Preparing for Your C-Section

University of Washington Medical Center
In the Weeks Before

- Talk with your doctor about your birth control plan
- Sign consents for surgery
- Eat a healthy, balanced diet
- Choose your pediatrician (doctor for your new baby)
Your nurse will give you a packet with 2 chlorhexidine gluconate (CHG) cloths.

**Shower #1: Night Before Surgery**
- Use your regular soap (such as Dial). Clean your body well. Do **not** shave any area of your body that is near the surgical site. Dry off with a clean towel.
- Then, use one of the CHG cloths to wipe the **front of your body**. Wipe from below your breasts, over your abdomen, and down to your upper thighs. Do not wipe your genital area.
- Allow your skin to air dry. Dress in clean bedclothes.

**Shower #2: Morning of Surgery**
- Shower again with regular soap. Do **not** shave any area of your body that is near the surgical site. Dry off with a clean towel.
- Then, use the 2nd CHG cloth to wipe the **front of your body**, the same as you did last night.
- Allow your skin to air dry. Do **not** apply hair products, deodorants, lotions, or fragrances.
- Dress in clean clothes and come to the hospital as planned.
• You may eat and drink as usual until 8 hours before your C-section.
• 8 hours before your C-section, drink 8 ounces of apple juice.
• Keep drinking clear liquids until 2 hours before your C-section.
• 2 hours before your C-section, drink 8 ounces of apple juice.
• Starting 2 hours before your C-section, do not take anything by mouth.
Ask your doctor to review all the medicines you are taking. You may need to stop taking some of them for a few days or longer before your C-section.
Ask your doctor what time your surgery is scheduled.

Plan to arrive at Labor and Delivery **2 hours before that time**, unless your doctor tells you otherwise.
Your Support Person

Your support person:

• May be with you in your Labor and Delivery room

• Will wait in your Labor and Delivery room until we call them to come to the operating room (OR)

• Will sit near your head during the surgery

• Can help hold your baby in the OR after delivery
In Labor and Delivery, you will:

• Sign consent forms for surgery, if not already done
• Meet with the anesthesia team
• Meet with the delivery team

A nurse will:

• Place an *intravenous* (IV) line in your arm
• Draw blood so we can check your blood sugar
• Clip your pubic hair
• Start a fetal heart rate monitor so we can check your baby’s heart rate
In the OR:
• You will drink an antacid drink.
• The anesthesia team will give you spinal anesthesia or place an epidural.
• You will start to feel numb from your breasts to your toes.
• A nurse will:
  - Place wraps (SCDs) on your legs to prevent blood clots
  - Wash your abdomen
  - Place a Foley catheter in your bladder to drain urine
In the Operating Room

- You will be in the OR for about 60 to 90 minutes. Most times, the baby is delivered within the first 10 minutes.

- After delivery:
  - The pediatric team will check your baby’s health.
  - If it is safe, we will bring your baby to you for skin-to-skin holding and help you start breastfeeding.
  - If extra care is needed, we will take your baby to the Neonatal Intensive Care Unit (NICU).
After the surgery:

• You will return to your Labor and Delivery room to rest.
• Nurses will take your vital signs often.
• Feeling in your legs will start to return as the anesthesia wears off.
• You can begin to eat and drink.
• If needed, we will place a wound vac. Your doctor will talk with you about this if it is needed.
Recovery in Postpartum

- We encourage you to walk often, with help. Walking will help you heal. Plan to walk in the halls several times a day.
- Your appetite may be lower after surgery. You may need to eat smaller meals at first.
- We will help you work on breastfeeding. Ask for lactation services staff to visit, if needed.
- We will remove your Foley catheter.
Pain Control

Most times, medicine you receive during surgery will help control pain for 12 to 18 hours after surgery. As needed, you will also receive:

• Acetaminophen (Tylenol)
• A nonsteroidal anti-inflammatory drug (NSAID) such as ibuprofen (Advil) or ketorolac
• Opioid pain medicine (Oxycodone or Hydromorphone)

Acetaminophen and ibuprofen will be your main pain medicines. Opioids will be given only if needed.
You may also receive these other medicines while you are in the hospital:

- Bowel medicines (constipation is common, especially if you take opioids)
- Anti-nausea medicines
- Anti-heartburn medicines
- RhoGAM (if needed)
- Birth control (if desired)
Most women go home 2 days after their C-section. Before you leave the hospital, we want to make sure you can:

- **Walk** without help
- **Eat** without nausea or vomiting
- **Urinate** (pee) as usual
- **Control your pain** with only pain pills
When you leave the hospital, you will keep taking these medicines at home:

- Pain medicines:
  - Acetaminophen (Tylenol)
  - Ibuprofen (Advil, Motrin)
  - Opioids, if needed

- Bowel medicines (to prevent constipation)

- Birth control (if desired)
Pain Control at Home

• Take your pain medicines as prescribed.
• If you are taking opioids:
  - Do not drive while you are taking opioids.
  - Taper (decrease) your dose over the first week you are home. To do this, first start taking a lower dose. Then allow more time between doses until you are no longer taking any opioids.

UW Medicine
Self-care at Home

• Take walks. Walking will help your body heal.
• Eat healthy foods and drink plenty of water.
• You may shower. Let the water run gently over your incision. Do **not** scrub your incision.
• You will have white tape (called Steri-strips) over your incision. If they do not fall off on their own, please remove them after 1 week.
Activity Restrictions

For 6 weeks after your C-section:

• Limit your household chores. Do not lift anything that weighs more than 10 pounds. (A gallon of milk weighs almost 9 pounds.) Ask for help as needed.

• Do not use tampons, have sex, or put anything else in your vagina.
Call us if you have any of these problems:

- Fever higher than 100.4°F (38°C)
- Chills
- Nausea or vomiting, or both
- Redness, warmth, or drainage at your incision
- Severe pain

- Heavy bleeding from your vagina
- Constipation that lasts more than 3 days