While in the hospital

- Your incision may be covered by a dressing that will be checked and changed as needed. Some types of dressing are removed the 2nd day after delivery and other types will stay on longer. You will be shown how to care for your incision before you go home.
- You will get fluids through an intravenous (IV) line in your hand or arm until you can drink the liquids you need. You will be able to eat solid food as soon as your condition is stable.
- Your nurse will check your uterus to make sure it stays hard and firm. If your uterus becomes soft and spongy, vaginal bleeding may increase. Your nurse will massage the uterus to make it firm again. Your nurse can help you locate your uterus and teach you how to massage it. Your uterus will return to pre-pregnancy size over the next few weeks.
- You will have vaginal bleeding, called lochia, the first few days like a heavy menstrual period. You also may pass small clots. The discharge will decrease daily and change from bright red to brown or clear over the next 2 to 4 weeks. You will wear thick sanitary pads and be given pads to take home.
- About 6 to 12 hours after surgery, your nurse will help you to get up and out of bed. Have your nurse help you to prevent falls from feeling dizzy or light-headed.
- To get out of bed safely, dangle your legs over the side of the bed and move to a sitting position. You may be strong enough to walk to the bathroom to change your pad with help from your nurse.
- If you become dizzy or light-headed in the bathroom, pull the emergency call light on the bathroom wall for help. This is for your safety.
- Your nurse will let you know when you can walk around the halls. When you are able, walk in the hallways 3 to 4 times a day to build strength and prevent problems from staying in bed.
- Your catheter, the tube used to remove urine from your bladder during surgery, will be removed 6 to 12 hours after delivery.
- Ask your nurse when you may take a shower.
**Compression Device**

You will have compression wraps around your legs or feet to prevent blood clots. The wraps are held in place by Velcro straps. A tube connects the wrap to a pump. When the pump is turned on, air is pumped into the wrap so it will feel snug on your leg or foot. This pressure against your muscles helps to keep your blood flowing through your veins as if you were up walking.

The device should be worn when you are in bed or sitting up in a chair. It should be taken off when you bathe each day so that the skin under the wrap can be checked. Let your nurse know if you have any redness or skin breakdown where the wrap was placed. You may need help to remove or replace the wrap.

**Perineal care**

Perineal care is the cleaning of the perineum, which includes the vagina, the anus (rectum), and the area around these openings. You will need to wear a sanitary pad to collect the vaginal drainage. Perineal care is done each time you urinate or have a bowel movement to:

- Help prevent infection
- Comfort sore muscles around the vagina or birth canal
- Stop odor caused by vaginal drainage

Your nurse will teach you how to do perineal care while you are in the hospital and you will continue it when you go home.

**Steps for peri care:**

1. Wash your hands before going to the bathroom and after changing your sanitary pad. Do not use tampons!
2. While in the hospital, place dirty pads in the red trash bag in your room. At home, place them in a small bag or wrap in toilet paper to control odor and place in the trash. Do not flush pads down the toilet.
3. Use your “peri bottle” to spray water onto your perineal area after going to the bathroom.
4. Gently wipe or pat this area from front to back with toilet paper. This will prevent the spread of germs from the rectum to the bladder and vagina.
5. After perineal care, apply sprays, ointments, or ice packs as advised by your health care provider.
6. Change the sanitary pad every few hours or as needed.
7. Wash your hands after perineal care.
After leaving the hospital

- The first week home, make your appointment for your postpartum check up in 4 to 6 weeks.
- Do not douche to get rid of odor, unless instructed to by your health care provider.
- Use only sanitary pads until you have your postpartum check up in 4 to 6 weeks. Ask your health care provider when you can use tampons again.
- Do not use any powders, oils, or perfumes in the perineal area.
- Take showers, not baths, until your postpartum check up.

Exercises to help you heal

After your Cesarean birth, you need to take an active part in getting better. Deep breathing and coughing helps to prevent breathing problems. When you are ready, getting out of bed and walking will help with your strength and healing. Your doctor or nurse will talk to you about which activities are best for your recovery.

Deep Breathing

- Raise the head of your bed up as far as allowed to a sitting position.
- Have tissues and a trash bag close to you.
- Support your incision by placing the palms of your hands together across your abdomen. Interlock your fingers to help you take deep breaths. You may hold a pillow over the incision instead of your hands.
- Breathe in deeply through your nose and mouth. Your abdomen will rise as your lungs fill with air.
- Hold this breath for a few seconds.
- Purse your lips as if you were going to whistle. Let all the air out through your nose and mouth.
- Repeat the deep breathing exercise 12 to 15 more times.
- Cough after each group of five breaths.

Coughing

- Raise the head of your bed up as far as allowed to a sitting position.
- Breathe in and out fully.
- With your mouth open, take in a deep breath. Quickly give one or two strong coughs from deep in your lungs. Support your incision as you cough.
- Cover your mouth with a tissue as you cough to catch any mucus you cough up.
Breathing Exerciser
- Raise the head of your bed up as far as allowed to a sitting position.
- Slide the pointer on the right side of the breathing exerciser to the volume level set by your respiratory therapist or nurse.
- Keep the breathing exerciser in an upright position. You can hold it or put it on a table.
- Breathe out normally. Put the mouthpiece in your mouth. Form a tight seal around it with your lips.
- Breathe in slowly through the mouthpiece. This raises the piston in the clear chamber of the breathing exerciser.
- Continue to breathe in and try to raise the piston to the set volume level. Read the level of the volume at the top of the piston.
- When you are finished breathing in, hold your breath as long as you can. Remove the tube from your mouth and exhale.
- Let the piston return to the bottom of the chamber. Repeat the exercise 10 times every 1 to 2 hours, while you are awake.
- Try to cough up any mucus you have right after using the breathing exerciser.

Call your health care provider right away if you have any of these signs
- You are soaking your pad and need to change it every hour
- Have blood clots the size of a golf ball or an egg
- Bleeding goes back to bright red after turning pink or brown
- Fever greater than 100.4 degrees Fahrenheit or 38 degrees Celsius
- Pain that becomes worse in the abdominal or vaginal areas
- Pain, redness, warmth, or firmness in the lower leg (calf)
- Trouble breathing, dizziness, or fainting
- Burning, painful urination, trouble when urinating, or bad vaginal odor
- Fluid leaking from abdominal incision or opening of an incision
- Breasts that are full or painful (may be swollen, hot, itchy, lumpy, or shiny)
- Feeling like you have signs of the flu, such as vomiting or nausea
- Feeling like you cannot cope with caring for yourself
  ‣ Excessive crying, anger, mood swings that feel out of control, or feeling overwhelmed may all be signs of postpartum depression or a postpartum mood disorder.
  ‣ Call your health care provider right away, treatment is available.