

After Your C-Section (Caesarean)

About your C-section

While some C-sections are planned, others are done when unexpected problems happen during delivery.

This is the reason you had a C-section:

- ☐ Your labour did not progress
 - ☐ in the first stage
 - ☐ in the second stage
- ☐ Your labour did not start after treatments to induce or start labour.
- ☐ The recording or tracing of your baby's heartbeat is not normal.
- ☐ Your baby's size or position made it hard to deliver vaginally.
- ☐ There was an emergency with the placenta (bleeding) or umbilical cord (compressed blocking blood flow to your baby).
- ☐ Other: _____

Before the C-section, your cervix was dilated to the centimetre size circled:

1 2 3 4 5 6 7 8 9 10 cm

At the time of the C-section, your baby was in this position in your womb:

- ☐ Lying sideways (transverse position)
- ☐ Lying bottom or feet down (breech position)
- ☐ Lying head down
 - ☐ facing backward
 - ☐ facing forward

Appointments after your C-Section

See your obstetrician 6 weeks after surgery.

My appointment is on: _____

Doctor: _____

Phone number: _____

Take this sheet with you to your appointment with the obstetrician.

A C-section is major surgery.

This sheet describes how to care for yourself after surgery and make a fast recovery.



To learn more, see these resources:



Our [Pregnancy and Baby webpages](#)

[Baby's Best Chance](#) (page 44)



Caring for Yourself at Home

Balance rest and activity

Expect to tire easily. Try to rest when your baby is sleeping. You want to limit visitors for the first week.

Try to stay mobile. Do gentle activities. Take short walks each day. Slowly increase how much you do. This helps you heal faster and can help prevent blood clots.

For the first 6 weeks:

- **Do not** to lift anything heavier than your baby. Ask others for help lifting the car seat or stroller into and out of vehicles.
- **Do not** do any intense activities or exercise.

After about 6 weeks, you can return to most exercise and activities, including sexual intercourse. Talk to your doctor or midwife if you have questions about certain activities.

Ask your doctor or midwife when you can start driving. Usually, this is when you can safely shoulder check and apply the brakes in an emergency. You can check this by sitting in the car and pressing on the brake to see if you hurt while doing so.

Manage moods and emotions

It is quite common to have a low mood or changeable mood at times while recovering from surgery and caring for your baby. If you find your mood is staying low or is getting worse, contact your family doctor or midwife.

Manage any pain

It is normal to have some discomfort after surgery. This should steadily improve.

If you are having pain, you can take either acetaminophen (Tylenol® or store brand) or ibuprofen (Advil®, Motrin®, or store brand). Both pain medicines are safe to take while breastfeeding / chestfeeding. You cannot become addicted to either of these medicines.

Your pain should be at a comfortable level that allows you to move, care for your baby, take deep breaths, cough, and to do every day activities. Take your pain medicine regularly for the first day or so, even if you have just a little pain. Pain medicine works best when you take it before your pain gets too bad.

Always read the label and/or information from the pharmacist about how to take medicines safely.

Questions about medications? Speak to your local pharmacist. After-hours, call 8-1-1 and ask to speak to a pharmacist.

Care of your incision

It can take up to 6 weeks for the incision to heal.

You might go home with a special bandage called a **negative pressure therapy bandage**. We give you instructions and show you how to look after this before you leave the hospital.

If you go home without a bandage or after you remove the special bandage at 7 days, follow all of these instructions.

- Keep the incision clean and dry.
- Wash the area each day with mild soap and water.
- Pat the area dry or use a hairdryer on the cool setting. You might need to lift your tummy to do this.
- Leave the incision uncovered.
- Wear loose fitting clothes. Keep clothing and underwear from rubbing your incision.
- Check your incision every day for any of these signs of infection:
 - foul smelling fluid from your incision
 - a fever over 38°C (101°F) and chills
 - redness, swelling, or increased pain around the incision

The white skin tapes (steri-strips) over your incision should fall off on their own. If they haven't fallen off within 2 weeks, you can remove them.

For at least 2 weeks while the incision heal:

- ✱ **No** soaking in a bathtub or hot tub.
- ✱ **No** swimming.
- ✱ **No** creams, lotions, or ointments on your incision, unless directed by your surgeon.

Strengthen your pelvic muscles

Even though you did not have a vaginal birth, it is common to have some leaking of urine right after having a baby. You might notice leaking when you laugh, cough, or sneeze.

To strengthen your pelvic floor muscles, do this exercise at least 3 times each day:

- Tighten the muscles in your lower pelvis, as if you are trying to stop peeing.
- Hold tight for 3 to 5 seconds.
- Relax for 3 to 5 seconds then tighten again.
- Repeat this 10 times.

After 3 months if you are still have some leaking or have problems holding your urine, talk with your doctor. Your doctor might send you to a physiotherapist who specializes in this type of problem.

Future pregnancies

It is often safe to try for a vaginal birth with future pregnancies. We suggest you wait at least 18 months before getting pregnant again. This helps your body recover and lessens the chances of your uterus and skin scar opening up during labour.

Talk with your obstetrician at your 6-week visit about why you had the C-section and the impact on future pregnancies.

For more about vaginal births after C-sections (known as VBAC), check this online interactive decision aid.

MY NEXT
BIRTH



When to get help

Call your doctor or midwife

if you notice any of the following:

- signs of infection
- the incision is opening up or draining fluid
- nausea or throwing up not going away
- a dry mouth, passing tiny amounts of dark urine, and feeling thirsty
- pain does not ease with pain medicine, gets worse, or stops you from moving or recovering
- you have rested but are still soaking 2 or more maxi pads within 2 hours of bright red blood from your vagina
- blood clots larger than a loonie coin
- redness, tenderness, or pain in your calf or lower leg
- feel increasingly tired, dizzy, or generally unwell

Can't contact your doctor or midwife?

Have any questions about your recovery?

▪ Call your local Public Health Unit

▪ Call Fraser Health Virtual Care

10:00 a.m. to 10:00 p.m., 7 days a week

1-800-314-0999

fraserhealth.ca/virtualcare

▪ Call 8-1-1 (HealthLinkBC) to speak to a registered nurse any time - day or night.

HealthLinkBC is available in 130 languages.

For an interpreter, say your language in English.

Wait until an interpreter comes on the phone.

Call 9-1-1 or go to the nearest Emergency Department if you have any of these happen:

- fainting (lose consciousness)
- sudden chest pain
- shortness of breath or trouble getting your breath
- severe belly pain
- a seizure
- thoughts of harming yourself, your baby, or another person

Note: Share this information with those close to you so they can help you watch for warning signs and get you medical care.

Questions you might have
