

The Caesarean

Patient information document

For reasons related to mother or baby, your physician or midwife may recommend a Caesarean delivery.

Before the Caesarean

If your Caesarean is planned, you will have an opportunity to talk about it with your physician and ask him or her questions during your prenatal appointments.

Your doctor may ask you to undergo some tests in the days leading up to, or the day before, the Caesarean.

The day before the Caesarean

- Start fasting at midnight.
- You can have small sips of water, as needed, until 4 hours before the Caesarean.
- Do not smoke or drink alcohol.
- Leave jewellery at home. Remove any nail polish.

The morning of the Caesarean

- Go to obstetrical triage at the Family Birthing Centre, room 2B105.
- A nurse will greet you, complete your file, and place an intravenous catheter in your arm. This catheter will be used to give you medication and fluids.
- An anaesthesiologist will come to talk to you about the anaesthesia that will be used during your Caesarean.

- You will then be taken to the operating room. This room will be colder and the physicians, nurses and your partner, or a member of your family, will be wearing uniforms, masks and caps to ensure a sterile environment.
- The anaesthesia for a Caesarean is administered through a catheter inserted in your lower back. Once administered, you will feel numbness and a loss of sensation in your abdomen and legs.
- A urinary catheter will be placed in your bladder to keep it empty, and will stay in place for 12 to 24 hours after your Caesarean.

During the Caesarean

During the delivery, a person of your choice can stay with you in the operating room, unless there is an emergency or complications. You will be awake during the entire Caesarean. A sheet will be draped in front of you. Your physician will make an incision in your lower abdomen and then an incision in your lower uterus. It is completely normal to feel pressure and pulling, especially when the baby is being removed.

The incision in your uterus will be closed using soluble stitches, while staples or stitches will be used to close the abdominal incision. Immediately after birth, your baby will be assessed, and if all is well, your nurse will bring him or her to you. If you wish, you can make skin-to-skin contact in the operating room.

After the Caesarean

After the Caesarean, you and your baby will be taken to the recovery room. Feeling will gradually return to your abdomen and legs. If you are breastfeeding, you can start to do so in the recovery room, with help from your nurse.

Once you are in your room, you can:

- Drink and eat, but only in small quantities to prevent nausea. Avoid drinking with a straw, as this can increase bloating in your stomach.
- Your nurse will assess the level of sensation in your legs and abdomen and, after a few hours, will help you get out of bed.
- When you can, walk slowly around your room. This will help to prevent postoperative complications.

Postpartum

Lochia

After delivery, you will have vaginal bleeding (lochia). For the first 2 days, the bleeding will be dark red. There may also be small clots. If the clots are more than 4 cm wide, inform your nurse or physician. Between the 3rd and 10th day after delivery, the lochia will be red/brown. Finally, the lochia will become white or yellow after the 10th day and could persist for about 6 weeks. Vaginal bleeding will be abundant for

the first few days and will gradually decrease in quantity. Do not use tampons during the postpartum period – use sanitary napkins only.

Uterus

After delivery, the uterus will start to contract to reduce the bleeding. Therefore, it is normal to feel abdominal cramps. Women who have had previous deliveries might feel more intense and painful cramps. This is called after-pains. To relieve after-pains, you can apply a hot compress to your stomach and take anti-inflammatory medication.

Elimination

You may not have a bowel movement for 2 to 3 days after delivery. To prevent constipation, eat fibre, whole grains, and fruits and vegetables, and make sure to drink 8 to 10 cups of water a day. You can take laxatives or emollients to soften your stools. Gas may accumulate in your intestines, which will cause discomfort. To pass the gas, you can apply heat, walk and rock. To avoid an accumulation of urine in the bladder, it is important to urinate regularly even if you do not feel the need.

Incision

The dressing on your abdomen will be removed during your hospital stay. If the incision is well healed, the physician will leave it exposed. The incision can get damp during showering, but make sure to always dry it well to prevent infection. If you have staples, they are usually removed 3 to 5 days after the Caesarean.

For quick healing, it is best to avoid the following activities during the first 6 weeks, or until your physician or midwife gives you the green light:

- Lifting an object heavier than your baby
- Carrying your baby in a car seat
- Using stairs often
- Running, jumping or doing any other intense physical activity
- Doing sit-ups or other activities that require exertion of the abdominal muscles
- Engaging in sexual relations
- Driving a car

Appointment

It is important to schedule an appointment for you and your baby before leaving the hospital. The nature of your appointments will depend on your situation. We will talk to you about the instructions you will have to follow. Among other things, if your incision was closed with staples, they must be removed the week after your delivery. Your baby will be assessed by a health professional within 2 days of you leaving the hospital. Before leaving the hospital, make sure you are clear on when and how you will receive your follow-up.

Sexual activity

You can resume sexual activity a few weeks after your Caesarean. Your physician or midwife can give you more specific guidelines.

Some women can start ovulating (and get pregnant) as of the 4th week after delivery. It is important to use a contraceptive method if you are not planning another pregnancy. For more information on various contraceptives, talk to your physician or midwife.

Mental health

Experiencing childbirth and becoming a mother can come with lots of different emotions. These emotions are completely normal and it is important to talk about them with your loved ones or with a health professional. Some women experience emotional or psychological difficulties during pregnancy and up to one year after delivery.

Baby blues are common among new mothers. This condition is influenced by hormonal changes in the body and by changes in the environment of the new family. Baby blues can occur in the days following delivery and can last up to 2 weeks. Here are some of the signs and symptoms to watch out for:

- Varying levels of sadness
- Alternating between intense joy and anxiety
- Frequent crying
- Fatigue or irritation
- Lack of self-confidence

If these symptoms persist for more than 2 weeks, you may be experiencing postpartum depression. The symptoms of postpartum depression are similar to the symptoms of baby blues, but are more severe and last longer. Both parents can be affected by postpartum depression. Signs and symptoms include:

- Sadness and intense fear
- Severe mood swings
- Feelings of anger, anxiety, guilt or embarrassment
- Feeling like you are not a good parent
- Trouble sleeping
- Loss of interest in life (apathy)
- Reduced appetite
- Panic attacks
- Inability to care for yourself or your newborn
- Feeling like you want to harm yourself or your newborn

If you are experiencing any of the signs or symptoms of baby blues or postpartum depression, talk to your loved ones and to your physician or midwife. They will be able to support you during this difficult time and offer you resources.

Postpartum complications

Any surgery, in addition to the delivery itself, involves risk of complications. If you have postoperative or postpartum complications, your hospital stay could be extended.

In some cases, complications develop after you get home. It is important to monitor signs and symptoms of complications at the hospital, and at home.

Examples of possible complications

Infections

Possible infections include an infection at the incision site, a urinary tract infection, a vaginal infection, a respiratory infection, endometriosis (infection of the interior of the uterus) and mastitis (infection in one or both breasts).

Postpartum haemorrhage

Haemorrhage is an excessive loss of blood that is harmful to body function.

Venous thrombosis

Venous thrombosis is the formation of blood clots, normally in a leg, following surgery. A clot can detach and circulate in the blood to the lungs or brain.

Signs and symptoms to watch for at home

- Fever (a temperature of 38°C or higher)
- Nausea or vomiting
- Severe abdominal pain
- Severe headache
- Pain when urinating or frequent urination
- Redness, pain or heat at the incision site
- Smelly secretions at the incision site
- Smelly vaginal discharge
- Red, hot and painful leg or abnormal swelling
- Difficulty breathing or shortness of breath
- Sanitary napkin soaked in blood in less than 1 hour for more than 2 hours

If you notice any of these signs and symptoms, contact your doctor, midwife, or Telehealth Ontario at 1-866-797-0000 immediately.

For any emergency, call 9-1-1 immediately, or go to your nearest emergency room.

References

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