CHILDBIRTH PROGRAM

Preparing for your Caesarean Section

Plan to arrive at the QCH Childbirth Centre 2 hours before your planned operation time. The Admitting Clerk in the Childbirth Centre will review your pre-registration details with you and have you complete any necessary forms related to hospital admission. After you have registered, you will be shown to your room which is the room you will return to after the cesarean section is completed

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).

You may eat a normal meal the evening before your operation. It is very important that you follow the table below to determine when you should stop eating and drinking (that includes gum, candies, breath mints, etc). You may drink clear fluids only up to 6 hours before your operation (see table below). 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.

| Time of Cesarean Section | Nothing to eat after: | Nothing to drink after: |
| --- | --- | --- |
| 8:00 a.m. | Midnight | 2:00 a.m. |
| 12:30 p.m. | 4:30 a.m. | 6:30 a.m. |
| 3:00 p.m. | 7:00 a.m. | 9:00 a.m. |

For 24 hours before the operation do not smoke, drink alcohol, or take any over the counter drugs, recreational (street) drugs or herbs. Bring any pills that you routinely take. The Nurses and Doctors will help you to decide how and when to take your pills on the day of your operation.

**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. It is ok to shorten the hair with clippers.

What to bring to the hospital

Bring your Ontario Health Insurance Plan (OHIP) card and any other private insurance card you have. You may bring your suitcase with you as you will be settled into your room prior to the operation. 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.

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 for patient drop off and pick up. Once you have been dropped off, your partner or family can park in the parking lot located directly across from the hospital’s main entrance. Parking rates are posted for your convenience.

Before your surgery

The nurse will prepare you for your operation by:

* Reviewing your chart
* Having you put on a hospital gown
* Checking your vital signs
* Listening to your baby’s heartbeat
* Starting your intravenous (IV) and collecting blood samples
* Clipping pubic hair as necessary to allow a clear view of the operation site
* Having your partner put on operating room clothes, hat, boot covers and a mask

In the Operating Room

The operating room Nurse will:

* Apply monitors to watch your blood pressure, pulse, and level of oxygenation
* Give you a dose of antibiotics through your IV
* Assist the Anesthetist and Obstetrician with your anesthetic and patient safety checklist
* Check your hospital bracelet and baby bracelets to make sure they match
* Insert a Foley catheter to drain your urine after your anesthetic is started

Once you are lying down, you may notice that your right hip is tilted higher than your left hip. This will help keep a good blood supply to your baby. Just before the Obstetrician begins the operation, your partner will join you.

Anesthesia for elective Cesarean birth

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.

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.

Spinal anesthesia

The 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.
* A 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 200,000.
* 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 2% of patients, regional anesthesia is impossible or not adequate for the entire surgery and general anesthesia is required in order to complete the operation.

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

## After baby is born

A Nurse and Doctor will take care of your baby. They 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 he/she 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 be moved to the Post Anesthesia Recovery Room where the Nurse will check you frequently. Your partner and baby will stay with you. If there are concerns with your baby, he/she may need to be observed more closely in the Special Care Nursery (SCN). Other visitors are not allowed to visit you in this area.

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 breastfeeding mothers, this contact helps the success of breastfeeding. Your Nurse will help you with breast feeding. After 1 to 2 hours you and your baby will go back to your room on the post-partum unit.

The family-centered Mother/Baby Unit

Family-centered care is provided on the Post-Partum Unit. You and your baby are cared for together by the same Nurse in your 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 and out of 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, if applicable

You may shower once your bandage is removed. Getting up as soon as possible after the operation is encouraged to aid in your recovery. 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 wish to go home earlier, please talk to your Doctor or Nurse.

Visiting hours

We encourage your partner or support person to stay with you while you are in the hospital. Family and friends are encouraged to come for short visits only during the posted visiting hours to allow you and your baby some time to rest. Your own children (provided they are healthy) are also welcome during visiting hours; please ensure they are watched at all times.

Meals are not provided for your support person and/or family. Food for them is available in the Cafeteria on the first floor of the hospital. There is also a Tim Hortons located near the Emergency Department. Vending machines can also be found in the waiting room area of the Childbirth Centre as well as in the Cafeteria.

Thank you for making the Queensway Carleton Hospital your hospital of choice. We look forward to sharing this momentous life event with you!

Your Cesarean Section checklist

* Report to the Nursing Station in the Childbirth Centre to be admitted 2 hours before your scheduled surgery time
* Bring your Ontario Health Insurance Plan (OHIP) 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
* Bring your personal belongings with you to hospital
* Bring any pills that you regularly take
* Wear your eyeglasses the day of the operation and bring contact lenses for later use if you wish
* Check table below for when to stop eating and drinking before your operation

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| --- | --- | --- |
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