

# Preparing for Cesarean Section Birth



Departments of Anesthesia,  
Obstetrics, and Obstetrical Nursing

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Welcome to Women's Hospital.

This booklet will help you prepare for your cesarean birth.

Plan to arrive at Women's Hospital Admitting located at 735 Notre Dame Avenue 2 hours before your planned operation time. The Admitting Clerk will ensure your identity and provide the necessary papers for you to be admitted to the hospital. After you have registered, you will be asked to go to Perinatal Assessment Unit (PNAU) located on the 2nd floor of Women's Hospital.

### Pre-operative Visit Before your Cesarean Section Birth

Before your operation you will have an appointment with a Nurse in the Outpatient Department of the Women's Hospital.

The Nurse will review your health history and do any necessary tests. She will also review instructions for the day of the operation, what happens during the cesarean delivery and what to expect afterwards. You will receive a prescription for special tight stockings (called TED stockings) that help prevent blood clots from forming in your legs. Many private health insurance plans will pay part of the cost of these stockings. Bring any pills that you routinely take. The clinic Nurses and Doctors will help you to decide how and when to take your pills on the day of your operation.

You should come to the hospital immediately if you feel a gush of fluid (water breaks), have vaginal bleeding, or labour starts.

### Preparing to Come to the Hospital the Day of Your Operation

Shower the evening before or in the morning before coming to the hospital. Remove all makeup, nail polish, jewelry and body piercings (tongue, eyebrow, ear, nose, genitalia and belly rings) and put on your TED stockings before coming to the hospital.

You may eat a normal meal the evening before your operation but do NOT EAT AFTER MIDNIGHT (including gum, candies, breath mints, etc). You may drink clear fluids only up to 4 hours before your operation. Examples of clear fluids include water, clear tea, black coffee (no cream or milk), clear carbonated beverages and sports drinks. It is important that your stomach is empty. You may brush your teeth, but do not swallow any toothpaste. Your operation will be cancelled and re-scheduled if you eat food or drink fluids other than those listed.

For 24 hours before the operation do not smoke, drink alcohol, or take any over the counter drugs, recreational (street) drugs or herbs.

It is important not to shave or wax the pubic or abdominal hair for a week before your operation as this can cause infections in the wound. Hair in the pubic area may be trimmed in the operating room just before the operation, or simply left as is.

## What to Bring to the Hospital

Bring your Manitoba Health card and any other private insurance card you have. Leave your suitcase in the car until after the baby is born and you are settled in your room. Only bring your special stockings, slippers, a camera (if desired), lip moisturizer, tooth brush/paste and a comb. If you have both glasses and contact lenses, please remove the contact lenses and wear your glasses, which you may wear to the operating room. Denture containers are available at the hospital if you need one.

Please bring any medications that your doctor prescribed for you during your pregnancy. This will help us to maintain your schedule and identify any medicines you are taking.

NOTE: Do not bring jewelry, credit cards, money, or other valuables with you. The hospital is not responsible for the loss of these items.

## Arriving at the Hospital

There is a drive through at the front entrance with metered parking for patient drop off and pick up (30 minute parking only). Once you have been dropped off, your partner or family can park in the Emily Street Parkade just to the West of the Women's Hospital (Emily Street) or other parkades. Limited metered and hourly parking is also available on the nearby streets.

NOTE: There is no parking on Notre Dame Avenue between 7:00 - 9:00 A.M. and 3:30 - 5:30 P.M. Cars will be towed.

## In Perinatal Assessment Unit (PNAU)

The Nurse will prepare you for your operation by:

- Having you to put on a hospital gown
- Checking your vital signs
- Listening to your baby's heartbeat
- Maybe giving you an enema to empty your bowels
- Starting your intravenous (IV) and administer antibiotics
- Giving you an antacid drink before your surgery
- Asking your partner to change into operating room clothes, a hat, and mask.

Your Doctors may see you in the PNAU or as you are settled in the operating room.

## As You Go to the Operating Room (OR)

The operating room Nurse will:

- Review your chart
- Check your hospital bracelet and the baby's bracelets to make sure they match
- Give you an OR hat to place over your hair

## In the Operating Room

The operating room Nurse will:

- Apply monitors to watch your blood pressure, pulse, and level of oxygenation
- Assist the Anesthesiologist and Obstetrician
- Listen to the baby's heartbeat
- Lightly trim some of the hair from the pubic area if needed
- Insert a Foley catheter to drain your urine after your anesthetic is started

Once you are lying down, you will notice a pillow under your right hip that will tilt your body to the left side to help your baby have good blood supply. When you are ready for your operation, your partner may join you. There is a mirror above the bed which adjusts to allow you to watch your baby's birth if you choose.

## Anesthesia for Elective Cesarean Birth

The Anesthesiologist will meet with you prior to surgery to discuss the type of anesthetic that will be used. Spinal anesthetic is the usual choice for this type of surgery; however, both epidural and general anesthetics can be used in certain circumstances as well. The choice of anesthetic will depend on the reason for the operation, the health of yourself and the baby, your wishes, and the assessment of your Anesthesiologist and Obstetrician. It is important for you to inform us of any medical illnesses, allergies or previous problems with anesthetics, so that the safest method can be provided for you and your baby.

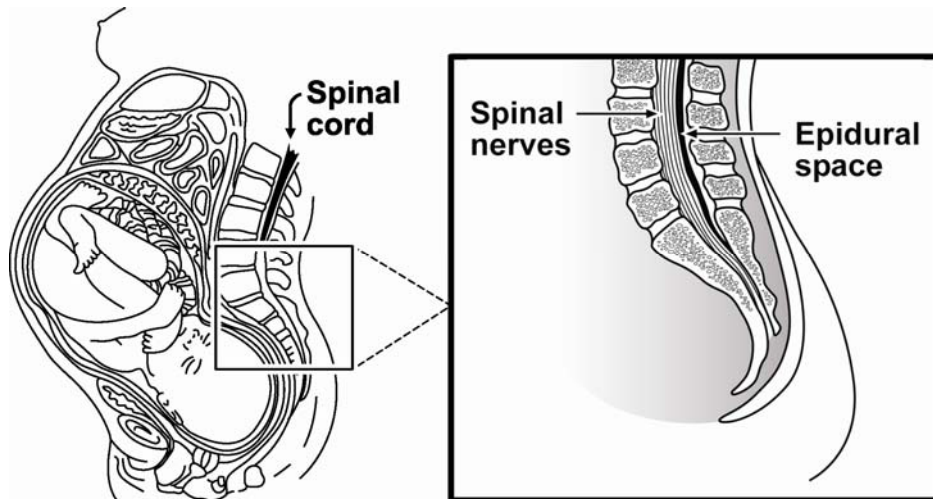
Regional Anesthesia involves techniques that block pain pathways. This includes both spinal and epidural anesthesia that allow you to be awake during the birth of your baby. Regional anesthesia is very safe for both you and your baby.

## Spinal Anesthesia

The Staff or Resident Anesthesiologist will ask you to sit or lie on your side, with your back curved out. A small area of your back will be cleaned with antiseptic. An injection of local anesthetic under the skin is performed which is usually the most uncomfortable part (similar to a bee sting). A very small needle is inserted into the fluid filled space below the spinal cord. A combination of local anesthetic and narcotic is injected through the needle. You will quickly notice tingling and numbness in the lower half of your body including your legs and abdomen.

## Epidural Anesthesia

The preparation and positioning are the same as for a spinal anesthetic. With an epidural anesthetic a thin plastic tube (catheter) is inserted through the needle into the epidural space. The needle is removed and the catheter is taped to your back. Local anesthetic and narcotic are administered into the epidural and the numbing of the lower half of your body occurs slowly over 20-30 minutes.



Complications from regional techniques are usually minor and easily treated but very rarely can be serious:

- Your blood pressure may go down. Your blood pressure will be checked many times and extra fluid and medications to treat blood pressure can be given into your intravenous if required.
- If the medication goes into a blood vessel you may become dizzy, have ringing in your ears, or have a metallic taste in your mouth. A seizure is a very rare side effect.
- Post dural puncture headache can occur following a spinal or epidural. The chance of this occurring is around one time in a hundred. The headache will resolve on its own over time, or can be treated if it bothers you.
- Infection, bleeding, or direct injury to nerves is a very rare complication. The chance of permanent neurological injury (long-term numbness or paralysis) is less than one in 10,000.
- Some minor bruising at the site of the spinal (or epidural) or mild backache may occur. This should go away in a few days.
- If the anesthetic numbs the nerves too high above the uterus, it could interfere with breathing. A general anesthetic may be required, but this is rare.
- In approximately 5% of patients, regional anesthesia is impossible or not adequate for the entire surgery and general anesthesia is required in order to complete the operation.

During regional anesthetic for cesarean section it is normal to expect some tugging sensations and some pressure during the surgery, especially when the baby is being delivered. Some patients experience nausea or dizziness during the procedure and it is important to inform your Anesthesiologist if you experience any of these sensations.

### General Anesthesia

This means being unconscious during the cesarean section. This technique is reserved for those situations when a regional anesthetic is impossible or unsafe.

You will breathe oxygen through a facemask for 3 - 4 minutes before the start of the anesthetic. Medications are administered through your intravenous and you will be asleep within 30 seconds. To protect against vomiting and ensure proper breathing

under general anesthesia, the Anesthesiologist places a breathing tube into your windpipe immediately after you are asleep. Once the operation is over and you are awake, the breathing tube is removed. Your throat may feel dry and sore after general anesthesia. Other side effects may include nausea and vomiting and can be treated with medications. You may have dreams of the baby crying or recall sensations of the delivery afterwards.

Your significant other cannot be with you in the operating room when a general anesthetic is used.

### After Baby is Born

A Nurse and/or Doctors will take care of your baby. The Nurse will:

- Warm and dry the baby
- Complete the baby's first check-up
- Weigh the baby once the baby is warm and breathing well. (The baby's length will not be measured at this time)
- Attach matching name bands to you and your baby
- If your baby is okay it will be wrapped in blankets and can remain with you and your partner for the rest of the time in the operating room, as long as you and baby are medically stable. You may take pictures or videos of the baby at any time after birth. Please ask staff members if it is okay before including them in your pictures.

### Recovering From Your Operation

When your operation is over you will go to the post anesthesia recovery room, where the nurse will check you often. Your partner can stay with you. Other visitors are not allowed to visit you in this area.

If there are concerns with your baby, he/she may be observed longer in the infant resuscitation room; otherwise, the baby will stay with you. All mothers are encouraged to place their baby skin to skin on their chest for a period of time. This allows you and your baby to come together again and helps to keep the baby warm. For breast feeding mothers, this contact helps the success of breast feeding. Your nurse will help you with breast feeding. After 2 to 3 hours, you and your baby will go to the post-partum unit located on the third floor of the Women's Hospital.

### On the Family-centered Mother/Baby Unit (3rd Floor)

Family-centered care is given on the third floor. The mother and baby are cared for together by the same nurse in the mother's room. A support person is encouraged to stay with you and the baby during hospital stay. The Nurse will:

- Encourage you to get up as soon as possible
- Help you get up from the bed the first time
- Remove the Foley catheter when you are able to get up to the bathroom
- Remove your IV within 12 to 24 hours after the operation unless it must stay in for medical reasons

- Remove your bandage after 24 hours

You may shower once your bandage is removed. Getting up as soon as possible after the operation is encouraged to aid in your recovery. Wearing your special stockings and being active will help to prevent blood clots from forming in your legs. Medications for pain will be given as necessary. These medicines will not harm your baby.

The usual hospital stay after a cesarean operation is 48 to 72 hours (2 to 3 days). If you want to go home earlier, please talk to your doctor or nurse.

## Visiting

We encourage your partner or support person to stay. Family and friends however, are encouraged to come for short visits only because you and your new baby need time to rest. Your own children (provided they are healthy) are also welcome; please ensure they are watched at all times.

Meals are not provided for your support person and/or family. Food for them is available 24 hours a day in the cafeteria on the second floor of the Health Sciences Centre. Vending machines can be found close to the Admitting Desk on the main floor.

## Your Cesarean Operation Checklist

- Report to admitting at the Women's Hospital 2 hours before your scheduled surgery time
- Bring your Manitoba Health and Private Insurance cards
- Have a shower the evening before or the morning of your operation
- Remove makeup, nail polish, jewelry, and body piercings
- Leave valuables such as jewelry, money, and credit cards at home
- Have nothing to eat after midnight before your operation
- Bring your special stockings, slippers, lip moisturizer and camera to hospital
- Wear glasses the day of the operation and bring contact lenses for later use if you wish