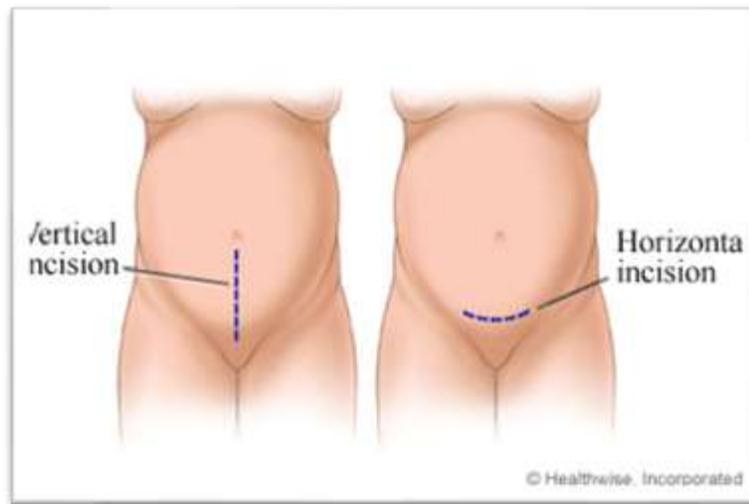


CARING FOR YOURSELF AFTER A CESAREAN SECTION

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Your Recovery

A cesarean section, or C-section, is surgery to deliver your baby through a cut that the doctor makes in your lower belly and uterus. The cut is called an incision.

You may have some pain in your lower belly and need pain medicine for 1 to 2 weeks. You can expect some vaginal bleeding for several weeks. You will probably need about 6 weeks to fully recover.

It's important to take it easy while the incision heals. Avoid heavy lifting, strenuous activities, and exercises that strain the belly muscles while you recover. Ask a family member or friend for help with housework, cooking, and shopping.

This care sheet gives you a general idea about how long it will take for you to recover. But each person recovers at a different pace.

What are the reasons for a cesarean section?

- **Your labor isn't progressing.** Stalled labor is one of the most common reasons for a C-section. Stalled labor might occur if your cervix isn't opening enough despite strong contractions over several hours.
- **Your baby is in distress.** If your health care provider is concerned about changes in your baby's heartbeat, a C-section might be the best option.
- **Your baby or babies are in an abnormal position.** A C-section might be the safest way to deliver the baby if his or her feet or buttocks enter the birth canal first (breech) or the baby is positioned side or shoulder first (transverse).
- **You're carrying multiples.** A C-section might be needed if you're carrying twins and the leading baby is in an abnormal position or if you have triplets or more babies.

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- **There's a problem with your placenta.** If the placenta covers the opening of your cervix (placenta previa), a C-section is recommended for delivery.
- **Prolapsed umbilical cord.** A C-section might be recommended if a loop of umbilical cord slips through your cervix ahead of your baby.
- **You have a health concern.** A C-section might be recommended if you have a severe health problem, such as a heart or brain condition. A C-section is also recommended if you have an active genital herpes infection at the time of labor.
- **Mechanical obstruction.** You might need a C-section if you have a large fibroid obstructing the birth canal, a severely displaced pelvic fracture or your baby has a condition that can cause the head to be unusually large (severe hydrocephalus).
- **You've had a previous C-section.** Depending on the type of uterine incision and other factors, it's often possible to attempt a VBAC. In some cases, however, your health care provider might recommend a repeat C-section.

Follow the steps below to get better as quickly as possible.

How can you care for yourself at home?



Activity

- Rest when you feel tired. Getting enough sleep will help you recover.
- Try to walk each day. Start by walking a little more than you did the day before. Bit by bit, increase the amount you walk. Walking boosts blood flow and helps prevent pneumonia, constipation, and blood clots.
- **Avoid strenuous activities**, such as bicycle riding, jogging, weightlifting, and aerobic exercise, for 6 weeks or until your doctor says it is okay.
- Until your doctor says it is okay, do not lift anything heavier than your baby.
- Do not do sit-ups or other exercises that strain the belly muscles for 6 weeks or until your doctor says it is okay.
- Hold a pillow over your incision when you cough or take deep breaths. This will support your belly and decrease your pain.
- You may shower as usual. Pat the incision dry when you are done.

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- You will have some vaginal bleeding. Wear sanitary pads. Do not douche or use tampons until your doctor says it is okay.
- Ask your doctor when you can drive again.
- You will probably need to take at least 6-8 weeks off work. It depends on the type of work you do and how you feel.
- Ask your doctor when it is okay for you to have sex.



Diet

- You can eat your normal diet. If your stomach is upset, try bland, low-fat foods like plain rice, broiled chicken, toast, and yogurt.
- Drink plenty of fluids (unless your doctor tells you not to).
- You may notice that your bowel movements are not regular right after your surgery. This is common. Try to avoid constipation and straining with bowel movements. You may want to take a fiber supplement every day. If you have not had a bowel movement after a couple of days, ask your doctor about taking a mild laxative.
- If you are breastfeeding, limit alcohol. Alcohol can cause a lack of energy and other health problems for the baby when a breastfeeding woman drinks heavily. It can also get in the way of a mom's ability to feed her baby or to care for the child in other ways. There isn't a lot of research about exactly how much alcohol can harm a baby. Having no alcohol is the safest choice for your baby. If you choose to have a drink now and then, have only one drink, and limit the number of occasions that you have a drink. Wait to breastfeed at least 2 hours after you have a drink to reduce the amount of alcohol the baby may get in the milk.



Medicines

- Your doctor will tell you if and when you can restart your medicines. He or she will also give you instructions about taking any new medicines.
- If you take aspirin or some other blood thinner, ask your doctor if and when to start taking it again. Make sure that you understand exactly what your doctor wants you to do.
- Take pain medicines exactly as directed.
 - If the doctor gave you a prescription medicine for pain, take it as prescribed.
 - If you are not taking a prescription pain medicine, ask your doctor if you can take an over-the-counter medicine.
- If you think your pain medicine is making you sick to your stomach:

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- Take your medicine after meals (unless your doctor has told you not to).
- Ask your doctor for a different pain medicine.
- If your doctor prescribed antibiotics, take them as directed. Do not stop taking them just because you feel better. You need to take the full course of antibiotics.



Incision care

- If you have strips of tape on the incision, **leave the tape on for a week or until it falls off. TAKE OFF THE TAPE WITHIN 1 WEEK FROM DATE OF SURGERY**
- Wash the area daily with warm, soapy water, and pat it dry. Don't use hydrogen peroxide or alcohol, which can slow healing. You may cover the area with a gauze bandage if it weeps or rubs against clothing. Change the bandage every day.
- Keep the area clean and dry.



Other instructions

- If you breastfeed your baby, you may be more comfortable while you are healing if you place the baby so that he or she is not resting on your belly. Try tucking your baby under your arm, with his or her body along the side you will be feeding on. Support your baby's upper body with your arm. With that hand you can control your baby's head to bring his or her mouth to your breast. This is sometimes called the football hold.

When should you call for help?



Call 911 anytime you think you may need emergency care. For example, call if:

- You have thoughts of harming yourself, your baby, or another person.
- You passed out (lost consciousness).
- You have chest pain, are short of breath, or cough up blood.
- You have a seizure.

Call your doctor now or seek immediate medical care if:

- You have pain that does not get better after you take pain medicine.
- You have severe vaginal bleeding (greater than 2 pads/hr).
- You are dizzy or lightheaded, or you feel like you may faint.



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- You have new or worse pain in your belly or pelvis.
- You have loose stitches, or your incision comes open.
- You have symptoms of infection, such as:
 - Increased pain, swelling, warmth, or redness.
 - Red streaks leading from the incision.
 - Pus draining from the incision.
 - A fever.
- You have symptoms of a blood clot in your leg (called a deep vein thrombosis), such as:
 - Pain in your calf, back of the knee, thigh, or groin.
 - Redness and swelling in your leg or groin.
- You have signs of preeclampsia, such as:
 - Sudden swelling of your face, hands, or feet.
 - New vision problems (such as dimness, blurring, or seeing spots).
 - A severe headache.