

Before and After Your Cesarean Birth

Enhanced Recovery Guide

Your cesarean delivery is on: _____ *(date)*

Please arrive at: _____ a.m./p.m. *(2 hours before surgery)*

Surgery Time: _____ a.m./p.m.

Obstetrician: _____

Location: _____

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Thank you for choosing us for the cesarean birth of your baby (c-section). The health and well-being of you and your baby are of utmost importance to us. We are committed to providing you and your family with the best possible care.

Please keep this book. It will be your guide throughout your surgery preparation, the birth of your baby and your recovery. It should help answer any questions you may have.

Look for these symbols in the book:

- !** **Remember to . . .** These “to-do” items remind you of the tasks that will help you get the best results from your surgery or treatment.
- ?** **Did you know . . .** These facts to help you better understand your care.
-  **Expert tip . . .** Wisdom from people who know: Past patients as well as health care providers.

Part 1: What is the enhanced recovery program?

Enhanced recovery is a way of caring for surgical patients to help them get better faster. All of the members of your care team work together with the goal of a smooth recovery. This includes your obstetrician, family medicine provider, anesthesiologist, pediatric care provider, nurses and midwives. This lets you and your family focus on taking care of your newborn.

Goals of enhanced recovery

- Helping you understand the process from start to recovery, including how to prepare for it.
- Reducing the physical stress of surgery and delivering a baby. This means allowing you to drink clear liquids or a carbohydrate drink up to 2 hours before surgery and eating up to 8 hours prior to surgery.
- Less opioid pain medicines. We will use multiple methods to control your pain, including a pain block. Our goal is to reduce the side effects of opioids on your body and their transfer into your breast milk.
- Eating and moving around earlier after your baby is born. By controlling your pain, you are more able to eat, drink and move around, which helps improve your recovery.
- Having a partner with you in the operating room, as well as a doula if you have one.
- Giving you the right amount of IV fluids.
- Managing your blood pressure.
- Skin-to-skin contact with your baby as soon as possible after delivery. This helps you bond while keeping your baby warm. It also leads to better success making milk and feeding your baby.
- Waiting to clamp your baby's cord, which can improve baby's red blood cell counts.
- Helping you avoid nausea (feeling sick to your stomach).
- Controlling your temperature to help prevent shivering.

? Did you know

We take a family-centered approach to cesarean delivery.

We aim to make surgical births feel less like surgery.

! Remember to ...

If you get sleepy during skin-to-skin time, place your baby in the crib.

(It is **not** safe to fall asleep with your baby.)

What type of pain medicine will I have?

You will meet with an anesthesiologist the day of your surgery to talk about the types of anesthesia, what to expect and any questions or concerns you may have.

There are two main types of anesthesia for cesarean delivery: regional and general.

Regional anesthesia

Most c-sections are done with regional anesthesia (numb from the chest down) so that you can be awake and hold your baby right away. This also limits the amount of anesthesia your baby gets. It is usually done by giving you an injection in your back. Commonly used types of regional anesthesia include spinal, epidural, or a combination of both.

Risks and side effects of regional anesthesia may include:

- Decrease in blood pressure.
- Headache.
- Itching.
- Shivering.
- Local anesthetic injected into a blood vessel.
- Nerve damage.
- Abscess (infection) or hematoma (blood clot) at the site of injection or in the spinal or epidural space.

After surgery, you will likely receive a TAP block anesthetic. (More information about this is on page 7). Your anesthesiologist will discuss the risks and benefits of this procedure.

General anesthesia

It is unlikely that you would need general anesthesia for a planned cesarean delivery. General anesthesia means that you would be completely sleeping with a breathing tube and would not be awake for the birth of your baby.

We prefer to use regional anesthesia for cesarean births, but occasionally general anesthesia is needed based on your medical history. In this case, your anesthesiologist will discuss the risks and benefits to this type of anesthesia.

Frequently asked questions

How long will I be in the hospital?

You will be in the hospital for 2 to 3 days after your surgery.

Can a partner be with me during my cesarean?

Yes. A partner can be with you during your surgery. We encourage you both to read the handout, *Guidelines for Attending a Birth in the Surgical Suite*, www.fvfiles.com/524374.pdf.

What if I need help understanding what is happening?

Your care team will explain each part of the procedure as it happens. If you need an interpreter (sign language or another language), one will be available while you are in the hospital. This may be in person or with assistive technology. We can also provide voice amplifiers to help you hear or speak.

What can I expect during my recovery?

After you leave the hospital, you will continue healing at home. This generally takes about 5 to 6 weeks. You may have some pain from your surgical cut and uterus cramping. You will also need lots of rest. It's a good idea to have someone help you at home during this time.

What if my baby needs to go to the NICU?

Many of our hospitals have a Neonatal Intensive Care Unit (NICU) on site. If your hospital does not have a NICU, your baby would be transported to the nearest location. If your baby needs a longer stay in the NICU, you may go home from the hospital before your baby.

Can I tour the Birthplace Labor and Delivery unit?

Yes. Please visit www.fairview.org/overarching-care/the-birthplace/tours to learn how to register for a tour. Some tours may include a walk-by the Neonatal Intensive Care Unit (NICU). (Grand Itasca patients may stop by the WHB unit after one of your final prenatal appointments.)

Can I take medicines if I'm nursing my baby?

Talk with your pregnancy provider about taking medicines while you are breast/chest feeding. Some medicines are not safe to take, while others are. Your provider can help you weigh the risks and benefits of each.

 **Expert Tip:**

Prepare a few meals ahead of time.

Part 2: Getting ready for surgery

Please follow the instructions in the handouts below. Your provider or clinic will provide you with a paper copy.

- Preparing for Your Surgery*, www.fvfiles.com/193169.pdf.
- Showering Before Surgery*, www.fvfiles.com/521449.pdf.
- Guidelines for Attending a Birth in the Surgical Suite*, www.fvfiles.com/524374.pdf.

From now until your surgery date

- Continue seeing your pregnancy provider for regular prenatal care.
- Pre-register for your hospital stay at www.fairview.org/Pre-Registration.
- Arrange to have someone help you at home while you are recovering. You will need lots of rest.
- Obtain an infant car seat (one that is not too old or in a previous accident).

During your regular prenatal check-ups in the clinic:

- Schedule your surgery date.
- Meet with an obstetrician (pregnancy doctor) to discuss the upcoming cesarean delivery. Plan how you will manage pain after surgery and at home.
- Discuss an infant feeding plan with your pregnancy provider.
- Choose a pediatrician or clinic for your baby for after you go home.
- Ask your clinic how to obtain special surgical soap and a carbohydrate drink (Gatorade, Powerade, clear Ensure).**
- Bring or send Family Medical Leave Act (FMLA) forms to your clinic. **Allow up to 10 business days for the forms to be completed and returned to you.**

1 to 3 days before surgery

- Your clinic may schedule you for a blood test at the lab. If so, this test must be done **within 72 hours of your scheduled surgery.**
- Obtain the surgical soap and a carbohydrate drink as directed by your clinic, if you have not already done so.

24 hours before surgery

- Continue taking any medicines prescribed to you by your doctor or midwife, unless you have been told otherwise.
- Take a shower with the surgical soap you picked up. Follow the directions in *Showering Before Surgery*.

8 hours before surgery

- For eating and drinking guidelines, refer to Preparing for Surgery or follow your doctor's guidelines.

3 to 8 hours before surgery

- Take a second shower using surgical soap. Follow the steps in *Showering Before Surgery*.
- Drink 8 to 12 ounces of a carbohydrate drink (see examples at the right). It is okay if you cannot drink it all. If you have any type of diabetes (including gestational), drink 8 to 12 ounces of water.

2 hours before surgery

- For eating and drinking guidelines, refer to Preparing for Surgery or follow your doctor's guidelines.

Part 3: After you arrive at the hospital

What to expect

- We will ask you to sign a form. It states that you consent (agree) to surgery.
- We will give you acetaminophen (Tylenol). This will help decrease pain from surgery. We will also give you medicine to calm your stomach acid.
- We will place compression sleeves around your lower legs. These will help prevent blood clots.
- We will offer you a special blanket or gown to keep you warm.
- We will take you to the operating room.

Expert Tip:

Carbohydrate drinks include:

- Gatorade
- Powerade
- clear Ensure

Remember:

If you have diabetes, drink plain water instead.

! Remember to ...

Tell your care team the following:

- Who you have chosen to be your baby's doctor.
- What your feeding plan is for your infant.

Part 4: While you are in the operating room

Anesthesia

- The anesthesiologist will meet with you to discuss your anesthesia plan for surgery. They will also explain each part of the procedure as it happens.
- We will ask you to sit on the side of the operating table with your back to the anesthesiologist.
- What the anesthesiologist will do:
 - Place a blood pressure cuff on your arm and an oxygen monitor on your finger or toe.
 - Clean your back with sterile soap.
 - Ask you to relax your shoulders, put your chin to your chest and stick out your back (curl down over your belly). This will make it easier to place the anesthesia.
 - Inject numbing medicine at the site.
- Locate the spinal or epidural space and inject the medicine. **Tell the anesthesiologist if you start to feel sick to your stomach.**
- Your legs and bottom will start to feel warm and heavy. We will place you on your back very quickly after this.
- We will begin checking your blood pressure every minute and listening to the heart rate of the baby.

After the medicine is injected, your surgical team will do several things at once:

- Place a urine catheter into your bladder to empty it. This will not hurt since you will already be numb from the anesthesia. This catheter will be removed after surgery.
- Place safety straps on your legs.
- Clean your belly with sterile cleaning soap.
- Place a sterile blue drape over your body to prevent infection. You will not be able to see the surgery.
- Perform a pre-surgery safety check.

- Make sure you are numb enough for surgery.
- Bring your partner or support person into the operating room. They will be able to sit on a chair beside you at the head of the bed.
- Once the baby is delivered and the surgical team gives the okay, we will drop the blue drape. You will be able to see and touch your baby through a clear drape.
- Place your baby skin-to-skin with you. You may be able to start breast/chest feeding if you and baby feel okay.
- If needed, we will provide extra medical support for your baby.

TAP block

After surgery, you may receive a TAP block anesthetic (numbing medicine injected into your belly). You will still be numb from anesthesia and will not feel the injection. The TAP block reduces pain from your surgical cut for 48 to 72 hours.

Less pain means you'll need less opioid pain medicine. It will also be easier to move, walk and care for your baby. Your anesthesiologist will discuss the risks and benefits with you.

! Recovery goals

- Sit up within 6 hours after surgery (with help from your nurse).
- Start walking within 6 hours of surgery (with help).
- Able to sit in a chair for meals.
- Pain is under control.
- Begin walking up to 3 to 4 times a day.

Part 5: Recovery in the hospital

Right after surgery, you will be in a quiet space with just your partner, baby and nurses. This will allow you to rest, feed your baby and have frequent health checks by your nurse. We will limit visitors during these first few hours so that you and your baby have a quiet, healing environment.

After this time, you will be transition to postpartum care. You will continue recovering from your surgery and getting to know your baby. Your surgeon and baby's doctor will check on you every day.

What to expect the first 24 hours

- You may have ice chips right after surgery.
- You may start eating and drinking as soon as you feel ready. This is usually about 2 hours after surgery. We encourage you to drink water or other liquids every day to stay hydrated.
- We will encourage you to have skin-to-skin contact with your baby until you go home. **If you get sleepy during skin-to-skin time, place your baby in the crib.**
- **If chest/breast feeding:** Try to start as soon as possible. Your nurse can help answer any questions you have. Lactation Services may also be available at your hospital if you need additional support.
- Your nurse will check your bleeding, surgical cut, uterus and vital signs often throughout your stay to watch how well you are recovering.
- We will remove your urine catheter in the first few hours (before you walk).
- We will give you medicine to help with any pain or cramping in your uterus. You may also ask for medicine for itching, nausea and shivering.
- You will continue wearing the compression sleeves on your legs while in bed.

What to expect before you go home

- We may remove your bandage.
- You may begin showering or bathing. You will be walking 3 to 4 times per day.
- You will be able to sit up in a chair to care for your baby, eat meals and see visitors.
- Expect to chest/breastfeed 8 to 12 times per day or more often if baby desires.
- You will be prescribed a stool softener to help with bowel movements.
- We will tell you how to care for your surgical cut at home.

Part 6: Continuing to recover at home

First 24 hours at home

- Review your discharge instructions. Be sure to follow any care instructions we have given you for your surgical cut.
- Rest when your baby rests.
- Take pain medicines as directed.
- Continue skin-to-skin contact with your baby. (Reminder: It is not safe to sleep with your baby.)
- Do not lift anything heavier than your baby.
- Drink lots of water every day to stay hydrated.
- Continue to breastfeed at least 8 to 12 times per day or more often if baby desires.
- Walk at least 3 to 4 times per day, or more if you can.
- Attend all follow-up appointments for you and your baby.

Call us with any questions or if you need support.

! Remember to ...

Before you go home:

- Ask about a breast pump if you do not already own one.
- Make follow up appointments for you and baby.
- Talk to your provider about a home care visit.
- Fill out any paperwork for you and your baby (birth certificate and or recognition of parentage).
- Watch any patient education videos your nurse suggests.
- Read your discharge instructions. Ask any questions you may have.
- Arrange for a ride home. Include a car seat for your baby.

Part 7: Labor and Delivery locations

M Health Fairview Ridges Hospital – Burnsville
201 E. Nicollet Blvd, 4th floor
Burnsville, MN 55337
952-892-2055 (Postpartum Unit: 952-892-2480)

M Health Fairview Southdale Hospital – Edina
6401 France Ave. S., 2nd floor
Edina, MN 55435
952-924-5200 (Postpartum Unit: 952-924-5400)

- General information: www.fairview.org/locations/fairview-southdale-hospital/birthplace
- Directions and Parking: www.fairview.org/locations/fairview-southdale-hospital/parking-and-driving-directions

Fairview Range Medical Center – Hibbing
750 East 34th Street, 4th floor
(North or West entrance)
Hibbing, MN 55746
218-262-4881

Fairview Grand Itasca Clinic & Hospital – Grand Rapids
1601 Golf Course Road
Grand Rapids, MN 55744
218-326-3401 (Clinic appointments: 218-326-7344)

M Health Fairview St. John's Hospital – Maplewood
1575 Beam Ave.
Maplewood, MN 55109
651-232-7550

M Health Fairview University of Minnesota Medical Center and Masonic Childrens' Hospital – Minneapolis (West Bank)
2450 Riverside Avenue
Minneapolis, MN 55454

- Labor and Delivery, East Building, 4th floor: 612-273-4040
- Newborn Family Care Center, South Building, 7th floor: 612-365-7100
- NICU, East Building, 4th floor: 612-273-7032
- Directions and Parking: www.mhealth.org/locations/buildings/university-of-minnesota-masonic-childrens-hospital

M Health Fairview Northland Medical Center – Princeton
911 Northland Dr.
Princeton, MN 55371
763-389-7667

M Health Fairview Woodwinds Hospital – Woodbury
1925 Woodwinds Drive
Woodbury, MN 55125
651-232-0022

M Health Fairview Lakes Medical Center – Wyoming
5200 Fairview Blvd.
Wyoming, MN 55092
651-982-7910
Directions and parking:
www.fairview.org/locations/fairview-lakes-medical-center/parking-and-driving-directions

Helpful resources

Billing questions
612-672-6724 or toll free: 1-888-702-4073
www.fairview.org/billing

Interpreter Services
612-273-3780

Labor and Delivery tours
www.fairview.org/overarching-care/the-birthplace/tours
(Grand Itasca patients may ask their prenatal provider for more information.)

Lodging (local hotel information and rates)
612-273-3695 or toll free: 1-800-328-5576

Lactation specialists

- St. John's and Woodwinds: 651-232-8080
- All other locations: 855-324-7849

Milk banking information
www.fairview.org/overarching-care/the-birthplace/lactation-services