



What to Expect Before, During and After Your C-Section

— THE —
University of Vermont
MEDICAL CENTER

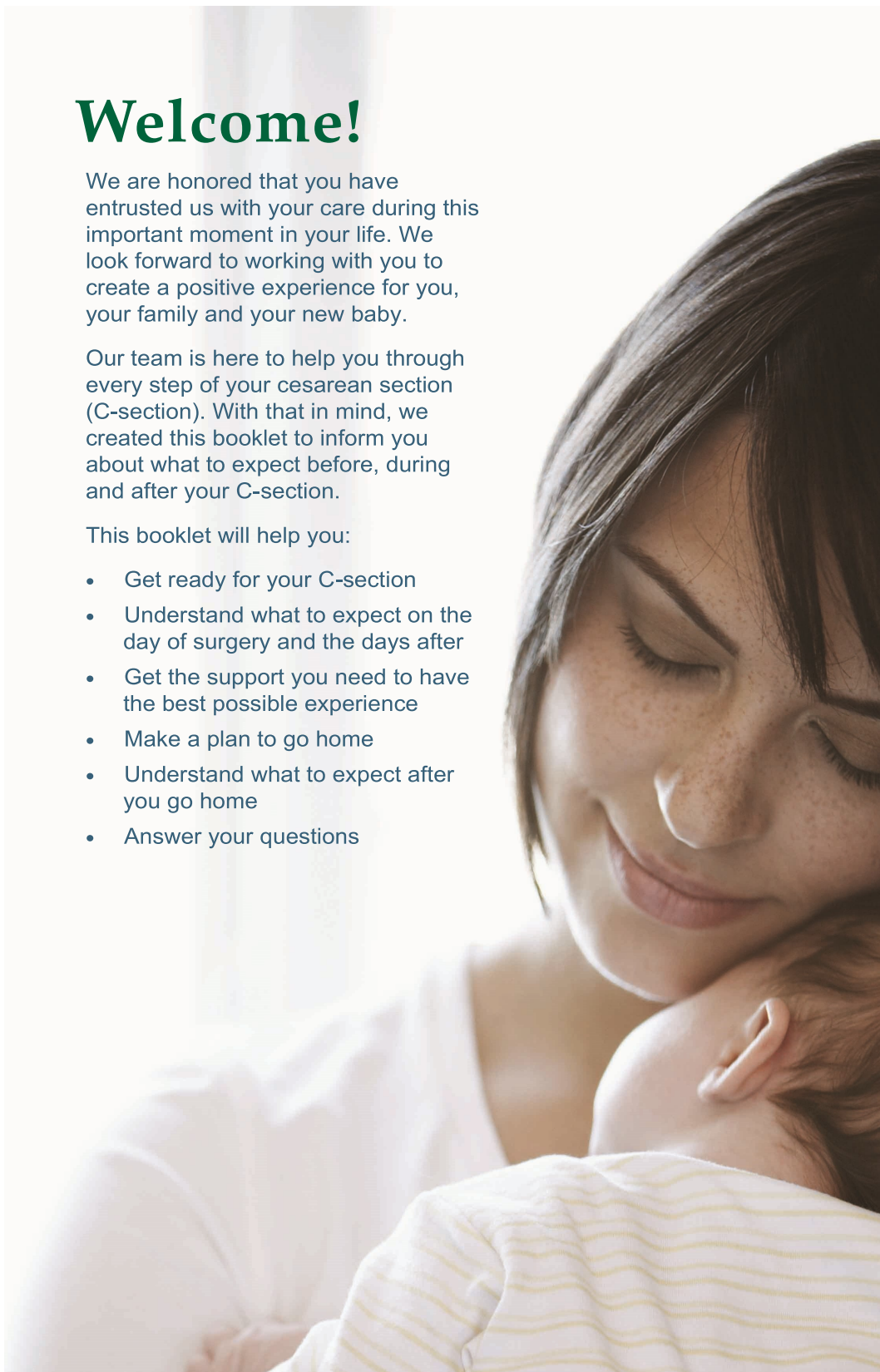
Welcome!

We are honored that you have entrusted us with your care during this important moment in your life. We look forward to working with you to create a positive experience for you, your family and your new baby.

Our team is here to help you through every step of your cesarean section (C-section). With that in mind, we created this booklet to inform you about what to expect before, during and after your C-section.

This booklet will help you:

- Get ready for your C-section
- Understand what to expect on the day of surgery and the days after
- Get the support you need to have the best possible experience
- Make a plan to go home
- Understand what to expect after you go home
- Answer your questions



ENHANCED RECOVERY AFTER CESAREAN

At The University of Vermont Medical Center, we use the most up-to-date model of perioperative care to ensure better outcomes for patients having C-sections. This model is called **Enhanced Recovery After Cesarean**, or **ERAC** for short.

ERAC has been shown to help patients:

- Heal and recover faster
- Need less opioid pain medication after surgery
- Have more success breastfeeding
- Transition home more smoothly

We understand that every patient is different. We'll work with you to design an Enhanced Recovery plan that meets your needs.

It is important for you and your loved ones to understand what to expect so those close to you can help you during your recovery in the hospital and at home. Please read this booklet and bring it with you to the hospital. Write down your questions and ask your doctors when you see them, or call your doctor's office.

At the end of this booklet is a space for you to write down what is most important to you during this experience. Please share this information with us when you arrive so that we can answer your questions and support your goals.

We look forward to working with you to ensure you have a quick recovery, a positive bonding experience with your new baby and are feeling prepared for next steps at home!



How to Prepare for Your C-Section

A few days prior to your C-section, a member of your anesthesia team will call you to discuss your Enhanced Recovery plan.

The night before your C-section, a labor and delivery nurse will call to review the plan for that night and the morning of your surgery.

WHAT DO I NEED TO DO IN THE 24 HOURS BEFORE MY C-SECTION?

- Take medicines as instructed by your health care team. Please ask about any medicines that you are unsure of
- Shower with the antibacterial soap sponge or wipes that we have provided to you (see page 14 for details)
- It is important to stay hydrated. Drink clear liquids up until 2 hours before your scheduled surgery time. This will help to keep you hydrated and enhance your recovery

Allowable clear liquids include:

- Water
- Gatorade
- Regular apple juice (no pulp)
- Drink a clear carbohydrate beverage 2.5 hours before your scheduled surgery if you are not on medicines for diabetes. This lowers your body's stress response and aids wound healing and recovery. Options include:
 - 26 oz regular Gatorade (not red)
 - 16 oz regular apple juice (no pulp)

WHAT TO BRING WITH YOU

We recommend that you bring these items with you on the day of your C-section:

- Your packed bag
- This booklet
- Infant car seat, which can remain in the car until you are ready to go home

The 24 Hours Before Your C-Section



THE DAY BEFORE

You and your OB nurse will review the plans for your C-section



8 HOURS BEFORE C-SECTION

Do not eat from this point forward and drink only clear liquids (examples above)

Drink only
clear liquids →



- It is safest to leave non-essential jewelry at home and remove all jewelry including body piercings prior to surgery

WHAT TO WEAR TO THE HOSPITAL

- Loose, comfortable clothing

ARRIVAL AND PREPARATIONS AT THE BIRTHING CENTER

Please arrive 2 hours before your scheduled surgery. You can park in the parking garage. There are information desks on levels 2 and 3 of the Medical Center which can help guide you to the Birthing Center. It is located on the 7th floor of the McClure building.

BEFORE YOUR BABY ARRIVES

- You'll be registered when you arrive at the Birthing Center; you do not need to stop at the main registration office

- We will need to know who you have selected as your baby's pediatrician

Once you are settled in your pre-op room in the Birthing Center, your nurse will:

- Assess your vital signs
- Place an intravenous (IV) line and complete additional lab work if needed
- Monitor your baby's heartbeat
- Wash the surgical area
- Administer pre-operative medications
- Check your blood sugar if needed
- Review your plan of care and answer your questions
- Members of your obstetrics (OB) and anesthesia teams will meet with you, discuss pain management strategy, answer any last-minute questions and obtain consents. They will also perform an ultrasound, if needed



What to Expect in the Operating Room

YOUR ANESTHESIA TEAM WILL:

- Apply monitors
- Administer antibiotics to help prevent infection
- Administer anesthesia medications to keep you comfortable during surgery and to help with pain management after surgery. Usually, this includes administration of both short- and long-acting pain medications with spinal, epidural or combined spinal-epidural anesthesia
- Under specific circumstances, additional pain management strategies may be recommended during or after surgery
- In most instances, you will be awake for the birth of your baby

AFTER YOUR ANESTHETIC IS ADMINISTERED, YOUR SURGICAL TEAM WILL:

- Listen to your baby's heart
- Insert a small tube (catheter) into your bladder. This will remain for 6-12 hours, depending on your ability to get to the bathroom. It is also used to measure how much urine you are making
- Administer a vaginal wash (at the discretion of your obstetric provider)
- Wash your belly
- Put blue drapes on your belly and test the effectiveness of your anesthesia. Your C-section will begin shortly after your anesthesia has taken effect
- Your support person will come into the operating room when your C-section is about to begin



- If you get medicine to go to sleep (general anesthesia), your support person will not be able to come into the operating room. You will see them in the recovery room right after surgery
- In some situations the order of these steps may change

WHAT HAPPENS AFTER YOUR BABY IS BORN

- There will be a nurse caring for your baby in the operating room
- In some circumstances, a group of special pediatric providers will attend your delivery and monitor your baby
- Your baby will most likely stay with you in the operating room
- You and your support person will hold your baby and spend time skin-to-skin when possible
- After delivery, you and your support person will have bracelets that match your baby's bracelets. These help us to identify you as your baby's loved ones. You should wear these until after you and your baby are discharged

THE NEONATAL INTENSIVE CARE UNIT (NICU)

- Some babies need advanced care after they are born. In this case, your baby will be transferred to the NICU. The neonatal care team will make every effort to talk with you and to let you see your baby before they leave the operating room. Your support person is often welcome to accompany the team to the NICU. They may also stay with you in the operating room
- You can visit your baby once you are stable. Until then, you can call the NICU to get regular updates on your baby. Parents are welcome in the NICU 24/7 as long as they meet current infection prevention guidelines



In the Recovery Room

After your C-section, you will be moved to the recovery room, where most patients stay for about 2 hours. In most cases, your baby will stay with you. During this time, we encourage as much skin-to-skin contact as possible.

SKIN-TO-SKIN CONTACT HAS MANY BENEFITS

- Increases breastfeeding success
- Promotes parent and baby bonding
- Lowers pain and stress for parent and baby
- Helps keep baby's blood sugar normal
- Helps baby feel secure and content
- Helps keep baby's and your temperature, heart rate and breathing normal



FEEDING

- We encourage infant feeding within 1-2 hours of delivery based on your baby's cues
- When possible, we encourage breastfeeding. This can begin right away in the recovery room. If you choose to formula feed, formula is immediately available
- If your baby is in the NICU, we can help you learn how to pump your breastmilk
- For more information and resources on breastfeeding, see "Resources" on page 13
- A binder around your belly to support your stitches so that you can sit up and move around more comfortably (at the discretion of your obstetric provider)
- The Enhanced Goals and Actions Checklist, which is also available on page 15. Your nurse will review this with you and discuss how to use it
- A device (incentive spirometer) to practice taking deep breaths 10 times per hour if you had general anesthesia. Your nurse will help you use this to encourage your lungs to function normally again

To promote the best recovery, we encourage an early return to mobility and walking. This begins in recovery with raising the back of the bed to a near-sitting position within the first hour, or as soon as you feel up to it. In addition, after your C-section you will receive:

- Ice chips or clear liquids. We encourage you to begin a regular diet as soon as you are ready (ideally within 2-4 hours)
- 2 packs of sugarless gum, unless you brought your favorite flavor from home. We encourage you to chew 1 piece of gum for at least 5 minutes, 3 times per day, until you are eating a regular diet. This will help your digestion return to normal





In the Mother-Baby Unit

Once you are stable, you will go to the Mother-Baby Unit (MBU). Most patients stay in the MBU for about 3 days. During this time, we set the following goals for your recovery:

- Be out of bed and walking within 6-8 hours after surgery
- Wear compression sleeves on your lower legs when in bed to prevent blood clots until you are walking frequently
- Eat and drink normally within 2-4 hours of your surgery
- Have your pain actively managed and tailored to your needs
- Remove urinary catheter 6-12 hours after surgery. The goal is to pass urine every 2-3 hours even though you may not feel the urge to go
- Chew gum for at least 5 minutes, 3 times per day, until you are eating normally. This helps your digestion return to normal
- Walk in the halls at least 3 times per day



CALL, DON'T FALL

You are at increased risk for falling after you have had surgery. Please do not get out of bed by yourself until you and your nurse feel you are ready.

ROOMING IN

We encourage you to have your baby stay with you in the room. This gives you precious time to get to know your baby, learn feeding cues and spend time skin-to-skin. When your baby goes to the Newborn Nursery for routine testing, you're welcome to join.

IF YOUR BABY IS IN THE NICU

If your goal is to provide breastmilk to your newborn, we will help you learn how to pump your breast milk. You and your support person are welcome to visit the NICU 24/7.

VISITORS

We want your loved ones and support persons to be here with you when it's considered safe to do so.

Our visitation policy is subject to change based on current infection prevention guidelines. At minimum, you'll be able to have one support person stay with you for your hospital stay.

Please visit [UVMHealth.org/MedCenter/Visitors](https://www.uvmhealth.org/MedCenter/Visitors) for our current practices. We also encourage you to speak with your provider or nurse regarding current visitation policies.

Your Enhanced Recovery Plan for the Next Few Days

WHO WILL TAKE CARE OF ME AFTER SURGERY?

MBU nursing staff will care for you and your baby. The OB team, anesthesia providers and pediatricians will visit daily, or more frequently if needed.

PAIN RELIEF AFTER SURGERY

- You are the primary director of your pain management
- We will ask you to rate your pain regularly
- We will adjust your pain management plan based on how you rate your pain
- Our goal is to provide excellent pain management while limiting opioids
- The addition of a long-acting pain medication to your spinal or epidural minimizes your need for opioid pain medication
- Most patients will receive other types of pain medications on a regular schedule (acetaminophen and/or ibuprofen)

ACTIVITIES TO ENHANCE YOUR RECOVERY: DAY OF DELIVERY

- Taking deep breaths
- Coughing
- Moving as much as possible
- Starting a regular diet within 2-4 hours

- Drinking fluids
- Chewing gum to help your digestion return to normal
- Getting out of bed and walking within 6-8 hours after surgery
- Having your urinary catheter removed 6-8 hours after surgery

ACTIVITIES TO ENHANCE YOUR RECOVERY: DAYS 1-3

- Getting your bandage removed and taking a shower
- Staying out of bed for most of the day and balancing activity with rest
- Walking in the hallway at least three times each day
- Eating a healthy diet
- Taking a stool softener and passing gas as needed to have a normal bowel movement

FAMILY AND NEWBORN BONDING AND CARE

- Continue to spend time skin-to-skin
- Learn your newborn's way of communicating their needs (cues)
- Develop confidence with comforting, caring for and feeding your baby

Communication with Your Health Care Team

TO HELP YOU RECOVER, LET US KNOW IF YOU:

- Have inadequate pain control
- Have a headache or neck pain
- Feel nauseous or vomit
- Feel dizzy or light headed
- Have uncomfortable itching
- Feel bloated or hardness in your abdomen
- Are unable to pass gas
- Can't pass urine or fully empty your bladder
- Are having heavy vaginal bleeding (soaking through a pad an hour)
- Are passing clots
- Have heavy bleeding that returns after initially subsiding
- Feel warmth or itchiness in your incision or notice fluid leaking from the incision
- Are having difficulty feeding your baby

Some of these are common side effects while others are less common. Your nurse has tools to help you with these symptoms.





Going Home

Most patients will go home on Day 3 after surgery. You will need to have someone take you and your baby home.

Discharge is planned for mid-day (11 a.m. to 1 p.m.), though this time may change if you or your baby need more medical care.

SIGNS YOU ARE READY TO GO HOME:

- You are able to eat and drink normally
- Your pain is manageable even with activity
- Your activity level is similar to what you anticipate doing at home
- You are comfortable taking care of yourself and your baby
- You have made a plan for birth control with your OB provider
- You are comfortable with your pain management plan for home

BEFORE YOU GO HOME:

- You'll receive a booklet and mobile app "Understanding Postpartum Health and Baby Care". This has information on how to take care of yourself after surgery. This also has information on how to care for your baby
- You'll have a discussion with your provider to plan your pain management options at home
 - If you receive a prescription, it can be filled at any pharmacy
- Your provider will make a plan for a follow-up appointment at the office
 - Please reach out to your provider if you have any questions before your follow-up appointment
- Your baby's provider will communicate the plan for the follow-up appointment for your baby 1-2 days later

Resources

Please call your obstetric provider with any questions about your pregnancy, delivery or postpartum care. Please make sure to have their number programmed into your phone and easily accessible.

Obstetrics and Midwifery at the University of Vermont Medical Center: **(802) 847-1400**
<https://www.uvmhealth.org/medcenter/departments-and-programs/obstetrics-and-midwifery>

- Car Seat Technician Line:
802-847-1215
- Inpatient Lactation Consultant:
802-847-5249
- WIC:
1-800-649-4357
- Suicide Prevention:
1-800-273-8255
- Facebook Group Page:
**UVM Children's Hospital
New Family Community**
- VT Department of Health:
211
- 24/7 Parent Stress Line:
1-800-632-8188
- Lactation websites:
 - Global Health Media Project Breastfeeding Videos: **www.globalhealthmedia.org/topic/breastfeeding/**
 - Stanford Hospital Newborn Nursery: **www.med.stanford.edu/newborns**
 - Tom Hale Infant Risk Center: **www.infantrisk.com**

INFORMATION

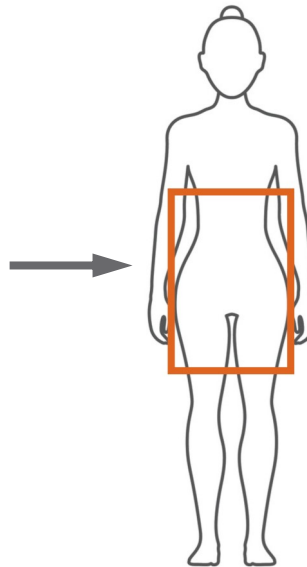
Preoperative Showering Instructions

You play an important role in the prevention of a surgical site infection by preparing your skin to be as germ free as possible. Your surgeon has asked that you shower with the antibacterial soap sponge or wipes that we have provided to you.

It contains chlorohexidine gluconate (CHG). If you have a known allergy to CHG, you should not use this soap and inform your surgeon or nurse. In this instance you should use Dial™ or Safeguard™ soap.

INSTRUCTIONS FOR USE

- Shower the night before and the morning of your surgery
- Do not shave the surgical area
- At the end of the shower, use the **sponge** side of the provided soap applicator to wash the indicated area noted in the box for a full 2 minutes while facing away from the water
- Let it soak for an additional one minute
- Rinse your entire body
- Gently dry yourself with a clean towel
- Do not use powder, cream or lotion after your showers
- Change to recently laundered and dried bed linen and clothing (e.g. pajamas) after your evening shower



The Enhanced Recovery After Cesarean Delivery Checklist

Our goal is to improve outcomes for mother, baby and the family unit. The steps listed here promote recovery, health and facilitate parent-infant bonding. They can also lead to earlier discharge from the hospital.

Please use this checklist to help track your progress and identify areas of improvement prior to your discharge.

FIRST 24 HOURS AFTER DELIVERY:

- ☐ Begin skin-to-skin and attempt infant feeding 1-2 hours after delivery
- ☐ Eat and drink normally 2-4 hours after delivery
- ☐ Sit up, at least 45 degrees, 1-2 hours after delivery
- ☐ Sit at the edge of the bed and walk within 6-8 hours after delivery
- ☐ Remove urinary catheter 6-12 hours after delivery and attempt to pass urine every 2-3 hours

THE DAYS FOLLOWING DELIVERY:

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Alert a registered nurse if you have nausea or vomiting, significant itching, inadequate pain control, headache, neck pain, constipation or difficulty urinating | <input type="checkbox"/> Wear compression sleeves on your lower legs when in bed to prevent blood clots until you are using the bathroom and walking frequently | <input type="checkbox"/> Make a plan for birth control with your OB provider |
| <input type="checkbox"/> Continue to take scheduled non-opioid pain medications with additional pain medications as needed | <input type="checkbox"/> Walk in the halls at least 3 times per day | <input type="checkbox"/> Discuss with your OB provider a plan to manage your pain at home, any prescriptions you may need and the follow-up plan |
| <input type="checkbox"/> Chew gum for at least 5 minutes 3 times per day, until you are able to tolerate food normally | <input type="checkbox"/> Balance staying out of bed for most of the day and taking time to rest | <input type="checkbox"/> Review home care instructions with your nurse |
| | <input type="checkbox"/> Ask your nurse questions related to infant feeding | |

NEWBORN SPECIFIC GOALS:

- | | | |
|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Complete routine newborn care: medications and vaccines, hearing screen and newborn testing | <input type="checkbox"/> Plan for circumcision, if desired | <input type="checkbox"/> Bring infant car seat to Mother Baby Unit before your day of discharge |
| <input type="checkbox"/> Complete birth certificate | <input type="checkbox"/> Establish plan for follow-up with your newborn's provider after you go home | |

Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



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