

# Cesarean Section Delivery

## A guide for patients and families



Hôpital  
Hotel Dieu  
Hospital



Hôpital Général de  
Kingston General  
Hospital



## **Introduction**

Welcome. This booklet guides you through the process of having a Cesarean Section delivery at Kingston Health Sciences Centre's (KHSC) Kingston General Hospital site.

Parents who have Cesarean deliveries usually stay in hospital with their babies for 2-3 days. For some mothers the stay may be shorter or longer.

This booklet is yours. Use it as a guide during your hospital stay. Please take a few minutes to read it. As you do write any questions that come to mind on the last page of the booklet. This helps you remember your questions when you talk to your caregivers.

## Non-Elective Cesarean Section

Your doctor has told you that you need a Cesarean Section. Even though many deliveries are done by Cesarean Section it may be hard to believe it is happening to you. You may have a lot of questions but cannot find words to ask them. Many people feel this way before a Cesarean Section.

Your doctor may decide to do a Cesarean Section when labour is going too slowly or if there are any concerns for your health or the health of your baby. There are other reasons for having a Cesarean Section. Your doctor will talk to you about why you need a Cesarean Section. Know that support is available before and after the Cesarean Section to help make you feel more comfortable.

## Before your Elective (Planned) Cesarean Section

During one of your clinic visits, your doctor will explain why the Cesarean Section is needed and the risks associated with the operation. You will be asked to sign a consent form after the doctor discusses this information with you.

There are two parts to the consent form:

- The first part gives the doctor permission to perform the Cesarean Section.
- The second part is a consent to receive blood transfusion should you need this at any point during the operation. Most people will not require a blood transfusion when having a Cesarean Section (only 1% will). You will be given a booklet called *Blood Transfusion Information for Patients and Their Family*, that will give you more information.

Once you know the date of your Cesarean Section, let your baby's doctor know.

A staff member from the labour and delivery unit on Connell 5 will call you the night before your Cesarean Section. You will be told the approximate time of the operation. Do not eat anything after midnight, you may drink clear fluids only until 4 am. If you eat or drink anything after these times your Cesarean Section may be cancelled.

## **The day of your Elective (Planned) Cesarean Section ... Before your baby is born**

### **Delivery Unit**

On the date of your planned Cesarean Section, come to the labour and delivery unit two hours before the operation. Please bring your Ontario Health Care with you. Also bring all medications you are taking in their original containers. This includes all over the counter and herbal medications. Do not bring any valuables with you to the hospital. Please be aware you will be asked to remove all jewelry and piercings prior to the operation.

A staff member will provide you with a hospital armband and will give you an envelope that contains information about your admission. This envelope will go with you to the postpartum unit on Kidd/Davies 5.

### **Your support person is welcome to be with you.**

If not admitted directly to the delivery unit (Connell 5) you will be given a bed on the postpartum unit and you will be moved to the labour and delivery area about 30 minutes before the Cesarean Section.

When you arrive on Connell 5 the nurse will:

- Answer your questions
- Check your baby's heart rate
- Assess your vital signs including blood pressure, temperature, heart rate, and respiratory rate
- Prepare you for the operation.

You may also have an ultrasound to check the baby's position. The nurse or anesthesiologist will place an intravenous (IV) tube in your arm. This tube gives you fluid and medicine that you need during and after the Cesarean Section.

You will receive an antibiotic through the IV prior to the operation to help prevent infection. You will also be given a liquid medication by mouth that helps decrease the acid in your stomach.

The anesthesiologist will talk with you about the anesthetic options for your procedure and how your pain will be managed after the Cesarean Section. Usually the operation is done with regional anesthetic. A regional anesthetic may be a spinal, an epidural or combination of both. The spinal involves an injection in the lower back; an epidural has a small plastic tube placed in the back that the anesthetic is injected through. The catheter is removed at the end of the operation. If you have a regional anesthetic, you are awake during the Cesarean section, but you have no feeling of pain in your abdomen or legs but you will still feel pressure sensations. Your support person is encouraged to be with you during the birth of your baby. Sometimes a general anesthetic is given by injection. If you have a general anesthetic, you are not awake during the Cesarean section and your support person will wait in the family room.

To have your surgery, you are taken to the operating room on Connell 5. The nurse will position you on the operating room bed to receive your regional anesthesia by the anesthesiologist. The nurse will also insert a urinary catheter into your bladder. It is usually inserted after your anesthetic has been established. The catheter keeps your bladder empty of urine.

If you are having a regional anesthetic, your support person is given a gown, mask and shoe covers for the operating room. He or she will be invited in to the operating room to sit with you once the surgical team has ensured your regional anesthetic is working well. Other family members are asked to go to the family area at this time. If you are having general anesthesia, your support person will wait in the family area as well. Your nurse will tell your support person when they can join you and your baby in the recovery area on Connell 5.

During the Cesarean section, you may notice a number of persons in the operating room. You will see the surgical team, which is composed of the attending staff doctor, the obstetrical resident and at times a medical student.

Likewise, a pediatric team from the neonatal intensive care unit (NICU) will be present to assess your baby and take care of him or her if needed.

There are also generally two nurses and the anesthesiology team. The anesthesia team is composed of the attending staff doctor, the anesthesia resident and at times a medical student.

## **Your Cesarean Section**

Once the anesthesiologist establishes your anesthetic, your doctor delivers the baby through an incision on the lower part of the abdomen. If you have a regional anesthetic, you should not feel any pain. You may feel some tugging and pulling, especially when the baby is being delivered. The anesthesiologist will communicate with you throughout to ensure your pain is well managed. The incision is closed internally with dissolvable sutures and the skin is closed with surgical staples or sutures. A dressing is put over the incision.

Once the baby is delivered, the baby is placed on a warming bed. A doctor and nurse will assess how your baby is doing. Fluid and mucous may be removed from the baby's nose and mouth. The nurse, with your consent, puts antibiotic ointment in the baby's eyes to prevent infection. The nurse will also ask consent to give the baby an injection of Vitamin K to help with the baby's blood clotting. A name band will be placed on your wrist and your support person. This band matches the two name bands put on your baby. The nurse wraps the baby in a blanket. If your support person is with you he or she may hold the baby. You will be moved to a stretcher to be transported to the recovery area on Connell 5.

## **Postpartum care ...After your baby is born**

### **Recovery Area**

After the Cesarean section, you and your baby are taken to the recovery area on Connell 5 with your support person. We ask family and friends to remember that you have had a major abdominal surgery and they will not be able to see you or the baby until you are stable. Once your condition is stable, your support person may join you and your baby in the recovery area. You stay there for about 1 to 2 hours. Then you and your baby will go to your hospital room on the postpartum unit.

### **Postpartum unit**

On the post partum unit, you and your baby will have the same nurse. Your baby stays in your room 24 hours a day. This gives you and your support person time to get to know your baby. It also lets your family take part in the care and feeding of your baby. If you get too tired or feel unwell, tell your support person and your caregivers.

In your hospital room, your caregivers will:

- Make sure you are comfortable and your pain is managed
- Monitor your blood pressure, heart rate, breathing, temperature, and urine production
- May gently press on your abdomen to check your uterus is contracting properly
- Check the amount of vaginal flow
- Look at your abdominal dressing
- Assess how your baby is doing
- Assist you and your baby with feeding

Keeping you and your newborn together throughout the recovery period allows for early attachment and bonding. If your baby needs special care, he or she is taken to the NICU on Kidd 5. Your baby will stay in the NICU as long as needed. You and close family members are welcome to visit the baby in the NICU.

You can also expect the following:

- Your nurse will help you sit at the side of the bed shortly after your Cesarean Section, and will help with deep breathing exercises. Later on in the day, the nurse helps you sit up in the chair. Depending on how you feel, the nurse may also help you get up for a walk or for a shower. As your strength returns, you will be able to get up on your own. Ask for help as need. Getting up and moving around will help with your recovery.
- For several hours after your Cesarean Section you receive medication through your intravenous (IV). The medicine is called Oxytocin. It is given to help your uterus contract which will help reduce bleeding. You may feel some cramping. If you breastfeed your baby, you may also feel cramping because breastfeeding causes the uterus to contract.
- Your IV is removed 1 to 2 days after the Cesarean Section. It is removed when your pain is well controlled and you are drinking well. You will be able to slowly start to introduce solid foods when your doctor decides you are ready. You are given a stool softener to reduce straining when having a bowel movement.

- The nurse removes the urinary catheter the day after your Cesarean Section. It is important that you pass urine before the bladder gets too full. Try to pass urine within 6 hours of the catheter being removed. The nurse helps you to the bathroom as needed. For the first few days after the Cesarean Section, the nurse records the amount you drink and the amount of urine you pass.
- The dressing on your abdomen is removed 1 to 2 days after your Cesarean Section. If there is no drainage, the incision is left open to air to heal. The nurse will apply a new dressing if needed.
- During your hospital stay the colour and amount of your vaginal flow will change. The color will change from bright red to pinkish. The amount of flow will decrease. If you notice a large increase in the amount of flow or clots larger than a loonie, tell your doctor or nurse.
- You may feel overwhelmed. Try to rest as much as possible between activities and feedings. You may want to limit visitors to close family and friends.

## Managing your pain

If you had a regional anesthetic, you may not need additional pain medication for the first 12 to 24 hours after your Cesarean Section. Along with the regional anesthetic for the surgery, the anesthesiologist may give pain medicine that relieves pain for 12 to 24 hours.

You will be given pain medicine as needed during your hospital stay to manage your pain. Ask your caregiver for medicine if you are experiencing pain. You will be able to move much better and do deep breathing exercises if your pain is well controlled.

You may receive pain medicine through a patient controlled analgesia (PCA) pump. Your nurse will show you how to use the pump. The PCA pump lets you give yourself pain medication as needed. Your support person should not use the PCA pump.

You may be given anti-inflammatory medicine with your pain medicine. Anti-inflammatory medicine is given by tablet. It is given every 8 to 12 hours for at least the first 24 hours.

Managing your pain will help decrease risk of potential complications and will increase your ability to interact and bond with the newborn.

## Feeding your baby

Your baby needs to be fed at least 8 to 12 times every 24 hours. The choice to breastfeed or bottle feed is your own. Breastfeeding is supported at KHSC's Kingston General Hospital site because of its benefits to mothers and babies. If you are breastfeeding, it is good to start as soon as possible after the baby's birth.

If you have questions about feeding your baby, talk to your caregivers. If you need help feeding your baby, ask your nurse for help.

## Teaching

Your caregivers give information on feeding and caring for your baby. Also, you receive information about taking care of yourself. Please ask questions.

## Going Home

Your caregivers help you plan for going home. The doctor gives you a prescription for pain tablets. You receive information on birth control and sexual activity. If you have questions, please ask.

If your surgical incision was closed with sutures, they will dissolve on their own. You will not need to get them removed. If your surgical incision was closed with surgical staples, your doctor will advise you on when to have them removed by your family doctor or midwife. We will provide you with a staple remover to take to that appointment.

All parents receive a Health Information Package before going home. The package contains:

- A variety of pamphlets
- A list of available community resources
- Instructions for going home

This information helps prepare you for going home. It also directs you to community support services and breastfeeding resources for more advice.

All parents receive forms to fill out to register their babies for Ontario Health Care and information on how to apply for a birth certificate.

Your doctor, midwife, or public health nurse can help answer your questions once you are home.

## Follow-up Appointments

To make sure all is well, have your baby seen by your family doctor, or midwife as indicated at discharge. See your doctor or midwife for your own follow-up in 6 weeks.

If you have any questions, talk to your caregiver.

## Common Questions

### Where can I get more information?

- Your doctor or midwife
- A public health nurse
- Tele health Ontario

### How might I feel after the Cesarean Section?

Some people feel disappointed, sad or cheated because they did not have a vaginal birth. If you feel this way, talk to your support person, doctor, midwife or nurse. It is normal to feel these emotions as you have missed something you had planned and it is important to get adequate support for these feelings.

### How do I care for my incision?

Keep your incision clean. If your clothes rub against the incision, cover it with a dry bandage. You can bathe or shower as usual. Use a mild non-perfumed soap such as unscented Dove or Ivory.

### What about activity?

For the first month after the Cesarean Section do not lift heavy objects. This could put strain on your incision. For example, do not lift a basket full of laundry or a bag of heavy groceries.

Slowly increase your activity to your usual level, being careful not to over do it. It is important for you to listen to your body. If you are tired or have pain, stop what you are doing and rest. Sleep when your baby sleeps.

### **What about food?**

Eat as suggested by the Canada's Food Guide. Foods high in fibre and iron are beneficial after Cesarean Section.

Your digestive system slows down because you are less active. This may cause you to be constipated. To reduce the risk of constipation, drink lots of fluids and eat foods high in fibre.

### **What about sex?**

Do not have intercourse until it feels right for you. You may want to wait until after your 6 to 8-week follow-up appointment. If you find intercourse uncomfortable at first try changing positions. You also can try vaginal moisturizers or lubricants.

It is possible to become pregnant before your period starts again. If you have questions about birth control, talk to your caregiver.

### **When should you call your doctor?**

- Call your doctor if you have:
- Chills and temperature over 38.5
- An increase in pain, swelling, redness or drainage from your incision
- Large clots passing from your vagina
- Pieces of tissue or bad smelling discharge passing from your vagina
- Pain when passing urine
- Difficulty emptying your bladder or if you pass small amounts of urine often.

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