

מידע לילודת

לקראת ניתוח קיסרי

Information for the Mother-To-Be in Preparation for a C-Section

The information is worded in the male gender, but is intended for men and women alike

Dear Mother-To-Be,

You are scheduled to give birth by caesarean delivery within the next few days.

This information sheet is designed to clarify your situation and to help you cope with the delivery and assist you during your stay at the Medical Center.

Why is a caesarean delivery being performed?

Various reasons lead the physician to recommend that you give birth by C-section:

- * Issues regarding the pregnancy itself: Breech presentation, transverse lie, placenta previa (placenta attached near the cervix opening), fetal macrosomia (overweight fetus)
- * Your medical history: previous operations, active herpes in the birth canal
- * Additional reasons, such as your age and your own wishes

What is a caesarean delivery?

A caesarean delivery is a surgical operation, a pre-planned operation in which the removal of the baby from the uterus is carried out through an incision in the abdominal wall. In most cases, the incision is transverse and the skin closure is made with sutures or staples, as decided by the surgeon.

It is important that you know:

One caesarean delivery is not necessarily an indication of a C-Section in subsequent deliveries. The physician will guide you after the upcoming delivery on how to plan and be prepared for future pregnancies and deliveries, if you so desire.

Preparation for a caesarean delivery

You must fast from midnight (24:00 on the night prior to the delivery).

You may drink water or tea with sugar (without milk) until 6:00.

At 6:00, it is recommended that you drink a cup of tea with sugar (without milk) or clear juice (without pulp).

If you are very thirsty before entering the operating room, you can sip a little water from time to time. We recommend that you bring with you some hard candy/chewing gum, which you can chew until two hours before the operation, and immediately afterwards.

On the planned delivery day

On the morning of the operation, you must come at the time requested by the 'Pre-Operation' clinic to the department to which you have been assigned.

A number of preparations are carried out at the department:

- * Removal of jewelry. (It is advisable to leave your jewelry at home.)
- * Undressing completely, including undergarments; putting on a special operation gown
- * Removal of nail polish. (It is advisable to remove it at home.)
- * Shaving of the surgical site by the nurse
- * Attachment of identification tag
- * Insertion of an IV and start of infusion of fluid into the vein
- * Measuring blood pressure, pulse and temperature

After the preparations, you must wait in the department for the arrival of a designated attendant to take you to the operating room.

The waiting time varies and is dependent on an operating room being available, and therefore may be delayed. **Please be patient.**

In the operating room

- * Before the operation commences, the nurse will insert a catheter into the urinary bladder.
- * Your partner or another companion chosen by you (only one) may be present in the operating room, after the catheter has been inserted.
- * A caesarean delivery is usually performed with local anesthesia (epidural or spinal).
- * The anesthetic is injected into the spinal cavity and neutralizes the feeling of pain from the middle of your back downwards. You remain awake and take part in the birth of your baby. You will not feel any pain, but you will probably feel pressure and/or a pulling sensation.

You will be able to see and hear your baby and even hold him with the aid of the midwife, after he is removed from your womb.

- * Sometimes general anesthetic is required. The type of anesthetic is determined by the anesthetist, in coordination with the operating gynecologist and according to the medical data. In the case of a general anesthetic, you will be asleep during the delivery and you will only be able to see and hold your baby later, after you wake up and recover from the anesthetic.
- * A caesarean delivery takes about an hour.
- * After the delivery (while you are still in the operating room), an initial assessment is made of the newborn by a midwife, including a physical examination, reflex testing, etc. The midwife will attach an identification bracelet to three of the newborn's limbs and subsequently will transfer him to the Nursery.
- * Your partner / companion is welcome to accompany the baby with the midwife to the Nursery.

Recovery Room

After the operation, you will be transferred to the recovery room, where observation will be carried out, consisting of: monitoring blood pressure and pulse, blood oxygen saturation, extent of uterine involution (reduction in size), amount of bleeding, return of feeling to the legs and ability to move them, and the level of pain. After spending about two hours in the recovery room, you will be transferred to the Maternity department.

Your first few hours in the department

- * The anesthetics have known side effects: shivering, nausea, vomiting and itching. You will be able to receive medication against these symptoms.
- * The nurse will come to you frequently and monitor your status by conducting various assessments and measurements.
- * Whenever you want the help or advice of the nurse, you can call her by using the call bell attached to your bed.
- * After the operation there may be pain at the site of the abdominal incision and resulting from the uterine involution. It is important to inform the nurse when the pains begin in

- order to prevent the pain increasing. A painkiller is given at this stage by intravenous infusion.
- * About 6 hours after your arrival in the department, the nurse will help you move to a sitting position in an armchair. The first time you get out of bed you must have the aid of a nurse. If you want to get out of bed before the nurse comes to you, please call her, using the call bell.
 - * The urine draining catheter will be removed about 12 hours after the operation.
 - * It is important that you try to move as much as possible, according to your ability, increasing the movement each day. Movement is important for improving lung ventilation, encouraging blood circulation flow and expediting your overall recovery.
 - * You will be able to drink clear liquids such as tea or water about 6 hours after you come to the department. For the first 6 hours, you will be able to wet your lips with a little water. During these hours, you will receive fluids by intravenous infusion (together with Pitocin – a drug that induces uterine contraction).
 - * After about 12 hours, you will be able to begin eating soft food (whipped cheese desserts, porridge, soft white cheese).
 - * The following day, after about 24 hours, you will be able to eat a normal diet.
 - * The first few hours after the delivery are regarded as a significant time for forming the bond between the mother and baby. After a caesarian delivery, because of the need for you to recover, you and your baby are separated for some time. In order not to delay the initial bonding, you should meet your baby as close to the delivery as possible. Insofar as you feel ready for this, and insofar as your medical condition allows, we recommend that your baby should stay by your side for a lengthy period. Your baby can stay in your room at any time during the day, and there is an option of overnight stay or flexible/full rooming-in, by arrangement with the nursing staff responsible for ensuring that the conditions are indeed suitable.
 - * Breastfeeding is the best way to nourish your baby and we will assist you as far as necessary in order to achieve this. You will be able to nurse your baby immediately after you are brought to the department from the recovery room. Sometimes special help is needed in managing the breastfeeding after a caesarian delivery: The nurses in the department and the breastfeeding instructors will assist you for as long as you want.

During the hospitalization period

As with any delivery, it is important that you monitor your physical and mental condition and that you ask for help from the nursing staff in order to get an explanation and response to any question:

- * **Pain** – pains at the incision site and resulting from contraction in size of the uterus can continue over the course of your hospitalization and even after you go home. It is recommended that you take painkillers in order to prevent strong pains. Do not wait until you feel strong pain! Ask the nurse for a painkiller when the pain is still under control! So far as you can prevent the pain, the more you will be able to move your body and avoid unnecessary complications.
- * **Vaginal bleeding** – after a caesarian delivery, just as after a normal delivery, there is a discharge of blood from the vagina similar to strong menstrual bleeding. The quantities of blood will lessen gradually. It is important to replace pads and wash the area frequently. Don't use tampons.

- * **Treatment of the incision site** – the bandage that is placed on the incision will be removed in the department after about 12 hours. Afterwards, it is important to keep the site ventilated (don't use pads), to wash thoroughly with soap and water (without rubbing) and to dry the area. The nurse will monitor signs of infection and bleeding from the wound during the days that you stay in the department.
- * **Bowel movement** – constipation is a well-known symptom following a caesarian delivery. It is recommended to drink prune juice once a day, to eat a diet rich in dietary fiber (fruits, vegetables and whole grains), to drink a lot of water and to use glycerin suppositories or enemas when you feel full (about two-three days after the operation). You will be able to ask the nurse for any the above.
- * **Proper nutrition** – will help prevent hemorrhoids (piles), which may appear after delivery. In the event that you suffer from piles, wash the site with cold water, and use ointments and suppositories to relieve the pain. Also, basic physical exercise (avoid prolonged sitting and lying down) will help prevent the development of piles.
- * **Rest** – it is extremely important to rest and avoid activities that require effort. Do not lift any weight greater than the weight of the baby for 6 weeks.

Preparation for being sent home from hospital

- * The sutures / staples are usually removed on the fifth post-operative day – on the day you are discharged.
- * You should take care to wash, without rubbing, the surgical wound once a day with soap. (Special soap is not required.)
- * The surgical incision should be monitored until it is fully healed. If there is an indication of local redness, local heat, pus-filled discharge and/or increased body temperature (over 38 degrees), contact a physician or emergency room.
- * Before you are discharged from the department, you will receive detailed and comprehensive instructions from the nurse, with regard to your recovery at home.

Puerperium

Puerperium is the period following childbirth, during which your body recovers from the delivery and reverts to the pre-pregnant state.

The puerperium period lasts for about 6 weeks, but may vary from delivery to delivery.

During this period, you should avoid lifting any weight greater than that of the baby.

At the end of 6 weeks from the delivery you must contact your physician for a routine postpartum examination.

<u>It is important to take painkillers when needed, such as:</u>
OPTALGIN 1 GR – once every 6 hours
IBUPROFEN 400 MG – once every 8 hours on a full stomach

The Maternity department staff is here to help you regarding any questions

Do not wait until the last minute: Ask us now, so that you will be as well prepared as possible.

You can get an answer by telephone from the nursing staff 24 hours a day

With our best wishes

The staff of the Maternity and Nursery departments

Maternity A 02-6666758

Maternity B 02-6666453

Maternity C 02-6666730

Maternity D 02-5645150

Checklist for Giving Instructions before a C-Section

Patient Sticker

Guidelines for the Instructing Nurse

The mother-to-be should be given instructions in detail on the subjects in each of the following sections. Tick each section that you have taught her and sign at the end of the lesson.

1. **Preparations before a C-Section:**
 - Fasting
 - Jewelry, identification tag, makeup, clothing, shaving
 - Transfusion
 - Be patient!
2. **Operating room:**
 - Types of anesthesia
 - Catheter
 - Partner / companion
 - Newborn
3. **Recovery room:**
 - Hemodynamic (blood flow) monitoring
4. **The initial post-operative hours – in the department:**
 - Hemodynamic monitoring
 - Side effects
 - Pain
 - Mobility
 - Nutrition
 - Bonding with the baby
 - Breastfeeding
5. **During the hospitalization period**
 - Pain
 - Vaginal bleeding
 - Treatment of the surgical wound
 - Constipation
 - Hemorrhoids
 - Rest
 - Puerperium period (the first 6-8 weeks after delivery)

Date: _____

Name of the instructing nurse: _____

Signature: _____