

# Guidelines for Enhanced Recovery After Cesarean (ERAC)







## Resources

For additional pregnancy and childbirth information

**[wellstar.org/obwellness](https://www.wellstar.org/obwellness) | [health4mom.org](https://www.health4mom.org)**

Sign up for the free Text4Baby app to receive information on a variety of topics.

GA referrals and social services: 1 (800) 300-9003 (WIC etc.)

If you feel you need help with mental health or substance use, call the Georgia Crisis & Access Line at 1 (800) 715-4225. Someone is available 24 hours, 7 days a week to assist.

For more information on seat belt safety, visit [nhtsa.gov](https://www.nhtsa.gov)

## Support groups

For more information on Wellstar support groups call (470) 956-STAR (5827)

*You may receive a hospital survey after leaving the hospital. We encourage you to give us your feedback so that we may strive to exceed patient expectations.*

# A Guide Before, During and After Your Cesarean Birth

By combining extensive clinical expertise with a compassionate staff and a caring treatment philosophy, we have created a world-class program you can trust.

## Preparing for Your Family-Centered Cesarean Birth

### What is a cesarean birth, or c-section?

A cesarean birth is the surgical delivery of a baby through a cut (incision) made on the abdomen in the lower part of the belly. About 30% of babies born in the United States today are born by c-section.

The goals of the Enhanced Recovery After Surgery (ERAS) or Enhanced Recovery After Cesarean (ERAC) program are to help you recover more quickly, have less pain and decrease the risk of post-operative complications.

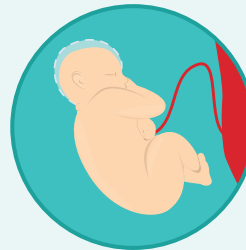
### What are indications (reasons) for a cesarean birth?

Some reasons why a cesarean birth may be indicated are:

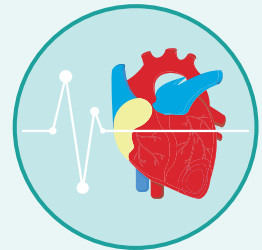
- The cervix stops dilating and is not working properly.
- Concern for the welfare of the baby. An example may be that the umbilical cord has been compressed and/or fetal monitoring may detect that the baby has an abnormal heart rate.
- Multiples. Women pregnant with twins can have a vaginal delivery. Indications for a possible cesarean birth might be that the babies are premature, in a position within the uterus that makes it difficult for a vaginal birth or other issues that may pose problems for a vaginal birth.
- Problems with the placenta.
- Large baby.
- Baby is feet first, bottom first or in another position that makes vaginal birth more dangerous.
- Mom has a medical condition that makes vaginal birth more at risk. An example could be an active genital herpes infection during labor. It may also be indicated if you have certain other medical conditions.

*Note: A vaginal birth after cesarean (VBAC) may be possible under certain circumstances. Speak to your OB/GYN about your options.*

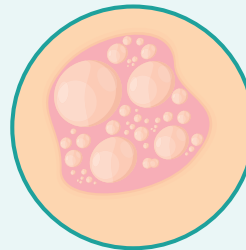
### Medical Reasons for a C-section



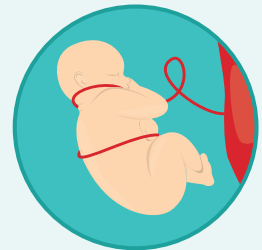
BABY HAS  
DEVELOPMENTAL  
PROBLEMS



HEALTH PROBLEMS  
SUCH AS HEART  
DISEASE



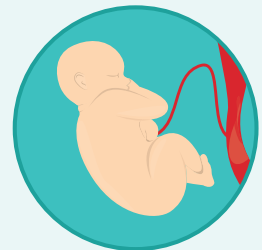
ACTIVE GENITAL  
HERPES



PROBLEMS WITH  
UMBILICAL CORD



BABY IN BREECH  
POSITION



PLACENTA PROBLEMS



STALLED LABOR



PREVIOUS CESAREAN  
DELIVERY

# Goal of Enhanced Recovery After Cesarean Pathway

Our goal is to provide you with the highest quality of care before, during and after your birth/surgery.

We have developed a program designed to decrease risks that are associated with your surgery.

Together we will work toward achieving the best outcome possible by decreasing the risk of complications and reducing the length of time spent in the hospital. The best way to achieve this is through a team approach with you as the most important team member.

As you get ready for your birth and surgery, you may have a lot of questions. This educational material will help you know what to expect before, during and after your cesarean birth/surgery.

It is also important that you understand what is needed from you and the rest of your healthcare team during this process. Please carefully review this information and share it with those family members and friends who will be helping you before, during and after your cesarean birth.

Do not be afraid to speak up and ask questions at any time.

We want you to take an active role in your care. We encourage you to ask questions and learn all that you can about your cesarean birth, the surgery and the recovery experience.

## Important Contact Phone Numbers

Important Contacts	Phone Number
Obstetrician _____	_____
Pediatrician _____	_____
Primary Care Physician _____	_____
Doula _____	_____
Hospital _____	_____
Perioperative Surgical Home / Pre-Admission Testing	_____
Patient Room # _____ (Floor / Unit / Room #)	
Nurses Station on Patient's Recovery Unit	_____
<b>Additional Contacts for Patient &amp; Family</b>	
_____	_____
_____	_____
_____	_____
_____	_____
<b>Support Person(s)</b>	
_____	_____
_____	_____
_____	_____
_____	_____

# Preparing for Your Cesarean Birth & Surgery

Your path to recovery begins with the pre-operative steps that usually take place weeks before your scheduled cesarean birth and abdominal surgery. ***What should I anticipate for this surgical/abdominal birth experience?***

## Before My Cesarean Birth

Your path to recovery begins when your provider talks with you about why you need a c-section. There are several steps that will take place before your scheduled surgery. This is a time when you should ask your provider any questions you may have. You will be given instructions to help you prepare for the surgery. You may be instructed as to when and where you should go to obtain pre-operative lab work.

### Discuss with your providers:

- If you have any medical problems such as high blood pressure, diabetes or asthma, ask if you need any additional medical clearances.
- Make sure you know what medications you should be taking and which you should stop taking. If you are asked to stop taking a medication, be sure to ask when you should stop taking the medication before surgery.
- Be sure to let your provider know if you are taking any supplements or over-the-counter medications.

## Pre-Operative Preparation

Before undergoing surgery, depending on your health history, you may need to be checked for medical problems that could put you at risk during or after your surgery. If needed, this appointment may be with your primary care physician, cardiologist, pulmonologist, endocrinologist or other specialist. Your provider will tell you when to schedule your appointment. It may consist of:

- A complete medical history
- A physical examination
- Ancillary tests to clear you prior to surgery
- Bring a complete list of your medications, including the medication name, dose and how often you take it.

A letter of medical clearance should be sent by your physician(s) to your obstetrician before your surgery.

## Pre-Operative Reminder

Notify your surgeon if you notice:

- Flu, cold or virus symptoms
- Skin rash
- Open, draining or reddened wound anywhere on your body, including scratches from gardening or pets
- Recent exposure to MRSA infection
- Recent prolonged travel or bed rest
- Do not shave or wax within 2 weeks near where you will have surgery. This can irritate your skin and make it easier to get an infection.
- Remove all body piercings. You may replace them with plastic jewelry.





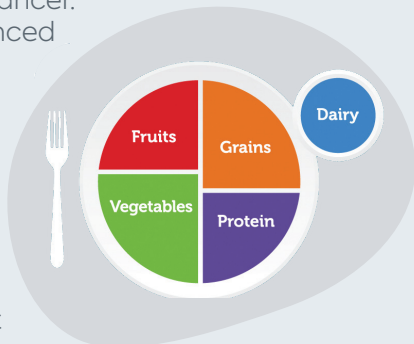


## Diet, Nutrition and Exercise

### Healthy Eating

A proper diet is an important factor in healing. Eating well and maintaining a healthy weight helps eliminate stress to your spine and may reduce your risk of heart disease, diabetes and cancer.

We recommend a balanced diet from the “MyPlate” diagram shown below. It is also important to increase your daily iron and calcium intake before and after your surgery. For more information on healthy diet choices, please visit [choosemyplate.gov](http://choosemyplate.gov).



Before your cesarean birth and abdominal surgery, it is beneficial for you to try and stay as fit as possible. You can do this by eating a healthy diet.

If you smoke, it is ideal to give up smoking as soon as you can before your operation. It is also useful to continue your exercise. Even a 30-minute walk every day is beneficial. Check with your provider before initiating any exercise program.

## Medications

### Medications *(Check with your provider.)*

If you are on aspirin, talk with your provider about when or if you should stop using low dose aspirin before surgery.

Stop all supplements five days before your surgery, except for a daily multivitamin.

*Note: You may take regular or extra-strength Tylenol for pain.*

### Other Medication Notes

- If you currently take Lovenox or Heparin, ask your surgeon or family physician when you should stop taking it.
- The morning of your surgery, take only the medications you have been instructed to take by the pre-admission testing nurse, including beta blockers, with a small sip of water.
- If you currently take Glucophage (Metformin) for diabetes, do not take your Metformin on the day before (day and evening) or the morning of surgery.

## Preventing Infections

Infections enter the body through various pathways, but most commonly through the skin and the mouth. To reduce the risk of infection, follow these tips.

### Skin Cleansing

Shower as directed by your provider and/or healthcare pre-admission team, using the special Hibiclens body wash provided at your pre-op appointment.

### Exposure

Try to avoid interacting with anyone who has an infection.

### Wound Care

Stay on top of taking care of your incision after surgery, following the instructions that your provider gave you. You may receive a special bandage. Check with your provider before removing your bandage



## Preparing Your Home for Recovery

### Meal Planning

- Meal prep is a great way to have meals ready when you come home from the hospital. Prepare and freeze or purchase small portion meals for times you may be alone.
- Stock up on foods that can be frozen for later use such as bread, vegetables and fruit.
- Organize your family and friends to help. Meal trains can be useful in the first couple of weeks after birth.

### Safety

- Decrease clutter. Throw rugs and other things on the floor can put you at risk for falling.
- Ensure there is a well-lit pathway to your bathroom (night lights).
- Make sure all stairways are secure and have hand railings.
- Tuck away long phone, computer and lamp cords. Always keep your cordless or cell phone with you in case of emergency.
- If you have stairs, it might be helpful for you to have a bassinet or pack and play downstairs, as well as a supply of diapers, clothing and essential baby items to avoid going up and down the stairs all day. It is ok to go upstairs if you need to. It's good to go up for the night and come down for the day to limit the number of times you need to use the stairs.
- Pets should be placed in a closed room prior to entering your house to prevent an accident. You may need help caring for your pets the first weeks after surgery.

### Help at Home

Once you come home, you will need help for the first couple of days. Recruit a family member or friend to assist with meals, bathing and dressing and to take you to your follow-up appointment with your surgeon. You might also consider hiring a postpartum doula if family or friends are unable to assist during this recovery period.



## Packing for the Hospital

Pack your suitcase for the hospital a week or two before your scheduled cesarean birth/surgery. You may want to pack two bags—one with items you'll need for birth and another one (that could stay in the trunk of your car) with the things you'll want and need after the baby arrives.

### Be sure to include

- Personal care items, such as toothbrush, toothpaste, deodorant, hairbrush, comb, etc.
- Slippers or flat, rubber-soled shoes with an enclosed heel and toe for walking in the hall
- Clothing such as short gowns, shorts, T-shirts, pajamas and a short, lightweight bathrobe
- Nursing bras and pads (We will provide you with pads after birth)
- Loose fitting clothing to wear home. Usually, clothes that you wore during your pregnancy will work best when you go home.



### Also bring

- Your CPAP/BiPAP machine if you have sleep apnea
- A list of current medications, including amount, strength and frequency
- A list of medication and food allergies
- Eyeglasses if you wear them. Contacts may become uncomfortable, and they would be removed during any surgery.
- Favorite music for relaxation before, during and after birth
- Camera for pictures
- Chargers for all your devices
- Chewing gum and/or hard candy to be used to stimulate intestinal function after surgery.
- A copy of your Living Will, Advanced Medical Directives and Directive for Final Healthcare (if you have one)
- This booklet—you and your hospital team will use it during your hospital stay

### Additionally

- Leave jewelry, credit cards and large sums of money at home.
- Remove jewelry and all body piercings.
- Label everything with your name. If you bring your own pillow, make sure it has a bright colored pillowcase.
- Special snacks or drinks you and your support person may want after birth
- Money for the vending machines and parking
- A pad and pencil to write down any questions you may have for your healthcare provider and team
- Phone numbers of important family and friends to keep in touch with and update about your baby's birth

### For baby

- Car seat. You will need one properly installed in your vehicle to bring the baby home.
- Going-home outfit. Make sure to bring a sleeper with legs, rather than a gown, so that the baby will be warm and comfortable in the car seat.
- Receiving blanket appropriate to the outdoor temperature
- Diapers, cap, socks or booties



## Countdown to Cesarean Birth | Surgery Checklist

## Two to four weeks before surgery

- Pre-op with your provider
- Pre-admission Testing & Teaching (PATT)  
Date: \_\_\_\_\_ (If applicable)
- Delivery-Surgery Date: \_\_\_\_\_  
Arrival Time: \_\_\_\_\_
- Have a balanced, healthy diet each day.
- Continue daily activity and exercise as directed by your provider.
- Stop all smoking.

## One to two weeks before surgery

- Begin preparing your home.
- Continue eating balanced, healthy meals. Prepare/buy/freeze meals for use after delivery.
- Notify provider if you have an open wound, rash or sore, or if you have a cold, virus or fever.
- Discuss management of blood thinners with your provider.

### Five days before surgery

- Stop taking supplements, other than a prenatal vitamin.
- Check with your provider concerning medications to stop and/or continue.

Day before scheduled cesarean birth/surgery:

- Check suitcases and infant/child car seat in preparation for admission to the hospital.
- Do not eat solid foods eight hours prior to surgery.
- You are encouraged to stay well hydrated leading up to your surgery.
- Before going to bed, take a shower with the Hibiclens body wash you received at your pre-op visit.

## Day of cesarean birth/surgery

Take ordered medications (including beta blockers) with a sip of water, as instructed.

Avoid shaving or waxing the area below your belly button (including your pubic hair) within two weeks of your c-section. This may increase the risk of a surgical site infection. If your pubic hair needs to be removed, the surgical staff will trim the hair just before surgery.

- While getting ready, take a Hibiclens shower per PATT and bottle instructions.
- Drink the drink your doctor prescribed \_\_\_\_\_ hours before your surgery.
- Arrive on time at the hospital.
- Remove all body piercings and replace them with plastic placeholders as needed.
- Contacts should not be worn during the surgical procedure. Pack and bring your glasses.
- Eye makeup or lash extensions can cause eye irritation during surgery

## Additional instructions

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# What to Expect—Before, During and After Your Cesarean Birth/Surgery

## Before Birth/Surgery

Before leaving for the hospital – *Please check off each item*

- ☐ Hibiclens shower. You will be given a Hibiclens surgical scrub to use the night before and the morning of surgery. Do not shave or wax near where you have surgery. This can irritate your skin and make it easier to develop an infection.
- ☐ Brush your teeth. Upon awakening, you may brush your teeth and rinse with water, but do not swallow the water.
- ☐ Take medications. Take only the medications as instructed by the pre-admission testing nurse, including beta blockers, with a sip of water as soon as you get up.
- ☐ Wear proper clothing. Wear clothes that are loose fitting and easy to remove.
- ☐ Leave jewelry, including those in piercings, and other valuables at home.
- ☐ Remove makeup. Do not wear any makeup, mascara, eyeshadow, eyeliner or false eyelashes.
- ☐ Remove all body piercings and replace with plastic placeholders as needed.
- ☐ Do not use powder, deodorant, perfumes, hair spray or any scented lotions.
- ☐ Bring a container or case with your name on it for your contact lenses, glasses, hearing aids and dentures. Keep your belongings in the car until after your hospital room has been assigned.

## Admission to Labor & Delivery Unit Checklist

*Please check off each item*

- ☐ You will be asked to report to the Labor and Delivery unit at a time specified by your provider or your pre-op nurse.
- ☐ Please, no visitors under age 12 unless they are the siblings to the baby.
- ☐ After you have checked-in, you and one support person will be escorted to your room on the Labor and Delivery unit. Preparations for your surgery will be completed by the staff.

## Pre-Operative Admissions

Once at the hospital, you will be admitted and go directly to Labor and Delivery. There, your registration information will be verified, you will receive your hospital identification bracelet and you will change into a gown. Your clothes will be placed in a hospital bag. Operative permits will be reviewed and signed.

## Family Waiting Room

- Additional family members and friends may stay in the family waiting area.
- Only the designated support person can stay with the patient.
- As a reminder, it may be three to four hours from the time you leave your family until your cesarean birth/surgery and recovery is completed. Your family will be able to see you and your new baby once you get to the Mother Baby Unit (MBU).

## Anesthesia

Your anesthesiologist will meet you prior to your surgery. They will evaluate you and come up with the best plan for pain control during your surgery. In most cases, your anesthesia will include a spinal and/or epidural in combination with local anesthesia. Your doctor may choose to place some numbing medicine in your abdomen to help with pain control for the first two to three days after surgery.



# Your Cesarean Birth/Surgery

## Cesarean Birth Suite/Surgical Room

Shortly before your cesarean birth/surgery, you will complete your preparation for surgery.

- You will be asked to change into a hospital gown.
- A registered nurse will check your blood pressure, pulse and temperature, monitor your oxygen levels and check your blood sugar level.
- Your baby's heart rate will be evaluated and monitored.
- The nurse will start an IV (intravenous) in a vein in your arm or hand for fluid and/or medication administration.
- You may have some of the hair around your incision removed using electric clippers at this time to decrease the risk of infection.
- You may be given a blanket that attaches to a warm air blower to keep you warm before and during surgery.
- Pre-operative medication will be administered by your nurse that has been prescribed to help prevent nausea and/or vomiting, as well as medication to decrease the risk of post-operative infection.
- You will meet with your provider before your scheduled cesarean birth/surgery.
- Members from the anesthesia department will meet with you to discuss your anesthesia administration. Most cesarean births are completed under regional anesthesia, which is when the lower part of your body is numbed. Common choices are a spinal block and an epidural block. You will be able to be awake for your baby's birth.
- Your support person is encouraged to be with you. All other family and friends are free to use our Family Waiting Room.

The length of time for the cesarean birth/surgery varies, but an average of one hour may be a good estimate.

The OR rooms are kept very cold for infection control. The staff will provide extra warm blankets for you if needed.

## Cesarean Birth/Surgery

- Many professionals will be in the operating room with you, including your surgeon, anesthesiologist and anesthetist, scrub nurse and circulating nurse. This team constantly monitors your progress and well-being during the surgery.
- For your baby, there will also be support staff present in the OR room. The support staff for your baby may include: NICU or nursery nurses, nurse practitioner, respiratory therapist and perhaps a neonatologist.
- The operating team will be wearing special hair covers, masks, gowns and gloves during the birth/surgery.
- Sticky pads will be placed on your chest to track your heart rate.



- A blood pressure cuff will be placed on your arm to track your blood pressure.
- There will be bright lights located above the operating table.
- A catheter will be placed in your bladder before surgery (after you are numb) and will most likely be removed later that same day of surgery.
- The surgical area of your skin (and in some cases your vagina) will be cleansed with the appropriate skin cleanser to help prevent post-op infection.
- Leg massagers may be applied to your legs to help prevent blood clots.
- Sterile surgical drapes will be applied, and a drape will be placed that will block your view of the procedure and birth.
- Once you have received your anesthesia and the team confirms that you are numb, your support person will be escorted into your OR room and may sit at the head of the OR table to be with you during your cesarean birth. Rarely, people may need to go off to sleep with general anesthesia. The support person may be asked to wait in the waiting area if this occurs.

The cesarean birth (surgical) procedure from first incision until repair of your incisions takes approximately one hour. Your doctor will make surgical incisions in your abdomen and uterus to deliver the baby.

### Abdominal incision

The doctor usually makes a horizontal incision near the pubic hairline.

### Uterine incision

Then your doctor makes the uterine incision, which is also usually horizontally across the lower part of the uterus (low transverse incision). Other types of uterine incisions might be used depending on the baby's position or whether there are complications, such as placenta previa or preterm delivery.

Your baby is born! Your provider will suction fluid from your baby's nose and mouth and clamp and cut the umbilical cord. Your placenta will be delivered, and incisions will be repaired by your provider. If you and your baby are doing well after surgery, you will likely be able to hold the baby shortly after your baby's birth.

## After Your Cesarean Birth Recovery Room

- After birth/surgery, you, your baby and your support person will be taken to the PACU/Recovery Room.
- You will be encouraged to bond skin to skin with your baby during this Golden Hour.
- It is a good time to also initiate breastfeeding during this Golden Hour. If needed, your nurse will assist you with positioning your baby for breastfeeding.
- While in the Recovery Room you and your baby will have your vital signs monitored closely.
- You will have a bandage over your incision.
- Your fundus (the top portion of your uterus) will be checked and massaged frequently by your nurse to prevent heavy bleeding.
- Your lochia (vaginal drainage) will also be monitored frequently to make sure that it is not excessive.
- You might be wearing an oxygen mask or oxygen tube in your nose.
- You may have blurry vision and a dry mouth.
- It is important while awake that you perform deep breathing exercises. Breathe in through your nose and relax the air out through your mouth. Do this at least five times every hour.
- You will still have an IV in your arm or hand and have a catheter in your bladder.
- You will be kept comfortably warm.
- You may feel some pain around your incision as well as uterine cramping (afterpains); multiple strategies will be used to help control your pain.
- You may be offered ice chips and clear liquids if not nauseated.
- You will be encouraged to start drinking fluids while in the recovery room. You will be encouraged to chew gum to stimulate normal intestinal function. Follow your provider's advice.
- If not nauseated, you should be able to resume your normal diet. We encourage you to eat healthy meals and drink plenty of water.
- The average time spent in the Recovery Room is about an hour or two.
- You will be taken to your room when it is available. Your family/visitors will be notified of your room location.
- Once you are able to move your legs, your nurse will assist you with sitting on the side of the bed and encourage you to walk frequently during your stay in the hospital. Walking helps prevent gas pains/constipation and blood clots (deep vein thrombosis).
- The mother/baby staff will monitor your incision for signs of infection.

## Mother Baby Unit

The average length of stay in the hospital after a cesarean birth/surgery is two or three days. Every birth and surgery is unique, and your doctor will determine when you are ready for discharge.

### Falls prevention

At Wellstar, your safety is a high priority. To keep you safe and help prevent falls, our nurses will evaluate and monitor your risk for a fall. If you are at risk, you will be placed on fall precautions.

Some of the risk factors for falls include loss of memory/confusion, loss of feeling in your legs and drowsiness caused by pain, nausea or sleeping medications.

If you are identified as high risk for falls, you may be asked to:

- Wear special yellow socks/slippers
- Have a bed alarm attached to alert the nurses
- Always have a support person there
- Call for nursing assistance the first few times you get up

Our staff will assist you by:

- Keeping the bed in the low position and locked
- Placing the call bell, phone, water and personal items within your reach
- Leaving a night light/light in your bathroom on at night
- Having staff assist you to the bathroom the first few times you get up

### Early walking after surgery

Early walking after surgery significantly reduces the risk of pneumonia by improving your breathing, speeding recovery and decreasing the risks of developing blood clots in your legs. You will be getting up to walk with assistance starting the day of surgery and will be assisted in walking at least three to four times every day. You can start out walking shorter distances in the hallway and then increase the distance as you build up your strength. Please remember that frequent walking is critical for your recovery.





## What to Expect

### Incentive Spirometer

The incentive spirometer is a tool to help you with deep breathing after surgery. Your nurse and/or respiratory therapist will instruct you on how to use this. It is very important that you use it at least 10 times every hour while you are awake. You may be encouraged to use the spirometer more often if you have a low-grade temperature. You also will be encouraged to cough and breathe deeply.

### Coughing and deep breathing

If you need to cough, place a pillow over the abdominal incisional area to splint it. This helps to alleviate the pain that comes from the incision.

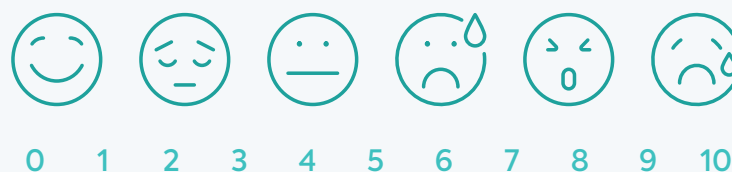
### Nausea Medications

Some people experience nausea, or even vomiting, after surgery. Anesthesia and other medications cause nausea for some people, but it usually goes away during the first day after surgery. Your provider will order medication to help reduce and eliminate any nausea you might experience. Please keep your nurse informed if you experience any nausea.

## Pain Medications & Pain Control

### Pain Scale

You will be able to discuss with your provider the best way to control your pain after surgery. Several methods of pain medication delivery may be used based on the rating you give your pain. At Wellstar, we use this pain scale so you can rate the intensity of the pain you are experiencing.



Controlling your pain is very important to us. You will be asked to “score” or “rate” your pain on a scale of 1 to 10. 0 is no pain, and 10 is the worst pain. By using this scale, we will be able to monitor your level of pain as well as the effectiveness of your pain medications.

***Please let your nurse know if your medication is not helping your pain before it gets out of control (i.e., becomes greater than 5).***



## Going Home from the Hospital

The plan for when you go home begins in your provider's office before you are admitted to the hospital. Once you are admitted, care coordination may visit you to review your home status and determine what you might need when you go home.

### Prior to going home, you will be given:

- Prescription(s) as needed and for pain medicine
- Written home care instructions
- Follow-up appointment with your provider
- Information to schedule an appointment with the baby's provider

## Going Home

Make sure a family member or friend is available to take you home.

### Before leaving the hospital:

- Request pain medication if you need it to help you with your pain until you pick up your prescription.
- Make sure you understand the care instructions, especially home care instructions, physical restrictions, medication ordered and follow-up appointments.
- Make sure you are aware of warning signs that may mean you have an emergency and need to return to the hospital.

## Recovery at Home

### Call 911 immediately if you have:

- ☐ Pain in your chest
- ☐ Obstructed breathing or shortness of breath
- ☐ Seizures
- ☐ Thoughts of hurting yourself or your baby

### Call the office or 911 immediately if you have:

- ☐ Bleeding or soaking through a pad in an hour
- ☐ Blood clots the size of an egg
- ☐ Red or swollen leg or arm that is warm to the touch
- ☐ Temperature 100.4 or higher
- ☐ Headache that does not get better even after taking medication
- ☐ Vision changes: blurry vision, floaters
- ☐ Drainage, increased swelling or redness at or from your incision
- ☐ Foul smelling drainage from your incision, or lochia (vaginal discharge containing blood, mucus and uterine tissue)

If you have a true emergency or cannot reach your provider, call 911 or go to the nearest emergency room. They will contact your provider.

### Pain expectations

After all surgeries, inflammation is a natural process of healing. We cannot and do not want to block this process. Please know we can take the "edge" off your pain, but we cannot stop all your pain. You will get stronger every day—be patient.

### Medications

If you need a medication refill, please call your provider's office.

### Smoking

Avoid smoking for at least three to six months after surgery, as this can affect your healing.

### Constipation

Pain medicines may make you somewhat constipated. Talk to your provider about over-the-counter stool softeners, milk of magnesia or other laxatives you may take if needed.

### Incision care

It is important to keep yourself and your environment as clean as possible before and after surgery. Use disinfectants to clean surfaces such as bathroom fixtures. Make sure you wash your hands before and after touching your incision. Check your incision daily for the first two weeks for any sign of infection, such as increased warmth or redness to the area, swelling, discharge or unexplained increasing pain in the incision. Your provider will instruct you on incision care. A small amount of reddish-brown drainage is not unusual for a few days.



## Showering

You will need to shower. Let water run over your incision and pat dry. Do not immerse or take a bath until your provider gives you permission. Do not submerge in a pool or Jacuzzi until approved by your provider.

## Exercise and mobility

It is very important to continue with your walking program. Do not lift anything over 10 pounds until approved by your provider.

## What to expect after returning home

It is common to experience discomfort and be fatigued after a cesarean birth. To prevent complications and to promote healing:

- **Ease back into your routine.** Rest whenever possible. When your baby sleeps so should you.
- **Pain relief.** Use medications recommended by your provider that are safe for breastfeeding. Remember for the first couple of weeks postpartum do not lift anything heavier than your baby.
- **Wait to have sex.** Wait at least six weeks and after you have seen and spoken to your provider before resuming sex. It is advisable to discuss with your provider during your postpartum visit methods of contraception when resuming intercourse.
- **To prevent infection:** Do not put anything in your vagina (tampons or menstrual cups). Also alert your provider if you have any signs of infections:
  - Incision, which is red, swollen or draining
  - Fever
  - Heavy bleeding with or without foul odor
  - Increasing pain
- **Wait to drive.** Ask your provider when you may resume this activity.

Alert your provider if you experience signs of postpartum depression:

- Severe mood swings
- Loss of appetite
- Overwhelming fatigue
- Lack of joy after childbirth, trouble caring for your baby or yourself
- Thoughts of harming yourself or your baby

## Provider Follow-Up

Ask your provider when you should schedule your first postpartum visit. The American College of Obstetricians and Gynecologists recommends this care to be ongoing and to have contact with your provider within three weeks after delivery. You should be seen by your provider within the first six weeks for an evaluation.

At this time your provider will evaluate your physical and emotional well-being, discuss your reproductive life plan and talk about contraception.

## Post-Operative Follow-Up

You should schedule your appointment as soon as you return home from the hospital if it was not scheduled during your pre-op appointment.

[illegible]

# My Cesarean Birth Preferences

Fill out this page according to your wishes for your birth. Keep in mind that you might not be able to follow every wish on this page, depending on the hospital policy or if complications arise during your labor. Share your plan with your support team, healthcare provider and labor nurse.

Name

Preferred Name

DOB

Baby's Due Date

Delivering Practice

Delivering Hospital and Selected Pediatrician

Support people are important to include in your delivery experience. We appreciate your cooperation as we work together to keep everyone safe and healthy. If you have questions about our visitation policy, please call the Wellstar hospital where you will be delivering.

My primary support person

Additional support people

If you need privacy or visitor restrictions, please discuss this at admission and with your nursing team upon arrival.

## Cesarean Birth Preferences

Please check all that apply

- ☐ Soft music played in the operating room, provided by the patient
- ☐ Clear drapes (if available)
- ☐ Explanation of surgery to me as it is progressing
- ☐ Support person to cut excess cord at the warmer
- ☐ Skin-to-skin with me or my support person as soon as the mother is stable
- ☐ Breastfeeding as soon as possible
- ☐ Primary support person to stay with me at all times
- ☐ Primary support person to stay with baby at all times
- ☐ Keep placenta, if possible (I will provide my own method of storage and immediate removal.)
- ☐ Placenta donation
- ☐ Cord blood banking (prior arrangements must be made prior to birth)
- ☐ Baby skin-to-skin immediately for one hour (Golden Hour)
- ☐ No interruptions or visitors for one hour
- ☐ Delay weighing for one hour
- ☐ Delay eye ointment for one hour
- ☐ All routine tests, shots and procedures done
- ☐ Choose tests, shots and procedures that are done (I will discuss with pediatrician ahead of time.)
- ☐ Delay bath
- ☐ Mom or support person assist with first bath
- ☐ No bath
- ☐ Minimal separation

## To discuss with the pediatrician

- ☐ Skin-to-skin immediately for one hour (Golden Hour)
- ☐ No interruptions or visitors for one hour
- ☐ Delay bath
- ☐ Mom or support person assist with first bath
- ☐ Delay weighing for one hour
- ☐ Delay eye ointment for one hour
- ☐ No bath
- ☐ Minimal separation

## Postpartum

- ☐ Outside food (microwaves are available, but not refrigerators)
- ☐ Special dietary need
- ☐ Hospital-grade breast pump and kits, if needed
- ☐ Hospital infant photographer based upon visitor guidelines
- ☐ Chaplain or Spiritual Health consultant
- ☐ Visitor and/or information release restrictions
- ☐ What kind of additional support I need before and after delivery
- ☐ Any other concerns or issues the hospital staff should know





