MetroHealth

Enhanced Recovery After Cesarean (ERAC)
A Guide to Your Cesearan Birth

A patient booklet for:

From your care team at The MetroHealth System

Bring this booklet with you on the day of your surgery

WELCOME!

Thank you for choosing MetroHealth to care for you during your pregnancy and birth experience. We aim to provide you with the highest quality of care. We want to tell you what to expect before, during and after your Cesarean Section (C-section).

Hospitals have changed the way they care for patients having surgery. This includes c-sections. This improved way of providing care to patients is called Enhanced Recovery After C-section or ERAC for short. This program helps patients:

- be more involved in their care and recovery
- heal faster
- have fewer problems
- return home sooner

When you have surgery, it can be overwhelming. This booklet serves as an overview of what to expect and how you can help us take the best care of you. Our team is here to help you through the whole process.

We look forward to caring for you, helping you recover quickly and getting both you and baby home safely.

This booklet serves as an overview. Please let your care team know about any questions and how we can help you before, during, and after your stay with us!

Contents

What is a C-section?

A C-section is a type of surgery used for having a baby.

If you have a C-section, you will be given anesthesia so that you will not feel pain. Then the doctor will make an incision in your belly and deliver the baby from your uterus.

About 1 in 3 babies in the United States is born this way. Most babies come out of their mother's vagina. This is called "vaginal delivery." C-sections are also called "cesarean deliveries."

Will I know in advance if I need a C-section?

You might know ahead of time.

The most common reasons women have a cesarean delivery before they go into labor are:

- The mother had a baby by cesarean in the past.
- The baby is not coming out head first.
- The baby is very large.
- The mother has a condition called "placenta previa." The placenta is the organ that brings the baby nutrients and oxygen and carries away waste. In placenta previa, this organ blocks the way to the vagina.
- The baby has a health concern, and the doctor believes labor and vaginal delivery might not be safe because of it.
- The mother has an active infection, such as herpes or HIV. These can spread to the baby during a vaginal birth.

When should planned C-sections happen?

A normal pregnancy lasts about 40 weeks. In most cases, you should wait until the 39th week of pregnancy or later to have your baby. Some medical conditions may cause your doctor to recommend an earlier delivery. Your doctor will talk to you about this.

Why are C-sections needed after labor begins?

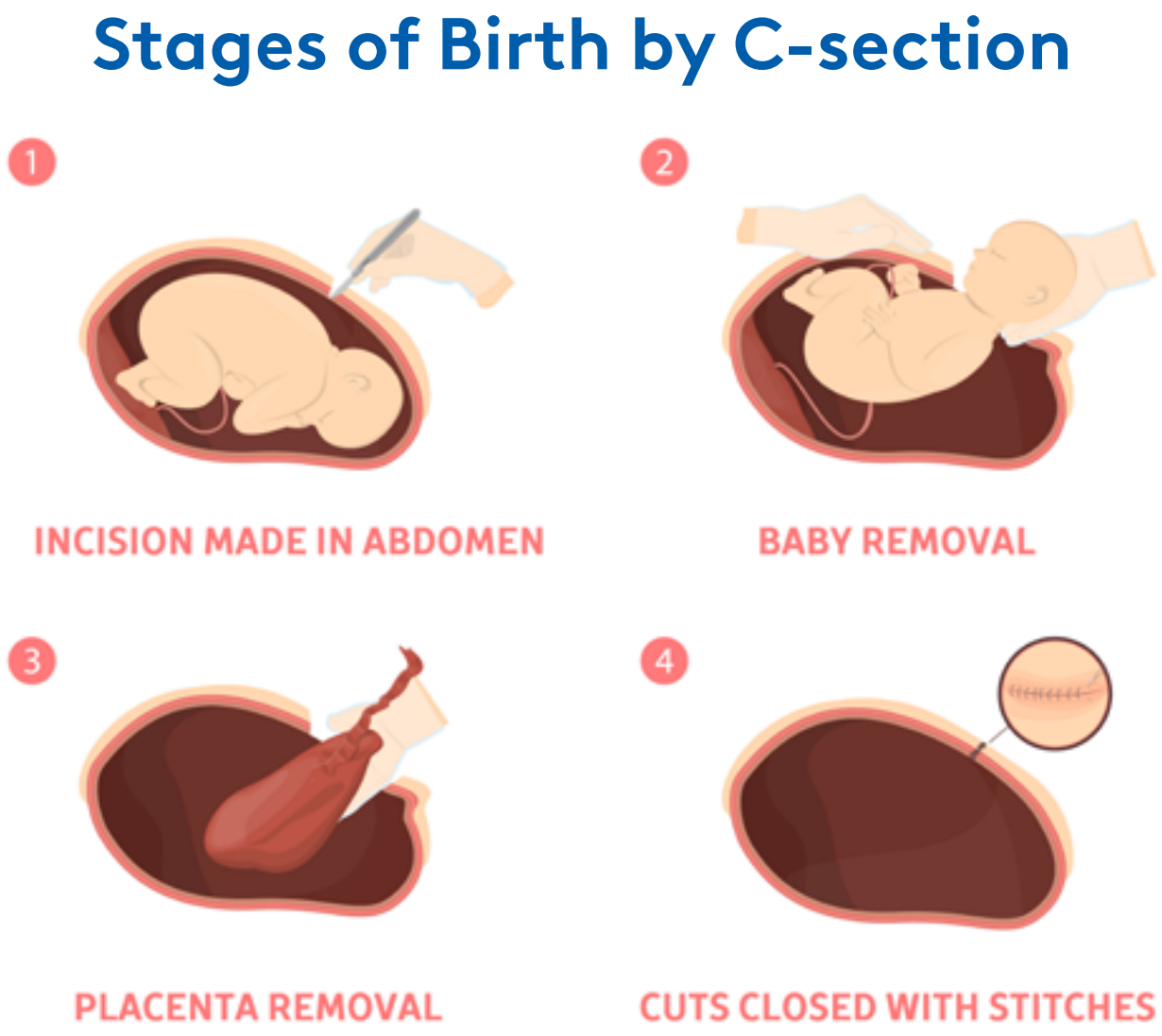
Needing a C-section is always a possibility during labor, even when the mother begins to push. One of the most common reasons is that labor does not move along or the baby does not come down like it should. This can happen if:

- Contractions (the tightening of the uterus that happens during labor) are not strong enough
- The baby is too big
- The mother's pelvis is too small (the pelvis is the set of bones around your hips and vagina)
- The baby is in an odd position, like the head is tilted sideways or the baby's chin is coming first
- C-sections are sometimes needed because the mother's or the baby's life is in danger.

How is a C-section done?

Here are the main steps:

- First, you will get medications to keep you from feeling what happens during the surgery. There are 2 kinds of anesthesia, regional and general. With regional anesthesia, you stay awake during surgery. With general anesthesia, you are asleep during surgery.
- Next, the doctor will make an incision on your lower belly. There are 2 ways of making the incision:
  - Most of the time, the incision goes across your lower belly, side to side, an inch or two above your pubic hair.
  - If you are bleeding a lot, or, your baby is in danger, the incision might go up and down on your belly. This kind of incision is sometimes the fastest way to get the baby out.
- After opening your belly, the doctor will make an opening in your uterus to deliver your baby.
- The umbilical cord is cut and the placenta (the organ that developed to grow your baby inside of you) is removed.
- Finally, your uterus and belly are closed with stitches and possibly staples.



How long does it take to get better after a C-section?

Within a few hours, you will be able to move around, eat and drink. Most women go home after about 3 days.

This is a major surgery. It can take up to 6 weeks for your body to heal completely. Most women can expect to be back to usual activities, including work or school, after this time.

What are the risks of having a C-section?

Pregnancy and the birthing process, regardless of how baby is born, has some risk. Most mothers and their babies do very well.

Your doctor will talk with you about risks and benefits. Compared with a vaginal birth, c-sections are more likely to cause:

- **Injury** to the other nearby vessels or internal organs, like your bladder or intestines
- **Infection**
- **Blood clots** that may block blood flow to your lungs causing you to have trouble breathing
- **A longer healing** time for you
- **A little extra fluid to remain in your baby's lungs after birth** that might make it more difficult for baby to breath well immediately after birth
- Problems with the placenta or uterus in future pregnancies

If I have a C-section, will all of my future births need to be C-sections?

Not necessarily. Today, many women may be healthy enough to attempt a vaginal birth after a prior C-section. If the cut on your uterus for the first C-section is side to side (instead of up to down), you have a good chance of being able to have your next baby vaginally. Be sure to talk with your doctor about planning for your next birth.

What symptoms will I have while I'm getting better?

For the first few weeks, it is common to have:

- Pain where the incision was made
- Mild cramps in your belly
- Light bleeding and yellowish fluids coming out of your vagina

Call your doctor if:

- You have a fever higher than 100.4°F (38°C)
- Your pain gets worse
- Your vaginal bleeding gets heavy with clots
- The incision in your belly gets more sore or red, is bleeding, or leaking fluid

PREGNANCY WARNING SIGNS

Come to Labor & Delivery to be seen if you:

- **Are having contractions** that are painful and regular or any contractions when your due date is more than one month away.
- **Think your water broke** or think you might be leaking fluid from your vagina.
- **Are bleeding** from your vagina that is heavier than a period.
- **Baby is not moving** or moving less than normal. Ask your doctor about counting your baby's kicks and movements.

Preparing for your Surgery

You are scheduled to have a C-section at MetroHealth

on (date)_____at _____AM/PM. You will receive a call the day before surgery with the time to arrive at the hospital.

Self-care and health tips before surgery

Exercise: Staying fit and keeping a healthy body weight is important for your health. This is especially important when having surgery. If you are already exercising, keep up the good work! If you are not, begin now by slowly adding increased activity to your daily schedule. A 15-minute walk each day is a good place to start. It doesn't have to be a hard workout.

Diet: Eating a well-balanced diet is helpful to prepare your body for surgery and ensures your body has what it needs to recover quickly.

Smoking: Smoking while pregnant can cause serious problems. Your baby could be born too early, have a birth defect, or die from sudden infant death syndrome (SIDS). If you are still smoking, we strongly suggest you **STOP SMOKING** completely, at least 4 weeks before your surgery. This will reduce your risk of problems during or after surgery and help in your recovery.

Alcohol: **Drinking alcohol when you are pregnant is not safe for you or your growing baby.** Speak to your doctor if you are having trouble not drinking alcohol during pregnancy. It is important that you are honest about alcohol use, especially when planning to have surgery.

Recreational/Street Drugs/Illegal Drugs: Drug use can change the effect of pain medications needed during and after surgery or cause bad reactions. These can be serious, including not being able to breath on your own. Be honest and talk to your doctor about any drugs or substances that you are taking that have not been prescribed for you.

How to get ready for surgery at home

Choose your support persons. Have them read this pamphlet with you so they know what to expect. Only one support person is permitted in the operating room. For information regarding how and when others may visit with you, please review our most current visitation policy at www.metrohealth.org.

Pack your hospital bag. Plan to be in the hospital for three days after surgery.

Plan ahead for coming home.

- Be accepting of help from family or friends. Be thinking of ways they can be helpful to you with meals, laundry, cleaning, etc. Don't be afraid to ask for help when you need it.
- Climbing stairs will be a challenge for the first few weeks after your surgery. Put the things you use often in a place where you can easily get to them. If your home has multiple levels, bring any items you will need during the day downstairs.
- Stock up on food and other things you will need as it might be hard to shop right after surgery.

The night before surgery

Eat. You may eat up until midnight the night before your surgery. Choose healthy foods. A healthy diet and weight will help your body recover better and faster after surgery. After midnight, only eat clear liquids.

"Clear liquids" are drinks you can see through and that partly or completely melt to a liquid state at room temperature, like a popsicle or gelatin. These foods are easily digested and leave nothing behind in your stomach.

The following foods are considered to be "clear liquids":

- Water (plain, carbonated, or flavored)
- Fruit juices WITHOUT PULP, such as apple or white grape juice. Orange juice is not a "clear liquid" as you cannot see through it in a clear glass.
- Fruit-flavored beverages, such as lemonade
- Carbonated drinks, including dark sodas (colas and root beer)
- Gelatin, like plain Jell-O
- Black tea or coffee (NO milk or cream)
- Sports drinks
- Clear, fat-free broth
- Honey or sugar
- Hard candy, such as lemon drops or peppermints
- Ice pops without milk, bits of fruit, seeds, or nuts

Bathe or shower. We want you to wash your belly a special way before surgery. We have given you special wash

cloths that have a soap on them called chlorhexidine gluconate (CHG). This soap will reduce your risk of getting an infection after surgery.

- Wash yourself in the usual way with the usual products you use.
- Then, wipe your belly with the CHG cloths. Be sure to let CHG soap dry on your skin. DO NOT RINSE IT OFF. It is fine to cover your belly with a towel as the soap dries. Do not apply any lotions, oils, perfumes to your belly after you have used the wipes.
- After you have bathed, put on freshly washed clothes and get a good night's rest.

The day of your surgery

Medications. Only take medications your doctor has told you to take. Talk to your doctor if you are unsure.

Your belly. Wipe your belly again with the CHG wash cloths we gave you. Be sure to let the soap dry on your skin and do not rinse it off. Do not apply anything else to your belly (no lotions, oils, perfumes).

Sports or protein drink. We encourage that you drink low sugar Gatorade® or BOOST Breeze® up to 2 hours before your surgery. Do NOT drink anything else within 2 hours of having surgery.

Other things to think about:

Diabetes: If you are on insulin take _____units of _____ insulin at ____ AM the day of your c-section.

Tubal Ligation/having your "tubes tied": If you are planning to also have your tubes tied (a Tubal Ligation or Sterilization Surgery), please bring a copy of the consent papers you signed with your doctor in the office.

At the Hospital

Where do I check in?

Most C-sections are done on Labor & Delivery on the 3rd floor. Enter the hospital at the Emergency Department and walk to the back of the rotunda toward the F elevators. You can check in at the white reception desk on the right for a badge. After hours, please pick up the phone to call the L&D secretary and they will buzz you into the elevator area.

Admission

Once you arrive, we will check you in and get you ready to have your baby.
When we admit you, you can expect to:

- Take off all your clothing and change into a hospital gown.
- Place your personal belongings into a bag that will be kept in your room. Do not bring valuables (including jewelry) to the hospital with you. Any valuables you do have will be given to your support person to keep for you.
- Remove any jewelry you are wearing (including belly button and oral piercings). These will be given to your support person to keep for you.
- Have an IV placed and labs drawn
- Have your baby's heart rate monitored
- Meet with the anesthesiologist and other care team members.
- Have any hair clipped around the surgery site.
- Have compression sleeves placed around your lower legs to help prevent blood clots.

Your surgical team will review your health history. Talk with them about:

- Any complications you've experienced during pregnancy (high blood pressure, diabetes, mood disorders, breathing problems, etc.).
- All the drugs you are taking. Be sure to include all prescription and over the counter drugs, vitamins, and herbal supplements. Bring a list of your medicines with you to the hospital.
- Any allergies you have.
- Any bleeding problems. Some drugs may cause you to bleed more. These are: Coumadin, Lovenox, Plavix, or Aspirin. Some vitamins and herbs, such as garlic and fish oil, may also increase bleeding. You may need to stop taking some of your drugs before your surgery. Talk to your doctor about this.
- Any implants, devices or stents you have. If you have a stent in place, be sure to talk to the doctor that placed it before you stop taking drugs that help thin your blood.
- You or a family member having had any trouble with anesthesia.
- Any dental devices or problems in your mouth (a dental bridge, loose teeth, or other problems with your teeth)

In the Operating Room

In the operating room, you will receive antibiotics through your IV to help prevent an infection and receive anesthesia.

Regional Anesthesia

Most women receive regional anesthesia (a spinal, an epidural, or a combined spinal-epidural) for their c-section. Your anesthesiologist will use drugs to block the signals that go from your tissues to your brain. Doctors give regional anesthesia to:

- Help your body be still
- Relax your abdominal and leg muscles
- Make your body go numb from your chest down through your legs
- Allow you to stay awake, experience the birth process and meet your baby

The anesthesia team gives regional anesthesia by injection into the space around your spinal nerves in your lower back.

- A numbing medicine will first be placed on your back where the anesthetic will be placed
- You may feel pressure when the medicine is given, but it should not be painful
- After a few minutes, your legs will start to feel numb
- Although regional anesthesia blocks pain, many patients still feel pressure and tugging
- Your surgery will not begin until you are numb

What regional anesthesia-related problems could happen?

- Low blood pressure
- Slow heartbeat
- Breathing problems
- Upset stomach or throwing up
- Dizziness

Serious complications are rare. For most women, spinal anesthesia is a safer option than general anesthesia for both the mother and baby.

General Anesthesia

Some patients will receive general anesthesia if they need to be asleep during surgery. Your anesthesiologist will use drugs to block the signals that go from your tissues to your brain. Doctors give general anesthesia to:

- Help your body be still
- Relax your muscles
- Let the doctor manage your airway, breathing, and blood flow
- Allow a rapid delivery in an emergency

What happens after my baby is born?

A special group of doctors and nurses just for newly born babies (our Code Pink Team) may be invited to your baby's birth. They are there to be sure baby is doing well and breathing on their own. Most likely your baby will be able to stay with you in the operating room.

We encourage Kangaroo Care (skin-to-skin contact). Mom, dad or support person, can do this with baby even in the OR. Your nurse will talk with you about this special care for your baby.

Sometimes baby will need to be taken to the Neonatal Intensive Care Unit (NICU). This may happen quickly. The team will make every effort to talk with you and let you see your baby before they leave the operating room.

After Surgery

Labor & Delivery Recovery Room

In the recovery room, you will:

- Receive pain medicine.
- Receive fluids through your IV. These fluids will continue until you are drinking.
- Have a small tube in your bladder to drain your urine and allows us to monitor how well your kidneys are working.
- Wear compression sleeves on your lower legs to prevent blood clots.
- Get clear liquids to drink when you are awake and stable
- Be asked to chew gum. Best to chew for at least five minutes three times a day after your c-section. Chewing gum helps wake up your belly after receiving anesthesia.
- Be given a pillow for your belly to support your incision. This will make it easier to sit up and move around.

We encourage Kangaroo Care and breastfeeding. This can begin right away in the recovery room. If your baby is in the NICU, we can help you pump your breastmilk. You can visit your baby once you are stable. Until then, you can call the NICU to get updates on your baby.

Most patients remain in the recovery room for about two to three hours. You will go to the Mother Baby Unit after you have recovered.

Call, Don't Fall!

You are at high risk for falling after you have had surgery. Call us before you get out of bed for the first time. Please wear the special slipper-socks with grip bottoms that we provide you with.

Pain relief after surgery

You will have some pain during your recovery. Pain medicines we will give you are to keep your pain at a level that allows you to move, eat, and breathe easily. You may never get to ZERO pain right after surgery. We will ask you to tell us about your pain using a scale from 0 (no pain) to 10 (horrible pain). This scale helps us know how you are doing on your pain medications.

We have a plan to manage your pain. You will receive acetaminophen (Tylenol) and ibuprofen (Motrin) on a regular schedule. You can ask for more medicine if you need it. Know that opioids make you tired and unsteady on your feet which will slow down your recovery. If you had a special medicine in your epidural, you would not need additional opioid pain medicine for 18-24 hours after surgery. If you have a pain pump, you will push a button to get medicine. We need you to take deep breaths, cough and move as much as possible. It is hard to do this if you are taking too much pain opioid medicine.

Daily goals after your surgery

Surgery day/your baby's birthday:

- Hold baby in Kangaroo Care (skin-to-skin)
- Breastfeed your baby, even just one time. Your milk is living food and medicine for your baby. It primes your baby's digestive system and jump starts the immune system. Talk with your nurses about providing your milk for your baby and how to get breastfeeding off to the best start.
- Practice deep breathing exercises using an Incentive Spirometer. Practice at least 10 x every hour that you are awake.
- Wear compression sleeves on your lower legs to help prevent blood clots
- Drink clear liquids as soon as you are awake and able
- Start chewing gum. Chewing gum will helps your bowels wake up and start moving again after surgery
- Sit up in bed within 4 hours
- Get out of bed and sit in a chair for several hours
- Take a few steps out of bed within 8 hours
- Take the tube out of your bladder within 12 hours
- Sleep and rest

Day 1:

- Holding baby in Kangaroo Care and breastfeed.
- Drink more water; enough for us to stop your IV fluids.
- Eat more and chew gum.
- Continue your deep breathing exercises. 10 x each hour when you are awake.
- Walk at least 4 laps around the unit.
- Wear your compression sleeves on your legs when you are in bed.
- Sleep and rest.

Days 2 & 3:

- Hold baby in Kangaroo Care and breastfeed.
- Keep eating and drinking.
- Get your bandage removed. If you have a wound suction device, it will stay on for 7 days.
- Be up and moving for most of the day. Aim for at least 10 laps around the unit each day.
- Complete your baby's birth certificate.
- Talk with your team about a Safe Sleep plan for baby at home.
- Talk to your team about your birth control options and make a plan.
- Sign up for MetroHealth's "Meds to Beds" program. Your homegoing prescriptions will be brought to your bedside the day you are going home.
- Schedule follow-up appointments for you and baby.

You will be ready for discharge when:

- You're drinking and eating enough
- Your pain is better
- Your tummy is settled and making noises and you are passing gas
- You are up and moving on your own

At Home

Take your medicines as directed. Continue your pain medications until your pain is manageable without them. Tylenol and Motrin work best when they are taken throughout the day in alternating doses.

Care for your incision. Wash your hands before and after touching your incision. Allow warm soapy water to run over the incision when you shower. Do not take a bath until you are completely healed. Do not apply any creams or lotions to your incision. Leave the Steri-Strips™ ("butterfly" bandages) on for 1 week. They may fall off on their own before then.

Watch your stools (poops). Stool softeners and pain medication will affect your stools – they may be hard or loose. The goal for the 1st week is an oatmeal-like consistency. Keeping active, drinking lots of water and eating a well-balanced diet will keep your bowels moving.

Eat healthy. Usually there are no diet restrictions. Speak with your doctor about this. Calories and protein are very important. Include good sources of protein, dairy, meat, fish, poultry, legumes, and beans.

Keep moving and walk several times each day.

Avoid lifting more than 15 pounds (including other young children) for 6 weeks.

Do not drive a car until you are pain free and no longer using narcotics.

Do not put anything into your vagina (tampon, douche) or have sex for at least 6 weeks.

SAVE YOUR LIFE:

Get Care for These POST-BIRTH Warning Signs

Most women and postpartum people who give birth recover without problems. **But anyone can have a complication for up to one year after birth.** Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.

Trust your instincts.
ALWAYS get medical care if you are not feeling well or have questions or concerns.

Call 911 if you have:	❑ **P**ain in chest ❑ **O**bstructed breathing or shortness of breath ❑ **S**eizures ❑ **T**houghts of hurting yourself or someone else
Call your healthcare provider if you have: (you only need one sign) (If you can't reach your healthcare provider, call 911 or go to an emergency room)	❑ **B**leeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger ❑ **I**ncision that is not healing ❑ **R**ed or swollen leg, that is painful or warm to touch ❑ **T**emperature of 100.4°F or higher or 96.8°F or lower ❑ **H**eadache that does not get better, even after taking medicine, or bad headache with vision changes

Tell 911 or your healthcare provider:

"I gave birth on _____ and
(Date)
I am having _____."
(Specific warning signs)

Scan here to download this handout in multiple languages.

These post-birth warning signs can become life-threatening if you don't receive medical care right away because:

- **Pain in chest, obstructed breathing or shortness of breath** (trouble catching your breath) may mean you have a blood clot in your lung or a heart problem
- **Seizures** may mean you have a condition called eclampsia
- **Thoughts or feelings of wanting to hurt yourself or someone else** may mean you have postpartum depression
- **Bleeding (heavy)**, soaking more than one pad in an hour or passing an egg-sized clot or bigger may mean you have an obstetric hemorrhage
- **Incision that is not healing, increased redness or any pus** from episiotomy, vaginal tear, or C-section site may mean an infection
- **Redness, swelling, warmth, or pain** in the calf area of your leg may mean you have a blood clot
- **Temperature of 100.4°F or higher or 96.8°F or lower**, bad smelling vaginal blood or discharge may mean you have an infection.
- **Headache (very painful), vision changes, or pain in the upper right area of your belly** may mean you have high blood pressure or post birth preeclampsia

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This program is supported by funding from Merck through Merck for Mothers. Merck for Mothers is known as MSD for Mothers outside the United States and Canada.

AWHONN thanks Kenvue for commercial support of the translations of this handout.

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Important Phone Numbers

MetroHealth	216-778-7800
Obstetrics/Gynecology	216-778-4444
Labor and Delivery	216-778-4830
MetroHealth Transportation Van Service	216-778-5258
Social Services	216-778-5551
Financial Assistance	216-957-2325
WIC	216-957-9421
Lactation Support	216-778-3337
MetroHealth Help Line	216-778-7878

Notes

About MetroHealth

Founded in 1837, MetroHealth is leading the way to a healthier you and a healthier community through service, teaching, discovery, and teamwork. Cuyahoga County's public, safety-net hospital system, MetroHealth meets people where they are, providing care through five hospitals, four emergency departments and more than a dozen health centers. **For more information, visit metrohealth.org.**

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