

After Your Cesarean Birth

Your plan of care

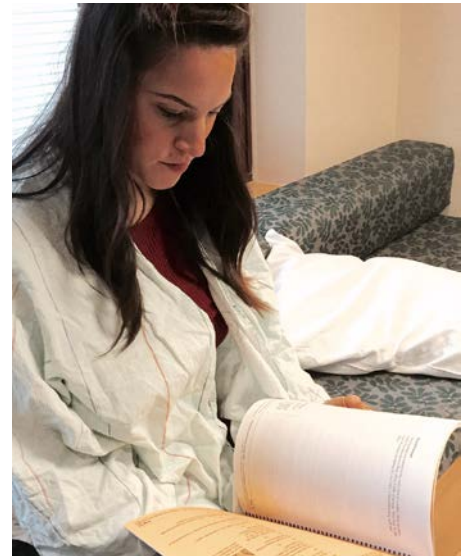
After a Cesarean section, your body goes through many changes. This chapter explains how we will help you as you recover from surgery.

What to Expect

You will be admitted to the Mother Baby unit after you are released from the Recovery Room.

Getting Out of Bed

- After giving birth, you are at risk for falling. For your safety, **we will help you get out of bed until we are sure it is safe for you to stand up by yourself.** Do **not** get out of bed on your own – not even with help from family or friends – until your nurse says it is safe for you to do so.
- When it is safe, we will encourage you to get up and walk. Moving around helps you heal. It can also help prevent stiffness, gas pain, blood clots, constipation, and other health problems.
- If you feel OK sitting, sit in a chair or on the day bed for part of the day.
- Walk in the halls at least 3 times a day. While you walk, you may push your baby in the bassinet or a family member can stay in the room with your baby.



Take time to review this workbook while you are recovering from giving birth.

Medical Devices

You will have these medical devices on your first day of recovery:

Intravenous Line

The *intravenous* (IV) line from your surgery will stay in your arm while you are recovering. We will use the IV to give your body water, sugar, salt, and some medicines.

Your nurse will watch the IV and make sure you are getting the right amount of fluid. If you can drink fluids well and do not need the IV for other reasons, we will stop the fluids and remove the IV tubing after 24 hours. The tiny tube in your hand or arm may remain for several more hours until we are sure you do not need more fluids or medicine.

Urine Catheter

During surgery, a thin, flexible tube called a *Foley catheter* drains urine from your bladder. Most times, this catheter stays in place until the end of the first day after giving birth. While you have the catheter, you will not need to get up to the bathroom to pass urine. Your nurse will measure how much urine is in the catheter.

After the catheter is removed, your nurse will show you how to collect your urine in a container placed in the toilet. We measure your urine to make sure your kidneys and bladder have fully recovered from surgery.

Sequential Compression Devices

You will have *sequential compression devices* (SCDs) on your lower legs. SCDs are leg wraps that gently fill with air and then deflate. This improves blood flow. SCDs help lower your risk of getting a serious blood clot while you are in bed and not moving very much.

You will wear the SCDs until you can get up and walk often. Most times, this is about 24 hours after giving birth.



SCDs help lower the risk of getting blood clots.

Wound Vac

Some patients have a special device that adds gentle, ongoing suction to their incision. This device is called a *wound vac*. It will be put on in the operating room and removed before you go home. If you have a wound vac, your nurse will explain how it works.

Your Plan of Care

Usual Care After a Cesarean

To help your recovery, we will “cluster” your care as much as we can. This means that when we check on you, we will also do many care tasks. This helps you get better rest between our care visits.

As part of your plan of care, we will:

- Ask about your **pain**, help you with comfort measures such as position changes and cool packs, and give you medicines, if needed. (See “Managing Your Pain” on page 5.)
- Check your **vital signs** such as blood pressure, temperature, heart rate, and breathing. At first, we will check these signs every 15 minutes, then every hour for 2 hours, then every 4 hours for 24 hours. After that, we will check every 8 hours till you go home.
 - If you have **special medical conditions**, we may check your vital signs more often.
 - If you had a **long-acting pain medicine** such as morphine (*Duramorph*) in your epidural/spinal, we will check on you every hour for the first 24 hours.
 - **If you have problems** such as fever, high blood pressure, or extra bleeding, we will check on you more often.
- Check the **dressing** (bandage) over your incision. We will remove the dressing over your incision 1 to 2 days after surgery.
 - After we remove the dressing, your nurse will check your incision to make sure it is healing well.
 - Your skin will be held together with several layers of stitches under your skin. You will have Steri-Strips (thin pieces of white tape) or small metal staples across your incision. If you have staples, they will most likely be removed and replaced with Steri-Strips before you go home.

- Check your **uterus** by feeling your belly for the top of your uterus. Your uterus is a muscle and it will feel firm to the touch as it contracts. It is starting to return to the size it was before you became pregnant.
- Check for **vaginal bleeding**. This bleeding comes from the area where the placenta attached to your uterus. The flow is usually heavy and bright red. Then it changes to a pinkish or brown color. You may see small blood clots for the first few days.
- Check any stitches and check your **vaginal and perineal** area for swelling, bruises, or hemorrhoids.
- Use a stethoscope to listen for **bowel tones** in your belly. Having surgery slows your bowels. As you recover, your bowels will become active and you will pass gas.
- Check your legs for **swelling**. Some swelling is common after giving birth.
- Check your **blood sugar** in the morning of the first and second days after your Cesarean. High blood sugar after surgery can lead to health problems.
- Check your **breasts and nipples** for soreness.
- Check to make sure you are **urinating** without trouble after we remove your Foley catheter.
- Remind you to **change positions often** while you are in bed. We can adjust your bed and add pillows for comfort and support.
- Ask you about your **thoughts and feelings** about giving birth.

Hourly Rounding

For your safety and comfort, your nurse or patient care technician will check on you every hour during the day and every 2 hours at night. This is called “rounding.” They will bring you water, make sure you have the supplies you need, and help you to the bathroom as needed.

Use your call light if you have questions or need anything between rounds. If you want a longer period of rest without being awakened, please talk with your nurse.

Managing Your Pain

An important part of our care is teaching you how to manage your pain after surgery. Common types of pain after a Cesarean birth are uterine pain, pain in the incision, and sometimes hemorrhoid pain.

Each person feels pain in different ways. We will work with you to help you be as comfortable as possible. Our goal is to lessen your pain so that you can rest, move around easily, and enjoy getting to know your new baby.

Getting out of bed and walking will help your body heal and lessen your overall pain.

Uterine Pain

These symptoms may last for **5 to 7 days** after giving birth:

- Tenderness
- Cramping, which may:
 - Be more painful if you have had many births
 - Increase when you breastfeed for the first 5 days after birth
 - Increase when your bladder is full, so it will help to empty your bladder often

Incision Pain

These symptoms may last for **1 to 2 weeks** after your surgery:

- Soreness, discomfort at the incision
- A tugging and pulling feeling when you move
- A burning feeling at your incision
- Numbness above your incision (it can take up to 1 year for feeling to fully return to this area)

Hemorrhoids

Hemorrhoids are inflamed veins in the rectum. They can happen late in pregnancy or during labor.

Most hemorrhoids that form in pregnancy go away after the birth. Constipation can make them worse or slow your recovery. We will offer you a laxative to prevent constipation while you are in the hospital.

To learn more, see the chapter “Constipation” in this workbook.



Here is an example of how to alternate using both acetaminophen (Tylenol) and ibuprofen for extra pain relief:

Time	Medicine to Take
12 a.m.	Tylenol: 1,000 mg
3 a.m.	Ibuprofen: 600 mg
6 a.m.	Tylenol: 1,000 mg
9 a.m.	Ibuprofen: 600 mg
12 noon	Tylenol: 1,000 mg
3 p.m.	Ibuprofen: 600 mg
6 p.m.	Tylenol: 1,000 mg
9 p.m.	Ibuprofen: 600 mg

Pain Medicine

Pain medicine works best if you take it **before** you are in a lot of pain. You will need less pain medicine if you “stay ahead of your pain” by taking your medicines as directed.

Your nurses will ask you many times about your pain. We will help make sure your pain is well controlled.

Spinal or Epidural Anesthesia

If you had spinal or epidural anesthesia for your Cesarean birth, you may have received a dose of a long-acting pain medicine (Duramorph) along with the anesthesia medicine. This usually gives very good pain relief for the first 18 to 24 hours after birth.

If this medicine is not helping enough, please tell us. We may be able to give you another pain medicine.

Pain Pills

There are 3 types of pain pills that your provider may prescribe after birth. They are:

- *Analgesics* such as acetaminophen (Tylenol) that help ease pain
- *Anti-inflammatories* such as ibuprofen (Advil, Motrin) that help ease pain caused by the body’s inflammatory response
- *Opioid* pain medicine such as oxycodone or hydromorphone (Dilaudid)

Analgesics and anti-inflammatories are “first line” medicines. This means that we use them first to manage pain. They are given at set times during the first 24 hours after your Cesarean birth. After 24 hours, you will decide with your nurse when to take them.

If needed for pain control, you may alternate taking ibuprofen and acetaminophen:

- **Ibuprofen:** Take 600 mg every 6 hours. Do not take more than 2,400 mg in 24 hours.
- **Acetaminophen (Tylenol):** Take 1,000 mg every 6 hours. Do not take more than 4,000 mg in 24 hours.

See the table in the left-hand column for an example of how to alternate these medicines.

Opioids

Opioids are stronger pain relievers that are used to control *breakthrough pain*. This is severe pain that occurs even if you are already taking pain medicines.

We prescribe opioids only as needed, and in the smallest possible dose. This is because opioids can be addictive. Smaller doses lower the risk of addiction.

If needed to control your pain, we will increase your opioid dose. We want you to have good pain control without it making you too tired or sleepy to enjoy your baby.

Most patients take an opioid for about 1 week after Cesarean surgery. Your healthcare provider will tell you how often to take it.

When you leave the hospital, we will give you an opioid prescription. As your pain lessens, start to *taper* your dose at home. To do this:

- Start taking smaller doses, such as 1 pill instead of 2, or ½ a pill instead of 1
- Start taking your dose less often until you do not need it at all

It is safe to use opioids while you are breastfeeding. A very small amount may enter your breast milk. It is considered safe to use these medicines for a short time while you are breastfeeding.

Leg Swelling

Some leg swelling is common in the first 7 to 10 days after giving birth. **But, tell your nurse if:**

- Your leg swelling gets worse
- You have pain or redness in the lower part of your leg

To help lessen swelling:

- Sit with your legs propped up
- Do not wear tight-fitting shoes or clothing, other than support stockings

Food and Nutrition

Your doctor will write an order for the type of diet you will need to follow after your Cesarean birth. Ask your nurse when you can start to eat and drink. Most likely, you will feel best if your first meal after your surgery is a small one.

If you have a medical condition such as diabetes, we may ask you to wait until you are passing gas before you drink and eat. You can help the gas pass by:

- Sitting up on the side of your bed or in a chair
- Walking in your room or in the hall (push your baby in the bassinet or ask a family member to stay in the room with your baby)

Remember to call a nurse for help getting out of bed until we tell you it is OK for you to walk alone.

Breast Changes

- Right after birth, your breasts make a “first milk” called *colostrum*. You may or may not notice drops of this early milk.
- Your breasts are often soft for the first 2 to 4 days. After that, they may become swollen and tender while your milk is increasing.
- Your breasts may become very full and uncomfortable. This is called *engorgement*. It usually lasts from 2 to 3 days. To help prevent engorgement, feed or pump often (if your baby cannot nurse yet). Apply washcloths soaked in warm water to your breasts to help ease the pain.
- To learn more, please read the section on breastfeeding in the workbook *Baby Care and Breastfeeding*.

Postpartum Depression and Mood Disorders

Changes in your emotions and moods are common after giving birth. These moods are caused by changes in hormones levels. If you are at all concerned about this part of your recovery, please talk with your nurse and doctor. It is a good idea for both you and your partner to read the chapter “Baby Blues and More” in this workbook.

Questions?

Your questions are important. Call your healthcare provider if you have questions about taking care of yourself after a Cesarean birth.

When your provider’s office is closed, call the Labor & Delivery unit.

If you have a medical emergency, call 911.

Now, please go back to the Table of Contents of this workbook and check the box so your nurses will know you have read this chapter.