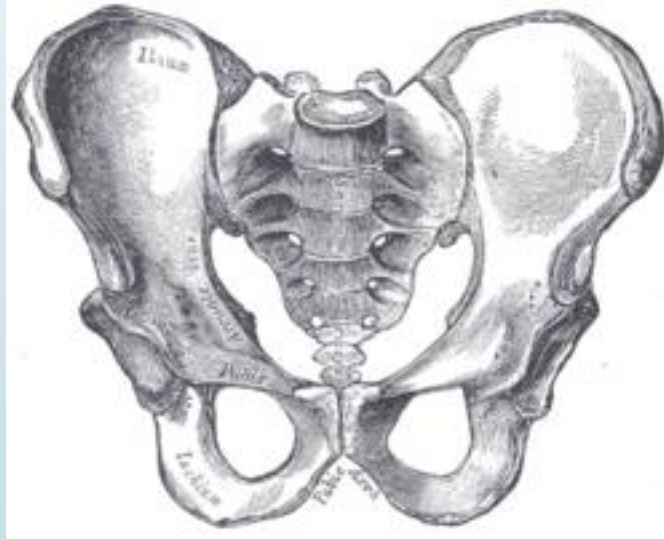


Cesarean Delivery

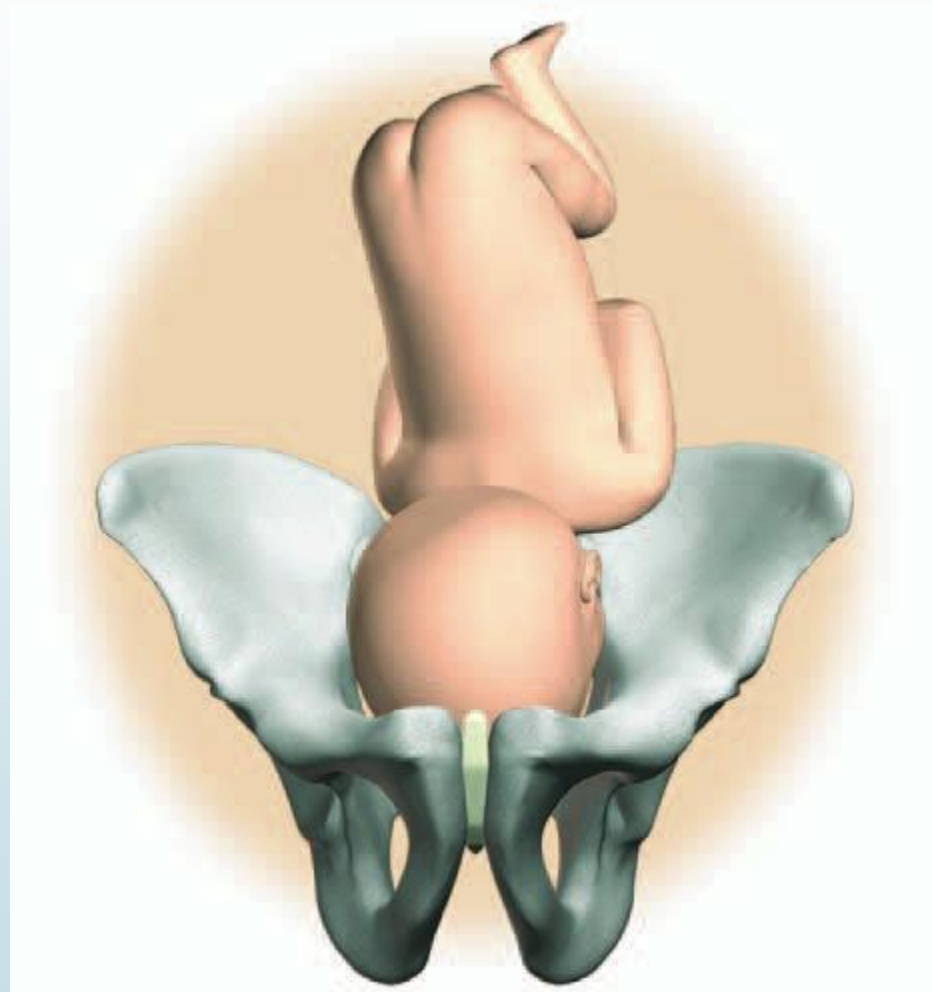


Cephalopelvic Disproportion

- ▶ Baby is larger than mom's pelvis and cannot descend into pelvic inlet for vaginal delivery.
- ▶ May not know this info until mom has labored for a while. Would likely be evident by a lack of cervical change/progression.



Malpresentation



Baby is head down, but is coming face first which makes it difficult to fit through the pelvis. Persistent malpresentation can lead to the need for a cesarean delivery.

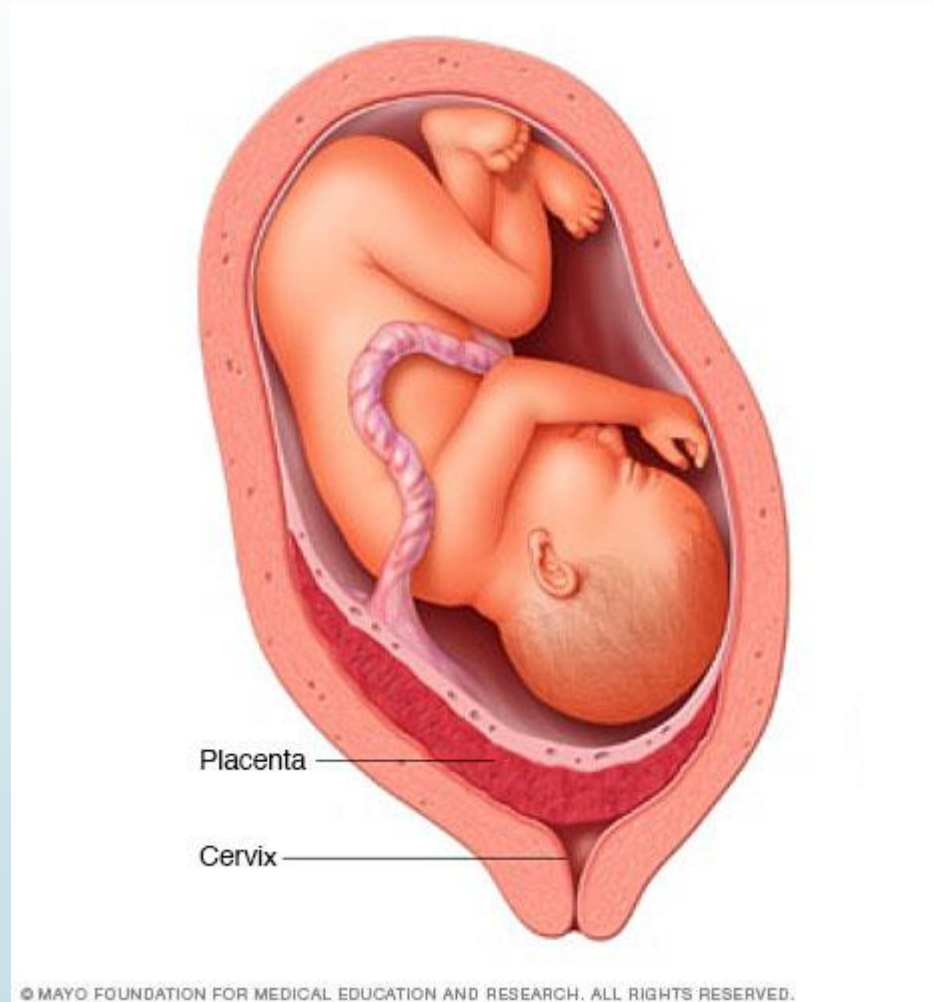
Breech Presentations



Transverse Lie

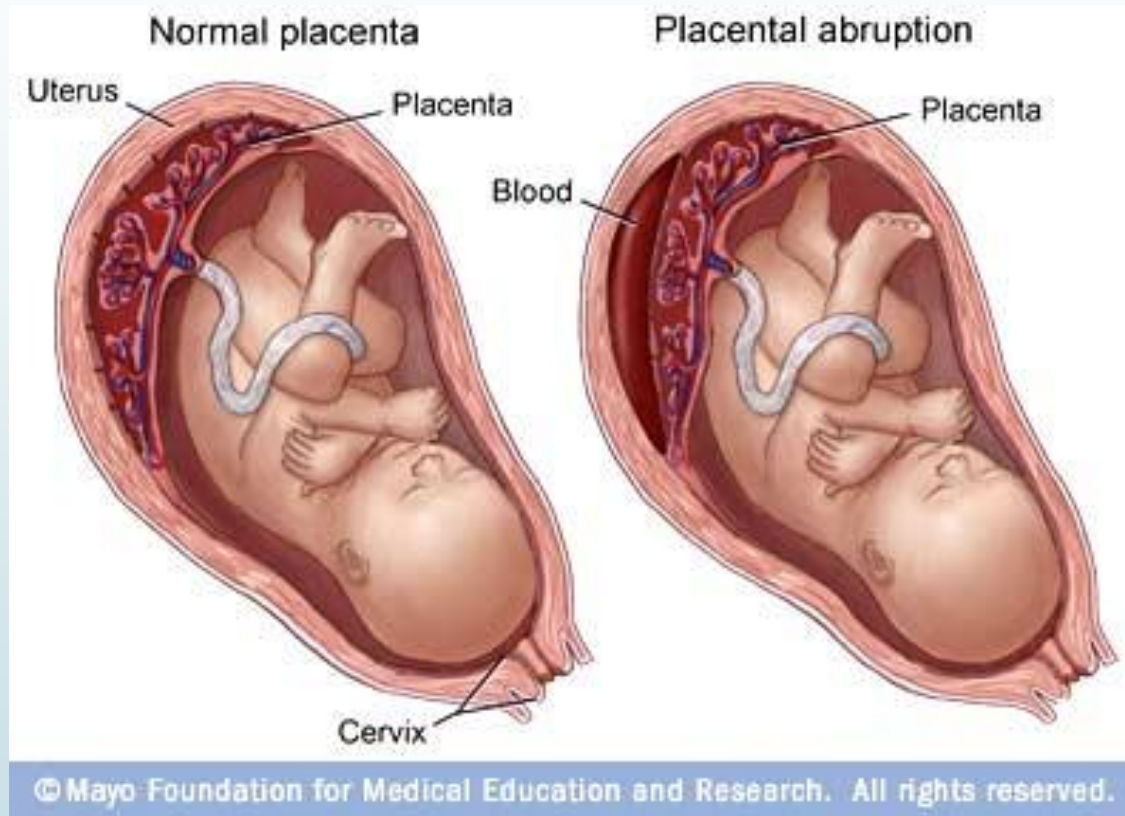


Placenta Previa



The placenta is covering the cervical opening which prevents baby from being born vaginally. The placenta is the part that detaches after the baby is born.

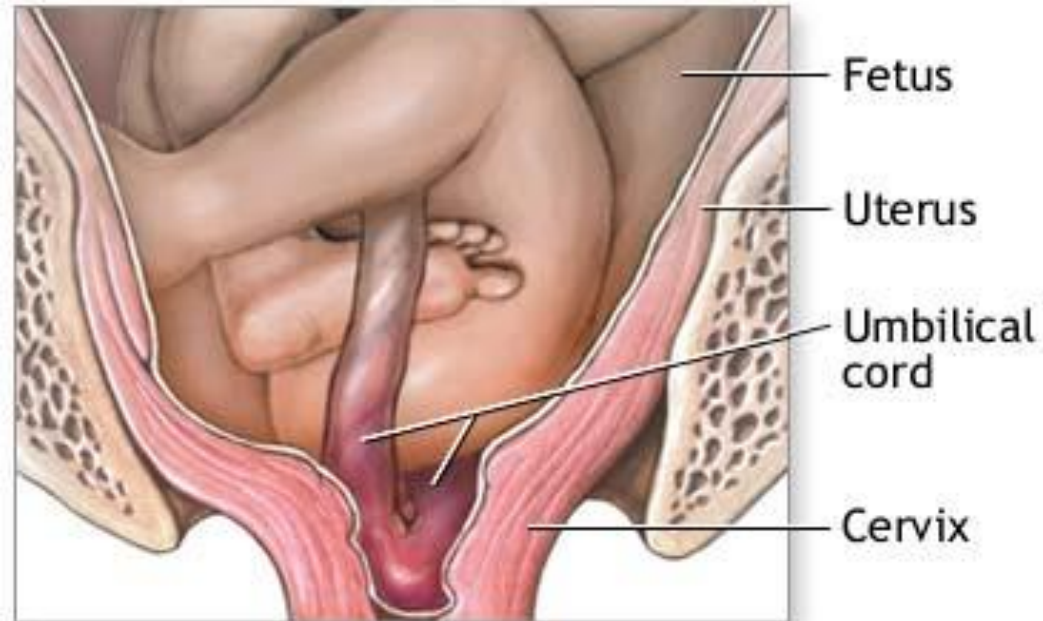
Abruptio Placentae



In the picture on the right, the placenta has detached prematurely and may lead to an emergency cesarean delivery. Abruptions typically cause mom's abdomen to be very hard, rigid, and painful. There may or may not be vaginal bleeding. This should be addressed immediately.

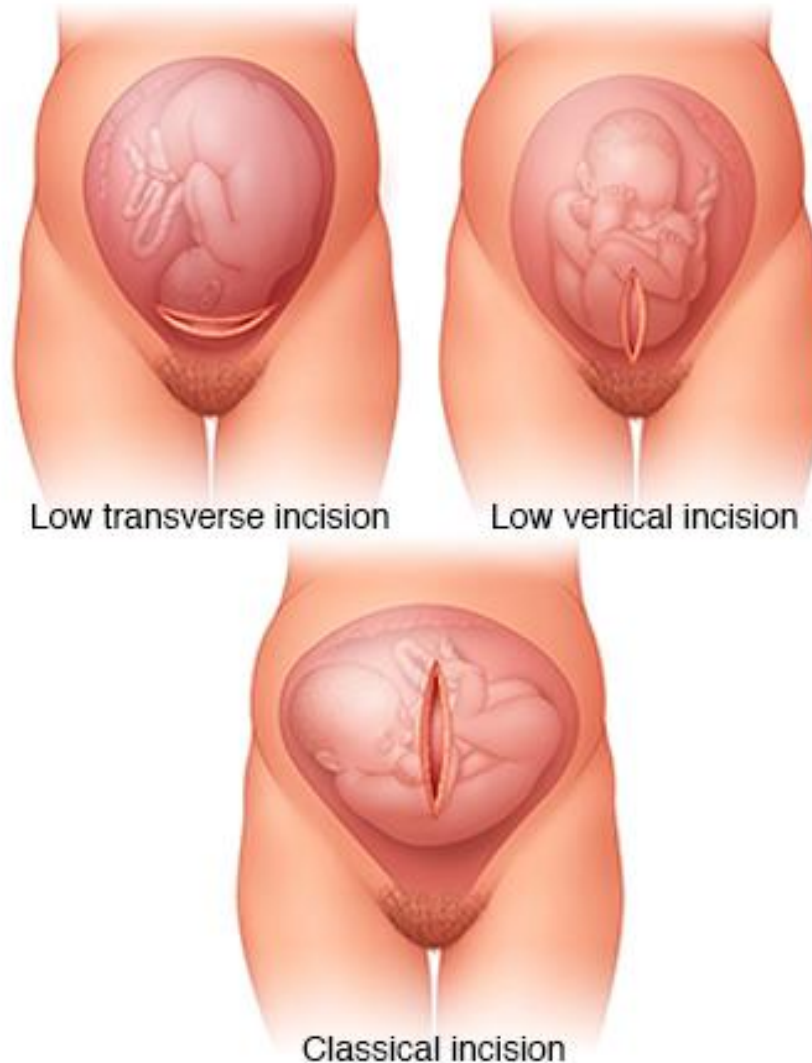
Prolapsed Cord

Prolapsed umbilical cord



With a prolapsed cord the umbilical cord has slipped into the cervical opening and is being kinked like a water hose. This interrupts the flow of oxygen and nutrients to baby and causes an emergency cesarean delivery.

Incision



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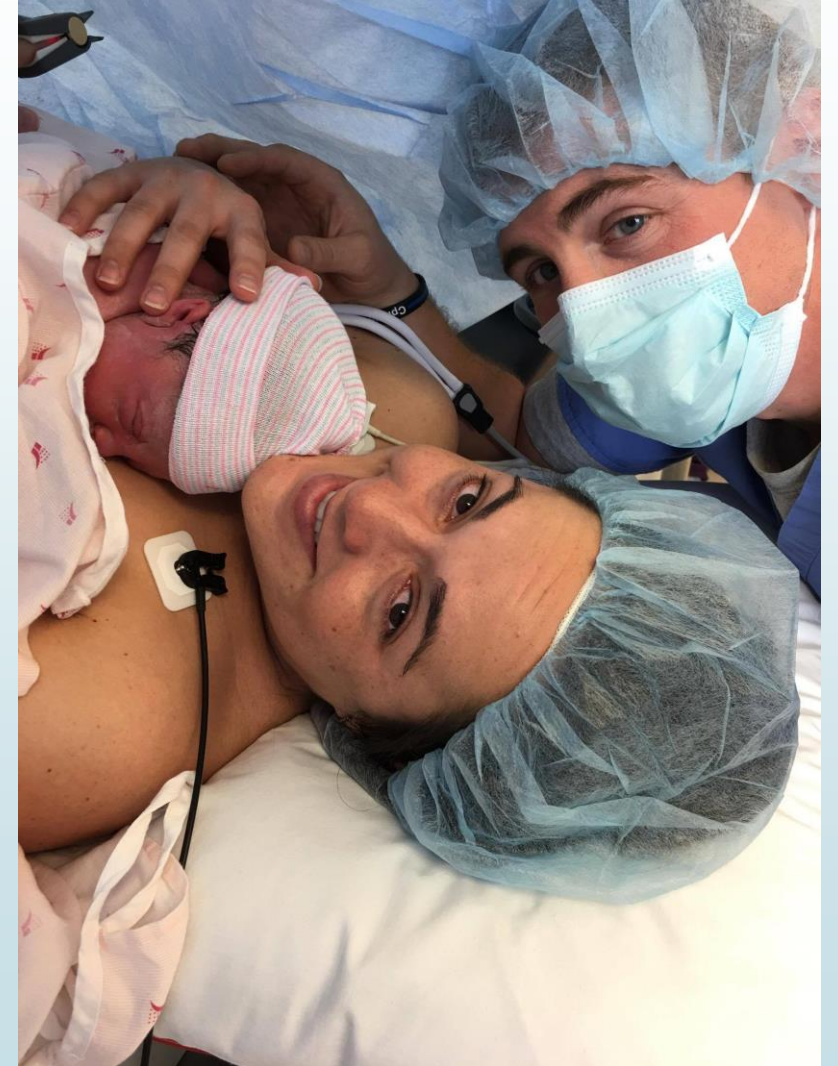
You are most likely to see a low transverse incision. The stitches dissolve on their own within a few weeks. The incision should be monitored for redness, swelling, warmth, bleeding or discharge.

What to Expect...

- ▶ Planned vs. Emergency
 - ▶ Planned cesarean deliveries allow for mother to be awake. Emergency deliveries typically require mother to be put to sleep with general anesthesia.
- ▶ Anesthesia
 - ▶ Spinal block allows for mother to be numbed from the nipple line down so she can be awake for delivery. If a general anesthesia is used, mother will wake up in the recovery room after the procedure.
- ▶ Support Person
 - ▶ Can be in the operating room if it is a non-emergent delivery but will need to wait in a different room if it is an emergency.
- ▶ Skin to Skin Contact
 - ▶ Lots of mothers are able to do skin to skin contact with baby while in the operating room.
- ▶ Incision
 - ▶ Monitor for signs of infection. Have support person check it daily.
- ▶ Recovery/Hospital Stay
 - ▶ Typical stay after cesarean delivery is 3 days.
- ▶ Pain Meds
 - ▶ Oral meds include ibuprofen, Tylenol, and oxycodone or Lortab (hydrocodone and Tylenol combo)
 - ▶ Stool softeners are encouraged
 - ▶ Abdominal binders can be very helpful in supporting your abdominal muscles and incision during recovery.
- ▶ Limitations
 - ▶ Cannot drive while using narcotic pain medications. Should not drive until you can "slam on the breaks."
 - ▶ Do not lift anything heavier than your baby.



Baby Remains With Mother When Possible



Emotional Adjustments



- ▶ It is important to recognize that ***your feelings matter.***
- ▶ Do not hesitate to verbalize any thoughts or struggles you may be experiencing, so that we may help you to cope.
- ▶ Most importantly, remember that you still ***became a parent*** on this day, and your experience is just as beautiful as anyone else's experience.

Skin to Skin Contact

Amazing Benefits for All!

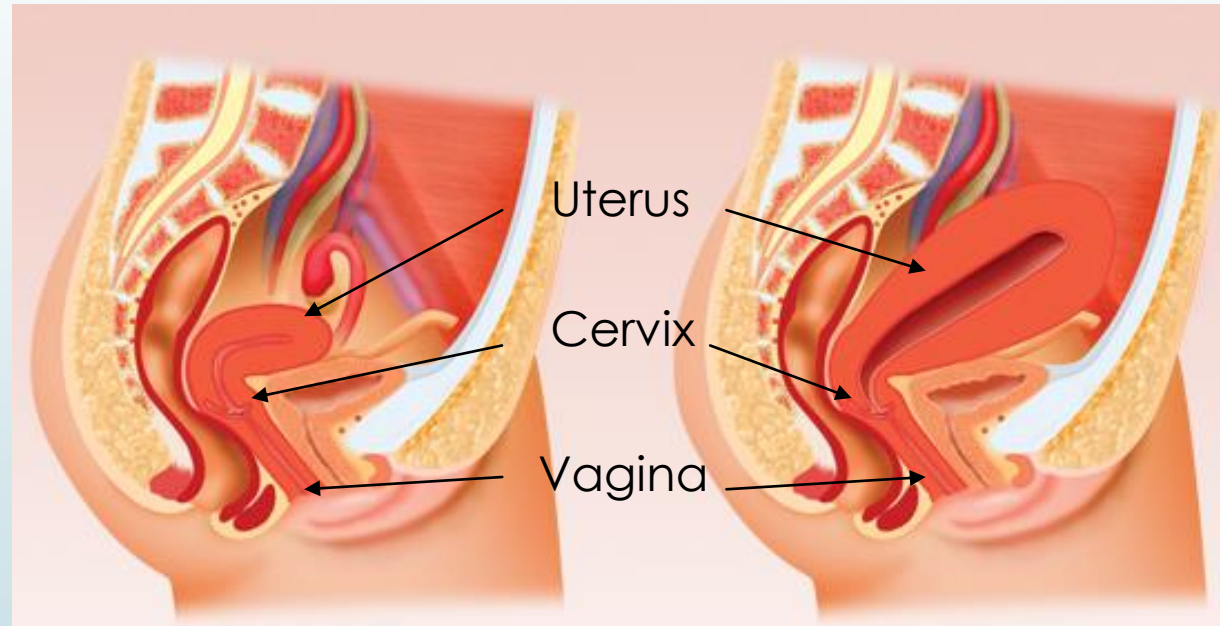


<https://www.youtube.com/watch?v=51xmkaj8dOg>



Postpartum Care

Changes in Your Body



Pre-Pregnancy

Post-Pregnancy

Changes, continued...

- ▶ After-birth pains
 - ▶ Mild cramping as the uterus shrinks to normal size
 - ▶ May notice this with breastfeeding
- ▶ Bleeding – usually like a heavy period for the first 24 hours
 - ▶ Slows down throughout your stay in the hospital to be more like a “regular” period
 - ▶ May fluctuate with activity
 - ▶ If you saturate one pad in one hour, or pass any clots golf-ball size or bigger, call your OB.
- ▶ Stool Softeners
 - ▶ May take a day or two to return to normal b.m. patterns.
- ▶ Swelling
 - ▶ May not improve for about one week.

Baby Blues and Postpartum Depression

- It is expected to feel some irritability, tearfulness, tiredness, etc. in the first week after delivery.
- If symptoms worsen or persist, consult your provider.
- Symptoms may include:
 - Loss of appetite
 - Crying spells
 - Feelings of hopelessness
 - Over concerns, or no concern at all about the baby
 - Fear of touching the baby
 - Little or no concern about your own appearance
 - Inability to sleep or the need of excessive sleep





Baby is here, but don't forget about Momma

- ▶ It's easy to focus on the beautiful bundle of joy after delivery, but remember to pay attention to mom, too.
- ▶ Be sure to eat a well balanced diet.
- ▶ Get a massage from your support person 3 times per week.
- ▶ Get out in the sunshine!
- ▶ Go for walks or some other light activity (with provider's approval).
- ▶ It is important to remember that postpartum depression is not a sign of weakness or inadequacy. Seek help from family members/loved ones. Consult your OB provider to discuss options.



Questions?

- ▶ If you have any questions or concerns about your labor, delivery, cesarean, postpartum, or baby care please contact me at laodom@stormontvail.org or by calling 785-354-5034.
- ▶ Congratulations!! I wish you the best of luck!