

Dear Pre-Op C/S Patient\*,

[COVID precautions have altered some procedures. They will be marked with \*\*]

This letter is for you, our patient, who is having a planned Cesarean Section (C-section) soon. The purpose of this letter is to help inform you what to expect with your upcoming scheduled C-section birth. This includes:

1. The Office Pre-Op Visit
2. Prior to the Big Day
3. The C-section itself (“The Big Day!”)
4. Arrival in Labor and Delivery and the OB ED
5. After the C/S: Recovery Area, Maternity and Discharge

\*We realize that “it takes two to tango.” For ease of explanation we are using the word ‘*partner*’ in this letter to represent your chosen **birth partner** for the planned C/S birth of your baby. Please substitute the word partner with your preferred word: such as husband, spouse, wife, significant other, father of the baby, life partner, companion, support person, friend, etc.).

### Office Pre-Op Visit

Now that your C-section has been scheduled, there are certain steps that are taken in advance. One of them is for you to be seen by the doctor for the office pre-op visit. This visit usually takes place a few days prior to the scheduled C/S date. You should have received the Final Pre-Op Instructions letter already, which shows this date and others. There should be a 2-week post-op appointment booked as well.

At this visit, we may conduct a brief physical exam, and remind you of other important instructions before surgery – such as not to eat or drink anything after midnight the night before your surgery, including no water - and we remind you what time to arrive at the hospital, which is usually about 2½ to 3 hours before the scheduled time of your surgery.

Regarding your diet, we advise avoiding “gassy” foods (beans, broccoli, cabbage, cauliflower) starting about 3 days before the C/S. Gas pains and constipation are common post-op side effects so anything you can do ahead of time to minimize these is a good idea!

If you are on baby aspirin, take your last dose the day before surgery. If you are on thyroid or blood pressure medication, take these with a sip of water in the morning before surgery. For other medication such as for diabetes or other conditions, please ask the doctor.

And of course, we have time for your questions!

## Prior to the Big Day – what if I go into labor?

Prior to your scheduled C-section, there is a chance that you might go into labor, or your water bag could break. Please do not be alarmed if this happens. This is not unusual. If you go into labor or if your water breaks, notify the on-call Ob/Gyn doctor to receive further instructions. Call our main phone number at 626-304-2626 (anytime 24/7), and follow the voice-mail instructions.

By the way, please do NOT eat or drink anything from this point forward, since you might end up needing your C-section soon after you arrive at the Hospital.

## Why do we tell patients not to eat or drink after midnight?

This is to ensure that your stomach is completely empty when you have your C-section. During the anesthesia phase, a major concern is that a patient might vomit after she gets her anesthesia. If anything is in the stomach, there is the chance that food or acid from the stomach could be accidentally inhaled entering the lungs. This is called “aspiration” and is a very dangerous condition because the acid can damage the lung tissue and cause immediate breathing problems, at the worst possible moment. Keeping the stomach as empty as possible at the time of surgery helps to greatly reduce the chance of this complication.

## Phone Call

A new policy is being implemented at Huntington Hospital. A Perinatal Safety Nurse (advanced practice RN) may call you prior to your C-Section. This allows for some patient education and also helps us prepare in case there are specific medical issues or concerns regarding your surgery.

## The Big Day

**\*\*Most Important – Do not eat or drink anything, even water, after midnight the night before your C/S.\*\***

The next few paragraphs assume a 7:30 a.m. C/S time. Yours might be different.

Plan to arrive in the Labor and Delivery Unit about 2 ½ hours before your scheduled C/S time, which means 5 a.m. for a scheduled 7:30 am procedure. Leave your home early enough to be able to park the car and get to the Labor and Delivery Department by 5:00 a.m. Remember, full-term pregnant women walk slow. We have self-parking lots, and we also have valet parking at the front entrance, but they start their day at 5 a.m.

**\*\*Due to COVID, you must wear masks at all times.**

**Come to the Hospital Main Entrance 24 hours-a-day.** Do not go to the Emergency Room. Between 10 pm and 5 am, the front door main entrance of the Hospital is locked. There are signs posted instructing people to call Security to be let in. The phone number is posted, but for your records it is (626) 397-5282.

Once you enter the main front doors of the hospital, there is an information desk. If someone is sitting there, you should check in with them. If no one is sitting there, then proceed to Labor and Delivery (L&D). Walk to your left and go past the elevators. When you reach the corridor, turn right, and proceed to the end of the corridor to the Labor and Delivery entrance. Normally, there is somebody working at the L&D entrance 24/7, and because it is locked you need to be escorted in. They have a doorbell.

**Avoid the Emergency Room (ED “emergency department”):** In the middle of the night, you might think you need to go to the ED. Please do not go there. If you do end up in the ED, do not wait too long there and do not check in as a patient. Tell whoever you see that you need to get to Labor and Delivery (L&D) as soon as possible. It is a long and complicated walking path inside the hospital from the ER to L&D, so someone who works at the hospital usually will escort you there.

### Arrival in the Pre-Op Area

We expect you and your birth partner to arrive together. You both will be escorted to a room in the OB ED (we call “O-bed”)\*. The OB ED is the Obstetrical Emergency Dept. This is where all scheduled C/S patients are prepared for surgery. The rooms are private with a bed for you and a chair for your partner. There is a TV, a fetal monitor and not much else.

\*New approach effective September 1, 2021: The hospital has notified the Ob doctors about a new approach for some C/S patients. You may bypass the OBED and come to the Mother-Baby Unit (MBU – formerly known as the Maternity or Postpartum Unit). You will be escorted to your designated postpartum room, and the C/S pre-op procedures will take place here instead of in OBED.

#### **Can I have two people in the O.R. with me? No, and here is why:**

We try to place baby on mom’s chest soon after delivery, during the C/S. This requires the nurse to help position the baby. Due to the “tight squeeze” here, we cannot accommodate a second guest.

**Pre-op procedures:** The nurse will ask you to remove your clothing and put on the hospital gown. You may wish to use the restroom first. If it is chilly, ask for a second gown and wear it backwards, covering your front and back. Bring warm socks!

Once you are gowned and lie down, the nurse will place the fetal monitor on your abdomen. She will be coming in and out of the room many times to perform various preop tasks to get you ready for surgery. Bring something to keep yourself occupied as there does tend to be some down time.

[\*\*You will have a nasal swab done for COVID testing. Partners are also tested.]

During pre-op preparations, you will get an IV line (for intravenous fluids). They will draw your blood\*. You will be asked a lot of questions. The same ones it seems, again and again. This is for your safety. Better 5 people ask than nobody ask!

#### **\*I have a Cord Blood Banking Kit**

Please show the kit to your nurse. The kit needs to be opened because there are tubes in it for your blood. They will draw blood for these tubes at the same time as they draw it for your pre-op tests.

Closer to “Go” time, you will be asked to drink a special antacid-type liquid. They will administer some IV antibiotics after checking to see if you have any allergies. Your lab results will be checked. Your partner might be given “paper scrubs” - a lovely outfit that is worn over the clothes, or might get the fancy white space suit, a one-piece outfit designed by an aerospace engineer. If your partner is a big person, sometimes they get blue doctor scrubs instead.

Ideally you will meet the anesthesiologist in OB ED (or MBU) close to the C/S time, but they could be tied up with another patient, and oft-times you meet them after you have entered the Operating Room (O.R.).

### **Heading to the O.R.**

Ideally at approximately 7:00 a.m., you and your birth partner will be walked from the Pre-Op area to the L&D O.R. hallway. Your birth partner is directed to sit in the hallway while you are personally escorted directly into the O.R. where we will prepare you for your anesthesia and your delivery! No birth support people are allowed for C/S.

[\*\*Assumes your COVID test is negative. A positive test will activate a very different protocol. Birth partners should keep their masks on. ]

### *Let's talk about delays.*

Yes, sometimes right when it seems we are all ready to go, there is an emergency with another patient, and then our C-section gets delayed. Or, you get a phone call at 3 am (or the night before sometimes) telling you not to come in at 5 am.

We always prioritize patient care, so there can be times when another patient needs her C-section right away and we get “bumped.” We apologize if this happens and hope you understand why this is so. The nurse in charge of L&D has the duty and the authority to make these prioritization decisions.

It's like being in the airport waiting for your plane to board. Sometimes you go on time, and sometimes you just wait and wait and ....

### **In the O.R.**

Once you are in the operating room, the next step is for the anesthesiologist to administer the anesthesia. This is usually a spinal block but sometimes it's an epidural (and very rarely we have to put you to sleep, which means general anesthesia).

For spinals, you sit up for a few minutes using “bad posture”. The Anesthesiologist washes (preps) the skin of your back, numbs the spot and then starts the procedure. Epidurals are similar, with the added final step of insertion of the epidural catheter: a long, thin, soft, hollow plastic tube that comes out of the back and is taped to your skin, so that after you lie down they can administer medication using a syringe.

Spinals take effect quickly. You feel warmth in your back and legs, then nothing from the waist down. When you look at your legs, you think they belong to someone else! Epidurals come on more gradually but you still get very numb!

After the block is administered, the nurses will have you lie down on your back, and they will perform the final steps to get you ready (we call it getting you prepped) for surgery. Heart monitors will be placed on your skin, plus a blood pressure cuff and finger monitor for oxygen and heart rate, and you will be given some oxygen by mask to inhale.

Soon, they place a catheter in your bladder but by then you are numb from the waist down, so you feel almost nothing. We will tilt you to the left a little. They will cover your legs with a blanket and use a Velcro band to gently hold your legs in place. (We do not strap down your arms, by the way). Your abdomen will be wiped with a special sterilizing solution to eliminate any skin germs that might be present.

By now, the surgeon (your OB doctor) and the assistant surgeon likely have arrived. They usually pop their heads into the O.R. to make sure the team is ready and then they will go to the sinks in the hallway to scrub. This is the ritual hand washing that they show in all the doctor movies and TV shows. On TV, the doctors never wear a face mask and the nurse then places it on the doctor's face after they walk into the O.R. This is not TV so yes, the doctors put on their own face masks before they scrub.

Meanwhile, your birth partner is still nervously waiting outside the room. We have not had anyone get up and leave yet, but a few people probably think about it!

After completing their scrub, the OB doctor and assistant come back into the O.R. and then put on their sterile gowns. They take their position on either side of the patient (that's you!). The O.R. team confirms that all is safe and ready to proceed by conducting a "time-out" session. The time-out is weird. Everyone says their name and their job, and we all agree to lots of safety stuff. Kind of like the "pre-flight" checklist that pilots use.

## **Surgery Begins**

Once we know it is safe to proceed, your partner will be brought into the operating room and the C-section begins. You will hear a lot of talking and almost none of it is directed at you. If you need anything, ask the Anesthesiologist, because your OB doctor is kind of busy. First thing by the way, we make absolutely sure you are NUMB. We do not make the skin incision until we know you will not feel pain. Then we start.

It is not unusual to feel a small amount of pressure or pulling or tugging during surgery, but you should not feel pain. If you feel any severe pain, we stop the surgery and have the anesthesiologist evaluate the situation to decide what to do, but this is rare.

Once the C-section begins, you may be informed of your baby's imminent arrival which can be within the first 5 or 10 minutes of the surgery.

### *Photo-Op*

This is for your partner: **Moments before we deliver, try and get your camera (or phone) in position.** There is usually a "Lion King" moment where we hold up the bloody, wet, blue, wriggling, miracle called a newborn! Be ready! We can only hold the baby there for a moment. They are wet and get cold very quickly.

After the baby is born, the baby is shown to the parents (photo-op) and then taken over to the registered nurse and he/she is placed under the warming source, dried off and evaluated for breathing, vital signs, and Apgar scores.

Assuming the baby is breathing and behaving normally, within a few minutes the baby is bundled in a blanket and often at this point handed over to your partner to be held. We then try to do skin-to-skin on the mom in the O.R. and we do this in the Post-Op Recovery Area also.

The entire C-section usually takes from 30 to 60 minutes. If we tie the tubes, this adds a few more minutes. If it is a repeat C-section, it might take a little longer than a first one. If everything is normal and it is the first C-section it might be closer to 30 minutes from start to finish.

Just before we are done, your partner and baby are escorted to the Recovery Area across the hall from the O.R. At the end of the C-section, you are placed on a transport gurney and taken to the Recovery Area, where your partner and new baby are waiting for you!

## The Recovery Area

For medical reasons, sometimes the baby is taken from the O.R. directly to the newborn nursery or sometimes the NICU. We know that moms want to be with their newborn as soon as possible so we try our best for this not to happen. We want to keep you all together.

The Recovery Area has different bays (sections) which are separated by curtains. This allows the nurses to be able to take care of more than one patient, which sometimes occurs. In the Recovery Area if the baby is doing well, you will be able to have skin-to-skin bonding with your baby and begin to breastfeed if you wish.

The purpose of the Recovery Area is to monitor you and make sure there are no complications from surgery. This involves frequent checking of your blood pressure and other vital signs, checking your vaginal bleeding, making sure your uterus is firm, and monitoring that your anesthesia is wearing off. It could take anywhere from 2 to 4 hours before the anesthesia has worn off allowing you to move your legs normally. When your condition has been determined to be stable, we transfer you to the MBU, which is down the hall from the recovery room.

### Message for the partner: The Super-Swaddle

Watch closely when the nurses swaddle your baby. They make it nice and snug. Newborns love it. It looks easy, right? It's not. I tell partners to make learning this technique a high-priority !

## Mother-Baby Unit - MBU (formerly called Maternity Unit)

Once you are transferred you are on your "delivery" day. For the rest of this day, we expect you to be with your partner and baby and to rest. We suggest minimal guests on this day. You do not have to get out of bed or use the bathroom for a while because of the presence of the catheter (called the "foley cath") which is draining your bladder. Later in the day, if possible, the nurses will try to get you up to sit in a chair.

Within a few hours, you may be allowed a clear liquid diet, and by 8 hours post-op, you might be ready to try and eat some food. Some patients have post-op nausea, and we have medication to reduce this. Itching might occur, and yes, we have meds for that too! (Much of the medicine we use is to treat side effects caused by other meds).

We prefer you not to be left alone this day. Please arrange someone to stay with you for the next 24 hours. This can be your partner or someone else of your choosing.

### Warning

**Do not fall asleep with your baby in bed with you. We have had babies fall out of bed and hit the hard floor, and we have had moms roll over and suffocate their newborn (rare, of course, but it has happened).**

The next day (we call it post-op day one) your bladder catheter is removed (or perhaps it was removed later on your delivery day). After the bladder catheter is removed, you'll get out of bed to use the restroom. The timing for removal depends on the C/S time of day and other factors. Once the catheter is out, you are expected to get out of bed to use the toilet. We will help you !

The first one or two times you get up to pee, we refer to as “bathroom privileges with assistance.” DO NOT GET UP ALONE THE FIRST TIME. When you get out of bed initially your legs could be weak. You might get lightheaded. We have had patients fall or faint after getting up the first time.

You should also be on a regular diet by now, and you can use room service to order meals. Your partner can go to the cafeteria when it’s open and bring food to the room. They make awesome breakfast burritos.

Many partners go to the cafeteria (it opens at 6:30 a.m.) for a “Starbucks run.” We have our own mini-Starbucks, and it’s excellent. You don’t have to send them 2 blocks away.

[\*\*sorry! Due to COVID, NO OUTSIDE FOOD IS ALLOWED.]

## When do I go home?

During your post-delivery hospital stay, the nurses will be paying quite a bit of attention to you to make sure that you are able to tolerate food and liquids and are able to walk on your own, check your bleeding, make sure you do not have any nausea or vomiting, monitor your pain management, check your incision, help with breastfeeding and baby care, and help take care of you and your baby. Pre-COVID, discharge was normally post-op day 3, and this is still done, depending on the patient’s condition.

[\*\*During COVID, many C/S moms go home on post-op day 2 now.

For example, if you deliver Friday you may be able to and want to go home on Sunday.]

## The first 1-2 weeks home

During these early post-op days, try to get a lot of rest! It takes time, but you will be surprised how soon you get stronger and more mobile, your appetite gets better, you learn how to feed and take care of your new baby and your pain and bleeding will lessen.

Breastfeeding is probably the single hardest job for the new mom. We urge you to be patient, ask for help, and accept that there will be some frustration for a while. There are so many experts around who really want you to succeed, and we have lots of advice for you. Just ask! Call us or call your Pediatrician. We can help.

Ideally, delegate non-baby activities as much as possible to others. This allows you to spend as much time as possible with your newborn, so you can get to know them, and vice-versa! If you bottle feed, we recommend that you be the one to feed the baby, even though others might offer. Feeding sessions provide precious baby-bonding time.

**Advice: Try to sleep when the baby sleeps** because you probably will not sleep when the baby is awake. Also, do not look at the clock, and kind of forget about day-time versus night-time for a while. You are on “baby-time”. The baby is the boss for now and his/her schedule pretty much determines yours.

## Post-Op Visit and Discharge Meds

As part of scheduling your C-section, the office should have booked your first post-op appointment. We like to see you back about 2 weeks after the delivery date. For a weekend C-section, try to be seen about 10-12 days after the delivery. Please call the office if you need to make or to change your post-op appointment.

**Post-Op Meds:** We normally send every C/S patient home with a prescription or two for pain meds. Sometime just ibuprofen, sometimes we also provide a narcotic. Please discuss your pain management needs with the DR before you go home.

The Hospital now has electronic prescribing. If we know your pharmacy, we have the option to send your prescription directly to them from our computers.

Once you are home, we also encourage a daily stool softener, a daily prenatal vitamin, and other supplements (for example calcium, Vit D, DHA) at your discretion.

The OB Guidebook has some post-op C/S information in it, so please look there for more information.

As always, if you have any questions or concerns about any aspect of your medical care, please let us know. We hope this description of the typical C-section before and after has been helpful. Congratulations in advance from the doctors and staff of Fair Oaks Women's Health!