Your baby has just been born, and this event will transform your life. All over the world and in all cultures, mothers and babies are given a period of several weeks’ rest to live through this transition. Give yourself this time! Take the time to create favourable conditions in your surroundings for a happy start in life, motherhood and fatherhood!

It generally takes a few weeks to get your normal level of energy back. It is not a sign of weakness; it is that your energy is occupied elsewhere: recuperating, transforming those body tissues which had accommodated your pregnancy and birth, starting and maintaining milk production, living an extraordinary psychological adaptation to your new role as a mother and often healing wounds to the body and to the heart. After a caesarian, recuperating will be longer for your body because of the surgery involved. Be patient, take care of yourself and don’t hesitate to ask for help when you need it. Doing nothing during the first weeks is the most important job!

The first hours following the intervention

Often in the first hours following the surgery, the epidural you received will give you a certain relief from the pain due to the intervention. Afterwards, pain management medication will be offered to you for relief. These will often consist of acetaminophen (Tylenol) combined with codeine. The goal is for you to be able to comfortably move around, thus preventing complications that can follow a long period of confinement. We suggest you accept these remedies because the pain is more easily controlled when early than once it is well established. In general, these remedies do not interfere with breastfeeding.

We suggest you have someone with you during the first days of your hospitalization. It is important that all strenuous actions (pick-up baby, sneeze, cough…) are done with your mouth open to prevent pressure on your incision and to diminish pain during those movements. Holding a small cushion or pillow or even both hands against your incision can also prevent pain during effort. After a caesarian, you should be alternating rest periods with your daily activities, getting up to do your toileting, eat, move a bit, breastfeed and take care of the baby.

It is possible that a urinary catheter and/or IV be maintained for the first 24 hours. Normal eating habits will generally come back quite quickly after passing intestinal gaz. However, to prevent constipation, you can also take mild laxatives that the nurse will be proposing (Colace, a small red pill).

Your first days at home

Depending on your situation and your degree of well-being, you will obtain your hospital release 3 or 4 days after your caesarian. Your midwife will then be responsible for your post-natal follow-ups immediately after obtaining your medical release. She will organize a home visit to look over any special needs and to be sure you and your baby are well. It is important to organize the postnatal support you
will need after any birth and particularly after a caesarian. If it isn’t already planned, reclaim your friends; have them help with other siblings and daily activities.

When you are home, we encourage you to gradually get off the pain relievers containing codeine because of their adverse effects (constipation, nausea, etc.). You can continue ibuprofen (Advil) for the pain from your incision. You can discuss this with your midwife.

The muscles and tendons which were stretched during pregnancy to accommodate the growth of your baby will remain for some time. It will take several weeks for their tone to return to normal. Your muscles therefore need you to be more often in a horizontal position so that they are not carrying the weight of your stomach while they are trying to return to their shape.

You can begin to return to a few activities very gradually during the second week, even though you may feel enough energy beforehand; preserve your energy! The postnatal period is not a sprint. The sooner you let yourself fall into this change of rhythm, the better it will be. Your body must heal from an important surgery.

Breastfeeding

Even though your baby was separated from you in the first hours or first days following the birth, breastfeeding is not compromised. Certain babies will begin to nurse without any problem whereas others will need a bit more help and patience to discover the art of nursing. This phenomenon isn’t unique to a caesarian birth and can occur after a vaginal birth as well. Don’t hesitate to ask your midwife for help, or the lactation consultant at the hospital.

It is possible that the pain from your incision may be bothersome while executing certain movements. In this case, help yourself with extra pillows and ask your partner to position baby to the breast. Certain positions are particularly recommended after a caesarian. Your midwife or the nurse will give you hints. The best and ideal way to establish breastfeeding is to keep baby against your breasts, skin to skin, as much as you can. Baby recognizes your odour, your voice. This enables him to maximize his abilities and skills to discover the pleasure of nursing. For you, these precious moments of bonding can be a wonderful way to heal emotionally when normal birthing circumstances have been disrupted.

The colostrum (first milk) is perfect for your baby and it is all he needs during the first days. Its very rich composition compensates for the fact that it comes in small amounts to allow for your baby to gradually get used to digestion. Put your baby on the breast as soon as he is awake without worrying about a schedule.

It is possible that the mature milk comes in a few days later because of the caesarian. Your midwife or the lactation consultant can give you appropriate advice to help stimulate the onset of your milk production.

Newborns don’t know hunger; it is a new sensation which they will take a while to recognize and to express. Don’t wait for his cries or his « demands » to breastfeed. Most newborns are ready to breastfeed every two to three hours. Let your baby drink until he seems sleepy and satisfied. You may have to stimulate him to keep him awake if he has a tendency to fall asleep during feedings. During the first days, it is important that baby takes both breasts regularly.

Each mother and each baby is unique. Your breastfeeding experience will also be.
Emotions

During the first days after the birth of a child, emotions can be multiple, contradictory and you may feel edgy. Tears aren’t very far from an intense feeling of joy! These emotional turmoil are normal and current. Give yourself time, rest a lot and share your feelings with your partner, your friends and with your midwife. Don’t hesitate to ask for help if you feel overwhelmed by these feelings during a prolonged period.

Sometimes after a caesarian, certain women experience such feelings as guilt, disappointment, failure or incompetence, shame or powerlessness, whereas others, not; it all depends of the reasons or circumstances around which the caesarian birth occurred. Combined with the joy of discovering your child, these feelings can be mixed and create a state of general discomfort. Then again, verbalizing your feelings with people you feel comfortable and secure with can be of great help.

The normal process during the days following birth

For the mother

Lochia (uterine discharge)

- After a caesarian, the loss of blood and uterine liquids (called lochia) are much less abundant than with a vaginal birth. They can indeed be more like a 3rd day of menstruating. Afterwards they will gradually diminish in quantity and will change colour and texture, going from red to pinkish to brown.

- You may occasionally discharge a blood clot, especially in the morning, after urinating or breastfeeding. Lochia may become redder and more abundant following an unusual effort. As of the second week, you may experience a newly red and slightly more abundant bleeding during about 24 hours.

- You may feel contractions especially when breastfeeding. These may be especially strong with your second baby and more. Speak to your midwife if you need to relieve the pain.

- Do not use tampons until the end of the lochia, which usually last between 3 and 6 weeks.

- If, being back home, you feel strong abdominal pains or if you have fever, you must phone your midwife in order to evaluate the pertinence of seeing a doctor.

Personal hygiene

- Principles of good hygiene are particularly important after giving birth: a daily shower or bath, hand washing after using the toilet, a clean bathroom, always wipe from front to back, etc.
Change your sanitary pad frequently, at least every 3 to 4 hours.

- Generally, hospital recommendations are such as you avoid taking baths or long showers for a 6 weeks period. Nevertheless, as soon as the incision is healed, you may take a shower or a bath even if the steri-strips are still in place. Your midwife or your nurse will guide you. Vaginal douches are not recommended.

- It is recommended that you let the scar uncovered to air dry as much as possible. After your shower, sponge off the excess water with a clean towel. The steri-strips generally fall off after 10 days. If not, you can remove them yourself or ask your midwife or nurse to remove them during the second week visit.

Elimination and perineal exercises

- You may feel a certain discomfort around your urethra because the catheter used during the caesarian is still present for a few hours afterwards. This is normal and brief. A urinary infection, generally mild, may be associated to the presence of the catheter. To prevent this from happening, you can drink concentrated cranberry juice or use cranberry capsules. If you do have symptoms of an urinary infection (pain while urinating, fever, etc.) you must tell your midwife or the medical team, promptly

- The first bowel movement will usually occur a few days after the birth and may worry you a bit. Breathe slowly, don’t push, relax; don’t be afraid. If you didn’t pass stools after 3 or 4 days, add fiber to your diet and be sure to drink plenty of water. If you are still taking pain relievers that contain codeine, constipation can be present because it is one of the adverse effects of the remedy. That is why we suggest you only take acetaminophen as soon as you feel relieved by it and also use a mild laxative for the 2-3 days following the birth.

- Exercise your perineum (kegel exercises / contracting and releasing the muscles of the base of the pelvis) from the first day after giving birth and increase the number of these up to 100 per day around the end of the first week (10 series of 10 exercises). At first, only do them lying down. Your midwife can give you more information on exercises you can do later to re-tone your perineum.

Breast and nipple care

During the first days after giving birth, your breasts produce colostrum, perfectly adapted to your baby’s needs. In response to the stimulation caused by frequent feedings, your breasts will increase their production around the third day; this may be uncomfortable for 24 to 48 hours… or pass unnoticed. Sometimes, because of a caesarian birth, the milk won’t come in as soon. It can be postponed for 24 hours. However, don’t worry; your baby will nurse as often as he needs. Your midwife can help you evaluate if your baby drinks enough and she will check for his weight gain.

- It is normal for breasts to be swollen and sensitive at the beginning of lactation around the third day. It is possible to have a little fever at that moment (not over 38.5 C)

- Some women prefer to wear a bra during the night. Make sure it is the right size.
• It is normal for the nipples to be sensitive during the first days until they become accustomed to baby’s sucking. After each feeding, extract a little milk and coat your nipples with it in order to protect them. You can also use lanolin, which doesn’t need to be removed before your next feeding. For all other products, check with your midwife if they must be washed off before breastfeeding.

• If nursing is painful, if your breasts are clogged, if you have difficulties with breastfeeding, don’t hesitate to call your midwife.

Diet

Rest and activities

• It is important to eat well: lots of fresh fruits and vegetables, whole grains, proteins, etc. Breastfeeding requires more liquids: drink a large glass of water or juice each time you breastfeed. Your milk production does not depend on your consumption of milk.

• Laxative foods such as prune puree or juice, bran in cereals or muffins will facilitate your first bowel movements.

• For alcohol and caffeine, moderation is recommended (or even abstinence in the case of alcohol) since all that you consume passes into your milk.

Rest and activities Visitors

• « Sleep every time baby sleeps! » is the general rule to follow during the first weeks. Have 2 naps a day during the first week, and one nap afterwards.

• Do not have any activities other than taking care of yourself and your baby during the first week. In which case, you need a constant helper (partner, family, and friends) for domestic tasks, care of other children, and a part-time helper for the second and third weeks.

• When you go out after the first week has gone by, remember that you will tire more easily and maybe suddenly. Proportion your energy and make your outings short.

• Exercises to get back your waistline are not recommended during the first weeks.

• For the father, it is also important to make up for lost sleep and accept help in order to be free to enjoy his new family.

Visitors

• In the first days, too many visitors can be exhausting. Limit your visitors to a strict minimum: grandparents, close friends, etc…

• Be clear and firm on the subject of visit length (ex: maximum 30 minutes). As soon as you feel tired, excuse yourself and go back to bed.
Call your midwife if:

- You fill 2 or more sanitary pads in less than an hour;
- You have many blood clots larger than the size of an egg;
- Your discharge has a nauseating smell;
- You have a temperature higher than 38.5°C or 100°F;
- Your scar becomes red, painful and oozing;
- You feel pain in a calf;
- You have problems with your breasts or nipples (redness, pain, chapping)
For the baby

Sleep

- Always lay your baby on his back. If he has reflux of secretions coming from his stomach, observe how he has all the reflexes to manage the situation well: it is also what he does when you are not watching.
- A newborn can sleep a lot during the first 24 hours: he is also recovering. Thereafter, he should wake on his own to drink, and be vigorous and alert in his moments of wake. If he is asleep for more than 4 hours during the day, pick him up, uncover him, and stimulate him to wake him up. At night-time, let him sleep unless otherwise indicated by your midwife.

Urine & Stools

- During the first days, newborns urinate in small quantities. Once baby is absorbing a good quantity of milk, towards the end of the first week, he will easily wet 6-8 diapers per day.
- In the first days of life, stools are black and sticky: it is meconium. In the following days, they will gradually change colours and consistency to finally become mustard yellow, liquid and/or grainy.
- In the first days, some babies may have pinkish-orange deposits in their diaper. It consists of urate crystals in the urine, it is normal. Some baby girls can have mucus and sometimes even light blood discharge from the vagina. This is normal.

Breathing

- Newborns breath through the nose. The normal breathing rhythm per minute is between 40 and 60 breaths, and is often irregular: a few seconds of pause and often a few moments of fast breathing.
- It is normal to hear secretions when the baby breathes: he will get rid of them sneezing or by swallowing milk at the next feeding.
- Newborns often have hiccups lasting a few minutes; they stop on their own.

Temperature

- Newborns need heat; it is important to cover him well, though not too much; you will decide according to the season. Generally, he needs one layer of clothing more than you. It is normal for baby’s feet and hands to be noticeably colder than the rest of his body.
- The normal temperature of your baby’s body varies between 36.0°C and 37.5°C.
- When the house is heated, it is recommended to humidify the air.

Skin

- Baby’s skin is pink and becomes redder when he cries vigorously. It is normal for his feet and
hands to bluish at times.

- Your baby may have jaundice around the third day, which is normal for a healthy newborn. Your midwife will evaluate the jaundice during postnatal visits and will give you appropriate advice.

- Baby may have dry skin, especially on his hands and feet. For this, you may use natural lotions and oils. In addition, he may sometimes have a small red eruption on the body during the first weeks; it is newborn erythema. These harmless eruptions have the singularity of spontaneously disappearing and reappearing elsewhere on the body.

- Your baby does not need bathing as of the first day. When you will bath him, do not worry about wetting the piece of umbilical cord: all you have to do is dry the contour well with a Q-tip, and dry the little creases in baby’s skin where humidity can stay. Above all, think of the bath as a moment of pleasure, of contact with water, this element which he knew so well during 9 months. That is what he needs the most.

**Umbilical cord**

- The remaining umbilical cord will dry up and become darker in the first two days. It usually falls off within the first two weeks of life.
- The cord should be kept dry and clean. Fold the baby’s diaper so that it stays under the belly button.
- It is normal for the cord to seem humid or to let off an unpleasant odour with yellowish or brownish secretions. Clean the base with a Q-tip dipped in water, and then dry well. It is not necessary to use alcohol.

**Call your midwife if your baby presents the following signs:**

- Difficulty breathing, noisy or abnormally rapid breathing during a prolonged period;
- Jaundice in the first 24 hours;
- Baby is pale or bluish around the mouth;
- Lethargy; unusual drowsiness and lack of appetite;
- Unusual swelling and redness of the eyelids with discharge;
- Clear red bleeding from umbilical cord or inflammation around the base;
- Unusually high-pitched piercing cries;
- Appearance of bruises (ecchymosis), and/or small red spots (petechia) on the skin;
- Vomiting bile or repeated jet vomiting;
- Presence of blood in stool.
Do not hesitate to call if you are worried!
Best wishes for a happy maternity and paternity!

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Besides your midwife, you will find breastfeeding information/support at:

- CLSC and community breastfeeding support groups of your area
- Jack Newman’s website http://www.breastfeedinginc.ca/
- La Leche League http://www.allaitement.ca/ or http://www.lllc.ca
  1-866-255-2483 (1-866-ALLAITER) or 514 990-8917
  English service : 514 842-4780
- Fédération Québécoise Nourri-Source 514 948-9877
  http://www.nourri-source.org/
- Association québécoise des consultantes en lactation diplômées de l’IBLCE (AQC)
  http://www.ibclc.qc.ca/
- Info-santé : 811