

C SECTION GUIDE

A HANDBOOK TO
BE INFORMED,
EMPOWERED,
PRO ACTIVE



Jane Claire

This book is dedicated to all women who have brought life into the world, to their courage and power - Thank you all.

After the experience of my own emergency c-section delivery I wanted to write this as an information resource that other women can be informed of what a c-section is all about, and to make choices accordingly.

I have attempted to be as neutral as possible about the issue of c-sections and this book is not intended to beat any particular drum, I just want women to have all the information they can from which to make their own choices. To this end I do my best to limit the writing to what is factual.

I do feel strongly that we need to be empowered in our choices and not be dictated to by care givers who have their own agenda.

For those like me who do end up birthing by cesarean, I want to offer options for effective recovery and support. Here too we can be empowered and proactive, and with a small investment of time and energy we can do much to avoid many of the potential risks and downsides of having undergone cesarean surgery.

DISCLAIMER: The information on this booklet is not intended and should not be construed as medical advice. This is a booklet by health consumers for health consumers; please do not ask for medical advice. Consult your health care provider.

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What is Cesarean Delivery?

A caesarean section, commonly shortened to C-section, is a birthing process in which doctors surgically remove the baby from of the womb. There is some evidence that this method of birth was practiced in ancient Egypt, Rome, Greece, Persia and even some parts of Europe. It was initially used to deliver babies from mothers who died during childbirth, which was a far more common occurrence than it is today. The first recorded surgery where the mother survived occurred in 1500 in Switzerland with the first recoded in America in 1794.

With the development of modern surgery and anesthesia, the C-section process improved steadily and became much safer. There are now two types of C-section procedures: one performed by way of a classic incision and the now more common, via what is called a Monroe-Kerr incision.

The classic C-section involves a larger, vertical incision down the lower abdomen. After this initial incision, doctors cut through the underlying layers of tissue accessing the uterus. Here a vertical cut is made, and the baby is removed. This gave obstetricians plenty of room to move the child. However, it increased a mother's risk for infection and left the uterus more at risk for rupturing in subsequent pregnancies.



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The more recent Monroe-Kerr incision is smaller, horizontal and made near the bikini line. The doctor then cuts through the layers of body tissues to access the uterus. An incision is then made into the womb allowing amniotic fluid to be drained away because this makes more room in the uterus. Obstetricians can then deliver the baby, however because of the smaller incision they may need to use forceps or a vacuum.

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Unfortunately, forceps and vacuum-assisted delivery can sometimes cause injuries to the baby. These can include bruising, lacerations, fractures, and in extremes, brain hemorrhaging.

The use of forceps and vacuum assists is not limited to c-sections. When used in a vaginal birth the delivery is classified as an assisted delivery and the same potential hazards apply.

Reasons for a C-Section

There are basically two types of C-section, planned and emergency.

There are a multitude of reasons for a planned c-section, these are five of the most common

- The baby is in a breech or transverse position, meaning the head is upwards, rather than downward near the cervix. If this is the case at around 38 weeks, and the baby seems unlikely to turn the doctor will schedule the surgery usually somewhere between 39-40 weeks.
- Multiple births. Twins can prove difficult to deliver vaginally and in such cases a C-section is chosen. Any more than twins from Triplets onwards will almost always be delivered by cesarean.
- If you have delivered before by c-section (particularly a classical c-section) some doctors don't feel comfortable allowing you to deliver vaginally because your old scar on the uterus may tear (uterine rupture).
- Placenta prevail, which is when the placenta covers all or part of the cervix, making a vaginal delivery dangerous.
- The mother or the baby has a health condition that may make the stress of the vaginal birth a risky option.

Emergency C-section happens when a woman has had no indication of needing surgical intervention for the delivery until a risk arises late in the pregnancy or during the labor. These are common reasons why a woman might need an emergency C-section.

- The baby becomes distressed during labor. For example if the baby's heart rate drops too low, or is too fast, an emergency C-section can be done to ensure the health of the baby.
- If labor is either very hard or stops completely, many doctors will order an emergency C-section.
- If the mother has a genital herpes outbreak while in labor, a c-section is necessary because the infection can be deadly to the baby. • In the event of a prolapsed cord (the umbilical cord coming out of the cervix), a C-section is performed immediately because the supply of oxygen to

the baby can be cut off.

- The baby is just too big to deliver vaginally.
- Other health concerns that may warrant an emergency C-section are low amniotic fluid, placental abruption (Placenta abruption is, separation of the placenta from the site of uterine implantation, before delivery of the baby.), and meconium (faeces from the baby) in the amniotic fluid.

One unfortunate occurrence that can lead to an 'emergency' c-section is inducing the labour. If this doesn't work women can find themselves in the operating theatre!

Potential Risks

Today the number of cesarean sections in the U.S. has risen nearly 46% since 1996 to nearly 1 in 3 of all births. A c-section is a safe procedure in itself. The rate of serious complications is extremely low. However, certain risks are definitely higher after C-section than after vaginal delivery. These include:

- Infection of the bladder, uterus or kidneys.
- Injury to the urinary tract.
- Injury to the baby caused by use of forceps or vacuum and in very rare instances, the surgeon may accidentally nick the baby with the scalpel.
- Increased blood loss. Blood loss on the average is about twice as much with cesarean birth as with vaginal birth. However, blood transfusions are rarely needed during a cesarean.
- Breathing problems - Babies who are delivered through cesarean birth are more likely to develop breathing problems like transient tachypnea meaning abnormal fast breathing during the first few days of birth.
- Lower Apgar scores - Babies delivered through cesarean birth have lower Apgar scores. The low score may be an effect of the anesthesia. It can also be that the baby may have been in distress to begin with or maybe the baby was not stimulated as he would have been in normal vaginal delivery. (The Apgar score is a number arrived at by scoring the heart rate, respiratory effort, muscle tone, skin color, and response to a catheter in the nostril. Each of these objective signs can receive 0, 1, or 2 points, with 10 being a perfect score.)
- Premature birth - If your due date was not correctly calculated, your baby may be delivered too early.

A c-section may also cause problems in future pregnancies. This includes a higher risk for:

- Placenta previa (Placenta attaches in abnormal location).
- Placenta growing into the muscle of the uterus and has trouble separating after the baby is born (placenta accreta)
- Uterine rupture
- Infertility

A study published in the British Journal of Obstetrics and Gynaecology showed that women giving birth for the first time by cesarean sections have fewer children and more difficulty conceiving than those who birthed by normal vaginal delivery or by assisted vaginal delivery.

Cesarean section delivery was clearly associated with more women who had no further children after five years compared with normal delivery. There were also fewer women who had two or more further children over five years following cesarean section.

In the cesarean section group 63.8% of women had subsequent children delivered by cesarean. This compares with 9.5% in the assisted delivery group and 3.9% of mothers who had a normal delivery.

Over five years following primary cesarean section there were 13% more mothers with no subsequent children compared with normal deliveries. Also, of women who had been delivered by cesarean section only 5% had two or more further children, compared with 12% following normal vaginal delivery and 11% following vaginal instrumental delivery.

Other studies have reported between 12% and 9% more mothers with no subsequent children following primary cesarean section compared with normal vaginal delivery. It seems clear that a primary cesarean delivery can affect family size by reducing future options for women.

The difference in fertility seemed to result largely from difficulties in having children after cesarean section, rather than lessened desire for children. In the cesarean section group 30% of women had tried, but had not been successful, in having another child. This compares with 28% in the vaginal instrumental group and 16% in the normal delivery group. Sub-fertility is greatest if there has been a post-operative pelvic abscess.

These statistics paint a clear picture of higher risk of both voluntary and involuntary infertility after a first child was delivered by cesarean. It is not a risk that your caregiver is likely to discuss with you when you talk through risks of cesarean birth, they may not even be aware that it is!

All surgeries carry risks. Risks due to anesthesia may include:

- Reactions to medications. The mother's health could be endangered by unexpected responses (such as blood pressure that drops quickly) to anesthesia or other medications during the surgery.
- Problems breathing. General anesthesia can sometimes lead to pneumonia.
- The surgery site - the scar, can also be the source of problems in both the short and long term. Primary among these are infections, tearing, adhesions (adhesions are fibrous bands that form between tissues and organs. They may be thought of as internal scar tissue), and ingrowing hairs.

Many women who have had c-section later experience low back and hip pain. The c-section scar, if untreated can form prominent and internal scar tissue just above the pubic bone. When this scar tissue is thick with adhesions it can pull on the hip flexors or psoas muscles which originate at the lumbar vertebrae T12-L5 (your lower back). When one hip flexor is hypertonic (having a very high muscular tension) it will typically pull on the lower lumbar spine. As a result pain is experienced, typically either sciatic pain or lower back pain.

Another symptom that has been seen with cesarean moms is that they may have issues with lower digestion such as irritable bowel syndrome or elimination difficulties. Again, the tightening created by the scar tissue pulls within the abdominal cavity and thus affects the organs.

Bottom line, typically the scar tissue that formed after the c-section can tighten and pull the body out of balance and the symptoms of pain in the back really originates in the abdomen. Fortunately there are solutions that work for most women. First and foremost caring for the scar with daily self massage will soften the tissue dramatically and prevent adhesions. After two months the addition of dry skin brushing will further diminish and heal the scar tissue. **Myofascial** and **craniosacral treatment** can also help release any remaining pulling from the scar tissue in the pelvic floor. The hip flexor(s) can then return to balance. Caring for the scar in these ways creates relaxation of the tightened lower abdominal tissue relieving pressure on the low back, and typically avoids potential future problems and pain.

Working with Your Caregiver

When any form of medical procedure including medication, a test, or a form of treatment is offered to you, you are entitled to “informed consent”. This is a legal right which means your caregiver has a responsibility to explain; reason this type of care is being offered; exactly what it will involve; all the risks and associated benefits of this type of care; potential alternatives and their risks and benefits. You are also entitled to request a copy of your medical records and to ask for a second opinion.

It is also your legal right to accept or not accept the care that is offered. Should you choose to not accept this is called an ‘informed refusal’. It is a good idea to go over your options in this way with your caregiver during your pregnancy. Equally your caregiver has rights too, for example if you requested a c-section without any medical need for it your caregiver has the right to refuse to carry out your wish.

Most of us are conditioned to see those in the medical profession as authority figures and to simply accept what it is that they tell us. It is a good idea then to make a list of questions before you meet with them and to make notes of their responses. When you are with them it is important to feel okay to ask further questions, ask for clarification, and explanations, to ask for sources of information, and the sources for research that support their recommendation.

It’s also important that you don’t feel pressured into making a decision before you’re ready and it’s perfectly acceptable to have more time, and to even get a second opinion if you feel uncomfortable with what is being recommended. The bottom line is if you have questions ask them I keep asking until you get the answers you need.

Some questions to consider asking are your caregivers feelings and past history with a) epidurals b) inducing labor c) episiotomies (surgical cut to enlarge the vaginal opening) d) slow or stalled labor e) continuous electronic fetal monitoring CEFM f) labor support from partner, doula etc.

These are all issues to be familiar with yourself and to consider what you ideally would like to happen. We can’t control how the birth will go, but we can create the circumstances that will give us the best opportunity for what we want to be what happens.

After Delivery

Like most new mothers, you'll probably feel a mix of joy and overwhelm about the precious new person in your life. At the same time you'll also be recovering from major abdominal surgery while dealing with typical postpartum issues such as engorged breasts, sore nipples, mood swings, and vaginal discharge.

C-section moms usually stay at least three to five days in the hospital before going home. Once home your recovery will be measured in weeks, not days, so you'll need help taking care of yourself and your new baby. What's more, if you have other children, they may be feeling insecure because you've been away from them for a few days, to say nothing of the feelings they may have about a new baby! It's highly advisable to plan to get all the help you can - in advance!.

Postpartum Emotions

Moms have a wide range of emotions after childbirth and having a c-section delivery is no different. So it's not possible to predict how any individual will feel. Emotionally the postpartum period can be a real roller coaster. This is in large part due to a new wave of hormonal changes which will effect each women according to her physical and emotional history and her overall outlook. Statistically 80% of women will experience some degree of postpartum depression. Given this fact it is vital to do what you can to be prepared and pro active after the birth.

Additionally if you did not expect to have a cesarean delivery you may well have negative feelings about the birth experience. The common line is "well the babies healthy and that's the most important thing", and it is. It does not however mean your feelings are not valid and should be ignored. Some women who end up in surgery after a long, drawn-out labor feel a sense of relief, while others are upset that they ended up with a c-section after doing all that work. And others have mixed emotions. Some moms say they feel cheated out of a vaginal delivery, especially if they took childbirth classes and fantasized about the "ideal birth." Others say they feel as if they're somehow less of a woman because they needed a c-section.

All of these feelings are common and may be difficult to resolve. If you have any of these feelings of disappointment or negation, it may take some time to reconcile the reality of your birth experience with what you'd imagined during your pregnancy. When you feel ready, it is advisable to talk these feelings through with someone sympathetic who can listen with neutral if not loving ears.

It might help you to know that a significant percentage of women find giving birth

quite different to what they expected. This is true regardless of how they actually gave birth. If after a few weeks you have any nagging doubts about whether the surgery was really necessary, or any other unresolved issues, talk to your practitioner about it and ask her to go over the decision with you.

Remember that you're also likely to experience the range of emotions of most mothers during the postpartum period, regardless of how they gave birth. Postpartum blues are common. You have just gone through such a dramatic life experience that in the short term after the birth adequate rest to overcome the exhaustion is your priority. If you continue feeling really blue, seek help. You may be suffering from postpartum depression.

Finally, you may be frustrated if it seems to be taking you a long time to recover. Remember that just healing from the surgery is likely to take a significant amount of time and energy. Add to that all the postpartum changes your body is going through – along with your new 24/7 parenting responsibilities – and you're bound to feel less than your best for some time.

Give yourself time and be patient. Day by day, you'll be feeling better and enjoying life with your new baby. I found helpful information in [Elizabeth McGee's book 'Worry free c-section'](#) and on [this site](#). Elizabeth is a psychologist who herself had two children by c-section. Her book is for what it says in the title and covers all aspects of making cesarean delivery as safe and easy to recover from as possible, I thoroughly recommend it.

Postpartum pain relief?

If you had an epidural or spinal for your c-section, you possibly had morphine added, which can give great postpartum pain relief for up to 24 hours without the grogginess that you get from full anesthesia. Know though that once your local analgesia stops providing adequate pain relief, you'll be given systemic pain medication, usually pills containing a narcotic and possibly acetaminophen. It may help to take ibuprofen, too. You'll also be given a stool softener to counteract the constipating effect of the narcotic.

If you had general anesthesia for your surgery or you don't get morphine through your spinal or epidural after the birth, you'll be given systemic narcotics for immediate postpartum pain relief. You'll either get a shot of pain medication every three to four hours or you'll use a system called "patient-controlled analgesia": You push a button when you're feeling pain that delivers medication through your IV. A machine controls the doses so you don't get more than what's safe.

If the medication that's been ordered for you isn't covering your pain, let your nurse know. If the nurse can't help you, ask to see an obstetrician or anesthesiologist. The more comfortable you are, the easier it'll be to breastfeed your baby and to get moving again. It's important to know though that systemic medication can cause a variety of unpleasant side effects, like drowsiness, dizziness, and disorientation. Because of this, you'll have to stay in bed. Some of these drugs may also cause nausea and itchiness. Obviously using pain killers like this can interfere with your first precious moments with your new baby because of these side effects.

Well that's the modern approach. The traditional care to aid recovery from a surgery like cesarean section is binding. Binding not only greatly reduces the pain from c section (or other abdominal surgery), it also aids in a faster recovery and reduces the likelihood of complications. If you use binding straight away you can greatly reduce, even possibly eliminate the need for pain killers and be available for bonding with your baby. (see the section on binding)

Recovery during the first few days

You will maybe feel groggy and even possibly nauseous right after surgery. Nausea can last up to 48 hours, but your caregiver can give you medication to minimize your discomfort. If there were narcotics in your epidural or spinal you may also feel itchy all over. If this happens to you, let your caregiver know so she can give you medication to relieve the itchiness.

If you plan to breast feed, you can start in the recovery room right after surgery. Ask the nurse to show you how to nurse in the side-lying position or using the football hold, so there won't be pressure on your incision. This is again another challenge that can be hugely diminished by wearing a c section support belt because it's support allows you to move without feeling like your insides are going to fall out. You also have the added comfort of a binder after c section giving some protection to your vulnerable incision when handling your baby.

Breastfeeding can be challenging for anyone especially after a c-section because of the pain from the healing incision. If you have any concerns or difficulty ask to see a lactation consultant as soon as possible to help you. If the hospital doesn't have a lactation consultant, ask for the nurse who's the resident expert. You don't have to be embarrassed to ask, these women are there to help you, they want to help you so please, just ask.

Do not be surprised if you feel numbness and soreness around the incision. As it heals the scar will be slightly raised, puffy, and darker than your natural skin tone. While you are still in hospital your doctor will come each day to check how you're doing and look that the wound is healing properly. (read more in the scar healing chapter)

Anything that puts pressure on the abdominal area will probably be painful at first, but you'll feel a bit better day-by-day. Be sure to use your hands or a pillow to support your incision when you cough, sneeze, or laugh. These simple actions will be made significantly more comfortable by wearing a belly binder. And if sneezing or laughing will hurt, it gives you some idea what it will be like getting out of bed the first time!

A nurse will visit every few hours at first to see how you are and help you. She'll take your vital signs, check your belly to make sure your uterus is firm, and assess the amount of vaginal bleeding. Like all women who just delivered a baby, you'll have a vaginal discharge called lochia, which consists of blood and sloughed-off tissue from the lining of your uterus. For the first three or four days, it will be bright red.

You will also get instruction from a nurse on how to cough or do breathing exercises to open your lungs and clear them of any accumulated fluid. This is particularly important if you've had a general anesthesia. This will reduce the risk

of pneumonia.

If everything's okay, your nurse will remove your IV and urinary catheter, usually within 12 hours of surgery, and you'll likely be able to start eating bland, mild foods if you feel like it.

It's possible you will have some gas and bloating during the first two days. Gas tends to build up because the intestines are sluggish after surgery. Getting up and moving around will help your digestive system get going again. Yet again another value of binding because it will allow you to move more, sooner, with less pain and discomfort.

If the gas is causing you great discomfort, the nurse can give you some over-the-counter medication that contains simethicone, a substance that allows gas bubbles to come together more easily, making the gas easier to expel. Simethicone is safe to take while breastfeeding.

You may be encouraged to get out of bed the day of surgery and certainly by the next day. (If you don't have a belly binder, do not attempt to get up by yourself. The nurse or your partner should assist and support you the first time) While you are in bed you can get the blood moving in your legs and feet by wiggling your feet, rotating your ankles, and moving and stretching your legs.

Just walking to the bathroom may seem impossible at first, but moving around is important for your recovery. It will help your circulation and make it much less likely that you'll develop blood clots. What's more, it will make your bowels less sluggish, which will help you feel a whole lot more comfortable sooner. It's also important to get to the bathroom to urinate regularly. A full bladder makes it harder for the uterus to stay contracted and increases pressure on the wound.

By the second day, you should be taking a couple of short walks with help from your partner or a nurse. If you aren't wearing a belly binder it is advisable to take your walks a short time after you've taken pain medication, when you're likely to feel more comfortable. If you are, then this is much less of an issue and one less thing to think about and deal with.

In three to four days, your doctor will probably remove your sutures or staples. This takes just minutes, and you may feel a small pinch or a little pain. After that, if all's well, you'll be free to return home.

By now you will probably have some idea of the physical challenges you will face in the days and first weeks after your cesarean delivery. We haven't yet looked at some of the secondary problems that can arise in the healing of your incision.

Binding for Reduced Pain, Faster Recovery & Reduced Complications

I first saw binding used during my time in the peace corps in Africa. It is one example of how centuries old healing wisdom has been supplanted by dependence on pharmaceutical drugs. So what is it and how does it work?

Binding is an ancient healing tool for both pain control and affective healing. Bandages are an example of medical binding. When used for a wound, surgical or not, the binding creates compression at the site of the wound. Compression presses the body fibers together, reduces swelling and tearing and at the same time offers some protection for the incision.

Soft abdominal binders can also help support the body changing with pregnancy, as well as for both post vaginal delivery & cesarean section recovery. Unfortunately the ancient healing art of binding is less well known today as I discovered after my own emergency c section.

Cesarean Section birth requires special recovery care because surgery is stressful, painful and now a new baby requires your loving attention. Binding will reduce both your pain and scar. Abdominal binding or wearing a belly belt, also makes it easier to get out of bed because compression helps to reduce swelling, stabilizes the skin, muscles and internal organs to shrink back in size. Basically compression from binding presses tissue of the incision back together because it makes the space in between the fibers smaller through pressure. Compression is most effective done with binding, though massage or holding of the area are two other means. Ideally a combination of the three will be used for maximum benefit.

Binding can protect and support your incision from day 1. Many women, myself included say they feel like their insides are going to fall out the first time they rolled over to get out of bed. Compression supports your abdomen so you feel comfortable and confident to move. It will also help reduce scar tissue density. Many women do not realize that the doctor cut into 6 layers through the abdomen, and then stretched open the muscles. With binding you can have the feeling of being supported and stable, rather than vulnerable to gravity and afraid to move.

Binding also supports organs to go back to their original size and location. Bladder, intestinal and reproductive complications can arise from a c-section or other abdominal surgeries. The support of binding means less tearing, which means less scar tissue, inside and out. Less scar tissue means more comfort and fewer secondary complications and a better looking scar. With belly binding you can avoid the tearing and complications that lead to possible abdominal adhesions, painful periods, and a lumpy scar.

Some hospitals provide post surgery binders (and many more don't), but they are generally stiff and not very soft. When I had my emergency c section the hospital gave me... a bandage! Can you imagine, with an incision like the one above what it would feel like to attempt to wrap a bandage around your tummy over and over to create the effect of a cesarean binding belt?

The uniquely designed **C Section Recovery Belt** of Maui Healing kits does not contain elastic, making it perfect for immediate use after c section birth or other abdominal surgery. It is designed to be as adjustable as possible to allow you to find the perfect binding pressure and adjust it as you heal. It also comes with up with the detachable Bikini Belt, which does contain elastic, for another level of fully adjustable support, front or back. I have to say when I first saw it I said to myself, now why didn't I think of that.

The same company produces the **Hem It In Belt** which is great for post vaginal delivery, laparoscopic abdominal surgery, and from about 2 weeks after the cesarean, when you want stronger compression and support. The cotton covered elastic provides firm support when you are getting back to your daily routine, or just going to the car with baby. Because the incision is through 6 layers, and our muscles were then stretched open to get the baby out, holding them close is a good thing and gives you an immediate freedom and mobility that would otherwise be weeks away.

Both the C Section Bikini Belt and the Hem It In Belt are available individually. They also offer a **C Section Recovery Kit** which includes the Recovery Belt with Bikini Belt, a dry skin brush and C-Section Recovery Massage Therapy Guide with detailed instruction and over 100 pictures. They also have a **Deluxe kit** which also includes a Hem It In Belt.

What is really inspiring about this company is that it was born from its founders own emergency c-section experience and the belts are designed for women by women. The binding belts are designed for maximum adjustability and are available in 5 sizes.

What's especially interesting on their site is to read testimonials from mothers who had the belts for their 2nd c-section but not the first!

Recovery after leaving the hospital

Expect and plan to need help – and lots of it – once you get home. If nobody offers, ask for support from your partner, parents, in-laws, and friends. If you're worried that you may not have enough support, hire paid help if you can afford it, at least for the first week or so.

You'll likely be given a prescription for more painkillers and a stool softener before you leave the hospital. You may need prescription painkillers for a week or more after surgery, gradually transitioning to over-the-counter pain relievers. (If you're breastfeeding, don't take aspirin or drugs containing acetylsalicylic acid.) Again, if you are wearing a belly binder this may not be necessary at all.

Drink plenty of fluids to help you avoid constipation. Your incision will likely feel better day-by-day, quite noticeably so after several days, though it may continue to be tender for several weeks.

It's very important to call your caregiver if you have any signs of an infection, including:

- * heat, redness, or swelling at the incision site
- * oozing from the incision site
- * worsening or sudden onset of pain
- * any fever (even if your incision looks fine)

Your vaginal bleeding and discharge should be gradually diminishing, though it may last up to six weeks. It should start to turn from bright red to pink and then yellow-white. If menstrual-type bleeding continues past the first four days after delivery or comes back after slowing, contact your healthcare provider.

For more information on warning signs of a medical problem in the weeks after delivery, see the final chapter 'Warning signs to watch for in the weeks after giving birth.'

How active should I expect to be?

While it's essential to get plenty of rest once you're home, it's also important to gradually return to mobility. You will benefit by getting up and walking around regularly. Walking promotes healing by getting your blood and lymph moving and helps prevent complications such as blood clots. But don't overdo it, it's really important for you to listen to your body. The most important thing is steady and consistent healing and recovery.

It's a good approach to start slowly and increase your activity gradually. Because you're recovering from major abdominal surgery, your belly will feel sore for some weeks. Take it easy and avoid heavy household work or lifting anything heavier than your baby for eight weeks.

In six to eight weeks, you'll probably be feeling able to start exercising moderately – but wait until your caregiver confirms you are ready. It will likely be quite a few months before you're back to your former self. I really recommend **Jago Holmes 'The Essential Guide To Exercising After A Caesarean'**.

You'll be able to resume sexual activity in about six weeks if you're feeling comfortable enough, and after your caregiver's (doctor or midwife) okay. Once you are given the ok to resume sex, you need to consider some other factors. For example, if your incision is still tender, you may wish to use a position where you avoid direct contact or pressure on your incision. Your hormones, if breast feeding, will also effect your libido, so it maybe some weeks longer before you feel interested, each woman is different and it's important to respect your own process and communicate/educate your partner accordingly.

Don't be surprised if you experience some pain or discomfort upon resuming sexual activity. Most new moms have some issues in the lubrication department, particularly if they are breast feeding. So it can be as well to have a vaginal lubricant available to make the experience as pleasant as possible.

Also remember that time and patience are great cures for sexual challenges post-cesarean and post-baby.

Other reasons for discomfort may include, stress on your bladder, uterus, and connective tissue. These are some of the organs and tissues that make up your lower pelvic floor, and were affected by the surgery. During the delivery the doctor lifted your bladder, cut into your uterus and moved tissue to deliver your baby and placenta. Your cervix is attached to the uterus, and the vaginal floor area was stretched through the surgery.

The Scar - Care & Healing

At first, the scar will be slightly raised, puffy, and darker than the rest of your skin, but it'll start to shrink significantly within six weeks of surgery. A c-section incision is only 4 to 6 inches long and about 1/8 inch wide. As the incision site continues to heal, your scar will more closely match your skin color and will narrow to about 1/16 inch wide. It might be itchy while it's healing, many women however say the scar area is numb and can remain so without care.

After Pregnancy and surgery, your abdomen has undergone tremendous change and it needs all the support it can get. Massaging your c section scar, for even a few minutes a day, can have a huge benefit.

As you heal, your skin and scar will change, and the feelings around your scar will shift. Many women say they feel afraid to touch their scar because it feels numb or painful. In fact touching your abdomen after the surgery will help speed healing and reduce the size, feel and look of your scar. Because massaging stimulates the nerve endings it will bring the feelings back and the numbness will disappear.

Massaging your scar helps it to heal faster, and because it softens the scar tissue it creates a flat, smooth scar. Massaging your c section incision helps organize the scar tissue because regular massage provides compression which increases circulation and connection, stimulating the healing process. Self massage of your healing scar reduces the potential for c section scar adhesions, one significant source of long term complications. So consistent touch and massage will help the look and feel of your scar, as well as promote circulation and body awareness.

When you avoid touching your incision the tissue can end up being lumpy and discolored. If you feel lumps, chords, numb areas, and have bladder issues, then adhesions may be forming because of the disorganized scar tissue. Tissue fibers a like little pick up sticks, they need to be rolled and organized to optimize cohesion and healing. Consistent massage and dry skin brushing for as little as 5 minutes a day will make a big difference in your healing. Massage gently and always hold below your scar to avoid it opening.

The actual scar is much deeper than what is visible, and the longer you massage, the softer the scar and the deeper you can penetrate the abdomen and help the deeper levels. If you keloid easily, purchase silica strips or gel to aid in discoloration and scar texture on the surface

You can learn about tissue repair and how to help yourself avoid complications from the C-Section surgery from Christina Hemmings self help Scar therapy guide which is available as a downloadable E-Book. [You can find it here](#). The

book has over 100 photos in an easy guide to a flatter and healthy scar. It's never too late to work on an old scar!

The booklet is available in printed form in both her [C Section Recovery Kit](#) and the [Deluxe version!](#) I encourage you to empower yourself and actively assist the healing of your c section scar using binding, massage and later dry skin brushing too.

Dry Skin Brushing

After a Cesarean birth, you are going to have a scar, it is after all surgery that cuts through six body layers. The incision cuts superficial nerves and disrupts the lymphatic flow. Many people feel afraid to touch their incision and some want to ignore that it is there altogether. In part this is from a lack of information. The truth is there are many things you can do to ensure a speedy recovery, minimize complications and create a small smooth scar. One of them is dry skin brushing.

Dry skin brushing is an ancient techniques used to decrease infection, remove dead skin, increase circulation and eliminate ingrown hairs in an incision as it heals. Here are seven ways that you can benefit from doing dry skin brushing as part of your c section recovery.

1: Dry skin brushing moves the lymph, which lies in the deep skin layer. Lymph is a major part of our immune system and contains white blood cells called lymphocytes and the interstitial fluid that bathe our cells, bringing our cells nutrients and removing their waste. Our bodies contain more lymph than blood, which demonstrates how important lymph is.

Dry skin brushing moves the lymph containing large proteins and particulate matter that cannot be transported in any other way back into circulatory system. When these proteins are not removed, they attract other fluid, leading to swelling. This is called lymphedema.

2: Dry skin brushing helps reduce ingrown hairs on or around the incision. Ingrown hairs can create more scarring and unsightly blemishes. Consistent skin brushing will reduce and eliminate the ingrown hairs. Many people's scars feel numb. These numb feelings can also helped by dry skin brushing through increasing the proprioceptive response. (pro·pri·o·cep·tor – A sensory receptor, found chiefly in muscles, tendons, joints, and the inner ear, that detects the motion or position of the body or a limb by responding to stimuli arising within the organism.)

3: Dry brushing stimulates the skins oil glands, helping the skin stay healthy and perform one of its main functions. The skin is your body's largest organ. When improperly maintained, the elimination duties of the skin are forced upon the kidneys.

4: Dry Brushing tightens the skin by increasing the flow of blood which, in turn moves toxins and accelerates healing. Our bodies make a new top layer of skin every 24 hours – skin brushing removes the old top layer, allowing the clean new layer to come to the surface, resulting in softer, smoother skin and therefore a softer smoother scar. Dry skin brushing flakes off the outer layer of skin, which has been tested and found to contain uric acid, which is highly toxic.

5: Dry Brushing tones the muscles. Dry skin brushing helps muscle tone by stimulating the nerve endings which causes the individual muscle fibers to activate and move. Obviously this is of great benefit to the recovery muscles of your abdomen.

6: Dry brushing stimulates circulation. Did you know your skin breathes? And yet, in most people, this vital route of detoxification is operating far below its capacity, because it is clogged with dead skin cells and the un-removed waste excreted through perspiration. Dry skin brushing increases circulation to skin, encouraging your body's discharge of metabolic wastes. Increased blood flow begins entering the areas brushed.

7: Dry brushing improves the function of the nervous system—Dry skin brushing rejuvenates the nervous system by stimulating nerve endings in the skin.

Because of all these benefits a dry skin brush is included with both the Abdomend **C Section Recovery Kit** and their **Deluxe C section Recovery Kit** with instructions for use in the self care Hemming Scar Therapy Guide.

Warning signs in the weeks after giving birth

Call your healthcare provider right away if:

- * You're feeling extreme sadness or despair or experiencing strange ideas or thoughts of harming yourself or your baby.
- * Your vaginal bleeding isn't easing off; continues to be bright red after the first four days; resumes after decreasing; contains clots bigger than a quarter; or has a foul smell.
- * You develop a fever, even a minor one. A low-grade fever could be something benign, but it may be a sign of an infection, it's better to play it safe and call to have it checked.
- * You have severe or persistent pain anywhere in your abdomen or pelvis, or afterpains that get worse instead of better.
- * You have worsening pain or soreness that persists beyond the first few weeks, or redness, heat, swelling, or discharge at the site of your c-section incision.
- * You have severe or worsening pain in your vagina or perineum, foul-smelling vaginal discharge, or swelling or discharge from the site of an episiotomy or a tear.
- * You have pain or tenderness in one area of the breast that's not relieved by warm soaks and nursing, or swelling or redness in one area, possibly accompanied by flu-like symptoms or fever.
- * You have pain or burning when urinating; you have the urge to pee frequently but not a lot comes out; your urine is dark and scanty or bloody; or you have any combination of these symptoms. (Stinging after the urine comes out and hits an abrasion or laceration is normal.)
- * You have severe or persistent pain or tenderness and warmth in one area of your leg, or one leg is more swollen than the other.
- * You have severe or persistent headaches.
- * You have double vision, blurring or dimming of vision, or flashing spots or lights.
- * You have severe or persistent vomiting.
- * The site of your IV insertion becomes painful, tender, or inflamed.

When I should call 911 instead?

- * Call 911 or your local number for emergency services if:
- * You have shortness of breath or chest pain, or are coughing up blood.
- * You're bleeding profusely.
- * You're showing signs of shock, including light-headedness, weakness, rapid heartbeat or palpitations, rapid or shallow breathing, clammy skin, restlessness or confusion.

Resources

ICAN The International Cesarean Awareness Network (ICAN) is a nonprofit organization founded by Esther Zorn in 1982. ICAN's mission is to improve maternal-child health by preventing unnecessary cesareans through education, providing support for cesarean recovery, and promoting Vaginal Birth After Cesarean (VBAC).

VBAC.com The place for VBAC information and support.

Childbirth Connection A site about trying to improve maternity care. It has a great, free pdf "What Every Pregnant Woman Needs to Know About Cesarean Section" which would be good additional reading to my own humble efforts.

Cytotec Adverse Event Site Promotes awareness of the widespread and unethical use of a drug called "Misoprostol" also commonly known as "Cytotec".

<http://www.healing-arts.org/mehl-madrona/mmepidural.htm> - The scary truth about epidurals, and the lack of informed consent.

The Unnecesarean - An excellent site full of information to help you avoid an unnecessary cesarean, as well as lots of informative links and resources.

Spinning Babies The step-by-step approach to the topic of Optimal Fetal Positioning.

You Have Rights Information on HBAC, VBAC, cesareans, patients rights, etc.

Abdomend binding belts The fabulous C-section recovery products for binding and scar therapy.

Elizabeth McGee's book 'Worry free C-section'

Jago Holmes book 'The Essential guide to Excercise after A Cesarean'