

YOUR BABY'S BIRTH BY CAESAREAN SECTION

➤ MORE INFORMATION

For more information on caesarean sections and the recovery process after a caesarean section please consult your Mieux vivre avec notre enfant www.inspq.qc.ca/mieux-vivre/version-pdf, your healthcare professional or Info-Santé at 8-1-1.

The term accompanying person includes a spouse, a close relative or a birth attendant. However, if the accompanying person is not the spouse, the procedure may be different. Please refer to your healthcare professional for details.



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A caesarean section is a surgical procedure in which an incision is made in the abdominal wall to remove the unborn baby or babies from the mother's uterus.

➤ PREPARING FOR SURGERY AT HOME

- Do not eat, beginning from midnight the day before unless otherwise indicated;
- Remove all your jewelry (including piercings) as well as false nails;
- Tie your hair back with a metal-free elastic band;
- Avoid applying creams or oils to your stomach;
- Do not shave your stomach or pubic area at home. Pilosity will be checked by the nurse on your arrival;
- Present yourself at the requested location when making the appointment and arrive at the indicated time. Bring your hospital cards, your luggage (clothes, toiletries, etc.) as well as those of the baby.

➤ UPON ARRIVING AT THE HOSPITAL

- A nurse will put you in a room to carry out your surgery preparation.
- We will ask you to put on a hospital gown and remove your underwear.
- The nurse will check your baby's heart rate with a monitor, then take a blood sample from you and insert a venous line.
- Shaving of the surgical area will be done by the nurse, if necessary.
- A venous line with solution will be installed to ensure your hydration, to administer certain medications if necessary and to facilitate the ability to intervene quickly in case of emergency. It is usually installed at the same time as your pre-surgery blood test.
- A bladder catheter will be installed to prevent urine from accumulating in your bladder during the procedure. It may not be installed until you get to the operating theatre.
- When the operating theatre staff are ready, the nurse will accompany you and your accompanying person to the operating room.



➤ SURGERY PROCEDURE

- Upon arriving at the operating theatre, the staff will explain to your accompanying person their role and what is expected of them. If they are not already dressed for the caesarean section, the staff will provide them with the appropriate attire and show them where they will wait for the staff to come and get them.
- During this time, we will take you to a room in the operating theatre. You will be placed on the operating table where the anaesthetist will administer an epidural or spinal anaesthetic. The procedure involves placing a catheter in your back, between the bones of the spine to the epidural space, to numb the lower body. This means that you will be awake during your caesarean section, but will not feel any pain.
- You will then lay down on the table where we will proceed to disinfect your stomach. This is usually when the bladder catheter will be placed if it was not already completed in your room.
- We will cover your stomach with sterile drapes and a large sheet will be placed so that neither you nor your accompanying person can see the surgery.
- At this point, a member of staff will escort your accompanying person to the operating theatre so they can join you.
- The gynaecologist will make the first incision only after testing the effectiveness of your anaesthetic. You will probably still feel the sensation of touch, and pressure (sometimes strong) can also be felt when the baby comes out. These are normal and sometimes unpleasant sensations, but they will not be painful.
- When the baby comes out, the nurse will take your baby to a heating table where they will dry the baby and make sure airways are clear. Your

accompanying person will be able to come to the table. If the baby is doing well, it will be brought near you. We will then place the baby on your upper chest so that you can both benefit from skin-to-skin contact quickly after birth.

- When the procedure is completed, you will be transferred to the recovery room, where we will make sure that your vital signs are stable. Your accompanying person and baby will follow you there if staff are available. If you wish to breastfeed, a breastfeeding can be attempted at this time. In the event that your accompanying person and the baby cannot stay with you in the recovery room, they will do skin-to-skin contact in the room until you return.

➤ AFTER THE CAESAREAN SECTION

- After your recovery period in the recovery room, we will take you by stretcher to your room and help you transfer to your bed.
- The nurse will check your physical condition frequently.
- You will rest in bed for the first few hours. Generally, you can get up 4 to 5 hours after the caesarean. Do not try to get up on your own the first time, a nurse will help you do this. It is important to mobilize quickly after the procedure:
 - » It accelerates recovery;
 - » Facilitates healing;
 - » Improves blood circulation;
 - » Prevents complications.
- The IV and catheter will be removed after the required time established by the doctor, usually within the first 24 hours after caesarean section.
- Eating will be gradually resumed after a few hours depending on your tolerance. As a caesarean section often results in more pain than a vaginal birth and you will be limited in your movements, it is important that

someone (spouse or other companion) stays with you to help you care for the baby, at least for the first 24 hours.

- Your bandage will be removed on the 2nd day approximately.
- Any staples or sutures that have been put in place to close your wound will be removed before or after your discharge from hospital. Bridging adhesive bandages will be placed. If the wound looks good, you can remove them after 7 days. If you have stitches with absorbable thread, there is nothing to remove. As necessary, refer to the brochure on skin staples and sutures that will be given to you in the hospital.
- You may receive injections under the skin (heparin) to protect against phlebitis, depending on medical assessments.

➤ RECOVERY AFTER A CAESAREAN SECTION

- It is normal to experience pain, sometimes significant, after a caesarean section. The pain will be more acute during the first 48 hours. It will be felt in the form of tightness and burning, and then gradually decrease. You may need medication to relieve pain. When you are in hospital, it is important to tell your nurse about the pain you are experiencing, they can help relieve pain and the doctor can give you a prescription for when you return home.
- Some precautions will be necessary in the first few weeks:
 - » Avoid using stairs if possible. Go slowly if you use them;
 - » Take showers. Discuss with a doctor or a healthcare professional before bathing or swimming;

- » For a few weeks, avoid lifting objects heavier than your baby's weight, which is about 10 lb;
- » Resume your activities gradually according to your tolerance; walking is allowed as soon as you leave the hospital;
- » For more strenuous activities such as cycling, jogging, aerobic exercise, weight training, resume them gradually according to your tolerance, taking into account your doctor's recommendations.
- Vaginal bleeding may last about 3-6 weeks and should decrease. Tell your doctor if it increases.
- Unless otherwise indicated, the wound from caesarean section does not require any special care. Simply wash the area with soap when you shower. Take care to keep the scar dry. Avoid that it remains a wet area, especially when it is located in a deep skin fold.
- Consult a doctor if certain warning signs appear:
 - » Redness, heat or swelling of the wound;
 - » Discharge from the wound;
 - » Increase in pain;
 - » The wound's edges separate;
 - » Fever, general malaise, difficulty breathing;
 - » Pain, redness or swelling in one leg (phlebitis);
 - » Heavy or foul-smelling vaginal discharge;
 - » Painful urination;
 - » Severe headaches, stomach pain or change in vision.
- Smokers should avoid (or at a minimum, reduce) cigarette consumption, as this increases the risk of infections and poor wound healing.