

A GUIDE FOR PATIENT'S UNDERGOING CESAREAN BIRTH

Enhanced Recovery After Surgery (ERAS-OB)

Your Guide to Healing

Baby-Friendly USA
The gold standard of care
A Certified Organization

 **UVA Health**



Patient Name

Date of Scheduled Cesarean Birth

Arrival Time

(Pre-op Phone Nurse will provide this when they call the day before your surgery)

Obstetrician

Thank you for choosing the UVA Health for the birth of your baby. Your care and well-being are important to us. We are committed to providing you with the best possible care using the latest technology.

This handbook should be used as a guide to help you throughout your surgery and recovery and to answer questions that you may have. Please give us any feedback that you think would make your experience even better.

Please bring this book with you to:

- Every prenatal office visit
- Your admission to the hospital
- Postpartum follow up visits

Contact Information

The main hospital address: UVA Health
1215 Lee Street
Charlottesville VA 22908

Contact	Phone Number
Maternal-Fetal Care Center in the Battle Building Clinic	434.924.2500
Northridge OB/Gyn Clinic	434.243.4570
Zion Crossroads	434.243.4570
Labor and Delivery Unit 8 th Floor, UVA Hospital	434.924.2022
Breastfeeding Medicine	434.982.3316
UVA Main Hospital	434.924.0000 (ask for the OB resident on call)
Lodging Arrangements	434.924.1299
Parking Assistance	434.924.1122
Interpreter Services	434.982.1794
Social Worker	434.465.9385
Hospital Billing Questions	800.523.4398

Table of Contents

Section 1:

What Is Enhanced Recovery (ERAS)?
Before Your Scheduled Cesarean Birth
Preparing for Cesarean Birth
Day Before Delivery

Section 2:

Birth Day
After Delivery
First Days After Cesarean Birth
Prior to Discharge

Section 3:

After Discharge from Mother-Baby Unit

Section 4:

Patient Checklist

Enhanced Recovery After Obstetrical Surgery (ERAS-OB)

What is Enhanced Recovery?

Enhanced recovery is a new way of improving the experience of women who are having a planned cesarean birth. It helps patients recover sooner so they can focus on taking care of themselves and their newborn. The ERAS-OB program focuses on making sure that women are actively involved in their care.



There are four main stages:

1. **Planning and preparing before surgery**– giving you plenty of information so you feel ready.
2. **Reducing the physical stress of the operation** – allowing you to drink water or Gatorade before your arrival at the hospital.
3. **A pain relief plan** - focusing on giving you the right medicine you need to keep you comfortable during and after surgery. Additionally, it helps manage the amount of medication your baby may receive in breastmilk.
4. **Early feeding and moving around after surgery** – allowing you to eat, drink and walk around as soon as you can.

It is important that you know what to expect before, during, and after your surgery. Your care team will work closely with you to plan your care and treatment. ***You are the most important member of the care team.***

It is important for you to participate in your recovery and to follow our advice. By working together, we will help you have a smooth recovery and return home with your newborn.

We recommend that all mothers feed their baby breast milk unless there is a medical reason not to. Studies show that meeting with a lactation consultant prior to your delivery can help you reach your feeding goal.

Call **UVA Breastfeeding Medicine** at 434.982.3316 in the weeks before your scheduled delivery to set up a time to come in so you can get off to a great start!

Before Your Scheduled Cesarean Birth



At your prenatal pre-op clinic visit, you may:

- Meet with a nurse who will review your medical history
- Answer questions or have tests done before your scheduled delivery
- Sign consent for surgery
- Have blood drawn
- Talk about the type of anesthesia you will need for delivery
- Talk about the pain relief medicine you will need after delivery
- Schedule an appointment with our lactation consultants (434.982.3316) and/or register for a breastfeeding class (434.924.9920) so you can be fully prepared to feed your baby.

Sometimes, after examining you or based on the result of your tests, we may ask that you see a specialist, such as a cardiologist (heart doctor), to evaluate you more before your delivery.

You may need to stop some of your regular medications before delivery.

Preparing for Cesarean Birth

You should expect to be in the hospital for 1-2 days. When you leave the hospital after your birth, you may need some help from family or friends with meals, taking medications, etc.

You can do a few simple things *before* you come into the hospital to make things easier for you when you get home:



Pre-Delivery Checklist:

- Pack your hospital suitcase with things you will need—personal items like toiletries, robe, slippers and comfortable “going home” clothes for you and your baby.
- Organize baby care items such as changing table, clothes and blankets.
- Put the things you use often between waist and shoulder height to avoid having to bend down or stretch too much to reach them.
- Stock up on foods you like and other things you will need since shopping may be hard when you first go home.
- We recommend you have the following non-prescription medications and personal care items at home before your delivery:
 - o Tylenol (acetaminophen) 325 mg tablets (for pain)
 - o Advil/Motrin (ibuprofen) 200 mg tablets (for pain)
 - o Miralax (PEG-3350) powder (for constipation)
 - o Ferrous sulfate (iron) 325 mg tablets (for anemia)
 - o Lanolin cream (for dry nipples)
 - o Maternity pads
 - o Nursing pads
- Try to get routine cleaning and chores done before you come to the hospital, so you can rest and recuperate when you arrive home.
- Purchase and install a certified car seat recommended for your vehicle.
- Arrange for care for siblings and pets. Ask your veterinarian for any special instructions regarding introducing your pet to the newborn.
- Contact your insurance company if you are interested in getting a breast pump.

What you SHOULD bring to the hospital:

- Personal items listed previously
- We will supply you with gowns, but you may choose to wear your own clothes after surgery. It is best to bring clothes that are loose and comfortable, like pajamas
- “Going Home” outfit for you and your baby
- Chargers for personal electronic equipment
- Contact information for your pediatrician



What you should NOT bring to the hospital:

- Large sums of money
- Valuables such as jewelry
- Medications. All medications will be ordered and supplied to you from the hospital pharmacy while you are with us.
- Baby clothes, other than a going home outfit. T-shirts and swaddle sacks will be provided for your baby to wear during your stay.
- Baby blankets, toys and stuffed animals. Extra items in the crib can be dangerous for the baby and are not recommended.
- Consider asking family and friends to bring gifts, flowers, balloons, etc. to your home after discharge instead of to the hospital. It will make coming home much easier with less to transport.



***Please know that you are responsible for any belongings you decide to bring with you!**

Day Before Delivery

Scheduled Surgery Time



- ☑ A registered nurse will call you the **day before your delivery** to confirm your arrival time. If you are scheduled on Monday you will be called on Friday.
- ☑ If you do not receive a call by 4:00 pm, please call 434.924.2022 and ask for the shift manager or triage nurse.

On page 1 of this handbook, write down the arrival time the nurse gives you when they call.

Instructions for the night before surgery

- ☑ You should shower the night before your scheduled surgery. Showering before surgery reduces bacteria levels on the skin and may reduce the risk of infection.
- ☑ Do not shave your pubic hair. Shaving causes tiny nicks in the skin that increase the risk of infection. If needed, on the morning of surgery we will use clippers to trim the hair very close to the skin.
- ☑ You may drink water or Gatorade™ prior to your arrival. The registered nurse calling you the day before your surgery will confirm when you should stop drinking your Gatorade™. **You must STOP drinking at the instructed time to avoid delays in delivery.**
- ☑ Do not eat solid foods or drink any liquid except water or Gatorade after midnight before your cesarean birth.



Other important reminders:

- ☑ Follow the instructions you were given regarding blood thinners and diabetes medications.

Birth Day

Before you leave home



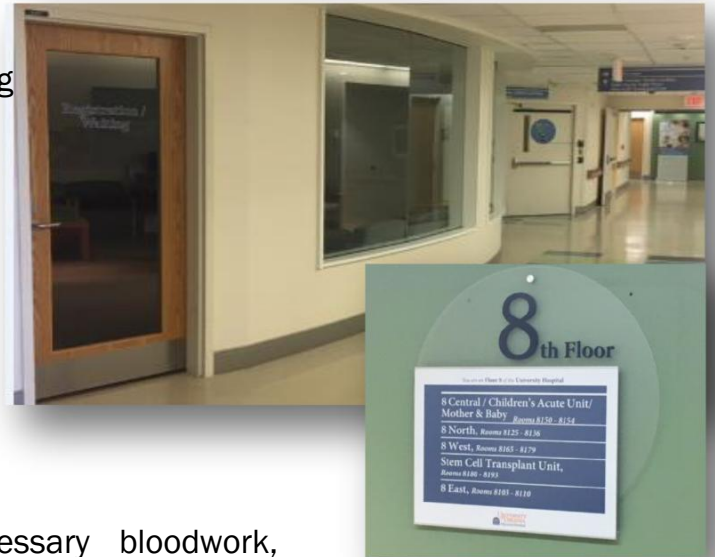
- ☑ Remove nail polish on your fingernails, makeup, jewelry, and ALL piercings. Please leave all jewelry and piercings at home.



- ☑ Drink a 20-ounce bottle of Gatorade™ and as much water as you would like prior to your arrival.
- ☑ If you are scheduled as the 1st case, you will stop drinking all fluids at 6:00 am. The phone call nurse will confirm this time.
- ☑ If you are scheduled as the 2nd case, you will stop drinking all fluids at 7:30 am. The phone call nurse will confirm this time.
- ☑ Do not eat or drink any other kind of liquid such as coffee, milk, orange juice, etc. If you do, we will have to postpone your delivery.

Hospital arrival

- ☑ Arrive at the hospital on the morning of surgery at the time the pre-op phone nurse instructs you to arrive. This will be approximately **2 hours before your scheduled delivery**.
- ☑ You should have finished drinking your Gatorade™ at the time instructed by the phone call nurse. You cannot drink anything after this time.
- ☑ Check in at your scheduled time on the 8th floor of the hospital: Labor & Delivery Unit. You will push the button at the closed-unit doors. The receptionist will help check you in and introduce you to your nurse.
- ☑ You will meet your nurse and change into a gown in your assigned room.
- ☑ Your nurse will ask you a list of admission questions, start an IV, draw any necessary bloodwork, administer pre-op medications and explain their purpose.
- ☑ Your nurse will place you on an external fetal monitor to assess your baby's heart rate.
- ☑ You will meet your obstetrician and your anesthesiologist.



- ☑ The anesthesiologist will discuss with you your anesthesia plan. It is called a spinal anesthesia. This will provide you with the comfort you need to have your surgery and enjoy the delivery of your baby.
- ☑ You will be asked to sign consent forms if you haven't already done this.
- ☑ If necessary, your nurse may clip some of your pubic hair to prepare for surgery.

In the Operating Room

You will then be taken to the operating room (OR).

1. First, we will do a “check-in” to confirm your identity and perform other standard safety checks prior to surgery.
2. Next, you will be asked to sit on the side of the operating table and the anesthesiologist will place your spinal anesthesia.
3. You will then lie down with a slight left tilt and your nurse will listen to your baby’s heartbeat for 1 minute.
4. Once you are comfortable, you will have a Foley catheter placed to drain urine from your bladder and compression sleeves placed on your legs to prevent blood clots.
5. The physicians will then clean your abdomen and place a sterile drape over you.
6. Following this, your **one** care partner can come back and sit next to you.
7. Your physicians will make sure you are comfortable before your surgery begins.



After Delivery

Operating Room: After Delivery

After your baby is born, the team will evaluate your baby's health. If you and your baby are stable, and you are ready, we will place your baby directly on your chest. **This is called skin-to-skin care.** This close contact can promote mother/baby bonding, help to maintain your baby's temperature, and **help you get a good start breastfeeding.** It is important for your baby to breastfeed in the first hour after delivery to signal your body that he/she is here and program your body to start making a full milk supply.



Recovery Room on Labor and Delivery

From the operating room, you will be moved to the recovery room on labor and delivery.

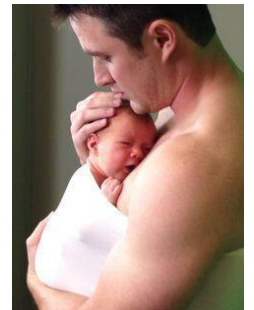
- ☑ Your nurses will monitor your vital signs along with your baby's vital signs and help you with breastfeeding.
- ☑ Your nurse will monitor your uterus and check your vaginal bleeding every 15 minutes for the first hour and then every 30 minutes for the second hour.
- ☑ Your nurse will monitor your comfort level and give you pain medication as needed.
- ☑ You will be able to have clear liquids soon after you arrive to your room. As your appetite returns, you will be able to have soft then solid foods as you can tolerate them.



Mother Baby Unit

From the recovery room, you will be moved to a bed and transferred to your room on the Mother-Baby Unit.

- ☑ Your baby can stay on your chest as long as you are awake. If you are feeling drowsy, immediately alert your nurse using the nurse call button so that help will be provided to you.
- ☑ Let your baby feed whenever he/she shows signs of wanting to feed, such as moving mouth, turning head, rooting around, or smacking lips.
- ☑ Your nurse will continue to monitor your comfort level and give you pain medication as needed.
- ☑ Once you can move your legs, we will begin progressive activities. It is very important that your nurse assist you the first time you try to get out of bed. Do **not** try to get up on your own without help. Your nurse will do assessments and let you know when you can safely walk on your own.



Pain control following surgery

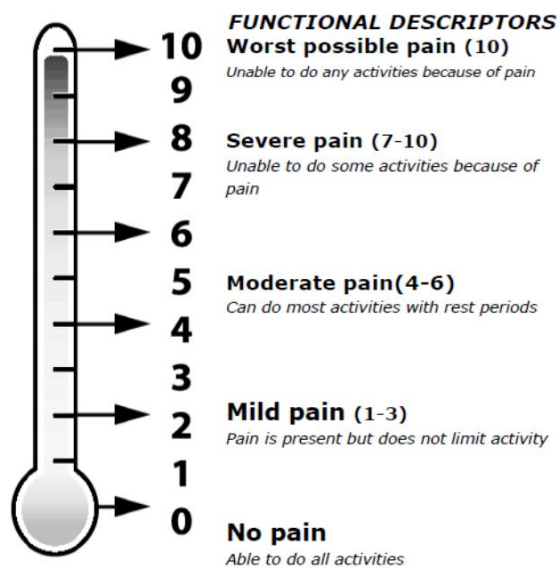
Managing your pain is an important part of your recovery. We will ask you regularly about your level of comfort. It is important that you take deep breaths, cough, and move.

Preventing and treating your pain early is easier than trying to treat pain after it starts so we have created a specific plan to stay ahead of your pain.

- We will treat your pain during surgery by placing the spinal before your delivery.
- You will get several other medicines around the clock to keep you comfortable. It is important that you take these medications even if you are not having pain or have only minimal pain.
- You will have opioid (narcotic) pain pills as needed for additional pain. These medications are not scheduled. You will need to ask your nurse for them if scheduled medications are not helping to keep your pain tolerable.

Your overall pain control plan will decrease the amount of opioids you will need after surgery. Opioids can significantly slow your recovery and cause constipation and urinary retention. Additionally, breast-fed babies exposed to high doses of opioids may be drowsy and not feed well.

UVA ADULT PAIN SCALE TO HELP YOU CONTROL YOUR PAIN



If you are on long standing pain medication prior to surgery, you will be provided with an individualized regimen for pain control with the assistance of our pain specialists.

First Days After Cesarean Birth

On the day after your surgery, you:

- ☑ Will be able to eat regular foods as soon as you are ready.
- ☑ Will be encouraged to drink liquids to ensure you stay hydrated.
- ☑ Will likely have your IV removed.
- ☑ Will have the catheter removed from your bladder after 12 hours.
- ☑ Will be encouraged to walk frequently.
- ☑ Will likely receive a blood thinner injection every day to prevent blood clots.



- ☑ Your baby will need to eat at least 8-12 times, whenever he/she shows signs of wanting to feed.
- ☑ Your breasts will feel the same, but will be making concentrated drops of breastmilk, or colostrum, that meet all your baby needs.
- ☑ Your baby will have at least one wet diaper and one stool.
- ☑ Your baby may be very sleepy, so you will be taught hand expression to feed your baby drops of breastmilk, or colostrum.



You will be able to go home after:

- ☑ You are off all IV fluids and drinking enough to stay hydrated.
- ☑ You are comfortable, and your pain is well controlled.
- ☑ You are not vomiting.
- ☑ You are passing gas.
- ☑ You have progressed to a regular diet.
- ☑ You do not have a fever.
- ☑ Your vital signs are stable, especially your blood pressure.
- ☑ You can get around on your own and care for yourself and your baby.
- ☑ Your baby is doing well with feeding, weight, jaundice level, and is also ready for discharge

In the event your baby needs to stay in the hospital a little longer than you, you will likely be able to stay in the same room with your baby even if you have been discharged.



Remember, we will not discharge you from the hospital until we are sure you are ready. For some patients this requires an additional day or so in the hospital.

Your Care Team



In addition to the nursing staff, the OB physician team will care for you.

This team is led by your obstetrician, and includes a chief resident physician along with other physicians and students as needed.

There will always be several physicians in the hospital 24 hours a day to care for you and your baby and answer your questions, as needed.

Your Baby's Team

This team is led by a pediatrician or family physician, and includes a nurse practitioner along with resident physicians and a medical student. Your baby's team will visit your room each morning to check your baby and talk with you.

Healthy babies wake often to feed and usually have days and nights mixed up. This can be very tiring. Additionally, there are many important things that happen during your hospital stay such as completing the birth certificate paperwork, performing a hearing screen on your baby, and many others.

To help you get the sleep you need to care for your new baby, consider limiting visitors to the mornings and napping in the afternoon during hospital quiet time. Also, feel free to ask the nurse to put a sign on your door to limit interruptions if you are feeling overwhelmed.

Prior to Discharge

Before you are discharged, you will be given:

- A copy of “Understanding Mother and Baby Care.” This will be reviewed with you during your stay.
- A copy of your discharge instructions.
- A list of any medications you may need.
- A prescription for pain medicine.
- Instructions on when to see your obstetrician and pediatrician.
- An appointment for your baby with your pediatrician or family physician.
- Educational materials and local resources



Write questions down here:

After Discharge from Mother-Baby Unit

When to Call

Complications do not happen very often, but it is important for you to know what to look for if you start to feel bad.

After you leave the hospital, you should call us at any time if you:

- Have a temperature greater than 100.4°F
- See signs of infection around your cesarean incision such as bleeding, fluid, or discharge, separation around the edges, or increased swelling, redness or tenderness.
- Have a sudden pain or pain that gradually gets stronger around your cesarean incision.
- Have a red, tender area in your leg or arm.
- Are vomiting and cannot keep down liquids.
- Have severe abdominal pain, severe diarrhea or severe constipation.
- Have pain or burning with urination that is accompanied by fever.
- Are unable to pass gas for 24 hours
- Vaginal bleeding that saturates a pad in less than one hour
- Have a painful firm red area on your breast
- Have flu-like symptoms such as chills or aches and pains including headaches—you could have a breast infection.
- Constantly cry or worry
- No longer find pleasure in things you used to enjoy
- Have problems eating or sleeping
- Have irritability or difficulty concentrating
- Are unable to care for yourself or your baby
- Have thoughts of hurting yourself (suicide) or your baby
- Have concerns about your baby, you should call your baby's pediatrician or family physician even if it is after hours.



Contact Numbers

It is easiest to reach someone in the ambulatory clinics weekdays between 8am and 5pm. Please don't hesitate to call the clinic where you are receiving care during this time:



Northridge OB/GYN 434.243.4570

Maternal Fetal Care Center
at Battle Building Clinic 434.924.2500

Zion Crossroads 434.243.4570

After 5pm and on weekends, call 434.924.0000. Ask to speak to the **OB-GYN resident on call**. The resident on call is managing patients in the hospital and should return your call within the hour. If you'd like to speak to the labor and delivery triage nurse, you may call 434.924.2022.

If you have concerns about your baby, you should **call the office of your baby's doctor**. If it is after hours, you will have a way to contact them even if the office is closed.

Lower extremity swelling

It is normal for your legs to be swollen after delivery. It may take up to 10 days for the swelling to go down.

To help the swelling elevate your feet when sitting and drink lots of water.

Call the doctor if one leg is more swollen than the other, you notice redness on a leg, or you have pain in the back of your calf.



Vaginal Bleeding

It is normal to have vaginal bleeding for approximately six weeks after delivery.

The bleeding should continue to decrease and may turn into vaginal discharge.

Call the doctor if you saturate one pad within an hour with blood or you pass a clot larger than an egg.

Incision

You will be given specific instructions about your incision before you are discharged from the hospital.

Opsite Dressing

You may be sent home with an Opsite dressing which is clear plastic.

- It is OK if you shower with the dressing, it is waterproof. **Do not submerge the dressing in water (you cannot take a bath until the dressing is removed).**
- You should remove your dressing 3-4 days after you are discharged home from the hospital (7 days after surgery). You may throw it away in the regular trash.
- After removing the Opsite dressing, you do not need to keep your incision covered with a dressing or bandage.
- After your dressing is removed, you may get your incision wet in the shower. Do not scrub the incision. You can allow the soapy water to run over it. Pat it dry with a towel instead of rubbing.
- Be sure the incision is dry before getting dressed and be sure it stays dry throughout the day.
- If you notice redness, drainage or bleeding, please call the clinic for advice.**



Prevena™ Therapy Unit

You may be sent home with a Prevena™ Therapy Unit. It is a special dressing that uses negative pressure (like a vacuum) to protect your incision.

- A quick, light shower is OK. Keep the unit away from direct water spray. You may wrap the system unit in a plastic bag to keep dry. **Do not submerge the dressing in water (you cannot take a bath until the dressing is removed).**
- When drying off, pat the dressing dry with a towel. Do not rub the dressing, as this may cause it to come off too soon. Do not attempt to remove or look under the dressing until the day you are scheduled to remove it.
- You will wear the therapy unit for 7 days. Remove 7 days after surgery. Discard the Prevena™ system in the trash.
- After your dressing is removed, you may get your incision wet in the shower. Do not scrub your incision. You can allow the soapy water to run over it. Pat it dry with a towel instead of rubbing.

- ☑ Be sure the incision is dry before getting dressed and be sure it stays dry throughout the day. If you notice redness, drainage or bleeding, please call the clinic for advice.
- ☑ **Call the doctor if: you develop a fever, notice new redness around the incision, or have drainage or active bleeding coming from the incision.**

Breastfeeding

When your milk comes in, it is normal to become engorged, meaning your breasts feel full, swollen, and tight.

It is important to empty your breasts with each feeding. If you notice hard knots in your



breast, apply warm compresses and massage the milk out towards the nipple.

If your breasts are very swollen and the baby has trouble latching, it may help to hand express or pump a few minutes prior to latching your infant.

Call the doctor if you develop a fever or notice a red, warm area on your breast.

Call UVA Breastfeeding Medicine (434.982.3316) if you have any questions, concerns, or would like to make an outpatient appointment.

We pride ourselves in providing each of our families with our absolute best. It is a privilege to care for you. If you have any suggestions about how to improve your care, please share them with us.

**Enhanced Recovery After Surgery (ERAS):
Patient Checklist for Cesarean Birth**

Weeks prior to Surgery	Actions	Check when complete
Actions	Call UVA Breastfeeding Medicine at 434.982.3316 to schedule a meeting with a lactation consultant.	
Actions	Sign up for a Breastfeeding Basic class. Classes meet the first Thursday of every month from 6:00-7:30pm. You can call 434.924.9920 or register online at https://uvahealth.com/services/pregnancy-birth/prenatal-class-info/breastfeeding	
Medications and Personal Care	Stock up on the following items at home. You will use them when you return home after delivery. <input type="checkbox"/> Tylenol (acetaminophen) 325mg tablets (for pain) <input type="checkbox"/> Advil/Motrin (ibuprofen) 200mg tablets (for pain) <input type="checkbox"/> Miralax (PEG-3350) powder (for constipation) <input type="checkbox"/> Lanolin cream (for dry nipples) <input type="checkbox"/> Iron supplement <input type="checkbox"/> Maternity pads <input type="checkbox"/> Nursing pads	
Personal Care	Pack your hospital bag to include the following: <input type="checkbox"/> Clothes for you and your baby to wear home from the hospital <input type="checkbox"/> Personal items like toiletries, robe, slippers, etc <input type="checkbox"/> Camera and chargers for personal electronic equipment <input type="checkbox"/> Contact information for your pediatrician	

Day prior to Surgery	Action	Check when complete
Medications	Follow orders given to you for any blood thinners and diabetes medications you are currently taking.	
Diet	Continue eating and drinking regularly until midnight and then start on clear liquids - only water and Gatorade. Have your Gatorade drink ready for tomorrow morning.	
Actions	Call 434.924.2022 if you don't receive a call from a nurse by 4PM with your arrival time. Ask for the shift manager or triage nurse.	
Actions	Take a shower with unscented soap. Do not apply lotions, powders, or perfumes. Do not shave your pubic hair.	
Morning of Surgery	Action	Check when complete
Medications	Take any medication you were instructed to take the morning of surgery.	
Diet	Do not eat the morning of surgery. Continue drinking water and/or Gatorade until the time instructed by the phone call . nurse. Then nothing more to drink.	
Actions	Remove all jewelry, makeup, and fingernail polish.	
Actions	Bring your CPAP machine with you, if you use one.	
Actions	Bring an updated <u>list</u> of your medications.	
Actions	Bring this handbook and checklist in to the hospital with you when you check in for surgery. Check in at your scheduled time on the 8 th floor of the hospital: Labor & Delivery Unit.	

After Surgery	Action	Check when complete
Mobilize	Walk outside of hospital room within 6 hours of arriving on the floor.	
Actions	Place your baby skin to skin and nurse your baby 8-12 times in a 24 hour period. If your baby is too sleepy to latch, your nurse can help you hand-express colostrum.	
Pain management	Discuss with nurse what medications will be used to manage post-operative pain. Demonstrate understanding of UVA's pain scale.	
Clear liquid diet	Take clear liquids as tolerated.	

Post-operative Day 1	Action	Check when complete
Urinary Catheter	Remove catheter if appropriate.	
Mobilize	Spend at least 6 hours out of bed. Walk twice in hallway. State one benefit of mobility to nurse.	
Diet	Tolerate 2 meals of a transitional or normal diet.	
Pain Management	Pain well-controlled on oral pain medications. Verbalize pain management plan for discharge.	

Actions	Meet with lactation consultant for help with latch or discuss any concerns you may have.	
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Discharge	Action	Check When Complete
Discharge Instructions	Verbalize understanding of signs and symptoms of a potential complication and what actions to take in the event of a complication.	
Discharge Preparation	Ensure you have a ride home from the hospital, and all of your belongings that may have been stored in “safe keeping” during your hospital stay.	
Post- Discharge	Action	Check When Complete
Actions	Ensure you have follow-up instructions on when to see your obstetrician and pediatrician.	
Actions	Expect a call a few days after discharge to check on you and answer any questions you may have.	

KH 8.01.2024