

A newborn baby is crying with its mouth wide open and eyes closed. The baby is being held by a person wearing yellow gloves. The baby's skin is wet and has some redness. The background is dark.

# CAESAR SPECIAL

All you need to know  
about your c-section

- ✓ WHAT YOU NEED TO KNOW
- ✓ REASONS TO HAVE ONE
- ✓ HOW TO PREPARE
- ✓ EMERGENCY VS ELECTIVE
- ✓ POST RECOVERY TIPS
- ✓ MAKING IT SPECIAL



# WHAT TO EXPECT AT A C-SECTION

A step-by-step guide to your c-section

BY CAMILLA RANKIN

**W**ith a scheduled caesarean section you may know the exact time and date that you will meet your new baby, but the actual birth may seem a little daunting. In a c-section you are not preoccupied with pushing or the pain of contractions, so you are often able to relax and simply marvel at the magic of your child's birth. Here is a step-by-step guide to what to expect from your elective c-section birth.

■ You will need to avoid food and liquids for at least six hours before your scheduled c-section and remember to check with your doctor which of your regular medications to take and which to omit on the day. You need to be at the hospital at least two hours before the scheduled time.

Try to "check in" or do pre-admissions well before as there is a lot of paperwork to fill in and you will want to focus on the birth on the actual day. You should also contact your medical aid well ahead of time for an authorisation number.

■ Once you have been admitted to the hospital you will be taken to the maternity ward, shown your bed and given a chance to settle in. A nurse will come and check your vitals (blood pressure and heart rate) and fill in some more admission forms: these forms are a formality and are focussed on your health and anaesthetic history. This is also when



**“Despite popular belief, your muscles aren't actually cut”**

they will shave your pubic area, if you have not already done this at home. You will also change into a hospital gown (without your undies).

■ An IV drip needs to be inserted before you have the spinal anaesthetic – this will be done either in the ward or in theatre. Request that this is in your non-dominant hand (so your left hand if you are right-handed and visa versa) as this makes it much easier to care for your baby with your “best” hand free.

■ About 10 minutes before your scheduled time, you will be wheeled to the theatre's waiting room. Your birth partner will be taken to another room to get into scrubs (picture those surgeons in *Grey's Anatomy*) and will only join you in theatre once the spinal block has been administered.

■ You will then be wheeled into theatre. Your back will be cleaned with a cold antiseptic swab and then the anaesthetist will give you the spinal block. You will need to sit

very still for this. This is not always easy, so you can lean against a nurse or the assistant while the needle is inserted. It will take about 10 to 15 minutes for the anaesthetic to take effect.

■ A catheter is usually inserted into your bladder after the spinal block has taken effect. The anaesthetic will have started to numb your lower abdomen, so you will not feel any discomfort while the catheter is being inserted. You will still feel movement and pressure, and are likely to have pins and needles-like tingling – this is perfectly normal.

■ Your abdomen will be washed down with an antiseptic solution and then draped with sterile drapes. Some obstetricians place a sterile curtain between you and your abdomen; others will drape sterile cloths over your body to keep the area clean and protected. Remember to keep your hands on “your” side of the sterile drapes at all times.

■ You are unlikely to see the incision (cut) being made as your bump (or a sterile curtain) will be blocking your view, but you may feel pressure as your obstetrician presses down to make the cut. It feels a bit like you are being “unzipped”, but there is no feeling of pain.

■ There are several incisions your obstetrician will need to make as part of a c-section. Most c-section incisions will be the ‘bikini’ or Pfannenstiel incision in your lower abdomen. This is the preferred style as it heals better and hurts less during recovery. A classic or vertical incision is usually only performed in a true emergency c-section situation, but is very rare.

Cutting through the layers of skin, fat and separating the muscle through to your uterus takes about five minutes. Despite popular belief your muscles are not actually cut, in fact the left and right muscle portions are separated from each other to open a window between them. It is only in very unusual circumstances that they are cut. You feel a big pull or stretch as the muscles are pulled to the sides.

Any blood vessels will be cauterised to stop them from bleeding; this can smell very strange and unpleasant – you may even see a little smoke – so be prepared for this.

■ Once the incision is made into your uterus, your waters will be ruptured – again you will not feel any pain, but you may hear a gurgling or swishing sound as the fluid is suctioned out.

■ Your baby will then be eased out, sometimes with the help of forceps, usually while the assistant pushes down on your uterus. You may feel some pulling, pushing or some pressure as the assistant presses down on the top of your uterus. You can ask to be lifted up, to see your baby emerge from your womb as she is born. ▶



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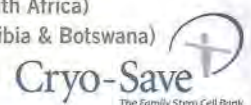
### FOR MORE INFORMATION CONTACT

+27 (0) 860 783 6235 (within South Africa)

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info@cryo-save.co.za

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■ As soon as your baby has been born her nose and mouth are suctioned to remove any amniotic fluid from her airways, and her cord will be clamped and cut. Depending on her health, and the paediatrician's practice, she will either be placed on your chest, or taken to a station to the side of the theatre. The paediatrician will do her Apgars and check that your baby is breathing well.

■ If you have opted to have your baby's stem cells stored, the blood will now be collected by your gynae before your placenta is removed.

■ While your baby is being checked by the paediatrician, you will be given oxytocin via your IV to help your uterus start contracting so that your doctor can remove your placenta. This may give you a bit of a headache, and cause you to flush and sweat, but these side effects usually wear off quite quickly.

■ Your doctor will now do a routine check of your reproductive organs, before stitching your incision closed, layer by layer, and bandaging the wound. This usually takes 20 to 30 minutes. Many women are able to hold their babies while they are being stitched and are so absorbed that they barely notice that they are being sewn up – again this process is not at all painful for you.

■ Once you have been stitched up, you will be taken into the recovery room for monitoring before being taken to the maternity ward. The anaesthetic will start to wear off, but it will take four to six hours to properly feel your legs again, and your catheter will only be removed the next day.

Most hospitals will let you have your baby with you in the recovery room – if she does not need medical attention – so this is the perfect time to cuddle your new baby and get to know her a little, and if you have not already, try to latch her onto your breast for her very first feed. **YP**

## CELLS ON ICE

Here's is exactly what to expect if you opt for stem cell storage after the birth of your baby

✓ Well before your baby's due date, ideally between 24 – 34 weeks, make enquiries with stem cell storage agencies and choose your preferred one. Once you have sent in your application form and paid the deposit, you will be sent a stem-cell collection kit, usually within one or two days. Pack this kit into your hospital bag.

✓ Some agencies, such as Cryo-Save, will contact your doctor or midwife directly, but you will also need to tell him or her that you are planning to collect stem cells and/or cord tissue, as it is your doctor or midwife that will actually do the collection at the birth.

✓ On your baby's "birth" day, you will hand your doctor or midwife your collection kit. Once the baby is born the umbilical cord is clamped and cut as normal. The process is the same for natural or c-section delivery, but will depend on your doctor or midwife's particular practice. Most will collect the blood and tissue before the placenta is birthed, or in the case of a c-section, before it is removed.

✓ Your doctor or midwife will collect the leftover blood from the umbilical cord and placenta using a needle inserted into the vein in the umbilical cord. The blood is quickly drained using a specialised blood bag. If you have opted to collect cord tissue too, a piece of the umbilical cord will be cut and placed into a test tube: both processes are painless to you and your baby.



✓ Both the blood bag and test tube will be placed into the box along with all the necessary paperwork signed by your doctor or midwife. The box is closed and given back to your birth partner. Once you are in the maternity ward, your birth partner will need to call the storage agency to organise the collection of it.

✓ Most storage agencies will send a courier to the maternity ward to collect the box within a few hours. You don't need to do anything special with the box while you wait: it can be stored at room temperature in your room.

✓ Once collected, the kit is taken directly to a South African laboratory where it will be processed and tested, then frozen. As soon as the test results come from the laboratory, your agency will contact you and go through the results letting you know if the sample is optimal, sub-optimal or not viable, and you can then decide if you would like to store the sample.



# YOUR GENTLE C-SECTION

## Ten positive ways to make your c-section more special

BY CAMILLA RANKIN

Caregivers are becoming more and more aware of the importance of a mother's experience of birth as positive and not just seeing birth as a way of getting a baby out of the uterus. This sentiment has filtered through to caesarean sections too. Here are ten steps that you and your caregiver can take to help make your c-section as gentle, calm and magical as possible. Some people are even calling this a 'natural caesarean section'.

### 1 GET A DOULA OR MIDWIFE

A doula is there to support you through birth – regardless of the birth you choose. At a c-section, parents often feel excluded and a midwife or doula's role is to involve you by explaining what is happening at each stage of the c-section and to make sure that any special requests (dad cutting the cord or announcing the gender) are respected.

"She will be with you in theatre to hold you and your husband's hands through the process – literally and figuratively", says midwife Janine Nash. "This helps you feel calm and cared for and will reassure you every step of the way. Your midwife or doula will also help protect your dignity and ensure that you are not too exposed."

If your baby needs any special medical care and is taken to the NICU, your doula can become your translator and message bearer, bringing you updates and explaining, in non-

medical terms, what is happening to your baby.

### 2 CHOOSE A BIRTHDAY

You can ask your doctor to book your c-section on your due date (or 40 week mark), or you could wait until you go into labour (if there are no medical complications) before going in for your elective caesarean section.

If you do choose a date, you can choose one with special intent – within reason of course – giving the day even more significance, like opting for a special occasion day, or a joint birthday with a family member (or avoiding one!) And you could keep the date a secret from family and friends so there is still an element of surprise for them.

### 3 CREATE AN ATMOSPHERE

A c-section can feel very clinical – it is a surgical procedure after all – however, there are a few elements that can make the theatre more welcoming. You can ask to have the music of your choice played throughout the surgery (you will need to provide it), for example. Or you could ask for the lights to be dimmed at the moment of birth or for the temperature of the theatre to be slightly warmer – these are trickier requests but if your doctor is happy with this it can make the transition from womb to world for your baby less overwhelming.

### 4 RISE TO THE OCCASION

Many gynaecologists are recognising the psychological benefits for mom to be involved in the birth, even a surgical one. This

is done by giving you a spinal block, rather than a general anaesthetic, so that you are pain-free but still awake throughout the birth, and are able to hold your child immediately. Other ways include not using a divider to separate or block the view, allowing you to see your baby as soon as he or she is born. And finally, you can also ask your doula or even the paediatrician to help lift you up (when your gynae gives the signal), so that you can watch as your baby is actually being pulled out and meeting the world.

### 5 A MOMENT'S SILENCE

Many parents complain that the moment of birth is lost in the 'chaos' of the theatre. For the staff attending the birth this is just another day on the job. You can ask that as your baby is born that everyone in the theatre is silent, or you may want the staff that are free to, to clap or cheer, or even sing a song – something that you (and they) are comfortable with and that acknowledges and respects that moment of birth.

### 6 THE SURPRISE ELEMENT

Not much beats the moment you find out if you are having a girl or a boy, whether it is at your 16 week scan, or as your baby is born. But keeping your baby's gender a surprise until the birth can add a wonderful surprise element to your elective c-section – after all, everything else is planned. You can also ask if it can be your partner that announces what gender your baby is.

### 7 SKIN-TO-SKIN

This one seemingly small action is perhaps the most significant in making any birth, but particularly a c-section a powerful one – having your newborn placed directly onto your chest, skin-to-skin just as he or she is born. This request is not really one for your gynae (but do talk it through with him or her), as it is the paediatrician who will take the baby initially. Ask if the paed is



happy to allow skin-to-skin, and if the Apgar tests, and any suctioning can be done while the baby is on your chest. "Your midwife can at this point help your baby latch onto your breast immediately after the birth, while the doctor is closing the wound – if you and your baby are ready for this," explains Janine.

## 8 CUTTING THE CORD

Get Dad involved by asking if he can cut the baby's cord. You can also ask to delay cutting the cord until it has stopped pulsing, as this ensures that your baby's supply of oxygen is not interrupted before his lungs have taken their first real breath.

## 9 A FAMILY AFFAIR

With an elective c-section you will know the day and approximate time your baby will be born, in advance. You may wish to keep this a secret from friends, but you could also involve them.

Ask your family and friends to light a candle at the right time and to think of you especially at that time. There is something magical about knowing that so many people have you and your baby in their thoughts as he or she is born.

## 10 THINK IT ALL THROUGH

Write all your requests for your c-section down and then talk it all through with your doctor. While all of these requests are possible, doing them depends entirely on your doctor's philosophy and practice.

Do this well in advance of the birth and be prepared for some negotiation – your doctor, quite rightly, will only do what he or she is comfortable with. All of these tips are possible for both an elective and a non-urgent c-section, so write a birth plan and talk your preferences through with your doctor well in advance. You are also entitled to a second opinion, as a

**TOP TIP**  
JANINE SUGGESTS, "MAKE SURE YOU EAT AND DRINK RIGHT UP TO THE LAST MINUTE THAT YOU ARE ALLOWED TO (USUALLY SIX HOURS BEFORE YOUR SCHEDULED TIME). THIS WILL MEAN YOU AND YOUR BABY ARE WELL HYDRATED AND LESS LIKELY TO HAVE LOW BLOOD SUGAR"

birth where you feel you have some involvement as well as trust in your doctor will result in a more positive, powerful birth experience.

"The important thing to remember is that a c-section is not just an operation: it is a birth, your baby's birthday and it will be the most awesome day of your life," says Janine. "Instead of feeling afraid of the process, look forward to the birth of your precious child. Afterwards remember that you have just given birth, and you didn't have a baby for the birth but rather to get a healthy little child to raise." **YP**



## HANDLE WITH CARE

Apart from the baby, of course, here's what to expect after your caesarean delivery

BY CAMILLA RANKIN

**W**hile it is true that a caesarean section is major abdominal surgery and, like with any other surgery, your body will take time to fully recover, it is also the birth of your child: so you have the best incentive to feel better quickly. So while your emotions are in turmoil as you try to get to grips with becoming a mother, breastfeeding, nappies and burping, here is what to expect physically from your post-op body.



### THE 'BIRTH' DAY

Immediately after your c-section, you may feel shaky and nauseous. This is a very common reaction to the anaesthetic and will soon fade. You will not be able to see the incision as it will be well covered with pressure bandages (and no doubt you will only have eyes for your newborn baby).

You will be given pain medication and antibiotics, through your IV, so you are unlikely to feel any pain, although the wound area may feel a bit sensitive. As the anaesthetic starts to wear off (after about four to six hours), try to get the blood going in your legs by wiggling your feet, rotating your ankles, and moving and stretching your legs.

You may also be very hungry: most doctors recommend eating only a liquid diet for the first 12 hours after a c-section, so expect to get your first proper, solid meal only 24 hours after the birth.

During your first day, you will be closely monitored by the nurses as they check your vital signs, your

incision, your urine output, your vaginal discharge and bleeding (lochia) and they will also assess your pain and help with pain management.

Don't try to be too stoic about your pain. Everyone from medical staff to fellow mothers has the same advice about pain medications: take them!



### DAY TWO

Your doctor will come by every day from day two during your hospital stay to see how you're doing and check that the wound is healing properly. Your catheter and IV drip will be removed today, if they have not already been taken out.

This is a quick, painless procedure although it may burn a little to remove the catheter. Now that you are 'line-free', make an effort to get up and move around. Getting moving is essential for a quicker, better recovery, but ask a nurse to support you as you get out of bed for the first time.

Most pain medications have the unpleasant side effect of causing constipation: not to mention the impact that the surgery itself may have had, so a good tip is to take a sachet of Movicol, or similar laxative, with you to the hospital (always check with your doctor before taking it though), to help soften your bowel contents. Drink plenty of fluids – but not fizzy drinks – to help you avoid constipation. You will not be allowed to leave the hospital until you have had a bowel movement.



### DAYS THREE TO FOUR

Anything that puts pressure on your lower abdomen will be painful at first, but you'll feel a bit better day-by-day and by two weeks you will feel significantly better.

Support your incision with your hand or a pillow to support when you cough, sneeze, or laugh. You may well have a build up of wind or bloating during the first few days as your intestines are very sluggish after

surgery: moving around will help this.

As most medical aids pay for three nights in hospital after a c-section, you will probably be heading home on day four after the birth. Nurses will remove the bulky pressure bandages before you head home, leaving a small micro-pore type plaster over your incision site.

There may be some bruising and redness around it. There are no special treatments, creams or special home care you will need to do once at home, apart from having a shower every day and gently patting the area dry. Your doctor may remove the stitches before you leave: this is quick with only a slight burning as they're pulled out, or you may need to come back a couple of days later for this. Internal stitches will dissolve in a couple of days.

### WATCH OUT!

Call your caregiver if you have signs of an infection, including:

- ✓ Warmth, redness, swelling, or oozing at the incision site.
- ✓ Worsening pain or sudden onset of any pain.
- ✓ Any type of fever (even if your incision looks fine).
- ✓ Foul smelling vaginal discharge.
- ✓ Pain or burning when urinating, the urge to pee frequently when not a lot of urine comes out, or urine that is dark or bloody.



### GOING FORWARD: SIX WEEK CHECK

With each day that goes by, you will feel better. You will have your final postpartum check-up at about six weeks and your doctor will give you the go-ahead for normal activities such as exercise and sex.

You may feel some pulling around your incision, and some numbness, as the superficial nerves have been cut, and even some burning as the nerves grow back. Give yourself some time to heal. Take it slowly and one day at a time, eat nutritious meals, drink plenty of fluids and get as much rest as you can. **YP**