



Preparing for your cesarean delivery





Helping you in your childbirth journey

Thank you for choosing UCLA for the birth of your baby. At the UCLA BirthPlace in Westwood and Santa Monica, we know that each birth is a special and deeply personal journey. We are committed to your and your little one's health and well-being throughout this process.

The UCLA BirthPlace offers classes where you can learn about what happens during a cesarean section. Talk with your partner and health care provider about your questions and concerns.

Additionally, this pamphlet can help serve as a guide throughout your prenatal, surgical and recovery process to help answer some questions that you might have. Please give us any feedback that you think could help improve your experience.

Enhanced recovery after surgery for cesarean delivery

Enhanced recovery after surgery (ERAS) is a new way of caring for patients before, during and after surgical procedures. ERAS for cesarean deliveries (C-section) involves a proactive, patient-centered approach that aims to enhance your overall recovery process by getting you home earlier and in better condition. To achieve this, you and your health care team will work together — throughout your pre- and post-operative journey — to optimize your health before surgery, reduce the amount of pain medications needed and shorten your recovery time so you can focus on taking care of your newborn.

ERAS includes five main components:

- 1. Prepare:**
Planning and providing you with all of the information you need to feel ready for your cesarean birth.
- 2. Reduce the time you are required to fast to keep you better hydrated:**
You will be able to drink water or nutrition drinks up to two hours before surgery.
- 3. Establish a pain-management plan:**
We will help you understand what to expect and provide a plan to keep you comfortable during and after surgery.
- 4. Decrease the amount of pain medications needed:**
This will minimize the side effects associated with such medications — for you and your baby.
- 5. Start eating, drinking and walking as early as possible after surgery.**

Your care team will help you understand what to expect before, during and after your cesarean section. We strongly believe that the more information you possess, the smoother your recovery will be and the sooner you can leave the hospital with your newborn.



Preparing for your cesarean delivery

During your prenatal pre-operative visit, you will:

- Meet with your obstetrician to review your medical history.
- Discuss any questions you may have regarding the delivery.
- Sign consent for surgery.
- Have your blood drawn.

Before your delivery date, you can:

- Schedule a telemedicine appointment to speak with an anesthesiologist about:
 - Your medical and surgical history.
 - The anesthesia you will receive for your surgery.
 - Your pain-relief plan after delivery.
- Sign up for a UCLA BirthPlace breastfeeding class by calling 424-259-8250 prior to your C-section to help you prepare for breastfeeding.



Pre-delivery preparation checklist

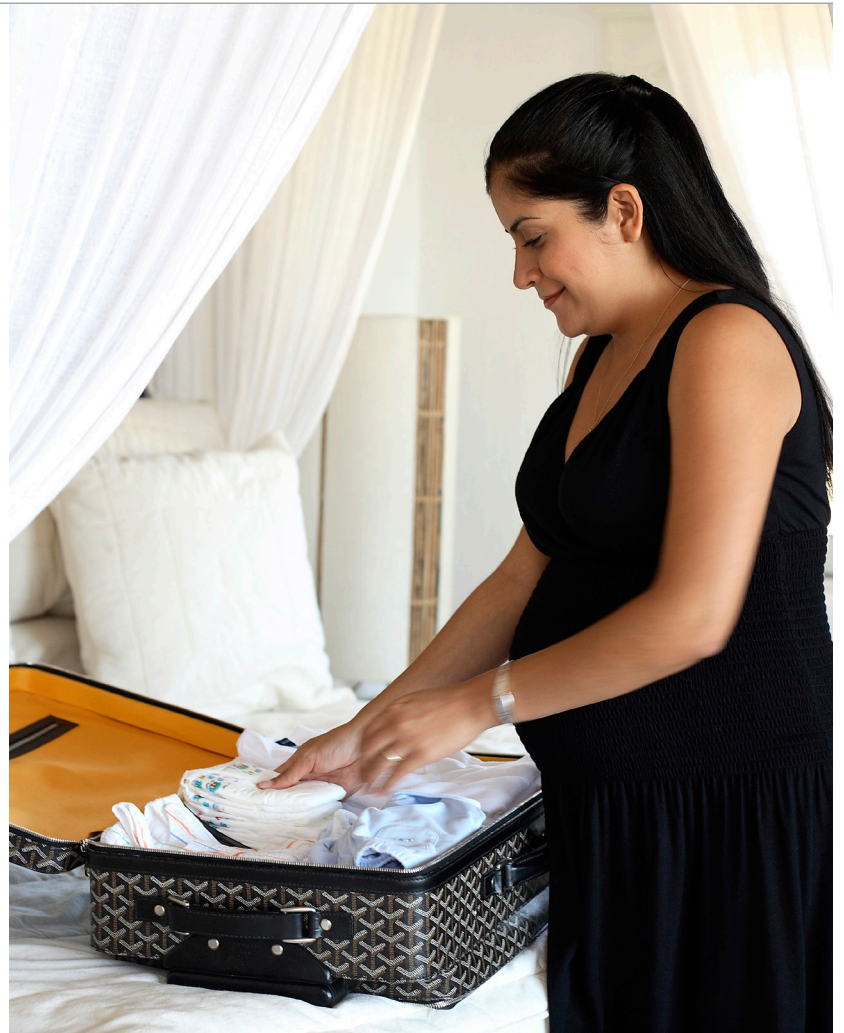
You should expect to be in the hospital for two to three days. Before you come to the hospital, you can make certain preparations to make your life easier for the return home. Here are a few steps you can take in advance:

- **Purchase and install an infant car seat** (required by law) prior to being discharged home with your newborn.
- **Select a pediatrician** for your newborn. Most pediatricians will offer to meet with you free of charge prior to the birth of your baby as an “interview” appointment.
- **Pack a hospital bag** with items you will need such as toiletries, slippers, a robe, a nursing bra, electronic chargers, a camera and comfortable loose-fitting clothes for your return home.
- **Arrange essential baby care items**, such as a crib/ bassinet, changing table, diapers, blankets, etc.
- **Rearrange frequently used home items** that you can reach them without bending down or reaching up following surgery.
- **Stock up on food and other daily essentials** because going to the store may be difficult while you recover from surgery and care for your newborn.
- **Arrange care for other children or pets** for when you are in the hospital.
- **Consider arranging for extra help.** Once you're home, you may need assistance with daily activities such as meal preparation, taking medications, travel and household chores.

The night before surgery

Follow the below guidelines to prepare for your cesarean birth. Please do not hesitate to reach out to your care team with any questions.

- **Remember to shower.** This reduces the bacteria levels on your skin and may decrease the risk of infection. You may be given special cleaning supplies and instructions if delivering at Ronald Reagan UCLA Medical Center. If delivering at UCLA Medical Center, Santa Monica, you will be given these wipes on the day of surgery.
- **Do not shave your pubic area** the night before surgery. Shaving can cause small nicks in the skin and could increase the risk of infection.
- **Two to three hours before your scheduled surgical time, drink the clear nutrition drink we provided you.** This will help stabilize your blood sugar levels and reduce muscle breakdown. In addition, you may drink water up to two hours before your surgical time.
- **Do not eat or drink anything other than what is mentioned above for eight hours before your cesarean delivery.**
- **If you have diabetes, or are taking blood thinners, please follow your doctor's instructions** that were given to you prior to your cesarean section.



Delivery day: what to expect

Before you leave home:

- Remove all jewelry and piercings. Avoid wearing dark nail polish.
- Drink the clear nutrition drink that was provided to you during your pre-operative visit.
- Do not eat or drink any other liquid, such as coffee, milk or orange juice, within eight hours of your scheduled surgery time. If you do, your cesarean delivery may be postponed.

Arriving at the hospital:

- If you are delivering at Ronald Reagan UCLA Medical Center, arrive three to four hours before your scheduled surgery time, depending on what you were instructed to do at your preoperative visit.
 - Check in on the fifth floor at the Labor & Delivery Unit.
- If you are delivering at UCLA Medical Center, Santa Monica, arrive two hours before your scheduled surgery time.
 - Check in on the second floor at the Labor & Delivery Unit.
- You will meet your nurse and change into a gown in the pre-operative area.
- Your nurse will ask you a list of admission questions, place an intravenous line (IV) for fluids and medications, draw any necessary blood work and administer pre-operative medications.
- Your nurse will place an external fetal heart rate monitor to assess your baby.
- The anesthesiologist will review your medical history and the plan for your anesthesia. Any questions you have will be answered.





In the operating room:

1. First, you will be taken from the pre-operative room to the operating room.
2. Your obstetrician, nurses and anesthesiologist will perform safety checks confirming your identity, the procedure you are receiving and the important parts of your medical history. This is called a “time-out.”
3. In most cases, you will receive spinal, epidural or combined spinal-epidural anesthesia. For this, you will be asked to sit on the edge of the bed or lie on your side and curl your back. After your lower back is cleaned, you will feel a pinprick and burning sensation as numbing medicine is used to prepare your back for the procedure. The anesthesia medications will then be given through a needle into the spinal fluid in your lower back.
4. After you receive your medications, we will help you lie down on your back with a slight leftward tilt.
5. The nurses will check your baby’s heart rate again.
6. Once the anesthesia starts to take effect, you will feel numbness from your chest to your toes and your legs will feel very heavy. This is normal.
7. A catheter — a thin plastic tube — is placed in your bladder to drain urine.
8. Your abdomen is cleaned and sterile drapes are placed over you.
9. At this point, your support person is brought into the delivery room to take part in this special experience with you.
10. Several checks will be done to make sure your anesthesia is adequate. When your anesthesiologist and obstetrician are confident that you are numb, the surgery will begin. Rarely, however, additional medications may need to be given to make you more comfortable during the cesarean section.

After delivery

After the birth of your baby, he or she will be taken to a baby warmer that is within the operating room. A pediatric team will begin assessing their health. Once it is determined that the health of both you and your baby are stable, and when you feel that you are ready, you will have the opportunity to hold your newborn. We encourage early skin-to-skin contact as it improves bonding, keeps your baby's temperature from dropping and promotes milk production. If possible, it is also important to start breastfeeding in the recovery room.

Postpartum unit

- From the operating room, you will be moved to the recovery area. After a few hours of recovery, you will be transferred to a post-partum room for the rest of your hospital stay.
- Your baby can stay on your chest as long as you are awake. If you are feeling drowsy, alert your nurse with your call button and he or she will come help you.
- Your nurse will periodically monitor your and your baby's vital signs.
- If you would like extra help with breastfeeding, your obstetrician can make a request to have one of our designated lactation consultants work with you.
- Your nurse will monitor your comfort level and give you pain medications as needed.
- You will be able to drink clear liquids.
- Gum chewing is encouraged to stimulate the return of gastrointestinal function soon after your arrival to your postpartum room. When your appetite returns, you may eat solid foods as long as you can tolerate them without nausea.
- Once you are able to move your legs, you will be encouraged to increase your activity. This usually occurs three to six hours after having received your spinal anesthesia. Your nurse will help you get out of bed the first time. It is very important your nurse assists you initially as you may be a little weak. Your nurse will let you know when it is safe for you to walk on your own.

Pain control after surgery

Managing your pain after surgery is a top priority for us. Your nurse will regularly check in with you to ask you about your comfort level and will treat your pain with medication as needed. It is easier and more effective to treat pain early when it is mild rather than waiting for it to build up. For this reason, we have developed a plan to try and stay ahead of your pain. This includes the following:

- We will provide you with a long-acting pain medication as part of your spinal anesthetic.
- We will give you several types of pain medications that work in different ways to prevent and treat pain all day and night.
- You will have opioid pain pills as needed for additional pain, but our pain control plan will decrease the amount of opioids you will need after surgery. This is beneficial because this type of medication can cause a variety of unwanted side effects such as nausea, itching, constipation, drowsiness and inadequate breathing.
- If you are on long-term pain medication prior to surgery, we will develop a personalized plan to help manage your pain after surgery with the help of our UCLA chronic pain team.

First day after your cesarean birth

- You can eat regular foods as soon as you do not feel nauseous.
- You will be encouraged to drink to stay hydrated.
- Your bladder catheter will likely be removed during the first 12 hours after your surgery.
- You will be encouraged to get out of bed and walk as soon as you pass the strength assessment by your nurse. Walking speeds up your recovery, promotes bowel activity and decreases your risk of developing life-threatening blood clots in your legs.
- You will be encouraged to feed your baby when he or she shows hunger cues and at least eight times in 24 hours.

Going home

While each patient's discharge plan can vary, you will need to meet all of the following goals before going home:

- You are off all IV fluids and are able to eat and drink well enough to stay hydrated.
- Your pain is well controlled.
- You are passing gas and urinating.
- You are not vomiting.
- You feel well enough to move around and care for your baby.
- Your baby is doing well and has undergone standard tests such as the newborn hearing screening and congenital heart screening.



When to call your doctor

Call your health care provider if you experience the following after you are discharged home:

- **Fever greater than 100.4°F.**
- **Severe pain** uncontrolled by oral pain medications.
- **Persistent or uncontrolled nausea/vomiting** with inability to tolerate food or water.
- **Heavy vaginal bleeding** greater than one pad per hour for two consecutive hours.
 - Vaginal bleeding will continue for up to six weeks and at times may be heavy. If the bleeding is enough to completely soak a heavy sanitary pad (overnight type of pad) in one hour and that bleeding continues for more than two hours, you need to visit the hospital emergency room.
 - You may pass blood clots, sometimes golf-ball-sized clots. This typically occurs when standing, showering or going to the bathroom after you have been laying or sitting down for a while. As long as the bleeding is slow after passing the clot, you do not need to be concerned.
 - Bleeding may decrease over the first two weeks and then it can be heavy again; follow the same guidelines to return to the hospital.
- **Foul-smelling vaginal discharge.**
- **Redness, drainage or separation of the cesarean incision site.**
- **Severe headaches** not relieved with pain medications, or bright white spots not related to change in position (e.g., sitting from standing).
- **Postpartum depression.** This is a common problem, particularly for those with a history of depression. Come to the clinic or emergency room if depression symptoms become severe.
- **Pain at the nipples.** This is common with breastfeeding. If you have increasing pain, bleeding or cracked nipples, call or come to the clinic. If you have pain deep in the breast, redness on the breast or fever, come to the clinic or emergency room.
- **Constipation.** This can be treated with over-the-counter suppositories or enemas. You may use laxatives by mouth as well but if hard stools are present this may result in more discomfort than treatment rectally.

Important phone numbers

Ronald Reagan UCLA Medical Center

Maternity ward tours
310-267-7510

The UCLA BirthPlace Westwood
(sign up for classes)
424-259-8250

Patient information
310-825-8611

Hospital information
310-825-9111

Labor and delivery
310-267-7560

Fetal diagnostic
310-267-7550

UCLA Obstetrics and Gynecology
310-794-7274

Patient billing
310-301-8860

Anesthesia telemedicine appointments
310-794-4494

UCLA Medical Center, Santa Monica

The UCLA BirthPlace Santa Monica
(sign up for classes/tours)
424-259-8250

Hospital information
424-259-6000

Labor and delivery
424-259-9250

Patient billing
310-825-8325

Lactation devices
424-259-8248

UCLA Obstetrics and Gynecology Santa Monica
310-899-7500

Anesthesia telemedicine appointments
310-794-4494



