Ideas for the Best Cesarean Possible

By Penny Simkin

If you have learned that you must have a cesarean (a "planned cesarean") for your safety or the baby's, you may feel disappointed that you cannot have the birth you had hoped and planned for. Here are some ideas for tailoring the cesarean birth of your baby to make it very special and personally satisfying for you, your partner, and your baby.

Before the surgery:

- Be sure you understand and agree with the reasons for the cesarean (i.e., malposition of the baby, a medical problem for you or the baby).
- Learn about the procedure. Read about it in Pregnancy, Childbirth and the Newborn or the Birth Partner and discuss it with your caregiver.
- Learn about your anesthesia choices and how each is administered. General information is available in the books mentioned above. If possible, however, meet and discuss medications with an anesthesiologist along with any concerns you have. A spinal or epidural block is the most common type of anesthesia when a cesarean is planned in advance, but there are other possibilities. (See "Anesthesia and medication issues below).
- Learn the layout of the operating room, particularly where the baby will be taken for initial care. Will she be in the same room or an adjacent room? Will you be able to see her? Can your partner move back and forth between your side and your baby's?
- Discuss the possibility of waiting until you go into labor and then going to the hospital to have the cesarean. The advantage is that the timing for birth is more likely to be optimal for the baby. The disadvantages are that you might not know the doctor on call who will do the surgery, and that you cannot plan ahead (which is the same as with most vaginal births).
- If you do not decide to await the onset of labor, make your appointment for the surgery. If there is a choice of times, you may want to consider having the first appointment of the day for two reasons: there is less likely to be a delay (from earlier surgeries taking longer than expected); and you will not be as hungry if you do not have to wait all day. You will probably have to avoid eating from the night before.

During the surgery and repair:

- For your personal comfort, consider these ideas:
    - Have your partner put some pleasant-scented (lavender and bergamot are popular) lotion, massage oil, or cologne on your cheeks. He can also put it on his wrist for you to sniff. This is soothing and may counteract the "hospital smells." Because some staff members may be allergic to some scents, you'd better ask if this is okay.

    - Ask if at least one arm can be left unrestrained.
    - Bring your own CD or tape of music to be played during the surgery. Music that is familiar and that you love improves the ambience. Many operating rooms have CD players.
    - Plan to use relaxation techniques and slow breathing (like sighing) during the surgery. Hold your partner's hand.
- Ask that they lower the screen when the baby is lifted from your body so that you can see the birth.
- During the repair procedure, there is one technique that some doctors do, while others believe it is unnecessary and possibly problematic. This is to lift the uterus out of the abdomen to inspect it and then replace it. This procedure may cause considerable nausea while it is being done, and later gas pains. You might wish to discuss this with your doctor beforehand. If he customarily does it, ask for the advantages.
- Ask about picture taking during the surgery or afterwards. There sometimes are policies restricting picture taking. A digital camera has the advantage of allowing pictures of the baby to be shown to you within seconds. If your baby is out of your sight, it may be possible for your partner (or a nurse) to take a picture and show it to you.
- Once your baby is born, your partner might go to the baby and talk or sing to him. A familiar voice often calms the baby at this time, and seeing the baby's response is a poignant moment for the partner. Some couples have sung a special song (i.e., "You Are My Sunshine") aloud to the baby frequently before birth. The baby seems to be soothed when hearing that song.
- The partner may be able to bring the wrapped baby back to you for your first contact. You can nuzzle, kiss and talk to your baby, but it is unlikely you will be able to hold her or breastfeed until you leave the operating room, because the operating table is narrow and you may feel quite weak.

Spinal or epidural anesthesia and other medication issues:

- The spinal block has many advantages for a planned cesarean, which make it the usual choice. It is quick to administer and to take effect. It usually involves only a single injection, and does not require a catheter in your back. It causes numbness that lasts a few hours. You remain awake and aware. It hardly affects your baby. The injection may also contain some long-acting narcotic such as morphine that provides good postpartum pain relief without grogginess for up to 24 hours after the surgery. An epidural is very similar and has these advantages, but is more complex to administer and takes longer to provide adequate pain relief. There are, however, some concerns about spinal and epidural blocks that might be frightening:
    - It is not uncommon to have a period during which you feel breathless or as if you cannot breathe. It can be scary. It happens because the anesthetic may numb the nerves that let you feel your breathing,

while the nerves to the muscles that make you breathe are not blocked. In other words, you are breathing, but cannot feel it.
    - What to do: Say that you cannot breathe. The anesthesiologist, who is at your head, will check and reassure you. Your partner should coach you with every breath, watching closely and saying, "Take a long breath in -- yes you are doing it, and now breathe out. Good." He might hold your hand in front of your mouth so you can feel your breath, and reassure you, "You are breathing, even though you can't feel it." This feeling does not last for the entire surgery.
    - On very rare occasions, the level of anesthesia rises high enough to involve the muscles of breathing, so that you really are not breathing. You cannot talk either. The anesthesiologist, who is watching the monitors closely, discovers this and takes measures to assist your breathing. You and your partner should also have a signal. If you can't breathe and can't talk, blink your eyes many times. That means, "I can't breathe!" Your partner should be watching you, and if you blink in that way, says, "I think she can't breathe!" This may alert the anesthesiologist a few seconds before he would pick up the problem.
    - On other, even more rare occasions, the anesthesia is not adequate, and you feel the surgery. This is very scary. The doctors will probably want to make sure your reaction is not an anxiety reaction to the surgery, and may seem not to believe you at first. If you are feeling the surgery, tell them to stop. Your partner must help you with this. Make them give you better anesthesia before proceeding. This might mean repeating your block or giving you a general anesthetic.
- During the repair, you may feel nauseated and shaky for a period of time. These are normal reactions to major surgery and vary from feelings of queasiness to vomiting and from trembling to shaking and teeth chattering. There are medications to ease these symptoms. They are often put into your IV without you knowing, which may be okay with you. They may, however, cause amnesia (e.g., Versed), or make you very sleepy. They can keep you from being able to nurse your baby (or to remember that you did), and to remember the first hours of your baby's life. If you want to stay awake for this time, discuss this with your anesthesiologist ahead of time. You might ask the anesthesiologist not to give you anything for nausea or trembling unless you ask. You may very well be able to tolerate the symptoms, but if you find you cannot, then you can ask for the medication.
- Post-operative pain medications are available to help you during the days and weeks after the birth. Some women try to avoid using them due to worries about possible effects on the baby. However, since very small amounts reach the baby, the effects to be minimal. The baby nurses and remains awake and alert for periods of time. The downside of avoiding pain medications is extreme pain, which greatly reduces your ability to move about and to care

for, nurse, and enjoy your baby. With adequate pain relief, you can have more normal interactions with your baby.

The first few days:

- Most hospitals have a bed available for the partner so he or she can remain in the hospital with you. This is lovely for many reasons. You are together as a family. Your partner can share in baby care. If your partner is there, your baby can probably room in with you the entire time. If he or she is not there, you will need help from the nurse to change the baby's diapers, move him from one breast to the other, and carrying him, even for short distances. In some hospitals, the baby spends more time in the nursery if the partner is not there.
- Breastfeeding is definitely possible, but presents some challengs after a cesarean. Nursing positions such as sidelying, and the "football" or clutch hold avoid painful pressure on your incision. Using a pillow over the incision also reduces pain while holding your baby on your lap. Ask for help from the hospital's lactation consultant in getting started with nursing.
- Rolling over in bed can be very painful, if you don't know how to do it. The least painful way uses "bridging." To roll from back to side, first draw up your legs, one at a time so that your feet are flat on the bed. Then "bridge," that is, lift your hips off the bed, by pressing your feet into the bed. While your hips are raised, turn hips, legs, and shoulders over to one side. This avoids strain on your incision.
- Help at home is essential to a rapid recovery. If possible, someone in addition to your partner should help keep the household running smoothly. If that person knows about newborn care and feeding, all the better. All three (or more) of you need nurturing and help during the first days and weeks to ease and speed your recovery and help you establish yourselves as a happy family.

As you can see, there are many possible options for a cesarean birth. Some are personal touches and personal self-care measures that will improve your satisfaction and self-confidence. Others are measures that involve the support of the hospital staff and your doctors. After thinking about your own preferences, prepare a birth plan, review it with your caregiver, and bring it to the hospital for the nurses to read.

I hope these suggestions will help you have the best cesarean ever!