

# Your Cesarean Delivery

*A Guide to Your Birth Experience at BIDMC*



At the Beth Israel Deaconess Medical Center, we want to help your cesarean section go as smoothly as possible. This patient education guide will explain what to expect before, during, and after your surgery, and how your care team can help you get back on your feet faster.

This guide outlines the most common experience of women undergoing cesarean, however, every woman's delivery is unique. Talk to your provider about how your delivery may be different.

## Understanding Your Cesarean Delivery

### *What is a cesarean delivery?*

During a cesarean delivery (c-section), the baby is delivered through surgery. The surgeon makes an incision (cut) on your abdomen (belly) and on the lower part of your uterus (where the baby grows), usually along the bikini line.

### *How will I know when my surgery is?*

Your prenatal care providers will give you a scheduled date for your surgery. You will receive a call from the hospital 1-2 days before your surgery with the time you should arrive.

### *How long is the surgery?*

The operation takes approximately one hour to complete, but may take longer. Your doctors will keep you updated throughout the surgery to let you know how much time is left.

### *How long is recovery in the hospital?*

Your recovery in the hospital is usually 3-4 days after birth.

### *How long is recovery at home?*

Recovery at home after your surgery can take up to several weeks.

### *How will my care team ensure that I have a safe, rapid recovery?*

We use the Enhanced Recovery After Surgery (ERAS) method to help you heal from surgery faster. This includes minimizing medical treatments that slow recovery, and helping you get out of bed, eat and drink, and control your pain right away. This will help you get on your feet and heal faster so you can take care of yourself and your baby.

## Mapping Your Cesarean: Before Surgery

Goals	What needs to happen?	When?
<b>Good pain control</b>	You will review pain control techniques with your team	During prenatal visits
<b>Eating, drinking, and eliminating</b>	You can eat and drink normally	Day before surgery
	You may have a light, low fat snack (for example, crackers or 1 slice of dry toast) up to 6 hours prior to surgery	Day of surgery
	You can drink clear liquids until two hours before surgery (see Box 1 on page 4)	
	You will have an IV placed before your surgery	
<b>Activity</b>	You can continue your normal activity	Day before surgery
	You can shower with antimicrobial soap	
	Do not shave or use hair removal products around the surgical site for at least three days before surgery to decrease your risk of infection	
	You will have your blood drawn before surgery	
	You can shower with antimicrobial soap	Day of surgery
	You will wear compression boots in the operating room	

## Preparing for Your Surgery at Home

A nurse will call you with your arrival/check in time. This usually occurs 2 days before your surgery.

*If you smoke, you should stop smoking at least 4-6 weeks before your surgery. If you would like more information, please ask your care team and they will be happy to help.*

### What should I do the night before my surgery?

- Bathe with antimicrobial soap and water the night before and on the day of your surgery.
- Do not shave or use hair removal products around the surgical site for at least three days before surgery to decrease your risk of infection.

### What should I do the day of my surgery?

- You should take any medication that your prenatal care provider instructed you to take before surgery.
- You may have a light, low fat snack (for example, crackers or 1 slice of dry toast) up to 6 hours prior to surgery.
- You can drink clear liquids up to two hours before your surgery (See Box 1). After the two-hour point, you cannot eat or drink anything (even gum) to prevent problems during surgery.
- Do not wear cosmetics, nail polish, or any jewelry, including your wedding band. Please leave all valuables at home.
- You may wear your eyeglasses. If you wear contact lenses, bring your case and let us know as they will need to be removed.
- Please check in and register at the front desk of the Labor and Delivery floor on the 10th floor of the Stoneman building of Beth Israel Deaconess Medical Center.

#### **Box 1:** **Examples of Clear Liquids**

- Water
- Tea without honey
- Carbohydrate drinks (Gatorade)
- Black coffee (WITHOUT milk)
- Fruit juice without pulp like apple or grape (NOT orange or tomato)

# Preparing for Your Surgery at the Hospital

## *What happens while I wait for my surgery?*

- You will change into a hospital gown and have a surgical hat placed on your head.
- Your nurses will insert an IV in your arm and draw blood.
- The nurses will give you fluids through the IV.
- The anesthesiologists and nurses will talk to you about the type of anesthesia you will get for your surgery.

# Delivering Your Baby

## **In the operating room**

- You will either walk or get wheeled on a bed into the operating room. Nurses and doctors will be there to greet you. Congratulations! Your baby will be here soon!
- Your support person will join you when you are ready for surgery. We will provide them 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).
- You will see bright lights that will help your doctors operate. The operating room may feel cold so you will receive blankets to help keep you warm.
- Most women have “regional anesthesia” medication that numbs you from your breasts to your feet. This will help you not feel the surgery and allow you to be awake and comfortable for birth. These medicines are given through an epidural or spinal injection and are safe for your baby.
- The team will help you sit up so the anesthesiologist can place the numbing medicine. You will feel the anesthesiologists cleaning your back and feel pressure from a thin needle that is inserted in your back to help you feel numb.
- The nurses will help you lie back down and put compression boots on your calves to prevent blood clots from forming. The nursing staff will place a catheter (small tube) in your bladder to drain urine.
- Before surgery, a nurse will check your baby’s heart rate.
- Your belly will be cleaned with soap and, when the soap has dried, a plastic drape will be placed over your belly.

## During surgery and birth

- During the surgery, you will feel pressure, but you should not feel any sharp pain. You will feel the doctors pushing at the top of your belly to help deliver your baby through the incision made on your uterus.

## After your baby's birth

- Once your baby is delivered, we delay clamping the umbilical cord if possible to allow more blood to reach your baby. The cord is then cut and your baby is handed to the nurses/pediatricians.
- After your baby's birth, your baby will be placed in an infant warmer and checked by the pediatrician or nurse. Your baby will be wrapped in a blanket. You may take pictures of your baby. If you have a support person, they are often able to hold the baby.
- The doctors will finish your surgery. Your skin incision is usually closed with stitches that will dissolve on their own and a bandage will be applied.
- The nursing team will press on your uterus at the end of surgery to help push out any blood clots through your vagina. The nurses will continue to press on your stomach every 15 minutes during recovery to prevent clotting.

## Mapping Your Cesarean: Recovery After Surgery

Goals	What needs to happen?	When?
<b>Good pain control</b>	<ul style="list-style-type: none"> <li>You will receive regional anesthesia for long-acting pain control</li> </ul>	Day 0 – first 24 hours
	<ul style="list-style-type: none"> <li>You will take scheduled medications: Acetaminophen (Tylenol) and Ketorolac (Toradol) (a medicine like Ibuprofen)</li> </ul>	
	<ul style="list-style-type: none"> <li>You will take scheduled medications: Acetaminophen (Tylenol) and Ibuprofen (Motrin). You may take oxycodone as needed for severe pain.</li> <li>You can use non-medicine pain control methods (ice, deep breathing, etc.)</li> </ul>	Day 1 – discharge
<b>Eating, drinking, and eliminating</b>	<ul style="list-style-type: none"> <li>You will start eating and drinking as soon as you are ready</li> <li>Your IV fluids will be stopped once you are eating/drinking</li> <li>You will be taking stool softeners to prevent constipation</li> </ul>	Day 0 – first 24 hours
	<ul style="list-style-type: none"> <li>You will continue eating and drinking</li> <li>Your bladder catheter will be removed 12-18 hours after surgery</li> <li>You will urinate without the catheter</li> <li>You will be taking stool softeners to prevent constipation</li> </ul>	Day 1 – discharge

<b>Activity</b>	<ul style="list-style-type: none"> <li>You will wear compression boots while in bed</li> <li>You will get out of bed</li> <li>You will sit in a chair</li> <li>You will use the incentive spirometer (10x/hr)</li> <li>You will start breastfeeding (if desired)</li> </ul>	Day 0 - first 24 hours
	<ul style="list-style-type: none"> <li>You will walk (15–20 minutes, 4x/day)</li> <li>You will sit in chair as much as possible</li> </ul>	Day 1 - discharge

## Recovering From Your Surgery

Congratulations! Your surgery is complete and it is time to recover with your baby. After your surgery, you will go to a recovery area. Nurses will be with you and will watch your vital signs (blood pressure, heart rate, and oxygen levels). Your nurses will also give you any medications you need post-surgery and help you begin breastfeeding, if you choose. When you are ready, you will be moved to your hospital room.

### Pain control

- It is normal to have some pain after surgery. Usually, the pain is worst the day after surgery but quickly begins to get better.
- While some pain after surgery is normal, good pain control improves your recovery so you can walk, breathe deeply, eat and drink, feel relaxed, sleep well, have bowel movements, and prevent blood clots.
- Recovery from your surgery may take several weeks. Most women will feel “back to normal” by six weeks after delivery. Numbness around the incision and some aches and pains can last for several months.

## Medications at the hospital

- Many women will receive a long-acting opioid pain medication through their epidural or spinal anesthesia (the medication put in your back to prevent pain during the cesarean section) that will help with pain the day of surgery. This typically lasts 18 hours.
- It is important that we first try to control your pain with non- opioid medications because they cause less drowsiness, confusion, and constipation, and provide around-the-clock pain control.
- You will be given two kinds of non-opioid medications: Acetaminophen (Tylenol) and an anti-inflammatory medication like Ibuprofen called Ketorolac (Toradol), which is given through the IV.
  - After three doses of Ketorolac (Toradol), you will be given Ibuprofen instead of Ketorolac (Toradol).
  - If you cannot take Tylenol or medications like Ibuprofen, notify your surgical team.
  - You can also use alternative pain control methods (see Box 2).
- If your pain is not controlled with the medicines above, you will be given Oxycodone (an opioid).
- These medications are safe if you are breastfeeding.

### **Box 2:** **Alternative Pain Control Methods**

- Heating pads
- Abdominal binder
- Ice packs
- Deep breathing exercises

*Ask your nurse for more information if you would like to try these.*

## Medications at home

- You will be discharged with the same medications you took in the hospital.
- You can take the non-opioid medications at the same time or alternate them if your pain is not controlled (see the schedules below). You will work with your provider to determine the right schedule for you.
- Some women will need opioid pain medication to control their pain at home, while others have good pain control with scheduled acetaminophen and ibuprofen.

Acetaminophen should be taken every 8 hours (see schedule below):

8 a.m.	Acetaminophen 1000mg (2 pills, 500mg each)
4 p.m.	Acetaminophen 1000mg (2 pills, 500mg each)
12 a.m.	Acetaminophen 1000mg (2 pills, 500mg each)
Continue every 8 hours	

Ibuprofen should be taken every 6 hours (see schedule below):

6 a.m.	Ibuprofen 600mg (1 pill)
12 p.m.	Ibuprofen 600mg (1 pill)
6 p.m.	Ibuprofen 600mg (1 pill)
12 a.m.	Ibuprofen 600mg (1 pill)
Continue every 6 hours	

### IMPORTANT

- **DO NOT** take more than 3000mg of Tylenol (6 pills ) or 3200mg of ibuprofen (about 8 pills) in 24 hours
- **DO NOT** take more than the recommended doses as described above  
Always take Ibuprofen with food.
- You do not have to wake up in the middle of the night to take medicine, but take it if you are awake.
- You have a team of doctors, nurses, family members, and friends who can help you recover from your surgery. Do not hesitate to contact your clinic with any questions.

## Eating and drinking and eliminating

- Helping your digestive system return to normal as fast as possible can reduce pain and help speed your recovery. You will start eating and drinking as soon as you are ready.
- Chewing gum can help your digestive system return to normal.
- Once you are eating and drinking, your IV fluids will usually be stopped unless you are receiving medications through your IV.
- You will start passing gas on the first or second day after surgery. You will start taking stool softeners to prevent constipation.
- Removing your catheter and walking to the bathroom as soon as you are ready helps to prevent urinary tract infections and irritation from the catheter.
- Your catheter will be taken out when you are able to walk to the bathroom and urinate on your own. Your team will make sure you are able to urinate without problems and will make sure you are urinating frequently enough. Occasionally, the bladder needs more rest after a long delivery or surgery, and the catheter may need to be replaced. Your doctors will talk to you about this if it is needed.

## Activity

- Until you are up and walking, you will wear compression boots on your calves to prevent blood clots. Some women who have a high risk of blood clots will also receive medication to prevent clots (for example, Lovenox). Your team will tell you if you need this medication.
- Once your anesthesia wears off, you will be able to get out of bed. Your goal will be to walk for 15-20 minutes at a time, about four times a day. Between walking, you should sit in the chair as much as possible to avoid lying in bed, and stay active.
- You will have a breathing device called an incentive spirometer to keep your lungs healthy. Use this 10 times per hour or as instructed by your nurse.
- You will start breastfeeding (if desired) and your nurse is available to give you support. Lactation Consultants are also available if you need more support with breastfeeding.

## Preparing for Discharge

You are almost there. This is a great time for you to talk to your providers and ask the team any questions you have before you go home.

- Your incision has been checked and your dressing has been removed.
- You and your care team have talked about your reproductive goals and your postpartum birth control plan.
- You have a postpartum visit scheduled.
- Your team has reviewed concerning symptoms and reasons to call your health care provider (see “When to call your health care provider”).
- You will either receive prescriptions prior to discharge or they will be sent to the pharmacy.

## Recovery at Home

### Incision care

- After showering, pat your incision dry. Do not scrub over the incision.
- The small bandages on your incision (“steri strips”) can be removed 7-10 days after surgery.
- Watch your incision for signs of infection, like increasing redness, swelling, and/or drainage (unusual liquid leaking from the incision).
- Hold a pillow against the incision when you laugh or cough and when you get up from a lying or sitting position to prevent the stitches from opening. An abdominal binder may be helpful. Remember, it can take as long as six weeks for a c-section incision to heal.

### Activity

- Do not drink alcohol or drive if you are taking narcotic pain medication (opioids).
- Do not lift anything heavier than your baby in a car seat until your health care provider tells you it is safe.
- Do not place anything in your vagina until your follow-up visit with your doctor or nurse.
- Slowly increase your daily activities.
- You may have some increased vaginal bleeding when you increase your activity, however the bleeding should not be heavy (if it becomes heavy, see “When to call your health care provider”).
- Practice deep breathing and coughing exercises.

## When to call your health care provider

### IMPORTANT

**If you feel you have a life-threatening emergency, such as chest pain, trouble breathing, or sudden heavy bleeding, call 9-1-1 immediately!**

If you are experiencing any of the following or anything abnormal, call your health care provider:

- A fever of 100.4°F (38°C) or higher.
- Redness, pain, or drainage at your incision site.
- Vaginal bleeding that soaks more than 2 pads an hour for at least 2 hours.
- Severe pain in your belly not relieved with medications.
- Trouble urinating or emptying your bladder.
- Foul odor from vaginal discharge.
- No bowel movement (stool) within one week after the birth of your baby.
- Swollen, red, painful area in the leg. Some swelling in both legs is normal.
- Appearance of rash or hives.
- A severe headache that does not get better with Acetaminophen or Ibuprofen.
- Sore, red, painful area on the breasts that may be accompanied by flu-like symptoms.
- Feelings of anxiety, panic, and/or depression.

## How to dispose of medication safely?

If you are finished with your opioid prescription and you have pills left, or if you have any unused prescriptions around the house, it is important to get rid of them safely.

- The best thing to do is bring them to a drug disposal box or take-back event.
- A list of sites for safe drug disposal can be found at: [www.boston.gov/departments/recovery-services/drug-take-back-kiosks](http://www.boston.gov/departments/recovery-services/drug-take-back-kiosks)
- You can also call your local police department for information on local take-back events.
- If you cannot get to a drug disposal site, here are the steps for safely disposing any medication:
  - Take medication out of its original container and mix it with cat litter or used-coffee grounds.
  - Put medication into a sealable plastic bag (e.g. sandwich bag) or a disposable container with a lid.
  - Conceal or remove any personal information (including prescription number) on empty container.
  - Put the sealed plastic bag or disposable container and the empty medication bottle into regular trash.

### REMEMBER

*Remember, it is your responsibility to safeguard all medications and keep them in a secure location.*



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