Preparing for Cesarean Birth

Your health care provider may recommend a Cesarean section if:

- You have had a Cesarean for a previous birth.
- The baby is in breech position (bottom, feet, or hands first).
- You have:
  - Diabetes.
  - High blood pressure.
  - Certain vaginal infections.
  - Placenta previa (when the placenta is blocking the opening of the cervix).
- Your baby shows signs of stress during labor.
- Your baby is too big to pass through the birth canal.
- Labor is not progressing to ensure a vaginal delivery.

Having a Cesarean Birth at University of Washington Medical Center

Cesarean sections take place in an operating room in the Maternity and Infant Center (MIC) on the Labor and Delivery Unit. Your partner is invited to sit close by you during the surgery and birth of your baby, as long as you are awake.
If you are having a planned Cesarean, you will be scheduled for a pre-operative visit shortly before surgery for a physical, lab work, and to talk with the anesthesiologist. You will also be given a bottle of antibacterial soap to use when showering before surgery. Your provider will let you know the date and time of your surgery.

Sometimes an amniocentesis and/or an ultrasound is scheduled that same day. You will be told when and where to arrive on the morning of your birth.

If you are a patient on the Antepartum Unit and will be having a Cesarean, we will prepare you for your surgery in your room and then take you to the operating room (OR). We suggest you begin gathering your belongings before surgery to make your transfer to the Postpartum Unit easier.

If you need a Cesarean after labor has begun, you will be taken to the OR on the same floor and you will return to your labor room to recover. Your family and belongings may remain in your room during surgery.

Getting Ready for Surgery

Before surgery, talk with your partner about what to do if your baby needs to be taken to the nursery after birth. Your partner may stay with you, or can go with the baby. This should be decided before you have your surgery.

Depending on your situation, preparation for surgery may take place either in your room or in the OR. Please note that operating rooms are very cold to decrease infections.

When we prepare you for surgery, we will:

- Ask that you do not eat or drink anything for at least 8 hours before your scheduled surgery.
- Start an IV in your arm for fluids and medicines.
- Draw blood for tests your provider requests.
- Insert a tube into your bladder to drain your urine into a bag.
• Wash and clip hair from the area where your incision will be.

• Apply an antibacterial solution to the area where your incision will be.

**Anesthesia**

Most Cesareans are performed using spinal or epidural anesthesia. With a **spinal**, there is a one-time injection of anesthetic into your spinal fluid, resulting in complete numbness in the lower half of your body from below the breasts.

An **epidural** is different in that the anesthetic goes into the space between the vertebrae and does not enter the spinal fluid. A small catheter is kept in place for repeated injections. With an epidural, there is also complete numbness from below your breasts to the perineal/groin area. There may or may not be feeling in your legs. The sensations you may feel with an epidural or spinal are pushing, pulling, or pressure, not pain.

If a mother’s or baby’s medical condition makes it necessary, general anesthesia may be used. Whatever anesthetic is used, the anesthesiologist will stay with you at all times during the surgery.

**How long does the surgery take?**

From the time the spinal or epidural takes effect (usually 5 to 30 minutes) to the birth of your baby is about 10 to 15 minutes. The final phase of the surgery involves closing the incision, which takes about 45 minutes. The entire procedure from beginning the anesthesia to closing the incision takes about 1 to 1½ hours.
After Your Baby Is Born

After your baby is born and the cord is cut, she will be handed to the pediatrician and moved to the baby warmer, just steps away from the operating table. In the minutes after birth, your baby will be checked by the pediatrician and then swaddled in a warm blanket and hat. Provided your baby is healthy and stable, she will be brought to your partner so you can feel close in the minutes after birth.

Sometimes, the baby is taken to a small nursery next to the OR for more specialized attention. This is especially important for premature babies. Some of these babies are transferred in an enclosed crib to the Neonatal Intensive Care Unit (NICU) on the 6th floor for special care and observation.

Once the surgery is complete, you and your baby will return to your room, along with your partner. As soon as you are ready, your nurse will help to place your baby to your breast and find a comfortable position to hold her. Meanwhile, your nurse will be paying close attention to your physical needs as you begin your recovery from the surgery. Most times, parents and their new baby remain in the labor/delivery suite 2 to 3 hours before moving down to the Postpartum Unit on the 5th floor.