

Cesarean Section

Types of Cesarean Section:

1. Emergency Cesarean Section
2. Elective Cesarean Section

When is a Cesarean Section Performed:

1. In case of fetal heart rate decelerations
2. If the first baby was delivered by cesarean section, the second baby should also be delivered by cesarean section.
3. Meconium-stained amniotic fluid, indicating that the fetus has passed stool inside the uterus.
4. Maternal dystocia (lack of labor progress)
5. Cephalopelvic disproportion (CPD)



Preoperative Preparation:

1. Fasting for 6-8 hours before the surgery.
2. Bathing beforehand.
3. Shaving the pubic area.
4. Removing jewelry and dentures.
5. Reporting to the labor and delivery unit and opening a patient file.
6. Insertion of an intravenous line for administration of medications, blood tests, and blood transfusion if necessary.
7. Placement of a urinary catheter.
8. Informing the medical team about any previous cosmetic surgeries, dentures, or implants.

Anesthesia:

1. Spinal anesthesia is the most common type of anesthesia used for cesarean sections. It numbs the lower half of the body, from the waist down.
2. In some cases, general anesthesia may be administered at the discretion of the anesthesiologist.

Surgical Procedure:

1. An incision is made in the lower abdomen, either horizontally (bikini incision) or vertically (from the pubic bone to the navel).
2. The uterus is opened and the baby is delivered.
3. The placenta is removed.
4. The uterine incision is closed with absorbable sutures.
5. The skin incision is closed with non-absorbable sutures.

Postoperative Care:

1. The mother is transferred to the postpartum recovery unit.
2. Mothers who received spinal anesthesia should drink plenty of fluids once they are allowed to eat and drink to prevent headaches.
3. To breastfeed, the mother should lie on her side and support the baby with a pillow. She should avoid raising her head for 24 hours to prevent headaches.
4. Once she is allowed to drink fluids, she should consume plenty of caffeine-containing beverages (such as tea and coffee).
5. The mother is typically discharged from the hospital after one or two days.

Home Care:

1. The skin sutures are not absorbable and need to be removed after one week.
2. The mother can take a bath 48 hours after surgery if there are no complications. She does not need to re-dress the incision and should wear clean underwear. She should inform her doctor if there is any discharge from the incision or unusual swelling.
3. The diet should include fiber-rich foods such as lettuce and cucumbers to promote easier bowel movements. She should also drink plenty of fluids to prevent constipation and ensure adequate hydration for breastfeeding.
4. Walking is important to promote bowel movements and prevent blood clots in the legs.
5. The mother should seek medical attention if she has a fever of 38 degrees Celsius or higher, as this could be a sign of infection.
6. The sutures should be removed after one week.
7. The mother should consume iron-rich foods such as raisins, pistachios, and dried fruits and take iron supplements for 3 months after delivery.
8. If the mother is breastfeeding, she should continue to breastfeed, especially at night.
9. The risk of re-pregnancy is low for 3 months, but contraception should be started 20 days after delivery.