Cesarean Delivery Discussion

Cesarean delivery is the birth of a fetus through a cut (*incision*) in the belly (*abdomen*) and womb (*uterus*). The cut is made by a surgeon. Cesarean delivery is also known as:

- C-section.
- Caesarean.
- Cesarian.
- Caesarian.

There are two kinds of Cesareans:

- A vertical incision. This is usually done when the placenta has grown low in the womb (*placenta previa*).
- The sideways (*transverse*) incision, which is more common.

The incision on the abdomen does not have to be the same as the incision on the uterus.

Reasons for having a cesarean delivery include:

- You have had a c-section previously. This is especially true if your previous c-section was a vertical incision. Labor with a vertical incision has a high incidence of rupture of the uterus. There also are other reasons to do a repeat c-section.
- Failure to progress in labor. The cervix does not open (*dilate*) or soften and become thinner (*efface*) with labor.
- The baby is not coming head first, but buttocks first (*breech presentation*). Not all breech babies have to be delivered by c-section.
- Concern for the baby or mother's well-being.
  - The baby's heart monitor may show the baby is not doing well
  - The mother may have high blood pressure (*preeclampsia*) or some other medical problem.
- The baby is very large, over 8 1/2 pounds (3.85 kg) or more (*macrosomia*). In this condition, the baby cannot fit through the birth canal.
- The baby is lying sideways in the uterus (*transverse lie*).
- The placenta may be partially covering or completely covering the opening to the cervix (*placenta previa*).
- The placenta partially or completely separates from your uterus (*placenta abruption*).
- Herpes or HIV virus infection.
- When attempting to turn a breech or or transverse lie of the baby to a vertex (*cephalic version*) if fetal distress develops.
- Twins or more.
- Eclampsia.
- Diabetes or other medical problems.
- Previous surgery on the uterus (removal of a fibroid).
- Trauma to the mother.
- Post-term pregnancy (2 weeks or more).

WHAT HAPPENS DURING A C-SECTION:

Most of the time the father can be in the room, but usually not during an emergency c-section. You will have an IV (*intravenous*) put in your arm. The nurse will remove any hair from your pubic area and your lower abdomen to prevent infection in the incision site. You will be given an antacid medication to drink. This will prevent acid contents from your stomach from going into your lungs if you vomit during the surgery. A Foley catheter will be placed in your bladder. You may be given an antibiotic to prevent infection.

An anesthesiologist will either:

- Put you to sleep using a general anesthesia.
- Give you a regional anesthetic (spinal or epidural).

After you are given sleeping or numbing medicine, an incision will be made in your abdomen and then in your uterus to remove the baby. If you have a regional anesthetic, you will see the baby right away. If you are put to

sleep, you will see the baby as soon as you are awake. You can still breastfeed the baby after a c-section. You will be given pain medication as needed. The intravenous and catheter are removed in 1 to 2 days. You will go home in 2 to 4 days if there are no problems.

RISKS AND COMPLICATIONS

- Bleeding.
- Infection.
- Blood clots.
- Injury to surrounding organs.
- Anesthesia problems.
- Injury to the baby.

DECISION ON WHETHER TO HAVE A C-SECTION

Many factors determine whether a c-section is needed. Your caregiver will help you determine what plan is best for you. Some facts to consider are:

- It may be safe to have a normal delivery even though the previous delivery was a c-section. This is called a VBAC (vaginal birth after cesarean).
- If a repeat c-section is considered, it is necessary to make sure the baby's lungs are mature before the c-section. A sample of the fluid surrounding the baby (*amniotic fluid*) is removed and studied to determine this.
- If you decide to have a VBAC, it may still result in a repeat c-section if your caregiver thinks there are problems during labor. Your caregiver will discuss this with you.
- It is safe to have an epidural for anesthesia if you elect to have a baby vaginally following a previous c-section.

Permanent sterilization (tubal ligation, getting your tubes tied) can be done during the operation. This does not extend your stay in the hospital.

HOME CARE INSTRUCTIONS

Healing will take time. You will have discomfort, tenderness, swelling and bruising at the operative site for a couple of weeks. This is normal and will get better as time goes on.

- You may have some vaginal bleeding for 1 to 2 weeks. This is normal.
- Only take over-the-counter or prescription medicines for pain, discomfort or fever as directed by your caregiver.
- **Do not** take aspirin. It can cause bleeding.
- **Do not** drive when taking pain medication.
- Follow your caregiver’s advice regarding diet, exercise, lifting, driving and general activities.
- Resume your usual diet as directed and allowed.
- Get plenty of rest and sleep.
- **Do not** douche, use tampons, or have sexual intercourse until your caregiver gives you permission.
- Change your bandages (*dressings*) as directed.
- Take your temperature twice a day. Write it down.
- Your caregiver may recommend showers instead of baths for a few weeks.
- **Do not** drink alcohol until your caregiver gives you permission.
- If you develop constipation, you may take a mild laxative with your caregiver’s permission. Bran foods and drinking fluids helps with constipation problems.
- Try to have someone home with you for a week or two to help with the household activities.
- Make sure you and your family understands everything about your operation and recovery.
- **Do not** sign any legal documents until you feel normal again.
- Keep all your postpartum appointments as recommended by your caregiver. After a cesarean, your post delivery appointments are usually 2 weeks and then 4 to 6 weeks.

SEEK MEDICAL CARE IF:

- There is swelling, redness or increasing pain in the wound area.
- Pus is coming from the wound.
- You notice a bad smell from the wound or surgical dressing.
- You have pain, redness and swelling from the intravenous site.
- The wound is breaking open (the edges are not staying together).
- You feel dizzy or feel like fainting.
- You develop pain or bleeding when you urinate.
- You develop diarrhea.
- You develop nausea and vomiting.
- You develop abnormal vaginal discharge.
- You develop a rash.
- You have any type of abnormal reaction or develop an allergy to your medication.
- You need stronger pain medication for your pain.

SEEK IMMEDIATE MEDICAL CARE:

- You develop a temperature of 100º F (37.8º C) or higher.
- You develop abdominal pain.
- You develop chest pain.
- You develop shortness of breath.
- You pass out.
- You develop pain, swelling or redness of your leg.
- You develop heavy vaginal bleeding with or without blood clots.

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