Cesarean Birth Handout

Reasons for Cesareans
A cesarean birth is the surgical delivery of a baby through an incision in the mother’s belly and uterus. Cesarean births are done if a vaginal birth is impossible or unsafe for you or your baby.

Unplanned Cesareans
Unplanned cesareans are performed when they become necessary during labor.

Reasons for unplanned cesareans:
- Cephalopelvic disproportion (CPD), a rare condition in which the baby’s head does not fit through the pelvis (it is common for labor to slow down, and pushing efforts may be long and ineffective)
- Abnormal fetal heart rate
- Labor is not progressing despite augmentation efforts
- The baby moves into a position that makes vaginal birth difficult or impossible

Emergency Cesareans
Emergency cesareans are rare and may be done at any point during labor. If an emergency situation occurs, general anesthesia may be given because it takes effect quickly. Using an existing epidural or rapid spinal block as pain relief during surgery is sometimes possible.

Reasons for emergency cesareans:
- A placental abruption, which is when the placenta separates from the uterus wall before the baby is born. This can cause severe bleeding.
- Cord prolapse, which is when the baby’s head is still high and the umbilical cord slips through the dilated cervix. The cord can get pinched by the baby’s head as it descends. A pinched cord blocks the flow of oxygen to the baby.
- Uterine rupture, which is a tear in the wall of the uterus that can cause dangerous bleeding for the mother and fetal distress.
- If your baby has a major drop or rise in his heart rate or has a flat heart rate that can’t be resolved by your healthcare providers.
Cesarean Birth Quiz

1. When the baby’s head doesn’t fit through the pelvis, this type of cesarean will be performed.
   A. Planned
   B. Unplanned
   C. Emergency
   D. None of the above

2. One reason that an emergency cesarean occurs is when:
   A. The placenta separates from the uterus
   B. Mom is tired
   C. The doctor plans it ahead of time
   D. None of the above

3. Some risks of cesarean birth to the mother include:
   A. An infection at the incision site or an internal infection
   B. Increased blood loss or hemorrhage, blood clots in the legs
   C. Injuries to organs, and increased risk of future cesareans
   D. All of the above

4. What are some things that will be done to prepare you for a cesarean surgery?
   A. Signing consent forms and getting an IV
   B. Your partner will be asked to put on scrubs
   C. Anesthesia is administered or boosted
   D. All of the above

5. After a cesarean birth, babies benefit from being held skin to skin as soon as possible because:
   A. It helps stabilize the baby’s heart rate, body temperature, and blood sugar
   B. It wakes the baby up
   C. It keeps them from getting bored
   D. None of the above

Reducing the Cesarean Risk

Studies indicate that some cesareans are avoidable.

How to lower your risk

- Avoid gaining more than the recommended amount of weight.
- Have continuous, hands-on support throughout labor. Consider hiring a doula, who can suggest the most useful comfort strategies.
- Avoid inducing labor unless medically necessary.
- Stay at home during early labor.
- Use upright or forward-leaning positions during labor and pushing.
- If you opt for an epidural, wait until labor is well established before getting it.

Answer Key

1. B
2. A
3. D
4. D
5. A
Comfort Techniques Handout

**Labor Environment**
- Dim the lights
- Use aromatherapy
- Play music

**Hydrotherapy**
- Get in the bathtub and let the warm water soothe you—turn on the jets if they’re available
- Take a shower and spray warm water on your belly or back
- The bath works best when you are in active labor

**Massage**
- Have your labor partner massage your shoulders, legs, back, or wherever feels good
- Try a light circular massage on your belly with your hands or shower spray
- During contractions, have your partner apply pressure on your lower back using their hands or a tennis ball
- Try a double-hip squeeze (partner’s hands placed low on your hips, pressing in and up during contractions)
- Apply warm or cold water bottles, wash cloths, heating pads, or gel packs to sore areas

**Visualization**
- Imagine that each contraction is an ocean wave that crests and recedes
- Visualize yourself in a peaceful place, such as a favorite vacation spot, to help during labor and between contractions—imagine the sounds and sensations of being there
- Use focal points, such as your ultrasound photo or an object in the labor room
- Repeat a word or a positive phrase

**Breathing**
- Take deep, cleansing breaths
- Try breathing quicker or adding a pattern as labor intensifies
- Breathe in a way that feels right for you

**Vocalization**
- Moan or make low, guttural sounds
- Avoid shrieking or making high-pitched sounds

**Positions & Movement**
- Try sitting, standing, squatting, getting on hands and knees, leaning forward, and side-lying
- Use movement, such as rocking your pelvis or slow dancing with your partner
- Walk the halls or climb the stairs
- Use labor tools, such as a fitness ball, squat bar, or birthing stool

**Pushing**
- Use a variety of positions—squatting, hands and knees, semi-sitting, and side-lying
- Try exhaling as you push, and avoid holding your breath
- Listen to your body and follow your instincts
Comfort Techniques Quiz

1. What is hydrotherapy?
   - A. It’s a comfort technique that uses water
   - B. It’s when you walk during labor
   - C. It’s a rhythmic way of breathing
   - D. None of the above

2. Using different positions during labor and pushing _________________.
   - A. Makes labor and pushing more uncomfortable
   - B. Increases your comfort level and helps your baby get into position for birth
   - C. Can make your labor go more quickly
   - D. B & C

3. What is a doula?
   - A. An instrument the doctor uses to measure dilation
   - B. A professional labor companion who offers support and suggests comfort techniques
   - C. A professional who gives medical care
   - D. B & C

4. Some effective pushing positions you can try include:
   - A. Squatting, semi-sitting, side-lying
   - B. Hands and knees and forward leaning
   - C. Sitting on a toilet or birthing stool
   - D. All of the above

5. The best thing you can do while pushing is:
   - A. Hold your breath
   - B. Lie flat on your back
   - C. Follow your instincts; your body will tell you what to do
   - D. A & B

Hospital Packing List

Use the following tools to help Mom:

- Holiday lights (check with your hospital first before plugging things in)
- LED candles
- Aromatherapy diffuser and oils
- Music
- Focal points (baby outfit, photo, or sentimental item from home)
- Relaxation scripts
- Meditation tracks or podcasts
- Gel packs (can be made hot or cold)
- Water bottles (can be frozen or filled with warm water)
- Heating pad (ask before using in the hospital)
- Hand-held massage tools
- Tennis balls
- Fitness ball (see if your hospital provides)
- Squat bar (see if your hospital provides)
- Birth stool (see if your hospital provides)
## Labor Handout

<table>
<thead>
<tr>
<th>Stage</th>
<th>Length</th>
<th>Contractions</th>
<th>Dilation</th>
<th>Emotions</th>
<th>Tips</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1st Stage</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early Labor</td>
<td>6-12+ hours (could last a day or more)</td>
<td>30-45 seconds each, 5-30 minutes apart</td>
<td>0-6 cm</td>
<td>Excited, anxious</td>
<td>Stay at home, rest, take a short walk, or do light activities.</td>
</tr>
<tr>
<td>Active Labor</td>
<td>3-5 hours</td>
<td>45-60 seconds each, 3-5 minutes apart</td>
<td>6-8 cm</td>
<td>More serious, focused</td>
<td>Use different positions, breathing exercises, and relaxation techniques.</td>
</tr>
<tr>
<td>Transition</td>
<td>30 minutes-2 hours</td>
<td>60-90 seconds each, 1-3 minutes apart</td>
<td>8-10 cm</td>
<td>Frustrated, dependent</td>
<td>You may feel nauseous or shaky. Support people need to provide focus.</td>
</tr>
<tr>
<td><strong>2nd Stage</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pushing &amp; Birth</td>
<td>20 minutes-3 hours or more</td>
<td>60-90 seconds each, 3-5 minutes apart</td>
<td>10 cm</td>
<td>Relieved, energized</td>
<td>Use different positions to push. Support people can provide encouragement.</td>
</tr>
<tr>
<td><strong>3rd &amp; 4th Stages</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Placenta, Recovery, &amp; Breastfeeding</td>
<td>First few hours after birth</td>
<td>Weak, infrequent contractions help deliver the placenta and start the process of involution (shrinking of the uterus). Breastfeeding within the first hour after birth supports long-term breastfeeding and milk production.</td>
<td></td>
<td>Happy, bonding</td>
<td>Hold your baby skin to skin for at least an hour right after birth.</td>
</tr>
</tbody>
</table>
Labor Quiz

1. Braxton Hicks contractions ___________
   A. Cause the cervix to thin and open
   B. Are warm-up contractions
   C. Will sometimes stop if you empty your bladder, lie down, or drink water
   D. B & C

2. Which signs tell you that labor has definitely begun?
   A. When the mucous plug falls out
   B. When you have an intense urge to prepare your home for your baby
   C. When your baby drops deeper into the pelvis
   D. When your contractions are regular, last longer than 30 seconds, and get stronger

3. What should you be aware of when your water breaks?
   A. Color, odor, amount, time
   B. Nothing, just call your doctor
   C. Call, order, aches, temperature
   D. Getting yourself to the hospital as quickly as possible

4. The 2nd stage of labor is when you:
   A. Deliver the placenta
   B. Push
   C. Give birth
   D. B & C

5. The 3rd stage of labor is when:
   A. Your baby is born
   B. You deliver the placenta
   C. You are pushing
   D. None of the above

When Should You Go to the Hospital?

It’s likely that you won’t need to go to the hospital until your contractions are 5 minutes apart, last 1 minute each, and continue in this pattern for 1 hour. Use 511 as a general guide—always follow your healthcare provider’s instructions.
# Medical Procedures Handout

<table>
<thead>
<tr>
<th>Procedure</th>
<th>How It's Done</th>
<th>Why It's Done/ Benefits</th>
<th>Risks to Mom</th>
<th>Risks to Baby</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Induction</strong></td>
<td>• Mechanical dilator (device inserted in cervix and expanded)</td>
<td>• Too far past due date&lt;br&gt;• Water breaks without contractions&lt;br&gt;• Pregnancy has put you or baby at risk</td>
<td>• Increased chance of cesarean birth&lt;br&gt;• Increased labor discomfort&lt;br&gt;• Infection (with mechanical dilator and sweeping membranes)</td>
<td>• Fetal distress</td>
</tr>
<tr>
<td>(Using medication or procedures to start labor)</td>
<td>• Sweeping membranes (provider separates amniotic sac from uterus)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>• Cervical ripening agents (medication applied on or near cervix)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pitocin (medicine added to IV)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Augmentation</strong></td>
<td>• Pitocin (medicine added to IV)</td>
<td>• Labor slows down&lt;br&gt;• Need for stronger, more frequent contractions</td>
<td>• Doesn’t always shorten labor&lt;br&gt;• Infection (with amniotomy)</td>
<td>• Fetal distress</td>
</tr>
<tr>
<td>(Using medication or procedures to speed up labor)</td>
<td>• Amniotomy (breaking the bag of waters)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Analgesic</strong></td>
<td>• Nurse adds medication to an IV or injects it into your thigh or hip</td>
<td>• Can be given shortly after requested&lt;br&gt;• Provides fast relief&lt;br&gt;• Doesn’t numb muscles</td>
<td>• Drowsiness, nausea, and itching&lt;br&gt;• May slow breathing&lt;br&gt;• May lower blood pressure</td>
<td>• Slow breathing&lt;br&gt;• Sleepy and less alert at birth (Avoid 1-3 hours before birth to reduce those effects)</td>
</tr>
<tr>
<td>(Narcotic pain medication)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Epidural</strong></td>
<td>• Anesthesiologist or nurse anesthetist places a catheter in your lower back that carries medication to you</td>
<td>• Safe, effective pain relief&lt;br&gt;• Chance to rest&lt;br&gt;• Does not affect mental state</td>
<td>• Shivering, fever, itching, nausea&lt;br&gt;• Lowered blood pressure&lt;br&gt;• Incomplete pain relief&lt;br&gt;• Other rare risks are listed on consent form</td>
<td>• No significant risks to the baby are known&lt;br&gt;• Higher doses and longer administration could impact breastfeeding</td>
</tr>
<tr>
<td>(Regional anesthesia that numbs pain in the lower body)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Second Stage Interventions</strong></td>
<td>• Episiotomy (an incision in the perineum)</td>
<td>• Too tired to push&lt;br&gt;• Epidural causes ineffective pushing&lt;br&gt;• Baby needs to be born quickly</td>
<td>• Doesn’t offer substantial benefit (episiotomy)&lt;br&gt;• Increased pain and infection after birth (episiotomy)&lt;br&gt;• Tearing of the perineum, vagina, or anus (forceps and vacuum extractor)</td>
<td>• Temporary marks/bruising on the baby’s face or head (vacuum/forceps)</td>
</tr>
</tbody>
</table>
### Medical Procedures Quiz

1. **Why should you create a birth plan?**
   - A. To outline your birth preferences
   - B. To use as a communication tool with your healthcare provider
   - C. To help you think about the kind of birth you want
   - D. All of the above

2. **What acronym should you use to remember what questions to ask if a procedure is suggested?**
   - A. COAT
   - B. SCRAP
   - C. BRAIN
   - D. BRAT

3. **What are the risks of induction?**
   - A. An increased risk of cesarean birth and fetal distress
   - B. Headaches and sleepiness
   - C. Nausea and vomiting
   - D. None of the above

4. **What are the main pain medications used in labor?**
   - A. Analgesics
   - B. Epidural anesthesia
   - C. Pitocin
   - D. A & B

5. **What is Pitocin used for?**
   - A. To induce (start) labor
   - B. To slow labor down
   - C. To speed up labor
   - D. A & C

---

### Sample Birth Plan

#### Labor Environment
- Dim Lighting
- Quiet
- Play music
- Wear my own clothing
- Aromatherapy scents
- Bring things from home, such as blankets or photos

#### Pain Relief

**Non-Medical Options**
- Relaxation
- Changing positions/walking
- Visualization
- Massage
- Fitness ball
- Breathing
- Tub/shower
- Hot and cold packs

**Medical Options**
- Analgesic
- Epidural anesthesia
- I prefer that medication only be offered at my request.

#### Baby Care
- I want to hold my baby skin to skin immediately after birth and breastfeed as soon as possible.
- I am breastfeeding exclusively. Don’t give my baby pacifiers, bottles, or formula.
- I want to room-in with my baby.

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**Answer Key**
- 1. D
- 2. C
- 3. A
- 4. D
- 5. D
Newborn Handout

Common Newborn Characteristics

- Vernix (cream-cheese looking substance on skin)
- Lanugo (soft hairs on her body)
- Cone-shaped head
- Enlarged breasts and genitals
- Birthmarks, dry skin, and milia (white bumps on the face)

Common Newborn Procedures

The hospital will perform basic procedures for your baby’s health and safety. Many of these can be done while you hold your baby skin to skin on your chest.

- APGAR score (evaluation of your baby right after birth)
- Hepatitis B vaccine and Vitamin K shot (helps baby’s blood clot)
- Antibiotic eye ointment (protects her from certain vaginal bacteria)
- Newborn screening test (looks for diseases that require immediate treatment)
- Hearing test

Crying

Crying is normal and is how your baby communicates. It can be frustrating, but when your baby cries, respond right away. Never shake, drop, throw, or hit your baby when she cries. This can cause serious injuries or death. If you are frustrated, put your baby in her crib and walk away to take a break.

Reducing the Risk of Sudden Infant Death Syndrome

SIDS is the leading cause of death in babies between 1 month and 1 year of age. The exact cause of SIDS is unknown, and although it’s very rare, you can help reduce the risk.

- Always place your baby on her back to sleep
- Keep soft bedding, pillows, bumper pads, and toys out of the crib (use a crib that meets current safety standards)
- Have your baby sleep in a crib or bassinet in your room for at least the first 6 months, ideally for the first year
- Breastfeed your baby for as long as possible
- If you are tired and could fall asleep, don’t breastfeed on a sofa or cushioned chair
- Keep your baby away from cigarette smoke and keep your car and home smoke-free
- Do not overdress your baby or put a hat on her indoors (once at home)
- Once your baby is breastfeeding well (usually around 3–4 weeks), offer a pacifier when putting her to sleep
- Go to well-baby checkups and get your baby her routine immunizations
- Do not use products such as wedges or positioners that claim they can reduce the risk of SIDS
Newborn Quiz

1. Some things you may notice about your newborn are:
   - A. Fine soft hairs called lanugo
   - B. A purplish skin tone
   - C. A cone-shaped head
   - D. All of the above

2. What are the benefits of rooming-in?
   - A. Helps with both bonding and breastfeeding
   - B. Regulates the baby’s blood sugar levels and temperature
   - C. Studies show moms and babies actually get more sleep
   - D. A & C

3. The APGAR score is:
   - A. An assessment performed on your baby at 1 and 5 minutes after birth
   - B. An immunization
   - C. When the nurse assigns a number from 0 to 2 for your baby’s appearance, pulse, grimace and reflexes, activity, and respiration
   - D. A & C

4. The best time to start breastfeeding is:
   - A. After you and your baby nap
   - B. After you leave the hospital
   - C. Within the first hour after birth
   - D. None of the above

5. When your baby cries, it’s best to:
   - A. Let her cry it out and learn to self-soothe
   - B. Respond to your baby’s cries right away—this lets her know that she can count on you
   - C. Put the baby in a safe place (like her crib) and cool off for a few minutes if you are feeling stressed
   - D. B & C

Questions for Baby’s Healthcare Provider

Will the same healthcare provider care for my baby each time? ______________

What are your office hours?

What if my baby gets sick when your office is closed?

What is the cost of a well-baby visit, and is it covered by my health insurance?

How do I contact you if I have questions?

What support do you offer for breastfeeding?

Are there separate waiting areas at your office for sick and healthy children?
Postpartum Handout

Involution
- This is when your uterus starts to get smaller—it continues to shrink for about six weeks until it reaches its original size
- During involution, you might feel mild to moderate contractions called “afterpains”

Vaginal bleeding
- This is called lochia, and it occurs when the uterus sheds tissue and blood after birth
- Bleeding is heaviest after birth and then slows down
- Wear pads instead of tampons to reduce your risk of infection

Soreness in the Pelvic Floor
You will have some soreness in your perineum (the area between your vagina and anus) and your pelvic floor.

How to ease soreness:
- Use ice packs in the first 24 hours
- Run warm water over the area while you shower
- Take a warm bath or use a plastic sitz tub
- Use witch hazel pads or a numbing spray

How Can I Take Care of Myself at Home?
- Eat healthy foods and drink plenty of water
- Exercise when you feel up to it
- Get out with your baby for fresh air
- Schedule some time for yourself
- Sleep when your baby sleeps
- Ask for help

Call Your Healthcare Provider

Postpartum Warning Signs
- A fever of 100.4°F (38°C) or higher
- Foul-smelling vaginal discharge
- Increased uterine pain
- Heavy bleeding or passing clots larger than a ping-pong ball
- Pain or burning with urination
- Lump, hard area, redness, or pain in your breast
- Red, tender, or painful area on your leg
- Swelling of the face and limbs
Postpartum Quiz

1. Call your healthcare provider if you pass any blood clots larger than a:
   A. Tennis ball
   B. Ping-Pong ball
   C. Nickel
   D. Baseball

2. Some signs of perinatal mood disorders, including postpartum depression, include:
   A. Excessive worrying, anxiety, irritability, loss of interest in activities you used to enjoy, or feeling that you’re losing control
   B. Crying or sadness that doesn’t go away and problems sleeping or eating
   C. Feeling that you might hurt yourself or your baby
   D. All of the above

3. If you’re breastfeeding, you should feed your baby:
   A. Whenever she shows signs of hunger
   B. According to a schedule
   C. About 8 to 12 times in 24 hours
   D. A & C

4. Signs of an effective, deep latch include:
   A. Your baby’s mouth is open wide, and her chin is pressed into the breast
   B. You’ll see more of the dark area around the nipple showing above your baby’s lips than below them
   C. Her lips will be flared outward, and you should feel a strong tug that’s not painful at your breast
   D. All of the above

5. Some things partners can do to support breastfeeding are:
   A. Help Mom get into a comfortable position
   B. Bring Mom water and healthy snacks while she’s nursing
   C. Burp your baby
   D. All of the above

Perinatal Mood & Anxiety Disorders (PMADs)

15-20% of expectant and new moms experience mood disorders such as depression and anxiety. Signs include:

- Crying or sadness that doesn’t go away
- Irritability and anger
- Difficulty bonding with your baby
- Feeling anxious or panicky
- Problems with eating or sleeping
- Feeling out of control
- Having upsetting thoughts that you can’t get rid of
- Feeling that you might hurt yourself or your baby

If you experience any of these signs or your partner notices them, contact your healthcare provider. PMADs are not your fault—they are caused by a chemical imbalance in the brain and are very treatable if you get help early on.

Answer Key

Pregnancy Handout

3rd Trimester Overview

• Your baby gains body fat, his lungs mature, and his brain is wired for thinking.
• You may experience a wide range of emotions and fears. Be sure to communicate your feelings with your partner, friends, and healthcare provider.
• Your baby needs more nutrients to help his brain and bones develop, so have lots of healthy foods on hand. Foods such as carrots, hard boiled eggs, cheese sticks, and fruit are easy to grab and go.
• Since your baby is still developing, it’s important to continue avoiding hazards, such as alcohol, cigarettes, illegal drugs, and marijuana.
• Exercising has many benefits: it can relieve pregnancy discomforts and increase your chances for an easier labor and postpartum recovery. Try swimming, yoga, and walking.

Discomforts:

- Upset stomach
- Backaches
- Leg cramps
- Swelling
- Itching abdomen
- Shortness of breath

Call Your Healthcare Provider

Preeclampsia Warning Signs

- Severe headaches
- Vision changes, such as seeing spots or double vision
- Rapid weight gain
- Sudden swelling in face, hands, ankles, or feet
- Puffiness in the face and around eyes
- Upper abdominal pain

Preeclampsia is a serious medical condition marked by high blood pressure and the presence of protein in your urine. If you develop preeclampsia, you and your baby will need to be monitored closely. If it’s severe, you may need to be admitted into the hospital.
Pregnancy Quiz

1. When is your baby considered full-term?
   - A. At 39 weeks
   - B. At 37 weeks
   - C. At 35 weeks
   - D. None of the above

2. What are the risks for early-term babies?
   - A. No risk at all
   - B. Being overweight
   - C. Greater risk for breathing, feeding, and other medical problems
   - D. None of the above

3. What can you do to reduce your risk of preterm labor?
   - A. Wash hands often to avoid infection
   - B. Reduce stress in your life
   - C. Practice good dental hygiene
   - D. All of the above

4. What carries blood to the baby?
   - A. Uterus
   - B. Cervix
   - C. Umbilical cord
   - D. Amniotic sac

5. When should you call your healthcare provider?
   - A. If you feel your baby moving less
   - B. If you have more than four contractions in one hour before the end of 37 weeks
   - C. If you are leaking fluid or having vaginal bleeding
   - D. All of the above

Call Your Healthcare Provider

General Pregnancy Warning Signs
- Vaginal bleeding
- Fever above 100°F (37.7°C)
- Pain or burning with urination
- Vomiting or diarrhea lasting 24 hours or more
- Major change in your baby’s movement patterns
- Sudden pain in your belly

Signs of Preterm Labor (Before 37 Weeks)
- Change or increase in vaginal discharge (watery, mucus-like, or bloody)
- Pelvic or lower belly pressure
- Dull ache that is constant or repetitive in your lower back, pelvic area, lower belly, or upper thighs
- Mild belly cramps (with or without diarrhea)
- Your water breaks in a trickle or a gush
- Regular or frequent contractions that occur 4 or more times in 1 hour and might be painless*

*If you have contractions, empty your bladder, lie down on your left side for an hour, drink 2-3 glasses of water, and time the contractions. If they don’t go away or if the pain is persistent and severe, call your healthcare provider.

Answer Key