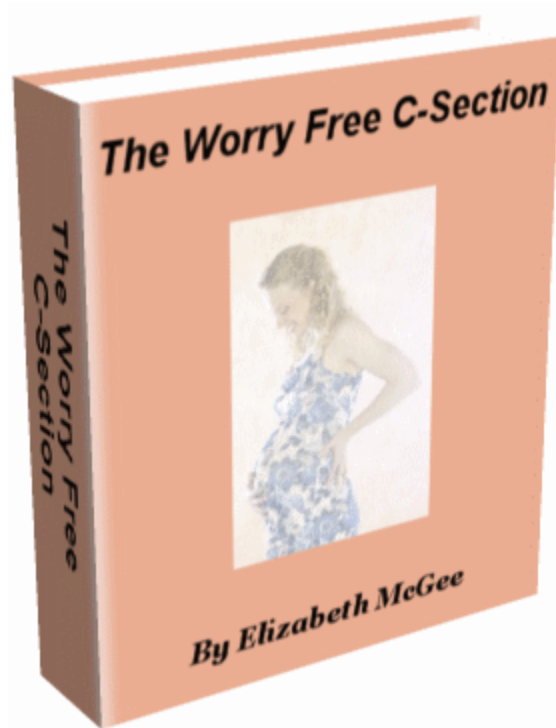


The Prepared Woman's Guide to a Worry Free C-Section



**A Personal Guide to the Essentials of Preparing,
Having, Recovering and Enjoying Your Cesarean
Birth – Worry Free!**

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Every effort has been made to make this book as complete and as accurate as possible up to the date of publication. However, there may be mistakes, both typographical and in content.

Therefore, this text should be used only as a general guide and not as the ultimate source of information about cesarean sections, surgical care, recovery from surgery, medical advice or any related topic.

Every woman's experience will be different, and your own doctor will be the one to direct and guide your care. You are responsible for contacting your own doctor with any and all questions and concerns.

The purpose of this e-book (and all related materials) is to share my experiences and knowledge with you for going through a c-section and following a c-section, as a way to help women learn more about the surgery and prepare for a comfortable recovery.

The author and publisher shall have neither liability nor responsibility to any person or entity with respect to any loss or damage caused or alleged to be caused, directly or indirectly, by the information contained in this e-book or any related materials.

Dedication



To My Dear Husband

You are the miracle in my life! It's only with your encouragement, support, humor and love that have given me the courage and strength to make my dreams come true.

You are my hero!

“Love is kind, it is not jealous, love does not boast, it is not inflated, it is not discourteous, it is not selfish, it is not irritable, it does not enumerate the evil. It does not rejoice over the wrong, but rejoices in the truth. It covers all things, it has faith for all things, it hopes in all things, it endures in all things.”

Love never fails...Saint Paul from 1 Corinthians 13



To My Beautiful Children

What an awesome gift you've both been! You're the light of my life and I'll love you always.

Behold, children are a blessing from the Lord. The fruit of the womb is a reward. Like the arrows in the hand of a warrior, so are the children of one's youth. Happy is the man who has his quiver full of them.
- Bible - Psalm 127:3-5

Thank you to all that contributed

It's been a pleasure to have worked with all of you and I'll treasure your help and guidance always. Thank you all for being such great friends and advisors.

Particularly to my good friend Sheila Hershberger, R.N. What a great friend and nurse you are. 😊

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Thank You!

Let me take this opportunity to **thank you** for purchasing the Worry Free C-Section Guide.

Whether you are planning to have a c-section, you've had one in the past or you just want to be prepared for whatever happens, you've made a wise decision to learn all you can.

My Intention for You



C-sections are commonly performed surgery and it presents many questions and concerns for pregnant women and their families.

My intention is not to debate the statistics surrounding c-sections or even encourage or discourage your decisions in any way. My goal is to help inform, educate and prepare you on the physical and emotional aspects of having and recovering from a c-section so as to help you create a more worry-free quick-healing experience.

When I had my first baby, I had no idea it would result in a c-section. I had little time to prepare myself for what was about to happen – I was scared and frustrated.

But it didn't have to be that way.

My second child was a planned c-section and because I had experienced a c-section once before, I was much better prepared physically, but I was still unaware of the many choices that I left on the table regarding myself and my baby and my doctor didn't volunteer much information.

If I'd only known then what I know today!

That, my friend, is the knowledge I'm going to share with you.

My mission is to help clarify as much of the confusion for you as I can. I want to keep you informed of your options and your choices so that you can make informed decisions that are not only best for your baby, but for you as well.

I truly enjoyed every aspect of writing this book, from reliving my own C-Section experiences to hearing from, and talking with, other moms and families about their

experiences. It's a thrill for me to know that I might possibly help other women in their quest to better enjoy one of the momentous and exciting experiences of their lives.

Terminology



Online chat rooms and forums use the following acronyms, so for ease of understanding, I'll continue to use them here:

DH – Dear Husband. If you don't have a husband but you have a significant other or supporter, simply think of your DH to mean "Dear Helper" ;-)

DS – Dear Son, Darling Son

DD – Dear Daughter, Darling Daughter

Doctor is generally referred to as 'he' or 'him'

I will refer to 'baby' as 'she'

Introduction

- ▶ **Prepare Yourself**
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Prepare Yourself



Picture This: You've prepared for nine months to provide for a healthy, happy baby and now it's time to get ready to have *your* baby.

You're ready to start the labor process but after several hours of long, tough labor with no signs of progress, you're told a c-section is needed.

How do you feel?

Will you be ready for what's about to happen?

Do you know what this means for your baby?

How will this c-section affect your ability to bond with your baby?

Will you be ready for recovery?

If you're told you need a c-section, chances are you'll be unprepared. But you won't be alone. Most women undergoing a c-section for the first time are COMPLETELY unprepared. But this can also be true for women planning to have a c-section. There are choices you can make and discussions you should have with your doctor and family well in advance that will make your experience a better one.

If there's one thing I've learned along life's journey, it's that planning and preparing always make for smoother experiences and outcomes, whether you are planning a vacation a wedding or your baby's birth.

Proper preparation for your c-section familiarizes you with the process and the choices you have so you can readily make decisions as opposed to having them made for you. You'll better understand the risks and be prepared to avoid them.

Healing will also be easier and faster when you are aware of complications or things that can set you back, but most of all – you'll be better able to enjoy your baby and focus on the more satisfying experiences.

In the case of a vaginal birth things happen pretty routinely, things like how soon you can hold your baby, cutting the cord, breastfeeding, partner participation, bonding, etc., however, with a c-section, these routine things can quickly become concerns that can make for a stressful, disheartening experience.

That's why I've been compelled to write this book. I want to help you through such experiences and teach you what you need to know, and do, for a more satisfying and memorable c-section birth for all involved.

My Story



I loved being pregnant. It was one thing in life I think I was really good at.

I learned how to eat well and exercised regularly. I got plenty of rest, took my vitamins, kept up with doctor's appointments, took La Maze classes with my DH and ultimately felt great, even into my third trimester. I was in good health, great spirits and ready for the challenge of childbirth.

My due date was August 17 but it had come and gone with no signs of labor. Another week went by and still nothing. At this point we knew that the baby was going to be at least 8.5 pounds so I was feeling a little anxious to say the least. If you've ever been pregnant, you know how anxious you can get the longer you wait.

I would dread those phone calls "*Haven't you had that baby yet?*" Arrrrggggghhh!

On Friday evening, August 27, I began to experience cramping --- Finally! My La Maze classes taught me not to get too anxious to rush to the hospital, so I rode out the night, the next day and into the next evening with mild pains. Early on Sunday morning about 5:00am on the 29th the contractions were about 10 minutes apart, so I called the doctor. We agreed it was time to head to the hospital.

When I got to the hospital at 6:00am I was dilated about 2cm. Right away they hooked me up to the fetal monitor.

Sidebar: Hooking up to a fetal monitor may be an option you wish to avoid if you want to help ensure a vaginal birth. We'll talk about this more later.

By 8:00am I was 4 cm. At 10am – 6cm. At 11am – 6cm. Soon lunchtime had come and gone and I was still lingering at 6cm. Every time the nurse would tell me I was still at 6cm I wanted to scream! Why couldn't I get past 6 centimeters?

By 1:00pm I was getting really tired so we decided that an epidural was best. Ahhh! Relief at last!

Even though I had pain relief, I began to feel a little concerned. At about 2:30 I was still at 6cm and I was informed that my baby was showing signs of fetal distress.

Fetal distress!?! What does that mean? Even though I was assured that my baby was fine, the doctor said we shouldn't delay any longer. I was going to need a C-section.

I was terrified! I had associated a c-section with 'trouble', so I began to cry. I felt like I was the reason for my baby's distress and felt horrible. I was thinking that my baby could have brain damage, heart failure or organ failure, I had no idea how serious fetal distress was or if it wasn't serious at all, no one really explained it to me, but I did know that there wasn't time for feeling sorry for myself. I had to get it together and make sure my baby gets born without any further complications.

The nurse continued to assure me that everything would be fine but the next few minutes would be critical. Things began to move very fast. There were forms I had to sign, a catheter was inserted, the IV was hooked up and I was ready to be wheeled off to the operating room – I was very scared!

Thank goodness for my DH, he held my hand continuously and helped assure me things would be OK, but I could tell he was scared too. I also couldn't help feel that if things didn't go well, I would have let him down as well.

Once in the operating room my IV arm was strapped down and a green sheet came up in front of my face. It was a little intimidating but my DH sat next to me and held my hand, it was a big comfort.

My anesthesiologist was seated behind my head and she whispered everything that was going on and kept me well informed, she was an angel, and to this day I don't know what I would have done without her.

My DH is not a squeamish man so he peeked around the sheet and saw everything. That green sheet meant nothing to him! As the baby's head came out he yelled "*There's the head!*" he told me they were clearing out her mouth and getting ready to pull her out. Moments later my DH yelled, "*It's a girl!*"

The procedure literally took about 20 minutes and at 3:20 pm on Sunday afternoon my daughter was born. The baby was handed to the nurse who let me get a quick peek before she was whisked off to be cleaned up on the other side of the room. I remember thinking, "That's it? Where is she going with the baby?" But it was only a few minutes later that my DH was able to hold her next to me and we both just cried with joy.

She weighed in at 9 pounds 13oz and was 22 inches long. I remember my doctor saying to me "*You did an amazing job for such a large baby. She was much too big for you to deliver naturally*".

At that point I was just so relieved that she was born and reported healthy, but I also remember feeling like, wow, that wasn't how I expected things would happen!

Soon I was wheeled off to recovery. As I lay there, I remember wondering where everyone was, where was my baby, my DH, the doctor? How long was I going to be left there? After what seemed like several hours (it was actually about 2 hours), I was wheeled to my room. Shortly after that I began to feel a horrible burning at my incision. I was on fire! My incision hurt so bad I couldn't even move to find a call button yet alone yell loud enough to get help. I felt paralyzed with pain.

Finally after what seemed like an eternity, someone showed up to change my dressing. As she put the side of my bed down I said "*Please don't touch me I'm on fire!*" She said, "*Are you in pain?*" I cried "*YES, please help!*" At that moment she ran off and came back with something to ease the pain.

Sidebar: This episode of pain is all too common for many c-section women. Had I known about how to keep on top of my pain or that this might occur, I could have been aware of how to prevent it.

As soon as my pain subsided the nurse brought me my baby and it was time to begin breastfeeding. I wanted to breastfeed and had always looked forward to it but I had a lot of trouble finding a comfortable position. To make matters worse, my baby had trouble latching on. It wasn't very pleasant at first. She cried and I struggled. But I continued to work at it and it got a little better each day.

About 12 hours after the surgery, I faced my next challenge. It was time to get up and walk. The nurse came by wished up my sheet and said it's time to walk. "Walk already?" I actually thought she was kidding! I gotta tell you it was one of the hardest things I've ever had to do. I had a very patient and sweet nurse, but if ever I wanted to just push someone out the window, that was it!

Needless to say, she didn't go out the window and I got through learning to walk again. But it was hard!

Each day my daughter and I worked at breastfeeding and I continued to walk. Things got easier until the day finally came when I could go home.

As happy as I was to be home, breastfeeding every 2-3 hours was hard. I was tired and extremely slow. My mom was with me for 2 weeks to help with meals, laundry and housework but it didn't help me with feeling so extremely tired. My energy level just would not improve.

Things slowly, very s-l-o-w-l-y, got back to normal and I finally got over being tired and sore, but I would sometimes think about how different my expectations about childbirth were. Sharing birth stories with friends often left me feeling like I missed out on what a real childbirth was all about, leaving me instead, to experience surgery, prolonged pain and fatigue.

Three and a half years later I became pregnant with my second child and my doctor advised having another c-section. When I asked why, it was explained to me that because my uterus had already been previously stitched up, a uterine rupture could be possible if I tried delivering vaginally. That sounded a little scary to me so I simply followed my doctor's advice and hoped for the best.

What I didn't realize what that I was actually a good candidate for a VBAC (vaginal birth after c-section). However, today I realize that my doctor did not support it, but at the time, I was content to follow his advice.

because you think something may go away is not smart. In fact, things can get a lot worse waiting for the outcome.

Many women today use online forums to help find others with similar symptoms or experiences, while this is an excellent way of generating support and comfort, it should never take the place of medical advice. Everyone's situation is different so always follow medical guidelines with regard to pain and soreness and seek proper medical help if things begin to change or worsen.

If you are having a planned c-section, keep the lines of communication open with your doctor. This is not a time to be shy. If there is something you don't understand – be sure to ask.

If you don't expect to have a c-section, I highly encourage you to be prepared anyway. Talk to your doctor often about your concerns, fears and the choices you have. You have the right to get all the information you need and have your wishes carried out.

I'd Love Your Help!



In an effort to help this book become even more useful for others, please share with me your experiences, stories, advice, suggestions and tips with regard to your c-section experience.

If I use your contribution I'd be delighted to acknowledge you in my next edition and send you a free copy of the updated book.

Thanks again for being here! And do let me know how your surgery and recovery goes, I also welcome your happy baby pictures, they ALWAYS brighten my day!

Just send an email to:

elizabeth@worry-free-c-section.com

Many blessings to you and your new angel.

Elizabeth

Chapter 1 – About Cesarean Sections

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- ▶ **Medical Reasons for A C-Section**
- ▶ **Non-Medical Reasons for A C-Section**
- ▶ **C-Section Risks**
- ▶ **Possible Risks to Your Baby**
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Cesarean section births have risen dramatically over just the past ten years and according the National Center for Health Statistics, the U.S. c-section rate for 2006 is estimated that 1 in 3 mothers gave birth by C-Section. In fact the last fact sheet I read indicated that 50% of all babies born in China are now by C-Section. Also, it's significant to note that mothers 40 years of age or older have about a 40% chance of delivering by c-section.

Because a c-section is surgery, it is by nature, riskier than delivering a baby vaginally. You're also not likely to return to your normal activities as quickly as you would after a vaginal delivery.

If you know that you will be delivering by c-section, you will have time to prepare mentally and physically, not only for what will happen but also for the healing process, which can alter your experience dramatically.

But for those that don't expect to have a c-section, they will be completely unprepared for the process, the healing and how they bond with their baby.

Why a C-Section?



So why do so many c-sections occur in the first place?

There's a wide range of reasons for performing c-sections that result from both medical and personal preferences.

Most c-sections result from a medical need, but there are women who are simply afraid of the pain of childbirth, so they choose a surgical delivery, (...hmmm, pain now or pain later!?).

There are also physicians that will suggest having a c-section if they see possible complications during delivery.

Whatever the reasons, examine carefully your own personal situation and discuss all the benefits and risks of any procedure with your doctor. A positive birth experience will be the result of how well you prepare yourself for all possible situations that may come your way.

Medical Reasons for a C-Section



You've had a Previous C-section

Roughly 80% of women with prior c-sections repeat them. Even with the preferred 'bikini cut' incision, uterine rupture is possible in about 1-4% of cases, therefore many doctors do not wish to take that chance and opt for another c-section.

Your Labor isn't progressing causing 'stalled labor'

A stalled labor could be because your cervix isn't opening enough or perhaps you have a small pelvis making delivery difficult. It could also be that your baby's head may be too big to pass through the birth canal or your contractions may not be strong enough to push the baby through.

Any of these stalls in labor would indicate a c-section.

A Large Baby

A baby can sometimes be too large to pass safely through the mother's vagina. They call this cephalopelvic disproportion and it can result in a c-section.

You are carrying multiple babies

Having multiple babies puts you in a higher risk category. It is also possible that at least one of the babies may be in a compromising position. To avoid unnecessary risks a c-section may be recommended. However discuss this with your physician

Your baby may indicate fetal distress

I remember the doctor telling me that was why my first baby required a c-section, but what did that really mean? Was my baby suffocating? Was she dying? It certainly wasn't clear to me.

It is normal for the baby's heart rate to change during labor, especially during contractions, but some changes such as lack of oxygen or changes in baby's heartbeat will indicate fetal distress. But what does this mean to your baby and her delivery?

Fetal distress is determined by administering a fetal stress test. A baby getting too little oxygen, experiencing a slowed or abnormal heartbeat, showing no signs of movement or is becoming fatigued, all indicate fetal distress and a c-section will be considered.

There is a problem with the Placenta

Two problems can occur with the placenta:

- Placental abruption – The placenta separates from your uterus before labor starts.
- Placenta Previa – The Placenta is blocking the path of exit from the uterus.

In both cases your physician will want to perform a c-section.

Your baby is breech

Having a head down baby is best when having a vaginal delivery, however if your baby is switched into another position such as the baby's buttocks or legs are facing down as in a breech position or the baby is lying horizontally, a c-section will be requested. Without a c-section your baby can become stuck in the birth canal.

Mom or baby may have health problems

If you have health conditions yourself such as high blood pressure, heart disease, lung disease, diabetes or any other medical complications, your doctor may induce labor early to reduce the risk of pregnancy related complications. If the induction isn't successful, you may need a c-section.

Developmental Problems with the baby

If your baby has certain developmental problems or physical problems, a c-section may be suggested as a safer alternative.

A post mature fetus

If a baby stays in the womb too long, the uterine environment may begin to deteriorate and threaten the health of the baby.

Sexually transmitted diseases

A c-section may be recommended if you have an active genital herpes infection, sexually transmitted diseases or conditions that your baby could acquire while passing through your birth canal.

Non-Medical Reasons For a C-Section



Casual attitudes about surgery – Surgical procedures have become more commonplace today and it is much more accepted. C-section surgeries are sometimes scheduled out of convenience for mother or even the physician.

Belief that c-sections are safer – There is some belief that c-sections are safer than vaginal deliveries. C-sections are a very safe surgery today and they are a safe alternative if there are medical complications involved, however for a healthy woman with a healthy baby and no complications, there is no evidence that a c-section is safer than having a vaginal birth.

A c-section is surgery and having surgery presents risks that you would not normally have with a vaginal delivery. Two of the biggest risks with surgery are risk of infection and anesthesia risks.

Fear of the pain of childbirth – Some women are afraid of pain with childbirth. Yes, childbirth is painful; however having a c-section is painful as well. The surgery itself is not painful but healing can be very painful and lengthy.

C-Section Risks



Having a c-section for medical reasons can be a lifesaving operation for most women and their babies. Most c-sections whether planned or unplanned, go well for both the mother and the baby.

Of course there are risks just as with any surgery. This is not to say that any of these risks will happen to you – but they could; that’s why they are called ‘risks’.

Organ Infection – The uterus or nearby pelvic organs such as the bladder or kidneys could become infected. This is why a c-section mother will be given antibiotics right after surgery.

Incision Infection – You may also develop an infection at the site of your incision which is actually quite common and treatable, but early detection is always helpful.

Increased blood loss – Blood loss on the average is about twice as much with cesarean birth as with vaginal birth. However, blood transfusions are rarely needed during a cesarean.

Decreased bowel function – The bowel sometimes slows down for several days after surgery, resulting in distention, bloating, discomfort and gas. Most abdominal surgeries can cause the same decreased bowel function.

Respiratory complications – General anesthesia can sometimes lead to pneumonia. Although some c-sections are performed using general anesthesia, most are performed using a spinal block or epidural block which has a much smaller occurrence of respiratory complications to the mother.

Longer hospital stay and recovery time – A c-section generally requires three to five days in the hospital, whereas a vaginal birth is about 1-3 days. Depending on your progress, your stay can be less or it can be more. Most insurance companies will cover extended stays for either procedure if your doctor has requested it.

Reactions to the anesthesia - The mother’s health could be endangered by unexpected responses to the anesthesia or other medications.

Risk of additional surgeries - Although rare, a hysterectomy or bladder repair may be necessary.

It's important to keep in mind, however that every childbirth case is different and no one can guarantee the outcome. Your health, your baby's health, your history, personal wishes, your doctor and the hospital can all play a part in the outcome. It can be comforting to know, however that because of the amount of c-sections that occur today, it's likely that your physician has performed several during the course of his career, and his experiences make him a good candidate for a successful c-section delivery.

Possible Risks to your Baby



Premature birth - The best time for a baby to be born is after 37 weeks, however c-sections can result in babies being born too early (between 34 and 36 weeks) particularly if your physician does not want you to go into labor.

Babies born between 34 and 36 are often healthy, but they are more prone to problems with breathing, feeding, jaundice and maintaining body temperature. This is because a baby's lungs and brain still mature even in those last few weeks of pregnancy and are significant to your baby's development.

In addition, a vaginal birth allows the fluid in the baby's lungs to be squeezed out as he passes through the birth canal. This does not happen during a c-section and respiratory complications could occur.

APGAR scores. Immediately after your baby is born, she is tested for things like activity & muscle tone, pulse rate, how she responds to a catheter inserted in their nose, skin color and respiration. These tests are commonly called the APGAR. Babies born by cesarean can sometimes have low APGAR scores.

An average APGAR score is 7-10. Scores are taken at different times after birth, generally at 1 minute and again at 5 minutes.

A score of 7 or above, 1 minute after birth, is a good, healthy score but a lower score at 1 minute doesn't necessarily mean you have an unhealthy baby, it could mean that your baby simply needs a bit more attention such as oxygen or suctioning her airways to help her breathe better.

For babies with lower scores, the test is re-given. If the score hasn't improved, there may be additional medical care that is needed and the baby is monitored carefully. Some babies may have medical conditions like heart or lung problems however many babies just take a little longer to adjust to their new environment. This is often true for c-section babies or babies that have experienced a complicated birth.

Don't use the APGAR score to determine your baby's overall, long term health. Few babies score a perfect 10. The APGAR score is simply a tool to help healthcare providers gauge how your baby's immediate health is doing and whether or not your baby may need immediate assistance.

Thoughts on Electing to Have a C-Section



Several surveys have been conducted over the past few years that have clearly indicated a rise in elective C-Section births. Pregnant women choosing to have a c-section for no medical reason rose over 36% from 2001 to 2003 and the controversy remains at large.

There are physicians who believe a patient has the right to choose how their baby is born, yet there are physicians who would never perform unnecessary surgery.

Non-medical c-section requests range from convenience to fear of the pain of childbirth. Convenience not only occurs among patients, it can occur among doctors as well.

Most doctors however, unless medically required, will frown heavily on performing a c-section. After all, it is major surgery, something, which I've noticed through my research, continues to be a point lightly taken.

Even though my c-sections were free of medial complications, I would not have elected to have them. The less invasive tactics performed on my body, the better I feel. Yet with the success rate of c-sections and the proficiency of doctors performing the surgery, many women choose it.

The Cost of Having a C-Section



C-sections cost more than standard deliveries. The cost of a c-section in the U.S. is roughly \$11,500 with no complications. A vaginal birth is approximately \$6500 with no complications. So a c-section is roughly twice as much as a vaginal birth. However, costs vary widely from location to location.

Tip: If you are uninsured, maternity expenses can be staggering if you're paying out of pocket. If you're without insurance you might want to check into Maternity Card (*see page 114*) or some form of maternity benefits service. You don't want to be left with huge bills to pay; this can contribute heavily to additional stress and worry.

How You Can Reduce your Chances of Having a C-section



If you are planning to have a vaginal birth you're probably not thinking in terms of having a c-section, however since better than 29% of all babies born results in a c-section, there is the possibility. Having said that, there are a few things you can do during your pregnancy that may help reduce your chances of a c-section birth.

None of these things is guaranteed to completely eliminate the need for a c-section, but they could help your chances, particularly if a c-section is REALLY something you want to avoid.

Avoid continuous electronic fetal monitoring (EFM) if possible. Continuous electronic fetal monitoring (EFM) can increase the likelihood of a cesarean section.

Some believe that EFM can cause the potential for over-diagnosis of fetal distress in a healthy baby causing an increased likelihood of a c-section. Check with your doctor about the use of hand-held monitoring devices or if occasional EFM will be acceptable.

Start your pregnancy out by practicing good health.

Eating well, exercising lightly and keeping doctor's appointments all aid in the effort of a healthy and successful birth. Try not to gain more weight than is advised, this helps keep your blood pressure in check and also helps reduce undue stress and strain on your body.

Avoid eating a lot of sugar or salt, these can lead to some nasty pregnancy related diseases such as gestational diabetes or high blood pressure. These diseases often lead to a doctor-recommended Caesarean birth.

Do Your Kegels - What are Kegels? Kegel exercises strengthen your pelvic muscles. This strengthening helps with vaginal delivery.

Your pelvic muscles are what control your urination, so if you urinate and stop in midstream it's your pelvic muscles that control that. To build strength you should try to tighten these muscles as much as you can, about 200 times a day is good. Don't do this while urinating, instead simply pull in the muscles while sitting or standing.

By doing kegels, you can also help with urinary incontinence (inability to hold your bladder).

Employ a Doula. Huh! What's a Doula?

A Doula is a woman experienced and educated in childbirth and the postpartum experience. A Doula provides physical, emotional, and informational support to the mother and family before, during and after childbirth. She will also support and encourage everyone involved, including your DH and family members to help enhance everyone's experience in a positive way.

For example, a Doula can meet with the head of the nursing staff, the anesthesiologist and your doctor. She can personally discuss your plan with everyone involved and specifically express your personal wishes. A Doula will also explain and encourage you in all the procedures of preparing for childbirth like monitoring the baby, anesthesia, internal exams, IV's and all the other processes and concerns you may have in order to help reduce much of the stress.

A Doula is a good idea for anyone going through childbirth in general.

I didn't have a Doula when I had my c-sections, in fact I wasn't even aware of what a Doula was and how supportive and helpful they could be. But as evidence has shown, having a Doula can play a large part in helping reduce the chances of C-Section. With the support and encouragement they offer, it's easy to see why.

If your baby is Breech – Breech refers to a baby who is positioned with the feet or buttocks down.

One possible cause of the breech presentation is that the lower part of the uterus may have tension or constraint. The lower half of the uterus is usually larger than the upper portion so as pregnancy progresses and the baby's head grows larger the head will naturally turn downward where there is more room, however if the uterus is experiencing tension the turn may not take place.

Some doctors may try to turn the baby in the uterus using a procedure called external cephalic version. This procedure is done at the end of pregnancy, after about 37 weeks of gestation and has about a 65% success rate. This procedure, however, does carry some risks of its own such as premature labor and blood loss, so it's very important to discuss this procedure with your doctor and weigh the risks carefully.

One effective alternative is a Chiropractic method called the Webster Technique that can help restore and relax the lower uterus which can open up the tension or constraint allowing the baby to naturally turn downward.

Dr. Larry Webster, the founder of the International Chiropractic Pediatric Association, developed the Webster Technique after seeing his own daughter deliver a breech baby.

A recent study by the Journal of Manipulative and Physiological Therapeutics reported a high rate of success (82%) using the Webster Technique, allowing breech position babies to turn to the normal anterior position.

This naturally facilitates easier and safer deliveries and helps avoid more invasive procedures like the external cephalic version and c-sections. The technique is very gentle, safe, and comfortable, and can be done any time during pregnancy.

Again, discuss this with your doctor first. More information can be found at: [The World Chiropractic alliance](#).

Don't rush to the hospital – It's been indicated that women with normal pregnancies are more likely to have a c-section if they go to the hospital too soon during the very beginning stages of labor. This can happen because women in labor for many hours are often advised by their doctors to have a c-section, so spending all your labor time at the hospital could increase the chances that your doctor may suggest a c-section.

You will want to wait until you are in active labor; this means having well defined contractions.

Be Flexible when Pushing – Ask your doctor to be flexible about how long you can push. If you and baby are doing ok and there's no medical problems, ask that you continue pushing before rushing into a c-section or some other form of intervention.

During labor, use more upright positions such as walking, standing or leaning on the bed. Keep yourself well hydrated and stay nourished with light snacks. Note that once you have an epidural or spinal, you will be less able to do these things.

Wait for epidural until you are dilated to 4 or 5 centimeters and active labor is well under way. The earlier an epidural is given, the more likely a first-time mother will have a cesarean section for “failure to progress”.

Also stay off your back after having an epidural. Lie on your side and sit up all the way. Staying on your back for long periods of time during labor can create malpresentation of the baby's head, it inhibits cervical dilation and fetal descent, it can create fetal distress and slow the first and second stages of labor.

You may even want to consider a CSE or intrathecal instead of the traditional epidural. This is a newer epidural that numbs the pain but still allows some feeling and mobility in the lower body. You still may not be able to leave the bed or walk but it should allow you to change positions and move more freely.

Avoid having labor induced if you can. Inducing labor can increase your chances of having a c-section. If the body isn't ready, inducing labor may fail and, after hours or days of trying, a woman may end up having a c-section. This can be more likely if the cervix is not yet ripe.

Don't let Time Be an Issue

Unless there is a real medical emergency or a medical concern don't consider a c-section based solely on some arbitrary time limit.

Find a doctor and hospital that promotes vaginal births. Find doctors and hospitals that have low incidences of c-section rates.

Find a hospital that has a yearly c-section rate of less than 15%. Don't assume that all hospitals have low c-section rates.

Find a doctor that is really in favor of vaginal births and will exhaust all his options before suggesting a c-section. You can only do this by really talking with your doctor and understanding his beliefs. Discuss how your doctor feels about forceps and

vacuum extraction. These are useful tools but many doctors are hesitant to use them and will perform a c-section instead. Carefully discuss all of this with your doctor.

Hypnosis

There are natal [hypnotherapy programs](#) and home study CD's that teaches techniques to help you stay calm and relaxed. They also help you give birth feeling confident and positive. They do also offer relief for pain as well.

I have not used hypnotherapy and have not known anyone to experience them; however some people swear by it. You will have to be receptive to taking the suggestion, if you can do that you may find them very worthwhile. Being a psychology major myself the power of the mind *is* very powerful.

In the end there's always the chance that things won't go as planned and a c-section is will be necessary, but please don't be disappointed if this happens. Your health and the health of your baby is always the ultimate goal.

Tips to Help Ensure a Safer C-Section Delivery



Scheduling Your C-section

Unless there is a medical reason to do otherwise, schedule your c-section for the 39th week of pregnancy or later. This is important because if your baby is born even a few weeks too early she could experience breathing problems, feeding problems, jaundice and trouble maintaining body temperature.

Getting Antibiotics

Request that you receive antibiotics upon having a c-section. Many doctors will do this automatically but you should ask about it just in case. Antibiotics help reduce the risk of infection.

Prepare to fight Bacteria

Beginning three to five days before surgery, shower daily with 4% chlorhexidine soap. If your drug store doesn't stock it ask them to order it for you. One of the easiest brands to find is Hibiclens.

Stop Smoking

Stop smoking as far in advance to your surgery as possible. Patients who smoke are three times as likely to develop a surgical site infection as nonsmokers, and have significantly slower recoveries and longer hospital stays.

Stitching Your Uterus

Stitching up your uterus can be done with double stitches and it's been suggested that double stitching reduces the chances of the scar opening during a future labor. Many doctors today have gone back to single stitches. I would suggest discussing this with your doctor making a decision that you both can agree on.

Adhesions and Seprafilm®

Having a c-section involves the cutting and manipulation of internal tissues and organs. As the internal tissues heal they sometimes form internal adhesions also known as scar tissue that can form between your uterus, ovaries, bladder and abdominal wall.

Most adhesions never cause problems, however some can prevent tissues and organs from moving freely causing them to become twisted or pull from their normal positions causing future complications such as small bowel obstruction, infertility, and chronic pelvic pain.

You may have had previous c-sections without any complications from adhesions or scar tissue; however every c-section performed brings potential risk for adhesion complications.

So what can you do?

Talk to your doctor about **Seprafilm® adhesion barrier**. Seprafilm is an adhesion barrier which helps minimize the risk of forming adhesions following abdominal surgery. Many doctors are using it today so it's worth asking about, especially if you've already had at least one c-section.

Common C-Section Myths



We're all familiar with myths and wives tales and I'm just as guilty of buying into them as the next person.

Here are a few myths that I hear over and over:

Q. I've heard that if you have a lower back tattoo that a spinal or epidural can cause an infection.

A. The only problem with having an epidural on a tattoo is that it may cause a small scar changing the shape of the tattoo, but for the most part, there won't be a problem.

If your tattoo is fresh and still healing, there may be cause for concern; however there isn't much data on how much of a problem a new tattoo would be.

Q. A C-section will create incontinence later on in life

A. Actually it's the other way around. Vaginal births are more likely to cause incontinence and many women elect to have a c-section to prevent it. However it has not been established that having a c-section will help you avoid incontinence.

Q. It's harder to lose weight after a c-section

A. It can take longer to lose weight because it takes longer to heal, so any strenuous exercise will have to be put off longer. However, you are just as able to lose weight and get your figure back as a woman having a vaginal birth. But never start any exercise regimen without consulting your doctor first. Doing things too soon can set you back in recovery and no one wants that.

Sometimes it's a bit harder to lose your belly and get back into shape after a c-section, but with proper exercises and determination it can be done.

Q. You are less of a woman if you've had a c-section

A. This is complete and utter nonsense. Anyone who believes this is simply ignorant or just doesn't understand circumstances or medical complications.

Q. Women who have caesarean births are less likely to have another pregnancy

A. There isn't any concrete evidence to this statement but there are things that may come into play. For example, women who had a c-section and don't wish to risk having another one may choose not to have any more children at all. There have been

some studies that indicated that women who had a cesarean section had more difficulty conceiving again.

Many of these things are speculation and I've not been able to find enough evidence that supports them completely.

Q. Once a c-section always a c-section

A. Not Today! Most VBAC's (vaginal births after a c-section) are very successful today. I've noticed that the number of VBAC's performed have actually gone down in the past five years, however if circumstances are in the woman's favor, they are often very successful.

Exercise During Pregnancy



Studies have shown that women who exercise during pregnancy **recover faster and suffer less depression**. Exercising also helps prevent excess weight gain and can absolutely help you **reduce your chances of a c-section**.

Unless otherwise instructed by your doctor, low impact, non-contact exercise is generally safe throughout your pregnancy. You may need to slightly modify your exercise as you get closer to the end of your term, however be sure to discuss any exercise with your doctor or healthcare provider first.

If you're not a regular exerciser don't consider exercises that you've never done before. Instead start out with walking or yoga. Here are a few good tips on the following exercises that can be done throughout pregnancy:

Walking/jogging

Walking is an excellent exercise for *anyone*. I highly recommend it. It's low impact and doesn't require anything except a pair of good walking shoes. I suggest starting out with 30 minutes a day 4 days a week.

If you are a jogger you can continue to jog but wear good running shoes, a support bra and a good belly bra.

Stationary Cycling

I recommend stationary cycling because you are less likely to fall and injure yourself or your baby. Don't push yourself, the lowest level is fine. Just like walking, keep it to 20-30 minutes for about 3-4 days a week.

Yoga

Yoga is not only good exercise; it is an ideal stress releaser. Yoga can tone your muscles and increase circulation not to mention it teaches you good breathing techniques which are what you need for childbirth. I suggest attending a prenatal yoga class. It's a great form of relaxation.

Some yoga poses focus on balance so you may want to avoid anything that makes you feel like you might fall. As you move through your pregnancy avoid poses that strain your abdomen muscles or your lower back muscles. Don't do poses that have you lie on your stomach.

Never exercise in more than 100 degrees. If you ever feel lightheaded or nauseous, stop immediately. The best poses you can do are Mountain (improves your posture), Cobbler (helps you sit with better posture), Warrior (strengthens your legs and ankles), Cat/cow (strengthens your back).

Low impact aerobics

Aerobics are great for cardiovascular and for pregnant women as well. However keep your aerobics to low-impact. This means keep one foot on the ground at all times and don't do anything that may cause you to fall. Don't do high kicks or leaps off the ground.

Swimming

Swimming is perfect for pregnant women. It's easy on your joints, it builds strong muscles. However avoid water that is too hot or too cold, that mean saunas and hot tubs are prohibited. Also be careful to stay out of dirty or polluted water.

Light weight training

Keeping your muscles toned and strengthened helps a great deal in child birth and will also help build energy and stamina. If you are a beginner, start with lighter weights and short sets. If you are an experienced weight lifter it's a good idea to reduce your weights a bit and make up for it with more repetitions, this will prevent straining.

Don't let yourself get out of breath; you should still be able to conduct a conversation while lifting. Always drink plenty of water and avoid overheating.

Diet During Pregnancy



Good health for yourself and your baby includes a healthy diet. Before you even get pregnant begin a routine of a healthy diet and exercise.

It's a known fact that obese women have a much higher risk of delivering by c-section. But overweight women are not the only ones at risk. Developing gestational diabetes, Toxemia and other pregnancy related diseases can increase your risk, so strive to eat healthy and incorporate some healthy exercise into your daily routine.

On average, a woman gains about 25-35 pounds while pregnant. It varies from woman to woman but here's the general breakdown of how those pounds accumulate:

- 7.5 pounds: average baby's weight
- 7 pounds: extra stored protein, fat, and other nutrients
- 4 pounds: extra blood
- 4 pounds: other extra body fluids
- 2 pounds: breast enlargement
- 2 pounds: enlargement of your uterus
- 2 pounds: amniotic fluid surrounding your baby
- 1.5 pounds: the placenta

If you gain more than the normal recommended amount of weight, it's important to know what makes up those extra pounds. Recent studies have shown that, more than ever, the health of your baby is directly related to what you consume, so you're going to want to make those calories really count. Consequently, avoid those empty calories and eat as nutritious as you can.

Eat foods from the different food groups in the recommended proportions. If occasional nausea or lack of appetite causes you to eat less don't worry — it's not likely to cause your baby harm because your baby gets first dibs to the nutrients you consume.

25-35 pounds is generally the recommended weight gain. For most women they gain about 4-6 pounds the first trimester and about 1 pound a week during the second and third trimesters. But don't become focused on the scale, it's better to eat a good variety of balanced and nutritional foods.

Here's a breakdown of what your body needs:

Nutrient	Needed for	What Foods Contain It
Protein	For healthy cell growth and blood production	Poultry, Lean meat, fish, egg whites, beans & Soy Beans, Peanut butter, tofu
Carbohydrates	Provides energy	Breads, cereals, potatoes, pasta, rice, fruits & vegetables
Calcium	strong bones and teeth, muscle contraction, nerve function	milk, cheese, yogurt, spinach, sardines or salmon with bones
Iron	red blood cell production (prevents anemia)	lean red meat, spinach, iron-fortified whole-grain breads and cereals
Vitamin A	healthy skin, good eyesight, growing bones	carrots, dark leafy greens, sweet potatoes
Vitamin C	healthy gums, teeth, and bones; helps with iron absorption	citrus fruit, broccoli, tomatoes, fortified fruit juices
Vitamin B6	red blood cell formation; effective use of protein, fat, and carbohydrates	pork, ham, whole-grain cereals, bananas
Vitamin B12	formation of red blood cells, maintaining nervous system health	meat, fish, poultry, milk
Vitamin D	healthy bones and teeth; helps with calcium absorption	fortified milk, dairy products, cereals, and breads
Folic acid	blood and protein production, effective enzyme function	Dark yellow fruits and vegetables, green leafy vegetables beans, peas, nuts
Fat	Helps with storing energy.	Whole-milk dairy products, nuts, peanut butter, margarine, vegetable oils & Meat (Note: limit fat intake to 30% or less of your total daily calorie intake)

Deficiencies of vitamin B1, B2, B6, folic acid, zinc, iron, calcium and magnesium have all been linked to birth abnormalities.

Additional snacking options:

Whole-wheat fig bars, rice cakes, or air-popped popcorn can do the trick, as can fruit paired with cheese or yogurt.

Don't eliminate all fat from your diet. Some is necessary for life and health. Just make sure that most of it is unsaturated or mono saturated, such as that found in fish, nuts and vegetable oils. Olive and canola oils are particularly healthful.

If you eat a vegetarian diet, make sure you get enough protein, vitamin B, calcium and Vitamin D, zinc and iron while you are pregnant and when you are nursing.

Here are a few essentials:

- During pregnancy it's not about how much you eat, it's more about what you eat. If you're hungry always eat, but eat quality foods, don't reach for the fatty snacks and junk food, *as tempting as it may be* 😊
- Eat only whole grain and nutritious bread products, stay away from white bread and bleached flour products.
- Reduce your intake of salt as much as possible
- Reduce your intake of sugar, use sugar substitutes when possible
- Drink plenty of water, herb teas and 2% milk
- If you like to snack, think of fruits and vegetables first.

Additional vitamins and minerals you will need.

Most of the vitamins and minerals needed during pregnancy are adequately provided when taking pre-natal vitamins. These can be given to you by your physician or you can buy them in your favorite drug store.

I provide them here for you as a guide to show you the foods you can also derive them from.

Protein – Protein is necessary to fetal cell growth and development. Things like dairy products, eggs, fish, seafood and poultry and meat. If you are a vegetarian you will need to get your protein from plants eggs and dairy.

Vitamin B12 – Vitamin B12 is only found in foods from animal sources such as milk, eggs, and meat. You can also get B12 in soy milk.

Iron – Plant foods also offer a good source of iron, however it is not absorbed into the body as well as it is from meats, so be sure you eat plenty of beans, lentils and leafy green veggies. Avoid too much cheese as it's not the best source for iron. Try eating foods that contain vitamin C to improve absorption of iron.

Calcium – Of course milk and milk products are an excellent source of calcium. Nonmilk sources of calcium can include tofu, calcium rich orange juice, corn tortillas or tortilla chips made with lime, almonds, broccoli, kale and turnip greens.

Zinc – Zinc from plant foods is not absorbed well, however zinc is important for help in healing so you want to get enough. Good sources are whole grains, beans and lentils, soy foods, vegetables, milk and yogurts.

Vitamin D – Milk and milk products are an excellent source of vitamin D. Other sources include soy milk. Also exposure to sunlight produces vitamin D.

Be sure to take a daily dose of prenatal vitamins, this is particularly important if you are on a vegetarian diet or are a vegan.

Food and Drinks to Avoid During Pregnancy

As mentioned earlier, avoid alcohol. No level of alcohol consumption is considered safe during pregnancy. Also, check with your doctor before you take any vitamins or herbal products. Some of these can be harmful to the developing fetus.

Some doctors will allow for a cup or two of coffee a day but I'd recommend avoiding it. Coffee is a stimulant and you don't really need that during your pregnancy. Also, you may note that high levels of caffeine has been linked to risk of miscarriage, so limit your intake or possibly try decaffeinated coffee.

Risky foods

There are several illnesses that are life threatening to your newborn baby such as listeriosis and toxoplasmosis. Big words but they mean also mean big dangers for baby. These diseases can cause birth defects so you want to stay away from them at all costs.

If you happen to eat a few of these foods, don't panic, just remember to stay away from them in the future. If you're really stressed about it, call your doctor and ask.

Here's what to avoid:

- Raw eggs or foods containing raw eggs, including Hollandaise sauce, Mousse and Tiramisu
- Raw or undercooked fish, meats or shellfish
- Non-pasteurized milk, juices, and apple cider
- Processed meats like deli meats or hot dogs are ok; just make sure they are well-cooked.
- Soft, nonpasteurized cheeses (often advertised as "fresh") such as feta, goat, Brie, Camembert, and blue cheese
- I'd recommend avoiding fish that's high in mercury such as shark, swordfish, king mackerel, or tilefish (golden bass or golden snapper).

Try eating smaller meals throughout the day. Eating smaller, more satisfying, nutritional meals will help you feel satisfied without making your feel overly full. Also, your stomach has less room to expand so eating less at each sitting is much more tolerated.

Remember, the average woman only needs an extra 300 calories per day to maintain a health pregnancy.

Suggested Pregnancy Diet:

Good nutrition can greatly improve your chances of having a healthy pregnancy. I think it's important to note as well that even slight deficiencies of vitamin B1, B2, B6, folic acid, zinc, iron, calcium and magnesium have all been linked to birth abnormalities. Here's a safe and nutritional diet you can start with:

Breakfast:	
Option 1:	1 bowl of oatmeal with raisins & skim milk 1 bowl of mixed fruit 1 slice of toast with butter 1 cup of decaf coffee or herbal tea
Option 2:	1 egg 1 slice of whole grain toast with butter 1 cup of plain yogurt with fresh fruit 1 cup of decaf coffee or herbal tea
Option 3:	2 whole wheat pancakes topped with peanut butter 1 bowl of mixed fruit 1 cup of decaf coffee or herbal tea
Option 4:	1 slice of your favorite egg quiche 1 slice of your favorite melon 1 slice of whole grain toast with butter 1 cup of decaf coffee or herbal tea
Option 5:	1 cup cornflakes or special K breakfast cereal 1 banana 1 one egg and 1 slice of whole wheat bread 1 glass skimmed milk.
Lunch	
Option 1	Turkey & cheese sandwich on whole wheat bread 1 cup of skim milk 1 piece of fresh fruit
Option 2	1 serving of split pea soup 1 whole wheat roll with butter 1 piece of fresh fruit 1 cup of skim milk
Option 3	1 low fat hamburger on a whole wheat roll with lettuce and tomato. 1 serving of Cole slaw 1 slice of your favorite melon 1 cup of skim milk, decaf coffee or iced tea
	2 cups of homemade or store bought vegetable soup 1 slice of corn bread 1 cup of diced fruit 1 cup of skim milk, decaf coffee or iced tea

Option 4	
Option 5	1 cup of yogurt mixed with fresh fruit 1 small side salad or cole slaw 1 wheat or whole grain role 1 cup of skim milk, decaf coffee or iced tea
Dinner	
Option 1	1 lean chicken breast 1 cup of your favorite flavored rice 1 cup of cooked broccoli with butter if you like 1 cup of skim milk, decaf coffee or tea
Option 2	1 portion of baked or broiled Salmon 1-2 cups of fresh vegetables 1-2 cups of rice 1 slice of whole wheat bread
Option 3	1 serving of spaghetti with lean meat sauce 1 slice of whole wheat bread with butter 1 side salad made with tomato lettuce and your favorite low fat dressing 1 cup of skim milk, decaf coffee or tea
Option 4	1 serving or 2 cups of homemade Irish stew made with lean meat, carrots, potatoes and onions. 2 slices of whole wheat bread with butter 1 cup of skim milk, decaf coffee or herbal tea
Option 5	2 slices of roast beef 1 cup of side noodles 1 cup of fresh fruit 1 slice of buttered whole wheat bread 1 cup of skim milk, decaf coffee or herbal tea
Snacks	
Option 1	1 apple with 2 teaspoons of peanut butter
Option 2	1 serving of low fat yogurt and fresh fruit

Option 3	2 whole wheat pretzels with mustard
Option 4	½ cup of almonds ½ cup of raisins
Option 5	1 cup flavored popcorn
Option 6	1 cup of seedless grapes
Option 7	Spread peanut butter on celery sticks and top with raisins.
Option 8	Mini pizzas - Spoon pizza sauce onto half a bagel, English muffin, or mini pita. Top with low-fat mozzarella cheese and your favorite veggies and toast or bake at a low setting until the cheese is melted and the bagel is crispy.
Option 9	Low-fat pita and hummus — Warm a pita in the oven on low, and then cut it into small triangles. Dip it in a tasty, low-fat hummus. Hummus is available in great flavors like garlic and spicy red pepper.

Chapter 2 - Preparing for Your C-Section

- ▶ **Questions for your Doctor**
- ▶ **Tips for a More Satisfying C-Section**
- ▶ **What Are Your Preferences**
- ▶ **Be Ready -- Both Physically & Mentally**
- ▶ **Natural Vitamins, Minerals & enzymes to boost Healing**
- ▶ **Write a Birth Plan**
- ▶ **Educate Your Family**
- ▶ **Plan Your Childcare**
- ▶ **Plan Family Meals**
- ▶ **What To Do Before You Go To the Hospital**
- ▶ **The Night Before Surgery**
- ▶ **Hospital Bag Checklist**
- ▶ **Preparing for an Unplanned C-section**
- ▶ **Signs of Labor**
- ▶ **Stress Reducers for C-Section Moms**

Proper planning is your friend. If you are prepared, you are much more able to stay calm and confident, particularly in a situation where emotions, fears and anxieties run high.

Planning gives you a much better chance to enjoy the birth experience and help you cope more *positively*, not only with the c-section itself, but with recovery and bonding process.

The information included in this book is meant to help provide greater understanding of the c-section process but your doctor will provide his own detailed, definitive answers that will complement what you already know and help in your complete and thorough understanding.

So don't be shy, get all your questions answered as soon as possible and be persistent if you don't understand something.

Questions for your Doctor



Whether you plan on having a c-section or not, be sure you discuss these questions with your doctor. This will not only help you in the event you have a c-section, it will ultimately make sure your wishes are carried out helping reduce your stress level.

Keep in mind, your physician will answer these questions as they apply to him. Based on your research, be sure you feel comfortable with his answers. If you're not, discuss how *'you'* feel and determine how flexible he is concerning your wishes.

Don't feel pressured to stay with a doctor you're not comfortable with.

Not all of the following questions will be things you care about but I wanted to cover all bases just in case.

1. How many of the pregnancies in your practice result in Caesarean deliveries?
2. How do you and this hospital feel about vbac deliveries?
3. When would it be decided that I need a C-section?
4. Will the c-section be scheduled or will I be allowed to go into labor first?
5. Is there anything I can do to avoid having a Caesarean delivery?
6. What are the disadvantages involved in Caesarean delivery?
7. What risks does C-section present for my baby and myself?
8. How would you suggest I prepare for this type of delivery?
9. What are my anesthesia options with a C-section, what do you recommend and why?
10. What type of incisions will I have, both on my abdomen and on my uterus?
Stitches, Staples, Tape?
11. Will you be able to make the incision so that my scar will fade over time?
12. What are your feelings for having a midwife or Doula present at birth?
13. How long will it take you to deliver my baby by C-section?

14. Will my partner be able to be in the delivery room?
15. Will I be able to see the actual delivery through a mirror if I want to see?
16. Will my DH be able to cut the cord?
17. How soon will I be able to hold my baby?
18. How soon will I be able to breastfeed?
19. What type of pain medications will I be receiving while in recovery?
20. Will your doctor be using any adhesion prevention? [See adhesion prevention section.](#)
21. How long will I be staying in the hospital? Can I stay longer or go home sooner if I'd like to?
22. What activities will be restricted following C-section?
23. What are your recommendations on how soon I can drive, have sex, go back to work?

I would also suggest talking with your anesthesiologist beforehand. This doesn't have to be the anesthesiologist you'll be assigned to in the hospital, it could be any one of the anesthesiologists on staff, but set up an appointment to discuss things like what anesthesia is suggested and what follow up pain meds will be used.

Get a contingency plan together. Find out who you can call or how you can contact someone in case a pain relief method doesn't work. Also find out what you can do if no one is unavailable at your time of need. Get all the details you can.

Often times you'll hear someone say "*Don't worry, they'll take care of your pain management at the hospital*"-- don't settle for that!

The hospital environment has a lot of busy people who go on and off shifts and communication can get lost among caregivers. This isn't true for every hospital, I've experienced some excellent hospital care but I've also seen some really bad care. So to ensure your comfort I don't think you should assume it won't be a problem.

This is where your birth plan can be of great importance. Note in it what type of anesthesia you prefer and what your contingency plan is if a method does not work as you wish.

Tips for a More Satisfying C-Section Experience



How much you enjoy your baby's birth isn't dictated by whether you have a vaginal birth or a surgical birth. It comes down to how much you are able to participate in the decisions, how comfortable you are with staff members and your doctor and if your preferences are met.

Below are decisions you can take part in.

Let's take a look at each of them (*Many of these things will also be options in your birth plan located in your c-section tools bonus book.*) These are also discussed more at length in chapter 3.

- Regional anesthesia, epidural or spinal? – Epidural or spinal are suggested.
- You will most likely have a bladder catheter. Be sure they insert it *after* receiving the anesthesia.
- If possible request to have your DH or family members with you in the delivery room.
- If possible have your DH cut the umbilical cord?
- Find out if video taping or cameras allowed?
- If possible request a mirror so you can watch the procedure (if it's your preference).
- Request that my arms *not* be strapped down.
- Request that your baby be laid on your stomach after birth.
- Request that you breastfeed while being stitched up.

- Request that music be played during the procedure if the hospital & doctor allow it.
- Have a nurse or anesthesiologist explain what is happening moment by moment.
- Request that you have your DH and baby with you in the recovery room.
- Request that you begin eating and drinking when you are ready.
- Be sure to get help with breastfeeding.
- Be sure to get help at home.

I strongly suggest making a birth plan. By writing out your intentions and requests, you are more likely to have your wishes carried out. Most birthing staffs and doctors will appreciate your organization and careful consideration.

Provide a copy of your birth plan for your doctor and a copy for the hospital. Be sure to keep a copy for yourself and bring it on the day of your C-Section. (See creating a birthing plan in your bonus tools)

Even though you may not be planning to have a C-Section, it's still a good idea to have a birthing plan in place that includes your c-section preferences.

Be Ready -- Both Physically & Mentally



I'm a big fan of breathing exercises as well as using yoga to help me stay calm. These things also work particularly well for pregnant moms. It's going to be very important, particularly during your last trimester and the few days before surgery, to be as relaxed as you possibly can.

As with any exercise be sure you check with your doctor first.

Breathing Exercises:

I find breathing exercises and Yoga help calm your nerves, increase energy and decrease tension. Here are a few breathing exercises you can try.

Sit up straight and place your hands on your belly. Feel it rise and fall as you inhale through your nose and exhale through your mouth. Take a few minutes each day to work on breathing deeply, you'll find it a big help.

Worry Free Comfort Tip: *If you find that you are having difficulty breathing through your nose, which many pregnant women experience due to the hormonal changes that affect the mucous membranes, here's a nose cleansing that might help.*

Dissolve about a tablespoon of salt in some warm water and pour it through your nose. If this sounds unappealing to you, try soaking a wash cloth in the warm salt water and hold it to your nose and breathe in. This helps clean and balance the mucous membranes in the nose. It helps your breathing and also can prevent colds.

Boost Your Healing with Natural Vitamins, Minerals & Enzymes



Help Speed your recovery BEFORE you go into surgery with natural remedies

Good healthy nutrition and appropriate supplements can prepare your body for surgery, accelerate healing and shorten recovery time. But what's even better is having a healthy immune system that will help protect you from infection following surgery.

Using appropriate natural and safe remedies will help you minimize post-operative swelling and bruising, improve wound healing, limit scar appearance, help you have less pain and discomfort, promote repair and growth of tissues damaged by surgery, and protect the body from infection by enhancing the immune system defenses.

Specific sources for healing and how they work:

Zinc - Taking zinc before your surgery reduces the time it takes for your wound to heal. It also reduces the wound size as well as boost immune functions helping you fight off infection. The best recommendation for zinc is about 30mg/day taken by mouth 4-6 weeks prior to surgery.

Selenium - An essential trace mineral, Selenium is important for healthy immune function. Selenium is found in sources like Brazil nuts, yeast, whole grains and seafood. Recommended Dietary Allowance for most adults is 55 mcg per day. Selenium can be found in its best form at [e-vitamins](#).

Vitamin C - Your body needs vitamin c. It's a huge immune system booster. Vitamin C strengthens scar tissue and helps fight off infection by strengthening your immune system. But don't take synthetic forms of vitamin C. Ascorbic acid is not the same as the complete form of vitamin C. The best way to get the full form of vitamin C is from nutritional supplements such as from rose hips and pure camu (camu comes from the camu berries which is the richest source of vitamin c on earth). Camu can be found at [e-vitamins](#).

Vitamin A - Vitamin A contains fat soluble compounds that help fight infection and speed recovery after surgery (use according to your doctor's instructions).

Bromelain - This enzyme can reduce post-op swelling. It acts like an anti-inflammatory and it too boosts the immune system to reduce pain, bruising and tenderness. Bromelain is most commonly found in pineapples.

Chlorella - Studies have found that Chlorella Growth Factor or CGF is effective in speeding up cell growth which is a huge factor in the natural repair of wounds. When taken internally it is a good immune booster. You can find Chlorella in health food store foods. One of the best brands of chlorella is Yaeyama from Japan.

Gotu Kola - This is a natural Asian remedy. This herb can be used both internally and externally and helps in the treatment of scars and wounds with infections. It helps to increase levels of antioxidants and help repair connective tissues.

Avoid foods that contain fats such as hydrogenated oils and homogenized milk fats. They can interfere with healthy cell wall construction.

Colloidal silver - This can be used to prevent infections. It is mostly used as a topical antibiotic and claims have been made that it actually works better than antibiotics because it doesn't give the bacteria a chance to build up resistance. Colloidal silver can also be taken internally however if taking internally you should not take it for more than two weeks.

Arnica Montana - The root and flowers of Arnica Montana can reduce inflammation and swelling.

Caution:

Certain supplements don't mix well with some medications and can present problems.

Risks can include excessive bleeding, rapid heartbeat and tiredness. There can be other risks to the liver and digestive systems as well.

Here is a list of supplements you should *avoid* in the weeks before surgery:

- Bilberry
- Cayenne
- Echinacea
- Garlic
- Ginger
- Ginkgo Biloba
- Ginseng
- Kava Kava
- St. John's Wort
- Valerian Botanical
- Vitamin E
- Vitamin K

Always check with your doctor or certified nutritionist for advice about taking any of the above. Be sure you take *ONLY* recommended doses.

In the effort to heal ourselves nutritionally and naturally we sometimes think that if a little is good, a lot must be better. This is absolutely *not true*, in fact more harm than good can come from taking too much of something.

Always take any supplements with care.

If you're interested in finding out what nutritional deficiencies you may have, consider getting a good comprehensive blood test that will highlight nutritional deficiencies. You can ask your doctor for such a blood test or you can check it out online at:

<http://www.lef.org/bloodtest/>

Write Your birth plan



Having a birth plan also opens the lines of communication with your partner and your doctor. It forces you to really think about the “what ifs” and the “how to’s”.

Don’t make your birth plan complicated. In fact, I’ve seen nurses and hospitals roll their eyeballs when women come in with long, detailed, lengthy birth plans.

If it’s too long and detailed, you run the risk of it being ignored. Hospital staffs are busy and they don’t want to be bogged down with a lot of detailed instructions.

Try to keep it simple while effectively communicating your choices and desires for your birth to the hospital staff.

Keep in mind that in an emergency situation your plan may go completely out the window, but it still helps clarify what you most want for your baby’s delivery and your own personal comfort.

If you find that your doctor is suggesting a c-section and it’s not an emergency, ask him to explain why he is suggesting it. Have him go through all your options and the risks and benefits of each one. Don’t be shy about asking for as much time as you need to consider the options and discuss them with your DH.

This guide will help you decide on what preferences you may have. For your convenience, use the birth plan included in your *“Worry Free C-Section Tools”* bonuses.

Educate your family



Invite your DH to come with you to key appointments and encourage questions. Two heads are always better than one and my DH would always think of things that completely escaped me 😊

Be specific about what you will expect and need help with post delivery.

After my second c-section I remember telling my DH:

“I’ll really be out of it for a few weeks so I’ll need all the help I can get.” His response was

“Sure sweetie, no problem, you just worry about taking care of yourself and the baby”.

Of course I thought:

“Great, the dishes will be done; the laundry will be taken care of, etc, etc.” But here’s what he was really thinking:

“Okay, she’ll be sore for a few days, tired for a few days more. We’ll eat out for a few nights and things will be back to normal”.

Do you see the problem?

Be as specific as you can with your DH about driving, housework, lifting, going back to work and more. This will help guide your DH about how much time he’ll require off work and whether or not it’s feasible to hire a housekeeper or childcare. This is your best chance of making sure things get taken care of so you don’t feel pressured to get things done yourself.

If you have young children at home, discuss with them what will be happening. I like to use books to help them understand. It also helps to give them a responsibility such as being the big sister or brother or mommy’s helper.

And don’t forget about your pets! Of course your pets will be glad to see you after arriving home and they will be excited. My two dogs were so happy that one of them almost caused me to fall. Be sure someone goes in the house before you and calms down your dear pets.

And be careful of those kitties! Last time I was sick in bed with the flu my kitty jumped directly from the chair onto me. Imagine if she had done that after my c-section – *“OUCH!!”*

Plan Your Child Care



If you have children at home, you will want to be sure they are well cared for since you'll be gone for several days. This might include time while you're gone as well as after you get home. It will depend on your situation.

Honestly, the best thing you can do for yourself is to have another adult in your home with you. Younger children, especially will be very curious about the new baby and may wonder why you are not able to do many of the things you normally do.

If you're not able to have someone in your home with you, so try to plan out a substitute for each hour of the day. (*See your child care cheat sheet in your worry free c-section tools*).

Also, don't attempt lifting anything heavier than your baby, not even toddlers. I've heard of many women adding weeks to their recovery time because they didn't think beforehand – *don't lift*, find another way!

Here's how you can get your childcare organized:

Figure out how long your DH can be home with you.

Talk with your DH and find out how much time can be spent with you and the baby. Check with your mother, sister or friend and see if anyone is available to move in with you for a few weeks. If there is someone, will you need to organize a guest room?

Driving schedules for Kids

If you do a lot of driving for your kids (and what mom doesn't?), you're going to have to plan on having someone else to chauffeur the kids around for awhile. Find out how long your volunteer drivers will be able to drive. If someone has to miss a day, think about backups and talk with them well in advance. Add their phone numbers to your phone numbers list.

Also review your child's school list for upcoming field trips, school plays, special events, etc. Talk to your child's teachers about making sure she doesn't miss out on anything. Request help from other parents if you need to.

Plan Family Meals



I don't know about you, but my DH isn't really much of a cook, so it's always up to me to get the shopping gets done and plan the meals.

It's not realistic of me to assume that wholesome, nutritious meals will be eaten without me, so if I don't want my family on a steady diet of pizza, burgers and cookies, I'll have to plan meals.

Make meals ahead of time that you can whip up easily and freeze. Things like spaghetti sauce, chili or casseroles.

Be sure there are plenty of things on hand like bread, milk, eggs and cereal. If there are children at home that will need daily school lunches, have things available that make it easy for your DH or caretaker to get their lunches together. Otherwise, plan to set aside money for kids to buy their lunches.

Make a list and keep it by the phone of your favorite take-out that meets your standards of a nutritious meal.

Before You Go To the Hospital



Being pregnant can slow you down, particularly during your last trimester so I'm not expecting miracles here. Besides getting the nursery ready, which I'm sure you've had ready for months now ;-)) there are a few things that I found helpful to get done when I knew I'd be out of commission for a few weeks.

Of course it gave me a little peace of mind that I was ahead of the game ☺

Pay the bills

Yuck! Everyone hates paying bills and if this is something that you regularly take care of, do it before you go. You'll be happy you got it out of the way, especially for the next few weeks.

I'm a bill worry wart, so having this done helped me relax better.

Get your hair cut

Doing something as simple as getting a haircut can make you feel a lot better.

Plus being in the hospital is never a good look, so having a nice hair cut can help you feel a little less self conscious.

Take care of upcoming necessary appointments

Are there any upcoming appointments for yourself or your kids such as dental, healthcare or any other things that you may need to get out of the way?

Buy and gift wrap upcoming gift events.

I hate it when I have to make a rush trip to the store for a gift or card because I forgot to take care of it. Take a day and make a gift run for all the special occasions that may come up within the next few months.

Believe me, doing this is a lifesaver, you'll be glad you did it!

The Night Before Your Surgery



Chances are you'll be a little nervous and anxious the night before surgery. If you are, I'm going to ask you to put all your concerns out of your head and simply try to relax.

Stay focused on the fact that your c-section probably won't be as bad as you may be thinking, so please don't worry about it.

Don't forget the guidelines set for you with regard to eating, drinking and medications.

Hospital Bag Checklist



Because preparing for the birth of your baby can be exciting we often get a little carried away with packing items we don't need. You'll only be a few days in the hospital and they provide *most* of what you need, so don't over pack, you'll just have to unpack that much more when you get home again.

Leave unnecessary stuff at home for when you are most likely to need it.

Here's a practical list of things you may want to bring for yourself and baby:

Checklist for Mom

- Hospital paperwork and insurance card - You may not have hospital paperwork but make sure you have your insurance card with you.
- Cell phone or prepaid phone card
- Camera - Video camera is ideal but a camera will do.
- Have important phone numbers or enter them into your cell phone.
- Underwear, socks (hospitals get cold) and nursing bra
- You don't need a lot of clothes. The best thing to wear home is the outfit you came in.
- You may want to bring a loose nightgown but after having a C-section the hospital gowns really do work best.
- Deodorant
- Tooth paste / tooth brush
- Hair brush and shampoo / blow dryer
- Make up/cosmetics
- Contact solution/contact case
- Think about your DH. If he's be coming from work, chances are he'll have work clothes on. Pack a few comfortable things for your DH as well. Some hospitals allow your DH to spend the night, if this is the case you'll want to be prepared.
- Have your DH bring an extra bag to the hospital to pack up all the goodies you will have accumulated.
- If you have a favorite pillow, by all means bring it.
- Bring your Worry Free C-Section Guide ;-)

Checklist for Baby

The hospital provides items for baby as well like diapers and little T-Shirts, so again, don't pack more than you'll need.

- Going home outfit - Make sure you plan for the weather outside, if it will be hot you don't want to overheat your baby, likewise if it's going to be cold make sure she will be warm enough.

My daughter was born in the end of August, the hottest time of year in San Diego but I just had to dress her in the cutest outfit I had received from a friend, the only problem was that it was a heavy, fleecy downy outfit with a hood. She looked so precious! Hey the hospital was chilly and I hadn't been outside for a few days so what did I know?

Needless to say the poor thing was sweating to death in the car, how silly of me!

- Booties & Hat if needed
- Car seat
- Baby blankets

Preparing for an Unplanned C-Section



Yes, a c-section is a very real possibility for any mom.

If your pregnancy has gone well and all systems are go, a c-section is probably the furthest thing from your mind, but since about 1 in 3 births is a c-section, it's a very real possibility!

If you're planning on a vaginal birth, chances are you'll have one – but if things change will you be prepared?

So how do you prepare for something you don't expect will happen?

It starts with realizing the possibility and knowing what to expect if it happens.

Think now about whom you want with you in surgery, whether or not you want to hold the baby while on the operating table, what kinds of photos you want, when to begin breastfeeding, anesthesia, recovery and all the other things that will help you feel relaxed, confident and create a more rewarding experience for you and everyone concerned.

The Signs of labor



When a cesarean section is scheduled ahead of time, it is similar to having a scheduled surgery. Unless medical complications come into play, c-sections are usually scheduled when you are 39 weeks pregnant or when the baby is ready for life outside the womb.

Whether or not you have a scheduled c-section you should know the signs of labor. This is important because if you do go into labor, your doctor may need to know right away in case, for whatever reason, he may not want you to have a trial of labor.

The following may indicate you are in labor and should call your doctor right away:

- You have vaginal bleeding that is either more than spotting or is bright red
- Your water breaks and you are not having contractions
- Your contractions are closer together than every 5 minutes
- You have severe and constant pain, rather than contractions
- You are more than 3 weeks away from your due date, but are having more than 5 contractions in an hour.

Stress Reducers for C-Section Moms



Feeling stressed about your c-section is normal, but excessive stress and worry can be unhealthy. If you are experiencing such stress and worry it's important to get it under control as quickly as possible.

Here are some things that can help:

Yoga

Yoga is not only good exercise; it is perfect for relieving stress and anxiety. If you haven't tried it I suggest giving it a go.

Yoga concentrates on breathing and physical stretching and releasing negative energy and replacing it with positive energy. Taking part in a daily regimen of yoga will relieve tired and sore muscles as well as revitalize your body. Here are a few good yoga exercises to try at home:

Starting yoga exercise – you can do these anytime during pregnancy

Stand with your feet a few inches apart, your hands by your sides and look straight ahead. Inhale and exhale deeply. Stay aware of your entire body.

Start with your awareness of your feet, and then move to your ankles, your knees and thighs. Feel how straight and strong they are. Tuck your buttocks in so that your spine is completely straight. Stay in this position for a few moments and concentrate on these areas.

Now move your awareness up to your shoulders. Roll them back and then down until they are completely relaxed and straight. Keep your hands by your sides. While facing forward, stretch your neck up and imagine pointing the top of your head to the ceiling.

Keep breathing for a few more moments. Feel yourself exhaling the tension from your body. When you inhale, inhale with a renewed sense of strength and energy. Stay aware of every muscle in your body. This will help you focus on every part of your body and its needs.

Neck and Shoulders – do these anytime during pregnancy

If you're like me, most tension accumulates in your neck and shoulders. Here's a way to release this tension.

Stand with your feet a few inches apart, hands at side. Take a deep breath and as you exhale tilt your head to the right touching your ear to your shoulder but do not lift your shoulder. Concentrate on feeling your neck stretch. Raise your head as you breathe in. Repeat this exercise on the left side.

Next, breathe in again and lower your head to your chest as you exhale. Inhale and lift your head up. Do this about 4 times. Next, breathe in and tilt your head back as you exhale. Be careful not to strain your neck. Do these 4 times.

Next make a small circle with your shoulders, rotating them in a backward motion about 5 times. Then rotate them forward about 5 times.

Cat/Cow Stretch

This stretch increases spinal flexibility and abdominal strength. On a comfortable mat or your carpet, get down on all fours. Keep your wrists directly beneath your shoulders and your knees directly beneath your hips.

For the cow pose curl your toes under and on an inhale drop your belly and look up towards the ceiling.

Now change to the cat pose. Now release the tops of your feet to the floor and on an exhale round your spine and drop your head so as to look at your belly button.

Repeat the cat cow stretch on each inhale and exhale. Do this about 5-10 times.

The half wheel

Strengthens the spine, opens your chest, improves spinal flexibility and stimulates the thyroid.

Lie on your back, bend your knees and put feet flat on the floor as close to your buttocks as you can get them.

Then lift your hips toward the ceiling. Now, keeping your arms straight interlace your fingers together under your back.

Lift your hips higher if you can and draw your chest to your chin but don't draw your chin to your chest.

Then release your hands and bring your back down starting with the upper back and lowering the rest of your back slowly.

No inversions, squats or strong twists should be done during pregnancy.

Play Games!

Ever thought about playing a game to reduce stress?

Consider trying it because it actually works. Games produce a meditative state which has been proven to relieve stress. Focusing on an object, sound, image or specific

thoughts takes your mind away from the source of stress letting you actually relax your mind.

Most people have noticed sensations of pleasure, intense involvement and often altered states from participating in stress games.

Indoor games like chess, checkers, Rubik Cube, darts, crossword puzzles, computer games, and mobile phone games are all good stress relievers.

Popular indoor stress relief games are:

- Diner Drash
- Super word power
- Crossword puzzles
- Jumble
- Sudoku
- Boggle
- Minesweeper (computer game)
- Solitaire (computer game)
- FreeCell (computer game)
- Hearts (computer game)

...and yes **STRESSED** spelled backwards is **DESSERTS**; however at this time in your life it's not wise to take that little play on words to heart. Desserts are ok but keep them in moderation and enjoy the low-fat, low-sugar ones ☺

Chapter 3 - Surgery Day!

- ▶ **Surgery Day**
- ▶ **Prepping for the C-Section Surgery**
- ▶ **The Anesthesia**
- ▶ **Inserting the Catheter**
- ▶ **The Operating Room**
- ▶ **The C-Section Procedure**
- ▶ **The Recovery Room**
- ▶ **What You Should Know About Your C-Section Baby**

Time for Surgery!



Your surgery may be planned or you may have had hours of labor first, either way there's going to be some prep time.

If you're feeling anxious just take a few deep breaths and try to stay as calm and relaxed as possible.

Prepping for Your C-Section Surgery



During preparation for a c-section, a few things will happen.

You will be taken to one of the birthing rooms at your hospital or medical facility and an IV will be put inserted which is necessary for keeping your fluids up. An IV is also required if you have an epidural. Your IV is also where you will be given any antibiotic or pain medications before and after the procedure.

An IV is generally inserted into the back of your hand or forearm. You may request where you would prefer it to be. The IV nurse had problems finding a proper vein so I had my IV in my hand. I found it really awkward for holding the baby so I wish I'd had it in my arm but some things just aren't possible.

Fetal monitors are used to watch the baby's heart rate and will indicate any fetal distress. It will be put on your abdomen to watch the status of your baby. These monitors are safe for both of you.

Procedures you can expect:

No eating or drinking 12 hours before surgery. Most c-sections use a spinal or epidural for anesthesia and fasting is not required, however in the event that you may need a general anesthesia, there could be complications with nausea during surgery so to be on the safe side you may be asked to fast.

The following may also be done. With the exception of the chest X-Ray and the medication for the general anesthesia, I had all of the following done:

- **Blood tests:** Blood will be drawn for a number of tests and to check your blood type.
- **Urinalysis:** This test will reveal an infection or, if you are diabetic, abnormal sugar levels.
- **Chest X-ray and respiratory function tests:** This not always required, and in the event it is, it can also be done before you are admitted.
- **Shaving:** To prepare you for surgery, part of your abdomen down to the pubic hair will be shaved.
- **Enema:** Your doctor may order an enema to clean out your bowels before surgery. If you prefer, you may do this at home.
- **Consent form:** Before you go into surgery, you will be asked to sign consent forms for the surgery and anesthesia and for the baby's circumcision, if you request one.
- **Meeting with the anesthesiologist:** The anesthesiologist will visit you before you go into surgery. He or she will talk with you about the medications and anesthesia you will receive. Be sure to mention any allergies or reactions to medications you have had in the past.
- **Medication:** If you are going to have general anesthesia, you will probably receive an injection of medication that will dry your mouth and throat.

The Anesthesia



During pre-op, you will be given your anesthesia. Hopefully you will have talked to your doctor or your anesthesiologist about your anesthesia preferences. If not, you will be given the anesthesia that the doctor or anesthesiologist deems best. Here's the low-down on the anesthesia's used.

Epidural Block

An epidural block uses a catheter to insert medications into your lower back area. This was the method of anesthesia that I had for both my c-sections.

It was scary to think that they were inserting a needle into my spine but the procedure was really quite painless. The local anesthetic numbs the area first, so if you can get through that, the rest is easy.

I was asked to sit up with my chin on my chest with my feet flat on the floor. I was told to hold VERY still. I felt the antiseptic solution being wiped on my lower back and then the anesthesiologist inserted a thin needle into the lower part of the spine. She followed that with a small plastic tube that gets inserted into the back through the needle and it's left in position while the needle is removed.

This tube is connected to a pump which regulates the amount of anesthesia you receive for as long as you need it. The procedure took about 10 minutes and when it was all over I remember it really wasn't so bad.

The epidural method is often preferred because it requires less medication to achieve pain relief.

An epidural can cause a drop in blood pressure. This occurs in most cases and is often easily treated with drugs or by giving fluids through a drip. So you'll probably have your blood pressure checked often throughout the procedure and afterwards.

Spinal Block

A Spinal block uses a syringe to inject medication into your lower back. A spinal block can take effect more quickly than an epidural block, but it lasts for only about 2-4 hours which is more than enough time for your c-section, which generally takes about 45 minutes to an hour. However, if for some reason your surgery takes longer than expected you won't be able to get another injection, instead you'll be required to get a general anesthesia.

Sidebar: *About 1% of women experience a moderately severe to severe headache after a spinal block or epidural block.*

The headache comes from a tiny amount of spinal fluid that may seep out. Any time you lose even the slightest bit of spinal fluid it can cause a headache. It generally takes about 3 days for the pain to subside while the spinal fluid regenerates itself and the hole heals.

Laying flat on your back can help relieve some of the pressure you are feeling on your head. Various medications can be used to treat the pain as well. Check with your doctor on what he feels is best for you.

Having anything stuck into my spine was unsettling to me, particularly since I'd heard so much about spinal and epidural headaches, however my anesthesiologist was great, she spoke with me briefly beforehand and told me that if I held very still and did exactly as she instructed that I'd be just fine, and I was – no headaches for me!

General Anesthesia

General anesthesia, as opposed to an epidural or spinal, might be used because of things like severe fetal compromise or maternal hemorrhage. It's generally not the anesthesia of choice for a c-section because it can produce major complications and in pregnancy it is a bit more risky.

Additionally, you should be aware that the medication used for a general anesthesia **does** pass through the placenta and reaches the baby, because of this; it can inhibit the baby from starting to breathe at birth.

An epidural or spinal is a much safer and preferred alternative.

Also you may want to know that when using a general anesthesia your DH is typically not allowed in the delivery room. The reason is that the husband is allowed to be present in the operating room to provide emotional support to you during the procedure, something which obviously can not be done if you are asleep.

If general anesthesia is used, the baby will be brought out to a waiting area for your husband to see shortly after delivery.

Participate as much as you can with your pain requests. Unless otherwise noted by your physician, I suggest an epidural or spinal anesthesia. You will be awake and aware of your baby's birth.

Possible Side Effect of the Anesthesia

As I began recovering, I would occasionally wake up from a sound sleep with a jerking motion. When I asked the nurse about it she told me that it was a side effect of the epidural anesthesia. It lasted for about 2 or 3 days, primarily while I was in the hospital.

Not everyone has this reaction; it was very annoying when trying to get some rest. There really isn't anything that can be done to eliminate it. It's a side effect of the anesthesia and simply needs to run its course.

Here are a few additional side effects that can occur and are good to be aware of. The good news is they are totally and completely manageable and not everyone experiences them:

Low blood pressure is a common, however the intravenous fluids you receive during an epidural are to prevent this complication and your blood pressure will be monitored carefully.

Shivering is not a serious side effect but it is a common one. It usually occurs in the first hour after having an epidural and is associated with prolonged or advanced labor. An extra blanket may help!

Headache - An epidural may cause a **headache**. This can happen if the needle goes deeper than the epidural space. This headache is severe and, without treatment, it may last more than a week. Fortunately, an effective treatment is available. The risk of this headache is approximately one in 200.

Opioid Medication (if available)

You might want to ask about getting a narcotic medication known as an opioid. This can be injected into your epidural catheter at the end of your c-section surgery. This medication will provide pain relief following surgery that will help you hold and breastfeed your baby without discomfort.

Not all hospitals or doctors may offer it but it may be worth asking about.

Control your own pain medication with a PCA (if available)

PCA or **Patient Controlled Analgesia** is a technique whereby you can give yourself your own medication. This is done with a controlled line through your IV. When you need pain relief you can simply push a button. Sounds great doesn't it?

Of course the medication is controlled and there is a limit on what you can receive but it could give you just enough extra dose of relief that you may not otherwise get.

It's important to note that narcotics can make you nauseous so find out about combining narcotic and non-narcotic meds to help avoid this.

Keep in mind that not all hospitals offer this form of medication either. The hospital where my children were born offered it in the past, however today it's no longer offered.

The Catheter for Your Bladder is Inserted



After you begin receiving anesthesia, a catheter is inserted to keep your bladder drained during surgery. Inserting a catheter can be uncomfortable so it is typically done after receiving your anesthesia

Having a catheter inserted is not mandatory during a c-section, however it is strongly suggested you have one and most doctors will request it.

There are both positives and negatives to having a catheter. The bad side is that a catheter does pose the risk of infection and post-op discomfort, however those risks are fairly insignificant compared to the risks posed by not having one.

Catheterization helps to avoid accidental bladder damage, for example, a full or partially full bladder can be "nicked" during the operation, so a catheter is *a good thing*.

Worry Free Comfort Tip:

Sometimes with so much going on, your technician may not remember to insert the catheter after getting your anesthesia and they may try putting the catheter in first. Don't let this happen. Be sure you ask that your catheter be put in after receiving your anesthesia.

The Operating Room



Once you are fully prepped and your DH is suited up with a hospital gown, it's off to the operating room you go.

The first thing I noticed was that it was very cold in there. That's because it is generally about 65° in the surgical rooms and also very bright. *Guess it keeps everyone awake 😊*

Your arm with the IV may be strapped down to keep it securely in place during surgery, but your other arm, in many cases, can be left free. My other arm was free and it made it nice because I could hold my DM's hand and actually touch the baby after she was born.

At this time you will see a sheet come up in front of your face limiting your view of anything except perhaps your DH who is generally allowed to be seated by your side.

***Sidebar:** It is generally hospital procedure that neither you or your DH see the actual surgery, particularly your DH – they don't want any fainting! My DH, being who he is, couldn't resist peeking. He saw it all and didn't even faint! Actually it was kind of nice; he told me everything that was happening at every step of the delivery. It was actually a comfort for me.*

Your lower abdomen is then washed with a special disinfectant cleanser, and you will be covered with sterile sheets. This helps protect you against infections.

You may be offered an oxygen mask to breathe through. If you do I suggest taking it. If they don't offer it you can request it. I rather enjoyed it and found it very relaxing.

In some cases a blood pressure cuff will be put on one arm, and electrocardiogram leads may be attached to your chest.

The C-Section Procedure



The average, no complications, c-section procedure takes about 45 minutes to one hour. Once you are wheeled into the operating room, things will happen fast.

Operating rooms are a very sterile place and it can be a little scary, however my delivery room wasn't so bad, in fact the doctor had music playing in the background which took some of the edge off.

Everyone would peek over my sheet and ask how I was doing. They all worked hard to make sure I was comfortable and felt at ease.

Making Your Incision

Once the doctor feels that you are nice and numb, he will begin making the incision.

There are two incisions made for a c-section, the outer skin incision and the uterine incision.

Today, the skin incision is almost always the low transverse 'bikini cut' incision which is about 4-6 inches long. In some cases it may be as long as 8 inches but 4-6 inches is about standard. In some rare or emergency cases a vertical incision might be made just above the pubic bone to just below the belly button, but these are typically reserved for dire emergencies only.

The second incision is the uterine incision which, in most cases, is a horizontal cut as well. This type of incision will allow for having a VBAC (vaginal birth after c-section) safely for the next pregnancy. Because the cut is made in a lower, less active part of the uterus, it will be better able to withstand rupture during the next pregnancy.

***Sidebar:** A vertical incision made on the uterus will require all future deliveries to be performed by c-section. There are no exceptions to this as the vertical incision brings a much higher risk of uterine rupture which can cause injury or even death.*

Delivering Baby

Once the incisions are made, the surgeon will reach inside around the baby's head and pull it through your incision. At this point the doctor will allow for the baby's mouth to be suctioned out a bit. Pressure is then applied to your abdomen to help pull the rest of the baby completely out.

You won't feel any pain but you might feel pressure from the tugging as the baby is pulled out.

Sidebar: *It depends on your surgeon as to whether your DH can cut the cord or not. In my case the surgeon didn't give us the option but I never asked about it either.*

If this is something your DH wants to do, be sure you request it beforehand. With vaginal births they often automatically ask if your DH wants to cut the cord, however since they don't want any peeking during a C-section, there's little chance you'll have the opportunity if you don't ask.

Your baby is then handed to a technician who will take her to a small baby warming crib. Your baby is cleaned, dried and eventually checked by a pediatrician.

While your baby is being cleaned up your surgeon will deliver the placenta and begin stitching you up. Your doctor does this by peeling the placenta off the uterine wall, sounds lovely doesn't it? Your anesthesiologist will also give you Pitocin which helps the uterus contract and reduce blood loss.

You'll also get some antibiotics at this time. This is because you've had uterine contents exposed to your abdominal area which releases bacteria, so antibiotics help ensure there are no complications with infection.

Once your baby is ready, the technician will generally hand her to your DH who can hold the baby next to you so that you can see her. It's not often possible for you to hold the baby at this time because your doctor is still completing your surgery, however, there have been many physicians that allow you to hold your baby or even begin breastfeeding during stitching. Something you should discuss with your physician beforehand.

Once the doctor is finished stitching you up, you will be wheeled to recovery until it is time to be released to your room.

Worry Free Comfort Tip:

- *Request that your DH be with you at all times.*
- *Unless your baby has problems, request that directly after birth she be placed on your stomach for skin-to-skin contact – Hospital staff will not always automatically do this, they go on doing their thing if you don't intercept and request your preferences. There is really no reason the baby can't be on your stomach at this time so be sure you include this in your birth plan or request it well in advance.*
- *If you want to see the birth, request that a mirror be in place so that you can see the baby being delivered through the opening in the sheet.*
- *I've recently heard that you can actually take the placenta home with you. If you are interested in this you should request it before hand.*

The Recovery Room



While you are in recovery you may be able to hold your baby and possibly begin breastfeeding. If your c-section was unplanned and you had several hours of labor, you may not be in any condition to begin holding and breastfeeding your baby just yet, however if you're feeling up to it and your doctor agrees, the opportunity to hold and nurse your baby at this time is often possible.

If you won't be holding your baby in recovery this is usually the time your DH will take the baby, holding and cuddling her while you are resting and waiting to be transferred to your room.

While you are in recovery here are a few routine recovery things that you can expect to happen:

- If you had an epidural or spinal, your anesthesiologist may add morphine which helps with postpartum pain. I had my epidural left in for several hours after surgery which helped in getting me the pain relief I needed. An epidural can be left in up to 24 hours after surgery. After that you'll be given pills or perhaps injections for pain.
- Don't be afraid to ask for pain meds as you need them. Remember, the longer you wait to ask for pain relief the harder it will be to keep your pain under control.

- The nurse will periodically check your blood pressure, temperature, and pulse. She will also examine you to see how much you are bleeding from the vagina and your incision.
- If you had an epidural or a spinal, feeling will slowly return to your toes and feet and then up to your abdomen. If you had general anesthesia, you may feel a little groggy and nauseated as you wake up; you may also want some pain medication at that time.

Worry Free Comfort Tip:

*Request that your **DH and baby** be allowed in recovery with you, if you are up to it.*

What You Should Know About Your C-Section Baby



Hormones play a big part in the birth of your baby and having a c-section can deprive your baby of some of the benefits these hormones create.

Let me explain.

Towards the end of your pregnancy and during labor, the fetus sends a chemical, a hormone actually, to the placenta called 'catecholamines'. These catecholamines are known as “fighting” hormones, they tell the placenta that it's time to be born.

These hormones, among other things, help your baby adapt to life outside your uterus including helping her deal with oxygen loss that can occur during the birth.

Cesarean babies, on the other hand, who do not experience labor, will get lower levels of these hormones at birth. That is why some physicians may want a mother to experience some labor before the c-section is preformed.

Catecholamines also help absorb amniotic fluid from your baby’s lungs stimulating surfactant which is a substance that keeps the lung’s surface from sticking together preventing them from collapsing once the baby begins breathing air.

Cesarean deliveries often result in a baby being born too soon, which can mean incomplete lung development and pre-maturity. If you know you will be delivering by

c-section, discuss with your physician about waiting for labor to begin naturally rather than ‘scheduling’ surgery. However there are cases where labor may put you at risk of infection following surgery and your doctor may not want you to go into labor.

So how do you know what is the right thing to do?

Always discuss these things with your doctor. He will consider your health risks, if any, as well as those of the baby. He’ll weigh them against his experiences and the needs of both you and your baby.

Chapter 4 - Your Hospital Stay

- ▶ **Managing Your Pain**
- ▶ **Breastfeeding after surgery**
- ▶ **Getting Up and Walking**
- ▶ **Laughing, Coughing, Sneezing – Ouch!**
- ▶ **Gas Pains**
- ▶ **Eating Real Food**
- ▶ **Going Potty Again**
- ▶ **When Can I Go Home?**

Once you are given the ok, you will be wheeled to your hospital room.

Most c-section moms are very healthy people and they haven't necessarily had a hospital stay before so it may be a very unfamiliar setting to you.

One of the most unfortunate things is that hospitals tend to be very understaffed nowadays and nurses don't always have the time to offer you the care you expect to get.

Hospital stays can vary from person to person, so I've gathered a few hospital tips that may give you a head start on a more positive stay:

1. In many hospitals today the baby will reside in your room with you. However, if this is not the case, your baby will be located in a nursery and the nurse will be bringing the baby to you for each feeding.

Even though my hospital allowed the babies to room with the moms, they kept my baby in the nursery for the first 12 hours. They simply brought her to me. Guess they thought I needed my rest 😊

If you would like your baby in your room with you, be sure to ask.

2. Some hospitals will allow your DH to stay overnight in the hospital with you. If your hospital has this option, I suggest you use it. It's a great way for all of you to have quiet, bonding time.

3. If you need something, ring as far in advance as possible, don't hold back. Be clear about what you need and how urgent it is, remember the person answering your call button can't see you.

4. If someone says they'll do something for you, don't take it as a done deal. Staff members mean well but they often get busy and things can fall through the cracks. To make sure you get what you need, always ask when something will be done and who is going to do it. If you don't get a response after a reasonable amount of this time, follow up and keep following up. If someone tries to leave in the middle of a task, make sure to ask when they'll be back.

You don't want to sound like a nag, but present yourself in a calm, confident manner and you'll get what you need. Just be persistent.

5. If you want to be sure your doctor knows about something or if you have a question or issue for him, have the nurse put a note on the front of your chart. If you really want to be sure he gets it, call his office and leave a message. That always works.

6. If you're stuck in bed, be sure to check everything you need (call bell, water, food, book, phone, help to the bathroom, etc.) BEFORE you let them leave you alone in the room.

8. Find out how to move your bed rails up and down. This might sound like a very small point but it can make a big difference if you're trying to get up for something and you can't because the bed rails won't go down and there's no one around to help you.

9. Don't bring anything valuable to the hospital. If you receive gifts, send them home with your DH, friends or family. This also helps lessen the load when packing up to go home.

10. Ask how TV and phone service works at the hospital. Depending on how you feel, you may want to unplug the phone at times -- hospital switchboards usually have a cutoff but it may be quite late or you may just not feel good enough to receive phone calls.

Pain Management - Stay on Top of Your Pain



I've heard of women breezing through their recovery with minimal need for pain medication. This may be true for some women but that certainly wasn't me.

How much pain you experience is an individual thing and it can depend on a few things:

- How well you tolerate pain
- How fit your are – mentally and physically
- The type of pain medication that has been prescribed for you

If you haven't previously talked with your doctor or anesthesiologist, here are a few questions that you should ask before the surgery:

- Ask about how you will be getting pain relief after the c-section procedure.
- Find out when and if it will be delivered through your epidural, shots, pills, etc.
- Will it be delivered on schedule or on request?
- Also be sure to ask how far in advance you could ask for pain relief so that you will get it on time.

By talking with your doctor, you may also find that you can ask for "comfort" measures you didn't know about such as sleep or digestive aids.

Hospitals like to use the scale of 1-10 for rating your pain so here's how it might help you determine your pain level:

0-1: Barely noticeable pain.

2-3: You have pain but you can do things to distract yourself from thinking about it.

4-5: You notice your pain, perhaps at rest or during activity. It may interfere with your activities. *** This is where you should think about getting pain relief.*

6-7: Your pain is distracting you. You may be able to focus on something else for a short period of time but it might be hard to carry out an activity.

8-9: Your pain is all you can think about. It's uncomfortable even during rest. It may be strong enough that you have to stop in the middle of an activity.

10: Your pain is now the worst you can imagine.

** Level 10 is not the time to be asking for pain meds. Try to catch it well before this point.

With my first c-section I simply laid there feeling the pain coming on until my whole midsection felt uncontrollably on fire. Finally when the nurse came by to give me my sponge bath I began crying at the thought of her even touching me.

I yelled, "*Don't touch me – I'm on fire*". She was wonderful though; she got my chart and ordered meds that were immediately put through my IV.

The unfortunate thing was that because I waited so long, it took a lot longer for the pain meds to work. I eventually got relief but I could have avoided it all together if I had known to say something sooner.

So don't wait until you're on fire, like I did. Request the medications at level 4 and stay on top of your pain.

Whew! Now that that's over with -- let's move on to enjoying your baby.

Breastfeeding After Surgery



C-section moms will find that their breast milk sometimes comes in slower, so it's good to get started as soon as possible, even while you're being stitched up. If that's not desired, or not possible, you should begin breastfeeding within the first hour and no longer than 4-6 hours after birth.

A baby's sucking urge is strongest the first few hours after birth so this is an ideal time to try and stimulate your milk supply. Also you should continue to nurse about every 2-3 hours during the first 24 hours after birth.

The pain medications and anesthesia you are given during your c-section are not harmful to your baby, but they can make baby a little sleepy after birth. I would have to continually stroke my baby's cheek to get her to wake up and feed. This was not

that she really needed to eat so much as it was important for me to keep at it in order to get my milk to come in.

Also this is an important bonding period. Waking a sleeping baby can be hard but it's important to continue on a feeding cycle.

If your baby can't be breastfed directly after birth, perhaps due to medical reasons, see if you can request a breast pump and begin using it as soon after birth as you can.

Using a pump helps stimulate your milk supply and it can be fed to your baby in the nursery until you are able to breastfeed yourself.

I had absolutely no luck with my first baby and breastfeeding. For something so natural, I didn't find it natural at all. My daughter and I just couldn't get the hang of it. She simply would not latch on and I was a nervous wreck.

I was really frustrated because things went fairly well in the hospital, however as soon as I got home things changed and my DD had lots of trouble latching on. The more she resisted, the more I pushed.

Finally, for sanity's sake I gave up and I put her on the bottle. *Frustration -- not a good thing* ☹

Helpful Breastfeeding Tips

1. Please, please, *did I say please?* Have someone in the hospital at your beck and call to help you with getting the baby positioned when breastfeeding. If you can't get the baby positioned properly for nursing it can make for a struggle, not to mention it creates sore nipples.
2. Keep your baby facing the breast; you don't want her to have to turn her head. Be sure she has at least an inch of the areola in her mouth; this is the brown part that surrounds your nipple. The baby's tongue should be under the nipple. The tongue acts as a wave motion and you should be able to hear the baby swallow.
3. Keep a pillow over your incision so baby doesn't put pressure on it or kick it.
4. Put a pillow under or behind your knees, this helps with supporting your stomach muscles and also gives support to your back.

5. **RELAX!** I can't stress that word enough. Don't tense up and don't force your baby. Stay as calm and relaxed as you can. Your baby feels what you feel, so if you're feeling tense, so is baby.
6. One thing that helped me was to simply bring baby into bed with me and nurse lying down. It helps with catching up on some sleep as well. There were days when I was in bed most of the day. Hey, whatever works!
7. If your breasts begin to get sore try some gel pads, the most popular ones are called 'Soothies'. They'll help relieve soreness and also protect against cracking and bra discomfort.

If you find that you need additional help with breastfeeding an excellent resource is the <http://www.la lecheleague.org/>

Tips for increasing milk supply

None of these are scientifically recommended or are guaranteed to work. These are remedies that women have used which have worked for them. These are all natural and will not harm you or the baby, however, always check with your doctor before using them.

Fenugreek (*Trigonella foenum-graecum L.*) appears to be the herb that is most often used to increase milk supply. This seed is commonly used in pill form to increase milk supply. It is an excellent galactagogue, and has been used as such for centuries. In one study of ten women, "the use of fenugreek significantly increased volume of breast milk"

Mothers generally notice an increase in production 24-72 hours after starting the herb, but it can take two weeks for others to see a change.

Garlic - Eat more garlic. I love garlic so this isn't a hard one for me. I have heard that some people will eat so much that their milk starts smelling like garlic! I've also heard that babies like the flavor/smell of garlic in their mother's milk so they suck harder and eat more. Go figure!

Whole grains/Oatmeal. I'm not sure how this works but it's probably related to why dark beer is helpful. Many moms say that adding oatmeal to their diet increased their milk supply. Have a bowl of oatmeal for breakfast, or snack on oatmeal-granola or even oatmeal cookies throughout the day.

Massage - Before breastfeeding or pumping, take a few deep breaths and try to relax. Sit in a comfortable chair, play soft music and massage your breast for a minute or two before you begin to help with letdown.

Rest/Sleep/Warm Showers. Although it's very hard to get any rest those first several weeks home, it's probably what the body needs most to help stimulate milk production. When you sleep, relax, and rest your body has time to make milk without added stress. Stress has been shown to decrease milk supply because your body is using its energy for things other than making milk!

Getting Up and Walking



Your next challenge will be walking. This will be required anywhere from 6-12 hours after surgery.

Walking actually speeds up your recovery by improving your lung function. It helps with circulation and gets your bladder and bowels moving again, which are slowed by surgery. It also helps prevent the build up of gas but it ultimately gives you more energy and for me that was my biggest hurdle.

It was about 12 hours after my surgery when my nurse came by and said “*ok, time for us to get walking!*” Of course, I did not feel ready as even turning in bed was painful, but there were no excuses – *it was time to walk!*

Just lifting my legs and getting them over the side of the bed was hard. It probably took me about 10 minutes just to do that.

Then comes standing up. I remember wanting to slap my nurse for making me walk but it had to be done. I have to say however, once I got to a standing position, the rest went much easier and after that first time, it got a lot easier. Request some pain medication prior to walking and it should help considerably.

Walking Tips:

Try holding a pillow over your incision as you walk. Your insides may feel like they are going to fall out but be assured, they won't, you'll just feel a little strange until things begin to heal.

- Try not to lean forward, stand up straight and don't look down.
- Focus on an object ahead of you such as a chair or the window.
- Always walk your first few times with help until you feel steady enough to go it alone.
- Walk as often as you can, even if it's only for a few steps, every little bit will help get you feeling better that much faster.

When getting back into bed try this: Sit as far back on the side of the bed as you can. Put your pillow on your lap and lean forward on your pillow. Then slowly lean to the left (or right, depending on which side of the bed you are on) putting your head down onto the bed.

With your head down on the bed, bring your outside leg up on to the bed. Then bring up your other foot up. You should be lying down on your side. Now you can just roll on to your back. Get out of bed in the reverse.

Coughing, Laughing, Sneezing



Ouch that can hurt! Just turning over in bed can be painful, so imagine the jolt you'll get from laughing, coughing or sneezing. One thing that really helped me was to place a pillow of the front of my tummy. This is one of the first things you'll learn.

Holding a pillow over your incision absorbs the vibration which can reduce pain and pressure. If you don't have a pillow at the time you cough, laugh or sneeze simply try holding your incision firm. The same principle works when holding or feeding your baby, keep a pillow over the incision, it will help shield any pressure.

Worry Free Comfort Tip: Check into using an abdominal binder or abdominal wrap. These “binders” are meant to support your tummy muscles and alleviate incision pain by decreasing the pressure on your abdomen allowing you to move easier. They are generally made of breathable elastic that you gently wrap around your tummy area and it closes with Velcro. There are some women that swear by them.

If you ask for one in the hospital they may be able to order it for you. They come in different shapes and sizes so someone in the hospital may be able to help you on which ones work the best.

Gas pains



Your IV will stay in until your intestines ‘wake up’ or begin working again. Your doctor can tell this by rumbling sounds as he hears in your stomach. But this also means that you may start to feel some gas pain.

It’s not uncommon to feel gas pain and bloating after a c-section. Gas gets trapped in intestines during the surgery.

If it’s been 24 hours or more since you’ve had solid food you could feel even more pain as you begin to eat solid food again. This was the case for me. Solid foods caused lots of gas.

Try drinking lots of warm liquids, this helps you to pass gas and digest solid foods faster.

Take in solid foods gradually. In fact, you may want to eat a lighter, blander diet than usual. Within a couple of days the gas and bloating should subside.

You may not feel like it, but the best way to get rid of the gas is to get up and move around as much as possible. Take a walk down the hall or inside your room to get the air moving out of your system. Rocking in a chair can also relieve gas.

One of the remedies that helped me the most was actually recommended by a nurse in the hospital. I didn’t have horrible gas pains but the gal in the bed next to me did.

I remember the nurse taking her to the toilet, sitting her down and placed her feet on a small foot stool. She must have sat there for about 20 minutes and the next thing I knew she was feeling much better.

I think that has something to do with getting your knees higher than your waist. It does something to work the gas through. However it works it's worth asking your nurse or doctor if you can try it.

My roommate gave the nurse a big kiss – I think she was happy!

Oh, also, avoid carbonated drinks as they can make the gas pains worse.

Relief remedies to ask your doctor about:

Suppositories such as Mylicon can also help with gas. Ask your doctor if he can recommend Mylicon or something similar.

If the pain gets too excruciating, you may want to request an over-the-counter medication that contains simethicone, it helps make the gas easier to expel. Simethicone is not absorbed by your body and is safe to take while breastfeeding, but always check with your doctor first before taking any medications. He also may have a routine drug that he would rather have you take.

If you are taking a medication that has codeine this can also cause constipation in some patients so taking a stool softener will help.

Eating Real Food Again



After having an IV for several hours and not really eating much for 24 hours, your body may have a hard time readjusting to solid food again. So it's not in your best interest to begin eating heavy solids. Besides you'll feel much better if you take in solid foods gradually.

Every hospital is different, some start you out with clear liquids for a day or two and others get you started right away on solids. Either way, I say take it slow. I personally like the clear liquid idea for a day or so but if you're super hungry then by

all means go for it, just don't overdo it. Eat small amounts at first and keep drinking plenty of liquids.

Eat sufficient quantities of nutritious foods, making sure to include plenty of high-fiber choices. The digestive system often slows down following surgery and having a bowel movement may take a day or two so eating high fiber foods will help with that.

If you need help from constipation, ask your physician if he can prescribe a stool softener.

***Tip:** Most c-section patients are released to go home with 2-3 days after surgery and are often told a regular diet can resumed once home. This is often ok for most women however if you have mild nausea or bloating after getting home try a clear liquid diet for a meal or tow and try some ginger tea (peel and finely chop one square inch of ginger root and steep in one cup of boiling water for 10 minutes)*

Going Potty Again



Soon after or possibly before moving into your room, your catheter will be removed. Be aware that some nurses don't like telling you they are about to remove your catheter. For example, with my first baby I don't remember it being removed, I guess that's a good thing because if I don't remember it probably didn't hurt.

But I do remember my second c-section. The nurse came, lifted up my sheet and said she needed to take a look. The next thing I knew she had 'yanked', yes YANKED the catheter right out of me – Ooouuuuchhhh! She smiled while I gave her the dreaded look of disgust and I never saw her again.

Now that is not how I believe it's supposed to be done and I would hope that doesn't happen to you. Having your catheter removed can give a little sting but most caregivers are pretty gentle and for the most part it's not a bad experience.

So here's a little advice, if someone comes near you and lifts up your gown always ask them what they are doing first, you have a right to know.

Once the catheter is removed you might experience difficulty urinating or have a slight burning sensation the first time you urinate, however after your first urination it gets better.

Try urinating at least every 3 to 4 hours. This helps avoid or reduce bladder pain that can occur after the surgery.

Here are a few tips that might help:

If you have trouble urinating, turn on the water in the sink and stare at the running water. This is a psychological thing but it often works.

Another thing you can try is ask the nurse for a water bottle with a small spout on it. Fill the bottle with warm water (don't make it too warm, just tepid) and squirt the water over your genital area. This soothing water feeling can sometimes help you to go. After you are able to go once, it gets easier after that.

Try urinating in a tub of water. This can also help get things flowing.

When can I go Home?



Most C-Section hospital stays are about 3 days.

I had the privilege of staying 5 days with both deliveries. Yes, I say privilege because I was waited on hand and foot in the hospital, at home I didn't get that ☺ With my first baby, I couldn't wait to go home, but with my second – I knew better .

Wanting to go home is a natural emotion, but don't be too anxious, unless you have 24 hour help at home, you'll have to do more yourself, particularly if you have other children.

Before you head home you should be able to do the following:

- You will need to be able to urinate without the catheter
- Be walking well
- Have good blood pressure
- Keep down solids
- Incision looks good with no sign of infection

- Minimal bleeding

Once you get the A-OK, you're free to go home.

Chapter 5 - Recovering at Home

- ▶ Care of Your Incision
- ▶ Lochia Bleeding
- ▶ Swollen Feet
- ▶ 3 Things You MUST Do Every Day
- ▶ Things You Should Avoid
- ▶ Postpartum Blues
- ▶ Resuming Activities
- ▶ Dealing with Emotions & Depression
- ▶ When You Should Call Your Doctor
- ▶ Post C-Section Tummy Exercises

The day has finally arrived – You can go home!

Before you leave the hospital, have your DH bring an extra suit case or bag so that you can pack up all the goodies that you acquired in the hospital.

Of course make sure that you have your infant seat in the car.

Also, have a soft pillow that you can place in your lap for the ride home. Even the seat belt can be too much over your incision, so having a pillow to cushion it really helps.

Always listen to your body as it heals and strengthens and don't compare your recovery to someone else. Everyone is different so if something takes you longer don't get too worried about it. Just stay in tuned to how you feel and what feels right and you'll do fine.

If you arranged to have extra help while you are home – *perfect!* If you don't have anyone to help out, you will have to do many more things yourself, so here are a few tips:

Get into a routine with baby as soon as possible. Try to nap when baby naps.

Now this was hard for me, I have to admit, but do make an effort if you can. It will make a big difference, especially with getting up several times during the night

Stay organized with meals and laundry as much as you can. Throw a load of laundry in or turn on the dishwasher just before napping.

Don't worry about house work! It's not going anywhere so don't feel compelled to get it done. You and your baby should be your first priority. If housework is getting to you and you feel compelled to get it done, ask a friend to help you or hire a cleaning service for one day.

Care of your incision



As you heal, you may experience a little bit of spot bleeding through the incision, you don't want the incision to break open but a little bit of spotting is ok.

Your incision may also form a large lump or ridge under the scar and stay there for several weeks. You may also experience little 'knots'. If there were any nerves cut or stretched during surgery, you may find there is some numbness and pain around the incision area and the nearby area as well. These things are all normal and should all gradually go away over time.

Beware that your incision can become easily infected so do your best to keep this from happening as an infected incision can drag out your healing for several more weeks.

Here are a few tips to help avoid infection and what you should watch out for:

Wash your Hands often. This reduces the transfer of bacteria that you can encounter during the day. Wash your hands especially after handling your sanitary pad, after going to the bathroom and after changing your baby's diaper. You should also wash your hands before handling your baby and before handling your breasts.

Keep your incision clean and dry at all times.

Clean your incision by using a wet, soapy wash cloth and squeezing it over your abdomen so that the soapy water runs down over the stitches. Don't directly rub the incision or you could disrupt the scab that is forming. Use the wash cloth a second

time to rinse the incision with clear water. If any of the following occurs, call your doctor immediately.

- Drainage
- Redness
- Warmth
- Unusual appearance of the incision

After bathing I would put a sanitary napkin over my incision. This helped keep it dry and free from infection. It worked better than a bandage because it also acted as a little bit of a cushion.

Avoid tub baths or a Jacuzzi until you check with your doctor. Cover your incision before you shower and let it air dry, don't rub a towel over it. Also avoid touching your incision until it has completely healed.

Limit excessive movement around the incision area. Avoid bending and stretching that could cause your incision to pull apart. You should avoid lifting, straining, heavy exercise or sports for the first month or so after surgery. Call your doctor if the incision pulls apart.

If your incision should pull apart and begin to bleed, apply an antibiotic cream. This will keep any bacteria off the site.

If your bandage becomes bloody, replace it with dry gauze or another bandage. Applying pressure directly to the incision for a few minutes will usually stop the bleeding. If the wound keeps bleeding after you apply pressure, call your doctor.

Do not apply any creams (other than an antibiotic cream), lotions or oils on your incision until it has completely healed.

Watch for redness on or around the incision. The edges of a healing incision may be slightly red, this is normal, but call your doctor if the redness is increasing or if it spreads more than half an inch from the wound. Call your doctor if you see pus in the incision or if the incision is more than mildly tender or painful.

If the incision is red you may want to cover it with an antibiotic cream. You can buy an antibiotic cream like *bacitracin* or *mycitracin* in your local pharmacy without a prescription. Wash your hands well and apply the cream gently to the incision, then cover it with a sanitary napkin.

Be careful lifting your baby in and out of the car seat. This is a perfect opportunity to break open your incision. Get someone else to help you if you can.

Worry Free Tip: *It may still be somewhat sore getting in and out of bed so here's a tip that I've heard others use that seems to help. Wrap a strap around the footboard of your bed that you can use to gently pull yourself up. It will force you to use your arms to pull yourself up as opposed to your stomach muscles.*

Will I have an ugly scar?

One of the fears of having a c-section is the ugly scar. I'd have to say, yes, in the beginning your scar will look ugly and big, repulsive actually, but that will change. I can't even see my scar today, it has virtually disappeared into a thin line that you can hardly see, and I had two c-sections through the same scar.

If you'd like, you can try some scar therapy massage. This can help flatten out your scar and diminish the bumpy line you may have. Here's how it works:

Once your sutures or staples have been removed or have dissolved and your scar begins healing (generally between 8-12 days after surgery), you can begin to do some GENTLE scar massage. You should perform scar massage every day, at least 3-5 times a day for at least 15 minutes in the first three months. You can do this yourself or have a postnatal massage therapist massage it for you. After a few months you will no longer be able to feel your scar, you may only see it.

Important: *Don't use any lotions or oils when performing scar therapy and always check with your physician FIRST on when you should begin massage therapy.*

With regards to the actual scar itself, the 'bikini cut' incision is very low, just above your pubic hair line, so unless you wear your jeans down below that (yikes, I hope not!) no one will see it.

You'll actually be proud of your scar some day!

Worry Free Tip: *Once your scar has completely healed, try opening a Vitamin E capsule and gently rubbing the oil over the scar. Vitamin E has properties that work pretty well for helping fade and diminish the scar.*

Actually, Vitamin E does not melt scars or make them completely disappear but it does make them softer by reducing the strands that form collagen making them softer and more pliable.

Vitamin E scar repair can also be achieved by including it as a dietary supplement. The recommended allowance of Vitamin E is 30 International Units (IU) a day. The tolerable upper intake of vitamin E is 1,500 IU a day for adults. Food sources of Vitamin E include almonds, sunflower seed kernels, sunflower oil wheat germ oil and hazelnuts.

Lochia Bleeding



Lochia is the postpartum, heavy bleeding that you will have after delivering your baby. It happens with vaginal deliveries as well. It's your body's way of getting rid of extra blood, mucus, and tissue from the placenta after you have given birth.

Lochia can continue for about 6 weeks but typically subsides after about 3-5 days changing to a pale pink color. Each day you should experience less and less discharge and it should continue changing color to a dark red or brownish color, finally turning to a yellowish pale color.

Your Lochia bleeding can increase with activity. This is often a sign that you may be doing too much. If you continue to spot after resting for a day, you should call your doctor.

Call your doctor if your Lochia is still bright red after 5-7 days of your baby's birth. If you have a foul odor, fever and chills, experience abnormally heavy bleeding or have large blood clots, this could be a sign of post partum hemorrhage and you should call your doctor immediately.

What to do for Swollen Feet



Swollen feet are generally a result of excess water retention and are rarely serious. It often goes away on its own but if it doesn't, check with your doctor if it does not go away within a week or if you have bad headaches or pain in your legs.

The concern here is that it could be a sign of deep vein thrombosis or a blood clot.

However, swollen feet generally come from the large amount of fluids received through your IV while in the hospital.

Getting up and moving around gets your circulation going. The idea is to get all those excess fluids up to your kidneys so they can be flushed. So continue to drink plenty of fluids and keep moving and walking as much as you can.

Here are also a few suggestions that may help the discomfort:

- Don't sit or stand too long without moving.
- When lying down, keep a pillow under your legs.
- Wear support stockings. You can find these at most drugstores. They help put pressure on your legs keeping the water from collecting in your legs and ankles.
- Check with your doctor on what he recommends as well.

3 Things You MUST Do Every Day for Faster Healing



The three most important things you can do each day are **walk, rest** and **drink plenty of water**. When I first heard that, I remember saying,

“Yeah Right! I have a newborn baby, so much for the rest. I just had major surgery, how far do you think I'm gonna walk! Don't I go potty enough? ...got any other words of wisdom?”

As much as those things didn't excite me, they are what **WORKS!**

GENTLE but frequent MOVEMENT is actually one of best recovery things you can do for your body. It reduces the swelling of the incision and gets the blood flowing throughout your body.

Get Enough Rest

This is another really hard one but if you plan it out and work with a schedule it really helps.

Start with getting into a routine with baby. When your baby naps you should nap. If you can't nap then at least put your feet up and take it easy. Don't consider this the time to get house work done or become super woman.

If a friend or your DH offers to watch the baby or help with housework, take them up on it. You're going to be up a few times at night so you're going to need this time to catch up on your rest. Having quality time with your baby will depend on that.

Walk Every Day

OK, this one's really important! Check with your doctor about when he suggests you can begin walking, but when you are given the ok, walk as often as your body will permit it.

Now, by walking, I mean slow, relaxing strolls, don't attempt vigorous race walking. A simple stroll to keep your muscles and lungs working is ideal, but do it often.

Weather permitting; take baby with you, if that is not possible, schedule a friend, family member or your DH watch the baby. You don't have to walk several miles but 10 -15 minutes each day is ideal.

Tip: When you walk, slightly pull in your tummy muscles. Don't do this if it's too painful but do it as much as your muscles will allow without becoming painful. Stay focused on holding your muscles firm.

Walk slowly and take deep breaths in through your nose, not your mouth.

Do this once a day, every day, *yes including weekends*. You can go for shorter walks on the weekend but keep up the routine. If you can't get out, use a treadmill or gently march in place for 20 minutes.

The more you walk, the more energy you will have and the sooner you will begin to feel like your old self again.

Drink Plenty of Water.

OK, how much is enough water? I'm not a water drinker myself, so it was a struggle for me to drink enough, but you should drink at least 8 6 oz. glasses of water a day.

Try flavoring your water with some lemon juice or a flavor that you enjoy. I don't recommend low calorie drinks or carbonated soda. If you're nursing you need the extra calories. Also carbonation can add to the accumulation of gas. Stick with water if you can.

Add some vitamin C crystals or take a vitamin C tablet each day. It helps promote healing.

Tummy helpers

To help get your tummy back into shape and reduce the swelling of your scar, here are a few additional tips that work. (*Don't begin these exercises until your doctor has given you the ok, once you have the ok, begin them right away*)

Coughing exercises

As awful as this sounds these exercises will help heal your lower abdominals, these are the abdominal muscles that were pulled aside during the surgery. Getting these muscles back in shape will speed your healing and help with the belly flab.

Here goes ... cough at least 10 times an hour. As you cough pull your belly into your back and far as you can stand it. This will be hard at first, but the more you do it the easier it becomes. You can start out with just 2 or 3 coughs an hour, but work up to 10 an hour if you can.

Tummy Pulls

Pull your tummy in and pull your pelvic floor muscles up to your tummy. As you pull up Say 'Up, Up Up Up Up Up Up Up LOUDLY. Do 10 Ups an hour.

Finally, if you're joining a fitness program or starting one up for the first time, be sure to let your fitness instructor know and start out with a light intensity level. Pilates are really the absolute BEST for strengthening your abdominals and getting back into shape. Join a class that includes those exercises or buy a tape that you can do at home.

Note: *Before joining an exercise club or doing Pilates, get a medical clearance from your doctor first. These exercises shouldn't be done sooner than eight weeks after your c-section.*

If you enjoy listening to tapes, there's an excellent one put out by "Earth Mama, Baby Angel" that I found to be particularly nice. It was created specifically for helping energize your body to heal more quickly and increase your energy following a cesarean section and is appropriately called the '*C-Section Recovery CD*'.

Things to Avoid For the Next Several Weeks



Sexual intercourse – I've heard of people having sex as early as two weeks after surgery, however I wouldn't recommend that and I know your doctor won't either.

Most doctors will typically suggest anywhere from 6-8 weeks. It really depends on how you feel and how well your doctor feels you're progressing.

6-8 weeks can seem like an eternity for some and not long enough for others. A good rule of thumb is to wait until you have stopped bleeding, that's to avoid running the risk of infection.

For me, that was about three weeks. However, sex still wasn't of interest to me for another several weeks.

Keep in mind, there is no specific right or wrong answer on this one. Your body, your doctor and how you are feeling all play a part for when the time is right.

Think of it this way, you will want your intimate moments to be as pleasurable as possible, for *BOTH* of you. If you begin too soon and cause yourself pain or a setback in healing, how pleasurable will that be? *Not so much!*

No tampons or douching – These can cause infection so you want to avoid them until your doctor gives you the ok.

No baths, hot tubs or public pools until your incision has completely healed. This can be an easy way to contract an infection.

Don't lift anything heavier than your baby. No Heavy lifting or straining! This can put pressure on your incision causing it to break open and bleed. Your uterine incision both internally and externally is still healing, so lifting heavy objects can delay the healing process.

No strenuous exercise, until your doctor says it's safe. Everyone's anxious to get back in shape but don't be too anxious. Keep your exercise to small walks each day. You'll be surprised as how well walking works.

Limit the use of stairs. If you have a home with stairs it's hard to avoid them completely but keep them to a minimum. When you wake up in the morning think of all the things you'll need and bring them downstairs for use during the day or ask your DH to bring things up and down the stairs for you.

This may only be necessary for the first week or so. After that you should be able to handle the stairs better.

Limit company. I love company and I love having people over, but see if you can't put that off for at least a week or so. You're going to need all the rest and bonding time you can get so put off having visitors until you get your strength back.

Post Partum Blues



Now that you've had your baby, your hormones are working hard to get back in balance and this can cause post partum blues. This is completely normal. To complicate things some women who have had a c-section often experience feelings of guilt and/or failure for being deprived the experience of a vaginal delivery.

An unplanned c-section is most often the result of poor progression, fetal distress or some medical problem, none of which you could avoid, so don't ever feel that you are at fault or are a poor mom.

That is never the case!

To help overcome these feelings, think about why your c-section was necessary. Concentrate on accepting that you didn't have control of the events that made your c-section necessary. Realize that the health and safety of you and your baby should always be your first priority and obviously it was!

You should be proud of that. If you can, share your feelings with others. There are many support groups online and offline that can offer support for c-section moms. (Use your bonus emails, I'd be happy to chat online with you about it)

You should always feel that you gave it your best. You spent nine months of your life caring for and anticipating your baby's birth, why should your final moments dictate any different?

Keep in mind that your feelings of failure are most likely compounded by post partum depression that most women will experience. These feelings are generally temporary. Stay focused on your beautiful baby.

Probably the most important thing you can have is a positive attitude! Sure it's disappointing that your baby's birth didn't go as expected, but you can't let that stop you from enjoying the miracle you just brought home. Be proud of yourself and be good to yourself.

Having a c-section is in no way a reflection of the kind of mother you are and it never will be.

Tips for c-section & post partum blues:

- Seek out a friend or a relative that you can talk to. Talk about your feelings.

- Always refer to your c-section as the 'birth of your baby'. Never refer to it as surgery. Don't let people dwell on the pain or disappointment. It was the birth of your child and that's what you should be focusing on.

- Find someone who can help you with childcare, household chores and errands. This will help you find time for yourself so you can rest.

- Keep a diary and write down your emotions and feelings. As you begin to feel better it helps to reread your diary. You'll be able to recognize how much better things are getting, which can help you feel better.

- Do something for 'YOU'. Think about your favorite thing to do and go do it. Even if it's only for a few minutes a day, schedule something that you can look forward to.

- Talk with your doctor about how you feel. He may offer counseling and/or medicines that can help.

There will be days when you simply won't be able to get anything done. Don't get upset with yourself. Be realistic about how much you can do and don't be afraid to ask others to help. Come to think of it, asking for help is one of the things most

women aren't good about. That's absolutely how I am. We don't want to inconvenience others or perhaps be indebted to others.

However, I've learned through my experiences that life is about creating a community and establishing bonds between friends. That not only means helping others but letting others help us.

Resuming Your Normal Activities



After a few weeks, you're going to be wondering how soon you can get back to normal activities. You should listen to your doctor and follow his guidelines – no matter how tempted you are not to.

During your first couple of weeks, your activity level will be low, you'll be feeling more tired than normal and will feel like you can't get enough sleep. That's exactly how I was. I would even ask the doctor if there wasn't something he could give me to make me less tired. Pain he could fix, being tired? I was on my own.

As for driving, many doctors say no driving for at least 2 weeks and some doctors may say up to 4 weeks. I began driving at about 3 weeks but I remember it hurt like the dickens to move my leg on and off the pedals so I didn't drive much at first.

Listen to your own body and if it hurts to drive, don't do it. A general rule of thumb is to wait until all your medication is gone. No one wants you to be driving while still on pain meds.

Most insurance companies will **not** insure you until about 6-8 weeks following abdominal surgery. You may want to check into that as well for coverage reasons.

If you're going back to work, you'll probably be given the ok around 6-8 weeks. Some women may be anxious to get back to work and will start back at about 6 weeks.

However if you want to extend it a bit, ask your doctor to prescribe 8 -10 weeks. Most doctors are ok with it. Keep up the walking, that's the only way your energy will completely come back.

Dealing with Emotions & Depression



About 10-15% of women who have a c-section experience depression.

Caesarian depression symptoms can include things like feelings of failure, inadequacy, loss and disappointment.

Who's most at risk for Post C-section depression?

Because many women are not prepared for having a c-section, they often feel they have failed as a woman and as a mother. Not all cesarean moms experience such depression however depending on your experiences, such as the following, you may be more susceptible to depression.

- If you've had unpleasant side affects from the anesthesia.
- If you've felt let down by your doctor, hospital or nursing staff.
- If you feel you have been forced into unwanted medical intervention by your doctor or nursing staff.
- If you have tried breastfeeding, but were unable to because of whatever reasons.
- If you planned on and looked forward to a vaginal birth and ended up with a c-section.

Women who are less at risk for depression are:

- Women who adapt easily to unexpected events
- Women who love and trust their doctors, hospital and staff and who feel relatively comfortable with having a C-section.
- Women who are not overly concerned with the birth "experience".
- Women who planned and were prepared for a C-section or who were *ready* for the possibility.

Robbed of the Experience of Giving Birth



The most common emotion women have after a c-section is feeling they were cheated out of experiencing a normal, vaginal birth.

I never looked at it as ‘missing out’. Of course you can choose to look at anything any way you want, but I think ‘missing out’ is a stretch.

With my first child I didn’t know I was having a c-section, but I did know I was having a c-section with my second child. In either case I took a hard look at each birth and began to think “What did I really miss out on?” I heard the sound of my baby's first hearty cries and I immediately saw their tiny little fluid covered bodies as soon as they were born, then immediately after birth the baby was cleaned, wrapped and given to my husband to hold next to me as I was stitched up.

So what did I miss out on? The pain of passing through my vagina! Episiotomy cuts? A baby with a warped head? I don't feel I missed out at all, in fact I think I had the best of all worlds and a healthy, happy baby to boot.

When You Should Call Your Doctor



When something unusual or unexpected happens, don’t panic. Calmly assess the situation and call your doctor as soon as you can.

Call your doctor also if:

You have signs of infection, including fever or increased redness and drainage at the incision site.

Bleeding is particularly heavy (defined as soaking one maxi pad in one hour) or you experience golf-ball sized or larger blood clots.

The incision breaks open or starts bleeding.

You feel dizzy.

Pain or cramping in your arms or legs. If your calves should become painful, swollen or red, this can be a sign of a blood clot. Other symptoms can include sudden swelling in the arm or leg, red or discolored skin, and skin that is warm to the touch.

You have signs of postpartum depression, such as feelings of despair or hopelessness for more than a few days.

Your vaginal discharge smells bad or fishy.

Your abdomen feels tender or full and hard.

Your breasts are painful or red and you have a fever, which are symptoms of both breast engorgement and mastitis.

Post C-Section Tummy Exercises



Once your energy has picked up and you're feeling better you'll be anxious to begin getting back into shape.

For most women, getting back in shape is fairly easy, particularly if you breastfeed. Breastfeeding helps your abdominal muscles contract which helps with some of the belly fat you gained during pregnancy.

However having a c-section makes it a little bit harder to get rid of that extra belly flap that most of us will have.

If you've had a c-section, these exercises are targeted at helping you get rid of that extra pooch that's driving you crazy.

Important: Don't do any of these exercises without the permission of your doctor. You want to be sure your incision has completely healed first. This could mean at least 6-8 weeks or more after your c-section.

The best way to get your abs in shape is to always keep your lower tummy muscles tightened as you exercise. Do this when you do any exercise, even on the treadmill, walking or aerobics. It adds strength to your muscles and allows the exercises to work that much faster.

Concentrate on your tummy muscles:

Lay on the floor knees bent and arms at your side. Begin by inhaling and exhaling a few times, this helps you focus on your breathing better.

As you breathe in, tighten your tummy muscles, concentrate on keeping them tight.

Exercise #1

Lie on floor with your knees bent and arms at your side. Tighten your tummy by pulling it in and hold, then raise one knee towards your chest and slowly straighten it out parallel to the floor—about 4 inches above the floor. Return extended leg to starting position, knees bent, feet resting on floor, relax your tummy.

Repeat on opposite side, keeping one knee bent as you extend the other leg. Work up to five repetitions on each side without stopping. Try building up to 20 repetitions on each side before moving on to the next exercise.

Exercise #2

Laying flat on the floor, bring your legs up one at a time towards your body with knees bent. Keep one leg bent as you slowly lower the other leg down to the floor and then back up again. Repeat on the opposite side, working up to ten times each leg.

Exercise # 3

Lie on the floor, legs stretched out and arms at side. Bring both legs up, knees bent. Slowly extend one leg out, keeping it about 4 inches off the floor. Return the leg to the starting position and repeat with opposite leg. Work up to 10 repetitions each leg.

With each repetition remember to keep breathing, contract your tummy as you move, and keep your back from arching up. This may be hard at first but with practice you'll begin to build strength.

Exercise #4

Lie on the floor with legs stretched out and arms at side. Bring both legs straight up in the air pointing them to the ceiling. Keeping your legs together bring them back down to the floor. Repeat this 10 times. This is much harder than the others and will take time to perfect, however keep at it.

You don't have to do these exercises perfectly. Don't worry if your legs aren't in the perfect position, you'll see an improvement as you continue to do them.

Practice these exercises at least every other day, preferably every day. It depends on your strength level but they should only take about 20-30 minutes. If you can do these exercises every day, or even every other day, you WILL see a difference.

If floor exercises are not your thing, try the treadmill or elliptical exerciser. I have an elliptical exercise machine in my office and I try to use it at least every other day for twenty minutes. I also walk a lot, about 2 miles a day.

Here's another thing that works quite well. While in a sitting position, pull your tummy muscles in and out on a count of 20, wait about 3 minutes and do another 20. Do this as often as you like during the day. I like this one because you can do it whether sitting in an office or sitting on your sofa. You'll be surprised at how it will strengthen those muscles, even over a few days time.

Remember, keep focused on your lower abdominal muscles. No matter what exercise you are doing, keep those muscles pulled in.

Chapter 6 - VBAC (Vaginal Birth after C-Section)

- ▶ **Is A VBAC Right For You?**
- ▶ **Increasing Your Chances of Having A VBAC**
- ▶ **VBAC Risks**
- ▶ **When A VBAC Should Not Be Considered**
- ▶ **Glossary of Terms**

If you're trying for a VBAC (vaginal birth after c-section) birth, you'll be happy to know that 80% of women who have had c-sections are good candidates for a VBAC.

But having a VBAC doesn't come without risks and controversy and you'll find there are doctors and hospitals that simply do not support a VBAC.

When I had my second baby, my physician simply said "We'll have to do another c-section". He went on to explain that since I'd already had one c-section, there is a chance for uterine rupture so he recommended a c-section once again. Even though uterine rupture with the type of incision I had was only about 1%, he simply did not want to take the risk. At the time I didn't feel I wanted that risk either, so I followed his advice.

What I didn't realize was that my doctor simply didn't support VBAC's. Had I wanted to try for a vaginal birth and been insistent about it, I probably would have had to find a different doctor, but I liked my doctor and stuck with his recommendation.

As I look back on the situation now, there were indications that probably would have allowed me to have a successful VBAC but I think that if I were pregnant again today, I probably wouldn't do it. Not because it's not safe or that I don't support it for other women. It's because of the type of person I am.

These are the things that I would personally be considering:

- My previous incision was the 'bikini cut' which has a low rate of uterine rupture so that would be a green light for me, however my first labor was a stalled labor producing fetal distress so this may very well occur again. I also tend to have large babies.

- I'm not keen on pain so having an epidural early on would be something I would want. For a VBAC, it is recommended that an epidural be put off as long as possible – not sure I could do that.

- My first labor went on for many hours. Did I want to risk doing that again?

My first c-section was a scary time for me, but having gone through it already, I knew what to expect and I felt a lot calmer.

Reviewing the considerations above, I probably wouldn't have been a good VBAC candidate. It's one thing to say you are a good candidate for a VBAC physically but there's also an emotional side and how badly you really want it?

Is a VBAC Right For You?



If a VBAC is your goal, there is much more support for it today. Your physical health, your emotional condition and your doctor's support all play a part in how successful you will be.

Here are some things to consider:

Type of previous incision

As mentioned before, the horizontal 'bikini cut' is the best incision to have had when considering a vbac. With this type of incision the percentage is very small for a uterine rupture but if a rupture does occur and cannot be repaired quickly, a hysterectomy may be necessary to prevent blood loss.

Number of previous incisions

The odds you'll experience a uterine rupture climbs with the number of previous c-sections you've had. The more scars, the more vulnerable your uterus is.

Size of baby

If you have a large baby, she may have trouble fitting through your pelvic area and you're likely to have a labor that won't progress. It could be long and stressful one. However your doctor can determine if this is a problem with a routine ultrasound.

Risk of a Long labor

Attempting a VBAC could mean experiencing a long labor only to need a c-section anyway. Having a c-section after going through a long labor makes recovery tougher as well.

Risk of Infection

There's a greater risk of infection for mother and baby in cases of attempted VBAC followed by cesarean.

Length of time from last c-section

Ideally, you should wait at least nine months before conceiving again. This allows for 18 months to pass before delivering. The longer you wait the better. This gives your uterus enough time to heal, creating a stronger incision.

Placenta problems

Problems such as placenta previa (low lying placenta) or if your placenta separates from the womb can make a VBAC a lot riskier.

Health problems

Any medical conditions for you or your baby will reduce the chances for a VBAC. No matter how much you want a VBAC, don't disregard your health concerns or the concerns of your baby. Discuss all concerns with your doctor and listen to all professional recommendations carefully.

Increasing Your Chances of Having A VBAC



If you are considering a VBAC here are a few words of advice that I've collected from other women who have had successful VBAC's and recommend them.

Make a Birth Plan. Creating a birthing plan is a good way of making the doctors and the hospital staff aware of your wishes. Interventions like fetal monitoring, long labor, pitocin, etc., are said to lead to an increased risk of C-section. Think about your choices, make a birth plan and discuss it with your doctor. (See c-section tools)

Be totally committed to your VBAC. Your mindset is one of the best tools you have. If you put your mind at doing something you'll have an image of what you want to do. Having that image will keep you focused on what your goal is and you will always be thinking in terms of attaining that goal.

It's a bit like mind over matter. If you set your mind to doing something, your chances are that much better for succeeding.

Take a VBAC class. Taking a class does a couple of things for you. You'll get all the facts, both good and bad, but you'll also hear from others and discuss concerns. The more you know and the more you discuss the topic, the easier the decision will be for you.

Also, if you decide that a VBAC isn't right for you, you'll better understand why it's not for you, which can help you feel a lot better about your decision.

Consider hiring a Doula – A knowledgeable, experienced Doula who believes in your ability to give birth is a great source of support. She'll have a positive influence on you and coach you to believing in yourself and your ability to give birth vaginally.

Use Natal Hypnotherapy

There are a number of hypnotherapy CD's out today that have been successful in helping women overcome negative emotions and issues relating to their past cesarean experiences. They can help you let go of your previous c-section experiences by helping you recognize fears and concerns which you may not be able to let go of.

They also help you increase your confidence and trust and belief in your body's ability to give birth vaginally. Proper relaxation is also a key element with hypnotherapy that works very well.

Eat a nutritious diet with plenty of whole, raw, unprocessed foods. This may or may not increase your chances of a successful VBAC but I like it in because it's a good rule of thumb for anyone. It never hurts to keep your body strong and prepared with good nutrition, not to mention how good it is for your baby.

When I was pregnant, I also took a high-quality fish oil supplement on a regular basis. I've heard it said that fish oil can help prevent premature deliveries, maximize intelligence, and create good vision in infants. Both my kids were very strong and healthy. An interesting thing to note is that I have terrible eye-sight and both my kids have fairly good eyesight. Did the fish oil help? Not sure but I don't think it hurt ☺

If you have your heart set on a VBAC and there are no medical or physical limitations, then by all means work towards it with everything you've got. There's no guarantee that a VBAC will be successful however here are a few suggestions that may help:

Avoid the Pain Meds

Put off getting any pain medications or epidurals. For me, that would be hard, but if you are free of pain medications it helps your VBAC chances. You will be able to move around easier which helps your labor progress faster. When I had my epidural I simply stayed in bed which doesn't help labor progression. You want to find as many positions as you can to help with pain, labor and pushing.

Remember, your doctor is waiting around as well, if he gets too impatient, he's more likely to recommend a c-section.

Avoid Inducing Labor

If there's no medical need to do so and your doctor agrees, avoid being induced. With induction you are given a synthetic hormone, usually pitocin, to start labor, but it can give you stronger than normal contractions. Because the contractions can be so strong, you're likely to ask for pain meds and that's what you want to avoid.

Don't plan A VBAC at home:

I don't recommend attempting a VBAC at home. In case something should go wrong it's best to have medical attention right at hand. Any emergency problems that might arise could be delayed causing additional complications.

Find a Doctor and hospital that support VBACs

Make sure you have a doctor that is an OB/GYN and not a family practitioner or some other type of medical doctor. Discuss with him/her his VBAC rate. Also discuss with the doctor the possibility of delaying a c-section if it isn't a medical emergency and get a feel for how the doctor reacts to that.

Be sure the hospital you are at supports or even encourages VBACs. Find the largest, best equipped teaching or University hospital in your area or even in an outlying area. These types of hospitals often have the best NICU (neonatal intensive care units) and university or teaching hospitals are better equipped to deal with your more out of the ordinary procedures.

VBAC Risks



Uterine Rupture – This is probably the biggest concern when considering a VBAC but the occurrence is only about a 1-4% risk today.

The type of previous incision you had is key in determining whether a VBAC can be preformed. The classical or vertical incision brings a greater risk of uterine rupture and will not support a VBAC delivery; however the low transverse incisions have a much higher success rate.

Unsuccessful labor resulting in C-section Anyway

Up to 40% of women who attempt a VBAC can develop a stalled labor or fetal distress that end up requiring a c-section. It's important to note that a c-section after a trial of labor can increase the risk of infection for both the mother and baby.

An Existing C-section Scar Separation

Your existing c-section scar can separate during a VBAC which, in most cases, doesn't really cause a problem and may even go undetected. The separation is generally a minor concern and will usually heal on its own.

Risk of Uterine Rupture

A uterine rupture can be potentially life-threatening for the mother and the baby. Even though a uterine rupture is rare, carrying about a 1-4% risk, it is nevertheless very serious. If the rupture cannot be repaired quickly, a hysterectomy can be necessary to prevent major blood loss.

When a VBAC is Not Advised



Doctor or hospital does not support it

Having the support of your doctor and the hospital is important. This is why you must discuss having a VBAC with your physician and find out many of his births resulted in a c-section and how many successful VBAC's he's performed. Also, if the hospital doesn't support a VBAC they're not likely to allow it. Be sure you understand their policies first.

If your doctor or your hospital does not support VBAC's, don't hesitate to find ones that do.

Mother or baby have health concerns - No matter how much you want a VBAC, don't disregard your health concerns or the concerns of your baby. Discuss all concerns with your doctor and listen to your doctor's professional recommendations carefully before making any rash decisions. Don't be afraid to get a second opinion.

The Number of surgical scars. Your chances of a uterine rupture increases with the number of c-sections you've had. The more scars, the more vulnerable your uterus can be to rupturing.

There have been women who have had several c-sections, even as many as 7 or 8 without uterine rupture. While this is not recommended, it's important to remember that each time an incision is made the area becomes weaker making it more vulnerable to tearing. Giving each incision ample time (12 months or more) to heal before the next c-section helps tremendously.

Glossary of Related Terms:

Abruptio placentae - The detachment of the placenta

Analgesic - A drug that relieves pain

Breech presentation - Where the baby's buttocks rather than its head, are facing downward

Bikini cut - The horizontal incision made in the abdomen during a c-section. Also known as the pfannensteil incision.

Cephalopelvic Disproportion - Where the size of the baby's head is too big to fit through the mother's pelvis.

Classical Incision - A c-section incision that is made vertically. (rarely done anymore, but always indicates a VBAC is not possible)

Dilation - Stretching or enlarging of the cervix

Doula - Person who assists a woman and her partner with prenatal care, childbirth education, delivery and postnatal care.

Eclampsia - A medical condition where convulsive seizures and possibly coma occur. It can develop between the 20th week of pregnancy and the end of the first postpartum week.

Epidural Anesthesia - Anesthesia that partially or completely numbs the legs and lower abdomen. It is given by needle into the fluid-like sac in the spinal column known as the dura.

Fetal monitoring - The use of electrodes to monitor the baby's physical condition during labor.

Foley catheter - Tube with a balloon attached that is inserted into the urinary tract to collect urine.

General Anesthesia - Anesthesia that is not localized, you are rendered unconscious.

Gestational Diabetes - Diabetes that develops during pregnancy. Symptoms may be frequent urination and sugar in the urine.

Incision - Cut made with a knife for the purpose of surgery

Kegels - Strengthening exercises for the perineal muscles. Recommended exercises for all pregnant women.

Low Transverse Incision - horizontal surgical cut used for cesarean sections, also referred to as "Bikini Cut"

Lochia - discharge of blood, mucus and tissue from the uterus during the 6 weeks following childbirth.

Malpresentation - where the baby is positioned unusually, feet first, horizontally, etc.

Midwife - Person trained to assist a woman during childbirth. Some also provide care post natal

Misoprostol - A cervix ripening synthetic agent used for the induction of labor

Oxytocin - An agent that stimulates contractions of the uterus

Pelvic Floor - The three muscles and connective tissues around the vagina and anus

Perineum - External region between the vulva and anus in the female

Placenta - The organ that develops during pregnancy that attaches the fetus to the uterus providing oxygen and nourishment to the fetus. It also allows the release of waste products from the fetus.

Placenta Accreta - The abnormal adherence of the placenta to the muscle of the uterus.

Placental Abruption - Separation of the placenta from the uterus.

Placental Insufficiency - A defect of the placenta that causes slowed growth in the fetus

Placenta Previa - Where the placenta implants in the lower part of the uterus and partially or completely covers the cervix.

Pre-eclampsia - Disorder that occurs only during pregnancy and the postpartum period and affects both the mother and the unborn baby.

Pre-eclampsia affects about 5-8% of all pregnancies. The condition is characterized by high blood pressure and the presence of protein in the urine. Swelling of hands & feet, sudden weight gain, headaches and changes in vision are important symptoms. Note that some women with rapidly advancing disease report few symptoms.

Presentation - The position of the baby during pregnancy.

Prostaglandin - Hormones that ripen the cervix and may cause contractions.

Seprafilm® - An adhesion barrier manufactured by Genzyme which helps minimize the risk of forming adhesions following abdominal surgery.

Spinal anesthesia - Anesthesia that numbs the lower half of the body, given by a needle injected into the sac that sits in the spinal column

Trial of labor - The labor

Ultrasound - Radiology that uses high-frequency sound waves to produce images of the baby in the uterus.

Umbilical Cord Prolapse - A condition where the umbilical cord falls into the birth canal ahead of the baby or other parts of the baby's body.

Urethra - The tube by which your urine flows through during urination.

Uterus - Female pear shaped organ located in the lower abdomen used to house baby during pregnancy.

Thanks for Reading!

I truly hope that reading this book has helped you get the information you need. Please use your email bonuses. I'd love to meet you and chat about what's on your mind.

Always Remember...

Take time for yourself - You're no good to anyone if you aren't good to yourself first.

Be Prepared – Consider all the possibilities and stay aware.

Give yourself a pat on the back – you've done a great job!

Don't Forget Your Extras!



Don't forget to pick up your Bonus Books at:

http://www.worry-free-c-section.com/bonus_books_wfc2007.html

This is where you can pick up your “Bonus Toolkit” and “Physician Questions answered”.



“Motherhood is, after all, woman's great and incomparable work.” Edward Carpenter

“I was cesarean born. You can't really tell, although whenever I leave a house, I go through a window.” Steven Wright

A Few of my Favorites for finding those *little extras*

Earth Mama Baby Angel

100% natural skin and body care products to support the entire birth process: pregnancy, labor, postpartum and c-section recovery, breastfeeding, baby care and even the loss of a baby. *A great place for pampering ☺*

The Baby Center Store

Shopping online makes it easier than walking the malls and that's probably just the thing you need right now. I like the Baby Center Store as they have everything from preconception and pregnancy through baby, toddler and preschooler stages. *They also have free shipping.*

Leachco Super Body Pillow

I love pillows! They add an element of comfort that just makes things a little nicer. Anyway Leachco makes a body pillow that gets rave recommendations so I thought I'd mention it. It's not only really comfy while pregnant but it provides good support while breastfeeding as well.

Maternity Card

If you're uninsured ****please**** do something to offset your expenses. MaternityCard.com provides a solution for uninsured, expecting mothers, saving them as much as 60% off their maternity bills. Best of all, you can get all the benefits of Maternity Card PPO even after you are already pregnant!