/buildings/university-of-minnesota-masonic-childrens-hospital)

**M Health Fairview Northland Medical Center – Princeton**  
911 Northland Dr.  
Princeton, MN 55371  
763-389-7667

**M Health Fairview Woodwinds Hospital – Woodbury**  
1925 Woodwinds Drive  
Woodbury, MN 55125  
651-232-0022

**M Health Fairview Lakes Medical Center – Wyoming**  
5200 Fairview Blvd.  
Wyoming, MN 55092  
651-982-7910  
Directions and parking:  
<https://mhealthfairview.org/locations/m-health-fairview-lakes-medical-center>

## Helpful resources

**Billing questions**  
612-672-6724 or toll free: 1-888-702-4073  
[www.fairview.org/billing](http://www.fairview.org/billing)

**Interpreter Services**  
612-273-3780

**Labor and Delivery tours**  
[www.fairview.org/overarching-care/the-birthplace/tours](http://www.fairview.org/overarching-care/the-birthplace/tours)  
(Grand Itasca patients may ask their prenatal provider for more information.)

**Lodging (local hotel information and rates)**  
612-273-3695 or toll free: 1-800-328-5576

**Lactation specialists**

- St. John's and Woodwinds: 651-232-8080
- All other locations: 855-324-7849

**Milk banking information**  
[www.fairview.org/overarching-care/the-birthplace/lactation-services](http://www.fairview.org/overarching-care/the-birthplace/lactation-services)

# Guidelines for Attending a Birth in the Surgical Suite

---

Welcome, support people! Please be aware of a few simple rules while you are in the surgical suite. These are for the safety and well-being of you and your loved one.

- We will give you special clothes before you can enter the surgical suite. This includes a jumpsuit to cover your clothes, shoe coverings, a hat and a mask. Please put on everything but the mask, which can go on right before entering the surgical suite.
- You can bring your mobile phone, but use it for photos only. Please, no phone calls or other social media use until you have left the operating suite.
- Please stay seated at all times unless we tell you otherwise. This helps us give your loved one the best care and keeps the room sterile.
- Please don't touch the blue drapes. These create a sterile barrier.
- If at any time you feel faint or sick to your stomach, let us know. You may want to eat or drink something before you enter the surgical suite.
- In some cases, we may ask you to step out so we can give your loved one more focused care. If this happens, we will tell you where to go and explain what is happening.

# Showering Before Surgery

---

Your surgeon has asked you to take 2 showers before surgery.

## Why is this important?

It is normal for bacteria (germs) to be on your skin. The skin protects us from these germs. When you have surgery, we cut the skin. Sometimes germs get into the cuts and cause infection (illness caused by germs). By following the instructions below and using special soap, you will lower the number of germs on your skin. This decreases your chance of infection.

## Special soap

Buy or get 8 ounces of antiseptic surgical soap called 4% CHG. Common name brands of this soap are Hibiclens and Exidine.

You can find it at your local pharmacy, clinic or retail store. If you have trouble, ask your pharmacist to help you find the right substitute.

### A note about shaving:

Do not shave within 12 inches of your incision (surgical cut) area for at least 3 days before surgery. Shaving can make small cuts in the skin. This puts you at a higher risk of infection.

## Items you will need for each shower:

- 1 newly washed towel
- 4 ounces of one of the above soaps
- Clean pajamas or clothes to change into

## Follow these instructions:

Follow these steps the evening before surgery and the morning of surgery.

1. Wash your hair and body with your regular shampoo and soap. Make sure you rinse the shampoo and soap from your hair and body.
2. Using clean hands, apply about 2 ounces of soap gently on your skin from your ear lobes to your toes. Use on your groin area last. **Do not** use this soap on your face or head. If you get any soap in your eyes, ears or mouth, rinse right away.
3. Repeat step 2. It is very important to let the soap stay on your skin for at least 1 minute.
4. Rinse well and dry off using a clean towel.

If you feel any tingling, itching or other irritation, rinse right away. It is normal to feel some coolness on the skin after using the antiseptic soap. Your skin may feel a bit dry after the shower, but **do not** use any lotions, creams or moisturizers. Do not use hair spray or other products in your hair.

5. Dress in freshly washed clothes or pajamas. Use fresh pillowcases and sheets on your bed.

**Repeat these steps the morning of surgery.**

If you have any questions about showering or an allergy to CHG soap, please call your surgery center.

# Preparing Your Skin before Surgery

---

## *When You Can't Take a Shower*

### **Why is this important?**

It is normal for bacteria (germs) to be on your skin. The skin protects us from these germs. When you have surgery, we cut the skin. Sometimes germs get into the cuts and cause infection (illness caused by germs). By following the instructions below and using special soap products, you will lower the number of germs on your skin. This decreases your chance of infection.

### **Special wipes**

Buy or get a package of antiseptic surgical wipes with CHG (for example, Sage Cloths).

You can find the wipes at any Fairview pharmacy. If you don't live near a Fairview pharmacy, ask your care team to help you find the wipes.

### **A note about shaving:**

Do not shave within 12 inches of your incision (surgical cut) area for at least 3 days before surgery. Shaving can make small cuts in the skin. This puts you at a higher risk of infection.

### **Follow these instructions:**

#### ***The evening before surgery***

1. Clean your skin as able by taking a bath or sponge bath with soap and water. Shampoo your hair if you can.
2. Dry your body well using a clean, fresh towel.
3. Using clean hands, follow steps 1 through 6 on the next page to gently wipe your body with a back and forth motion. Do not scrub. Do not use cloths on your face or near eyes or ears. Do not use on broken skin or open wounds.
4. Let each area air dry for one minute. Do not rinse or towel off.
5. It is normal for your skin to feel somewhat sticky for a few minutes after using the wipes. Do not use any lotions, creams or moisturizers. Do not use makeup, hair spray or other products in your hair. Do not wash after using the wipes.
6. Dress in freshly washed clothes or pajamas. Use fresh pillowcases and sheets on your bed.

#### ***The morning of surgery***

Repeat steps 3 and 4.

*(over)*



## Where to wipe

Use a fresh cloth for each body area listed below.

1. Wipe your neck, chest and belly.
2. Wipe both arms, starting with the shoulder and ending at fingertips. Be sure to wipe the arm pit areas really well.
3. Wipe both legs, starting at the thigh and ending at the toes. Be sure to wipe well behind your knees. Avoid any open wounds.
4. Wipe your back, starting at the base of your neck to your waist line. You may need someone to help you with this step.
5. Wipe both hips, then your groin. Be sure to wipe folds in the groin area.
6. Wipe your buttocks.

