



About your caesarean section (C-section)



Your baby will soon be born by C-section. This information leaflet will help you understand what this procedure involves to help you prepare.

We'll let you know the date and time of your C-section in the days prior to the procedure. A nurse will also contact you to have you complete a questionnaire.

Date: ____/____/____ Time: _____

What to do a few days before your C-section?

Nutrition

Adding foods high in protein to your meals will help you heal. We've attached some examples in appendix 1. If you're unsure, follow the advice your health professional has given you about what you should eat.

Physical Activity

Remain active and continue your physical activities, unless a health professional has advised otherwise.

Integrate the exercises suggested in appendix 2 into your daily routine. They will allow you to stay in shape while you wait for your C-section and will speed up your recovery.

What to do the day before your C-section?

- Wash your hair thoroughly with shampoo.
- Take a shower, washing your entire body from head to toe with plain unscented soap, focusing on your armpits, belly button, the genital area, your feet, toes and between your buttocks.

- **To avoid skin irritation, don't use a washcloth.** Use your hands or the bar of soap to scrub your body. Use a clean towel to dry off.
- Don't shave the area where the C-section will be performed, ideally for seven days prior to the procedure.
- Don't use any perfume or after-shave lotion.
- Cut your nails and remove any nail polish.
- Avoid smoking, alcohol and/or drug consumption for 24 hours prior to the procedure.
- The day before your C-section, you may eat and drink normally until midnight.
- Stop eating as of midnight. You may continue to drink clear liquids such as water or pulp-free apple, cranberry and orange juices, tea and herbal tea. Do not drink milk or any juices containing pulp.
- Other: _____



What to do the day of your C-section?

- Take a shower, respecting the same instructions given at the beginning in the section “What to do the day before your C-section”.
- Clean your mouth and teeth.
- Don’t wear any makeup, nail polish, hairspray or other skin products, deodorant or antiperspirant, body creams or lotions, perfume or contact lenses.
- Remove all jewelry and body piercings.
- Don’t eat anything. You may, however, continue to drink clear liquids as indicated above (no milk or juices containing pulp) up to two hours before the C-section.
- Take your regular medications, unless your doctor has told you otherwise.
- Don’t chew gum for two hours prior to your C-section.
- **Arrive at the Mother-Child Unit (CIT entrance, 3rd floor, wing R) at the time indicated by admissions.**

Please note that the time of your caesarean section may change if unexpected events occur and we apologize for any inconvenience this may cause.

What to bring at the hospital?

- This information leaflet and the others you’ve been given.
- Your valid health insurance card or immigration visa, if applicable.
- The information from your insurance policy, if required.
- An up-to-date list of all medications and natural products you’re taking printed by your pharmacist, 8 1/2 × 11 format.
- A list of over-the-counter drugs, vitamins and natural products you’re taking.
- All your medications in the original containers as dispensed by the pharmacy (no pill boxes) as well as your inhalers (pumps).

- Mint-flavoured gum (other flavours may make you nauseous).

- You may scan the following QR code with your smartphone or go to the website ciusssnordmtl.ca/planifier-son-sejour to see the list of personal items you may find useful during your stay at the Mother-Child Unit. **Only bring necessary items with you.**



- Leave all valuables and excess money at home. The hospital is not responsible for anything lost, stolen or broken.

What does the C-section involve?

- **Shaving:** Your pubic area will be shaved in your room using an electric shaver before you are brought to the operating room.
- **Urinary catheter:** A urinary catheter will be inserted prior to the caesarean section to keep your bladder empty during the procedure. This technique may be uncomfortable, but not painful. If there are no contraindications, the urinary catheter will be quickly removed once the procedure has been completed.
- **Anesthesia:** Unless otherwise indicated, you will be administered regional anesthesia (epidural or spinal) that will numb you from your breasts to your toes. A needle will be inserted into your lower back. You will be unable to move your legs for at least one to two hours.
- **The C-section:** An incision will be made in your lower abdomen so that your baby can be lifted out. Once the baby is born, the umbilical cord will be cut and you will be able to see your baby. The placenta will then be removed and the incision closed and covered with a dressing.
- **Your baby:** Your baby will be born shortly after the procedure has started and will then be given to you unless the infant requires care at birth. Whenever possible, we encourage skin-to-skin contact until the procedure has been completed.



- **The person accompanying you:** The person accompanying you can be by your side during the procedure. The staff will let them know what to do.
- **Duration:** In general, a caesarean section takes under one hour.

What to expect following a C-section?

A nurse will immediately monitor your condition in the recovery room.

Operating room (Mother-Child Unit): If your baby is doing well, you will be able to hold him or her skin-to-skin. The person accompanying you may go with you to the recovery room.

Main operating room: If your baby is doing well, the person accompanying you will go to the room with your baby and may hold the baby skin-to-skin while waiting for you to arrive. After your time in the recovery room, you will be brought to your room on the Mother-Child Unit. You should be back in your room approximately two hours after you leave for the C-section.

- **Pain:** The nurse will assess you frequently for pain. It is important that any pain be relieved and that you don't wait. Pain that is too intense will prevent you from moving around and will be more difficult to relieve.
- **Movement/exercise:** The staff will help you get up for the first time after your C-section. Once your mobility and sensation in your legs have been assessed, you may get up for the first time as soon as two hours after the C-section.
- **Diet:** You may chew gum and drink as soon as you are back in your room. You may also eat whatever you are able to tolerate (no wait time to be respected).

Breast feeding

Breast feeding is recommended after delivery by C-section as well as after vaginal birth, specifically because of its numerous benefits.

Whether or not your caesarean section was planned, nothing prevents you from breast feeding soon after birth. Most C-sections are done with an epidural (anesthesia injected into your lower back). You will therefore be able to breast feed quite soon, ideally within the hour following delivery, even if you're still under the effect of the epidural. If you are put under general anesthesia, you may breast feed as soon as you are fully alert and feeling comfortable.

How to care for your wound?

- Don't wet your wound and don't remove the dressing for 36 hours after the C-section. The nurse will remove your dressing when you are discharged.
- You are allowed to shower once the dressing has been removed. Make sure you properly pat dry your wound with a clean towel after your shower.
- Your stitches will dissolve on their own. If your wound was closed with staples, the staples will be removed by the nurse at the CLSC 72 hours after the C-section or at the time prescribed by your doctor. Skin closing bandages (Steri-Strip^{MD}) will be applied and will come off on their own.
- Leave your wound uncovered, avoid rubbing against your undergarments or pants.
- If your wound shows signs of infection, for example, redness, oozing, heat, hardening, see a health professional.

Discharge from the hospital

Usually, you will be discharged within 48 hours following the C-section.



Additional information

Before your C-section:

- If you present signs of labour before the planned time for your C-section or if you have any concerns about your pregnancy or the well-being of your baby, contact the triage nurse of the Mother-Child Unit at **514 338-2062**.
- If you are unable to undergo the C-section, 48 hours before the procedure contact the preadmissions reception desk at **514 338-3222, option 1, extension 3152**.

What to do after your C-section if you have any concerns about yourself or your baby?

- For the first 10 days following your C-section, if necessary, contact the triage nurse of the Mother-Child Unit at **514 338-2062**.
- After 10 days, consult a health professional depending on the urgency of the situation (e.g. 811, family doctor or walk-in clinic).

For additional information, you may scan the following QR code using your smart phone or see the section of the Mother-Child Unit of the Hôpital-du-Sacré-Cœur de Montréal at the following link:
ciusssnordmtl.ca/soins-et-services/grossesse-accouchement-et-nouveau-ne/accouchement/unite-mere-enfant-de-lhopital-du-sacre-coeur-de-montreal/



When to contact the Mother-Child Unit?




















- Heavy vaginal bleeding (more than one sanitary pad filled in one hour).
- Signs of preeclampsia: headache, visual problems (black spots, bright flashes), nausea or vomiting, pain in your upper abdomen, high blood pressure (above or equal to 140/90 and/or as discussed with your doctor).
- Your baby is moving less frequently (fewer than 6 movements in two hours).
- Trauma: fall, abdominal impact, traffic accident.
- Signs of labour:
 - Contractions: you may feel contractions, which is normal at the end of pregnancy, but if they are regular and painful, labour may have begun.
 - Loss of amniotic fluid: this is a liquid that is usually clear like water. Occasionally, it can be coloured (pink, yellow or green). When you call, the nurse will ask you a few questions about this. Once your water breaks, you may or may not feel contractions; the nurse will explain what you should do at that time.
- Persistent fever (higher than 38° Celsius), taken twice.

Contact information

Mother-Child Unit, CIT entrance
3rd floor, Wing R
Hôpital-du-Sacré-Cœur de Montréal
5400 Gouin Blvd. West, Montréal

This document does not replace a consultation with a health professional.

Appendix 1 – Example of foods high in protein

Foods	Portions	Amount of protein*	Amount of calories*
Beef  Chicken  Fish 	90 g (3 oz) or the size of a standard pack of cards or the surface of the palm of your hand 	24 g	185 kcal
Eggs 	1 large egg	6 g	70 kcal
Milk (2%) 	250 ml (1 cup) 	8 g	130 kcal
Enriched soy drinks or other plant-based beverages 	250 ml (1 cup)  There are several other types of plant-based beverages (e.g. almond, oat, etc.). You should choose plant-based beverages that are high in protein. See the nutritional value table on the commercial product.	7 g	100 kcal
Cheese 	30 g (1 oz) or approximately the size of 2 fingers or 1/4 cup diced 	8 g	120 kcal
Cottage cheese 	125 ml (½ cup) 	13 g	100 kcal
Greek yogurt or other yogurt 	175 g (¾ cup)  We recommend Greek yoghurt because it is high in protein. However, if you are unable to find Greek yogurt, there are other options (e.g. yogurt, kefir, skyr). See the nutritional value table for the other types of yogurt.	15 g	120 kcal
Legumes 	125 ml (½ cup) 	7 g	100 kcal
Nuts, grains 	60 ml (¼ cup) or one handful 	8 g	200 kcal
Recommended additional intake (per day)		Between 18 and 22 g	Between 100 and 500 kcal depending on the type of surgery



Appendix 2 – Recommended exercises for before and after your surgery

1. Circulator exercises

Goal: To reduce the risk of cardiovascular complications

Position: Lying on your back or sitting, with your legs stretched out in front of you.

How to do it: Point your toes and feet towards you and then point them back down as far as possible. You may also rotate your feet.

Do this exercise regularly (recommended frequency: 30 reps every hour).



2. Shoulder flexion

Goal: To prevent stiffness in your shoulders and rib cage.

Position: Sitting on a chair with your back properly supported. **How to do it:** Raise your arms over your head as high as possible.

Do 2 series of 10 reps, 2 to 3 times per day.



3. Abdominal breathing

Goal: To improve lung expansion and avoid pulmonary complications.

Position: Sitting up straight and tall with your head aligned above your shoulders. Put your hands on your belly.

How to do it: Take the time to really feel your breathing. Exhale through your mouth, sucking in your belly, then inhale deeply through your nose letting your belly fill with air.

Do 2 series of 10 reps, 2 to 3 times per day.



4. Walking

Walking prevents cardiovascular and pulmonary problems. It will help you regain your usual level of independence quickly.

We recommend that you walk regularly, as much as tolerated.

If you are not very active, start by walking short distances. Remember that exercise doesn't have to be demanding to be effective.

