Chinese Simplified
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Caesarean birth

There are situations where the safest option for you and/or your baby is to have a caesarean birth. Your obstetrician will explain why a caesarean birth is recommended for you and inform you of any possible risks and side effects. Do not hesitate to ask questions as it is important to make an informed decision. Your doctor will ask you to sign a consent form prior to your surgery and you need to bring this with you to hospital.

A caesarean birth planned in advance is called an elective caesarean birth.

An unplanned or emergency caesarean birth may be necessary if complications develop and the birth of your baby needs to happen quickly. For further information about emergency caesareans please see Mater's Caesarean birth—emergency brochure accessible via **brochures.mater.org.au**.

Potential risks associated with a caesarean birth for women include:

- increased blood loss
- wound infection and breakdown
- blood clots in your legs (DVT)
- pulmonary embolus (a blood clot that moves from your leg to your lungs and is very dangerous)
- potential damage to organs near the operation site, including your bladder
- increased likelihood of needing a caesarean with your next baby
- slower recovery due to having a major operation.

Potential risks associated with a caesarean birth for babies include:

- breathing difficulties—this is significantly reduced if your baby is born after 39 weeks
- cut with scalpel during operation (very rare)
- bruising to the face or head due to the use of forceps, if required.

Preparing for surgery

You will receive a phone call from the hospital approximately 48 hours prior to your scheduled operation to confirm your admission time—you will be asked to present to main reception, level 5, Mater Mothers' Hospitals, **two hours prior** to your procedure.

After your admission is complete a midwife will prepare you for surgery.

剖腹产

在某些情况下，剖腹产对您和(或)宝宝来说，是最安全的选择。产科医生会为您解释建议作剖腹产的原因，并告知您任何可能风险和副作用。不要不好意思提出疑问，这对于您做出明智的决定至关紧要。医生会要求您在手术前签属剖腹产同意书，到院生产时请随身携带这份文件。

事先计划好的剖腹产称为选择性剖腹产。

如果出现并发症，需要快速接生宝宝，您可能需要接受未经预期计划或紧急的剖腹产，即紧急剖腹产。关于紧急剖腹产的进一步信息，请参阅Mater编写的《剖腹产——紧急剖腹产》宣传册（可登陆**brochures.mater.org.au**获取）。

对孕妇来说，剖腹产的潜在风险包括：

- 失血量增加
- 伤口感染、破裂
- 腿部血栓（深度静脉栓塞）
- 肺栓塞（血栓从腿部转移至肺部，非常危险）
- 可能对手术部位附近的器官（包括膀胱）造成损伤
- 下次生产时需要剖腹产的可能性提高
- 由于剖腹产属于大手术，术后恢复较慢

对胎儿来说，剖腹产的潜在风险包括：

- 呼吸困难 — 如果在妊娠39周之后出生，这种风险显著降低
- 被手术刀划伤（非常罕见）
- 如果需要使用产钳，脸部或头部会有瘀青

术前准备

预约手术时间前大概四十八小时，医院会电话联系您，以确认住院时间 — 您必须在手术**前提早两个小时**到Mater妇产科医院5楼服务台报到。

办完住院手续后，助产士会为您做术前准备工作。

Your midwife will clip the front of your pubic hair as far as the groin. This allows the wound dressing to stick to your skin. Do not shave or wax your pubic hair in the week prior to your operation as this can increase the risk of developing a wound infection.

All make-up, hair pins and jewellery, including any piercings, need to be removed.

Your wedding band or jewellery that cannot be removed, will need to be covered with tape during the procedure.

You will be fitted with special stockings which assist in preventing blood clots in your legs during periods of immobility. These are to be worn prior to your caesarean birth, and then until you are discharged. You may remove them for showering.

Support person

If you are having a spinal anaesthetic, you may have one support person with you in the theatre. Your support person will be required to dress in theatre clothes and will sit next to you during the operation. However, if there is a complication during your surgery it may be appropriate for theatre staff to ask your support person to leave. If you require a general anaesthetic your support person can come with you to the operating theatre but will be asked to wait for you in the recovery room.

In the operating theatre

After you arrive in the operating theatre, the anaesthetist will insert an intravenous drip, and may give you a small drink of sodium citrate to neutralise the acid in your stomach. The anaesthetist will ask you to either sit up or lie on your left side, and then proceed to insert your spinal anaesthetic. This involves placing a needle into your lower back under local anaesthetic. A small dose of local anaesthetic and usually some opioid medication, such as morphine, are injected into your spinal fluid. Only small amounts of drug are used, so they do not affect your baby.

The anaesthetist may also insert an epidural catheter, which is a fine plastic tube. Extra local anaesthetic can be injected down this tube if needed. This is called a combined spinal-epidural, or CSE. Both these anaesthetics are effective.

The drugs injected into your spinal fluid act directly on the nerves as they leave the spinal cord. These nerves will be affected fairly quickly and your lower abdomen will go numb, so you will not be able to feel anything sharp or painful during the operation. Your legs will also become quite heavy. This is normal. Before the operation begins, the anaesthetist will check that the anaesthetic is working properly.

Sometimes the anaesthetic lowers your blood pressure, and you might feel a bit dizzy or sick. The anaesthetist will measure your blood pressure frequently and give you something in your drip to stop this happening.

助产士将会刮除您前面直到腹股沟的阴毛，这样伤口敷料才能黏贴到皮肤上。手术前一周请勿自行刮除阴毛或蜜蜡脱毛，因为这有可能增加伤口感染的风险。

术前必须卸妆，拿掉发卡和首饰（包括所有身体打孔装饰物）。

无法拿下来的结婚戒指或首饰，在手术的过程中需要用胶布黏贴覆盖。

为了预防身体在无法活动期间产生腿部血栓，您从术前一直到出院都需要穿着特制弹性袜。淋浴时或可脱下。

陪产人员

您如果接受脊椎麻醉，可以有一个人在手术房内陪产。陪产人员必须穿着手术服，手术过程中坐在您身边。然而，一旦手术过程出现并发症，工作人员可能会合理要求陪产人员离开手术室。如果您需要全身麻醉，陪产人员能陪同您到手术房，然后前往术后恢复室等待。

在手术室内

到达手术房后，麻醉医生将为您置入静脉滴注(点滴)，也可能会让您喝一小杯用以中和胃酸的柠檬酸钠。麻醉医生会要求您坐起来或向左侧卧，然后开始脊椎麻醉。先在腰背部给予局部麻醉后下针，这种小剂量阿片类(如吗啡)局部麻醉剂会注入您的脊髓液，由于剂量轻微，不致于影响宝宝。

麻醉医生也可能会插入脊椎硬膜外导管(一条细小塑胶管)。如果有需要，可以透过这条管子输入额外的局部麻醉药。这种麻醉方式称为「合并硬膜内外麻醉(或CSE)」。这两种麻醉方式都有效。

注入脊髓液的药物在离开脊髓之后直接作用于神经。这些神经将极快受到影响，您的下腹部会变得麻木，因此，在手术的过程中，您就不会感觉到任何锋利或疼痛感。同时，您的双腿会变得非常沉重。这是正常现象。手术开始前，麻醉师会检查麻醉药剂是否正常生效。

有时候，麻醉药会降低您的血压，您可能会感到有点晕眩或不舒服。麻醉师会频繁地给您测量血压，并在滴液内加入药物，防止血压降得太低。

If you have a spinal or combined spinal-epidural anaesthetic you will be awake throughout the operation but you will not feel pain. A screen will be put across your chest so that you cannot see the operation. However, your doctors will speak to you and let you know what is happening. You may feel tugging, pulling and possibly some wetness when your waters break.

The operation usually takes about 30 to 40 minutes. One advantage of a spinal anaesthetic is that you are awake during the birth and can see your baby immediately.

Common side effects of spinal/epidural anaesthetics

- Low blood pressure. This makes you feel faint or sick, and can be controlled with fluids and medication given via the drip.
- Itching. Medication can relieve this.
- Headaches. As the spinal/epidural wears off and you begin to move around.

Supporting breastfeeding when having a caesarean birth

Skin-to-skin contact with your baby after a caesarean birth is important. Where possible, the midwife caring for you throughout your caesarean can help facilitate this process for you.

Your baby should be naked against your skin and will have warmed blankets placed over their back and a hat placed on their head. Skin-to-skin contact will help your baby to stabilise their temperature and start to initiate an instinctive feeding response that will enhance bonding and breastfeeding establishment. Your baby's instinctual response to breastfeed is heightened in the first two hours after birth; skin-to-skin contact during this time increases these responses and the likelihood that your baby will attach and feed well at the breast. It will also help to stop some of the shaking you may experience after your caesarean birth and spinal anaesthetic.

After your caesarean birth there are a number of feeding positions you can try to help decrease any pressure on your wound. You may be more comfortable lying on your side. When you are more mobile, you can sit in bed, or in a supportive chair with a footstool for comfort.

For further information about breastfeeding please refer to Mater's Breastfeeding and your new baby brochure accessible via **brochures.mater.org.au**.

您如果接受脊椎麻醉或合并硬膜内外麻醉，在手术过程中会一直保持清醒，但是不会感觉到疼痛。在您胸前会拉起一块隔离布幕，所以看不到手术过程。即便如此，手术医生会和您谈话，告知手术进展。您可能会感到被拖拽、推拉，在羊水破裂时还可能有湿润的感觉。

剖腹产手术通常需时约三十至四十分钟。脊椎麻醉的优势之一就是您在生产过程中保持清醒，所以能在第一时间看到宝宝。

脊椎/硬模外麻醉的常见副作用

- 低血压。这会使您感到头晕或不舒服，可以透过输液、给药予以控制
- 发痒。药物能够减轻这种症状
- 头疼。随着脊椎/硬模外麻醉剂的药力减退，刚开始活动时您可能会感到头疼

支持术后母乳喂养

剖腹产后与宝宝肌肤相亲(skin-to-skin)极为重要。只要条件允许，在手术过程中照顾您的助产士可以在这个阶段继续协助您。

宝宝应该赤裸着身体与您肌肤接触，只在后背盖上加热过的毯子，头上戴顶小帽子。肌肤相亲能帮助宝宝稳定体温，刺激宝宝含乳吸奶的本能反应，同时增进母婴之间的亲密关系，为母乳哺育奠定坚实的基础。宝宝出生后最初两小时内，这种本能反应最为强烈，在此期间的肌肤接触可以增强这些反应，使宝宝含乳吸奶的表现更好。这同时也能缓解部分产妇在剖腹产和脊椎麻醉后可能出现发抖的症状。

剖腹产后，您可尝试采用几种哺乳姿势，减少对伤口的压迫。侧卧哺乳可能会让您更舒服。在恢复行动后，也可以坐在床上哺乳，或是坐在有靠背的椅子上哺乳，为了舒服起见，在脚下垫个凳子支撑。

关于母乳喂养的更多信息，请参阅Mater编写的《母乳喂养与新生儿》宣传册（可登陆**brochures.mater.org.au**获取）

Recovering from your caesarean birth

Pain management

During your spinal anaesthesia your anaesthetist will have given you an opioid (strong medication) with your anaesthetic which lasts for up to 24 hours after birth and reduces the need for other pain relief during that time. Most women will then require only oral tablets to control any pain. By using a combination of drugs you will need less medication to have good pain relief with fewer side effects.

Assessing your pain

0	5	10
No pain	Moderate pain	Worst possible pain

After your surgery you will be asked to regularly score your pain with a number where zero equals no pain and 10 equals the worst pain you can imagine. Our aim is to manage your pain so that you are comfortable enough to care for both you and your baby with minimal assistance, i.e. pain score of 4 or less.

Pain medication

Simple analgesics such as paracetamol (Panadol®) and anti-inflammatory drugs (Nurofen®, Voltaren®) will be used to treat your pain while you are in hospital, if you are able to tolerate them. These will often be prescribed together and taken on a regular basis, as regular doses of this combination works well for mild to moderate pain.

If your method of pain relief is not effective, speak to your midwife or doctor before your pain becomes severe because pain is harder to treat if it gets out of control. It may not always be possible to completely stop pain or discomfort, but it can be improved.

Wound care

- Your wound dressing will remain on for five to ten days. Your midwife or obstetrician will tell you when, and how, to remove it.
- If you have a wound drain it will be removed in the first one to two days.
- If your wound oozes fluid or blood, report this to your midwife or doctor immediately.
- Maintaining good hygiene is important to prevent infection.
- Do not use a hair dryer on the wound, as drying the wound delays the normal healing process.

术后恢复

疼痛管理

麻醉医生在脊椎麻醉时注入了阿片类(强效)止痛剂，术后最长能持续二十四小时，降低您对其他止痛方式的需求。在这之后，大多数产妇只需要口服止痛药控制疼痛。同时使用几种药物，可以减少您的用药量，让药物副作用更少，还能达到理想止痛效果。

疼痛评估

0	5	10
完全无痛	中度疼痛	剧烈疼痛

手术后会要求您定时对疼痛程度打分，从0代表不痛，到10代表您能想到最难忍受的疼痛。这样做的目的是为了落实疼痛管理，让您在尽量不依靠他人的情况下，还能照顾自己和宝宝（即疼痛评估4分以下）。

止痛药

住院期间，如果能够耐受paracetamol (Panadol®)和消炎药(Nurofen®, Voltaren®)。 我们会让您规律地同时服用这两种药物。因为定时定量综合使用这两种药物，能够对轻度到中度的疼痛发挥良好止痛效果。

如果止痛效果不好，请在疼痛加剧前告诉助产士或医生，因为疼痛一旦超出控制范围，就会更难止痛。有时候疼痛或不适感无法彻底消除，但是能获得缓解。

伤口护理

- 伤口敷料会贴在患部五到十天。助产士或产科医生会告诉您在什么时候、用什么方式移除伤口敷料
- 伤口如果装有引流管，会在手术结束后第一天或第二天移除
- 伤口如果有体液或血液渗出，要立即告知助产士或医生
- 保持良好个人卫生，是预防感染的关键
- 请勿用吹风机吹伤口，这样会延后伤口正常愈合的时程

Bladder care

If you have a urinary catheter it will be removed in the first one to two days depending upon your recovery. Please let your midwife and physiotherapist know if you are having difficulty passing urine, are only passing small amounts of urine, or having accidental loss of urine.

Mobility and exercises

While you are resting and recovering in bed, it is important to slowly get your muscles working again. Gentle, but regular stretches and exercises will help you recover faster, as will getting in and out of bed carefully, and caring for yourself and your baby by using movements and activities that do not cause strain or increased pain.

Initially, after your operation, you will be resting in bed. During this time it is important to do deep breathing and leg exercises regularly. Bed exercises and walking around in the early stages after your operation will reduce the likelihood of chest infections and blood clots in your legs.

While still in bed, you can:

- take five or six deep, slow breaths each hour—relax your shoulders as you exhale
- bend your ankles up and down, tighten thigh and buttocks muscles
- gently draw in the pelvic floor muscles, pause, and then let go
- draw in the pelvic floor muscles before and as you move your legs, but always keep breathing—this protects your tummy from strain
- with both knees bent up, try slow, gentle pelvic rocking and knee rolling (aim to do these exercises two or three times each hour)
- change your resting position regularly
- If sitting in bed to feed, make sure the back of the bed is upright and place a small pillow/rolled up towel behind your lower back. Try not to slide down the bed.
- If lying on your side in bed to feed, make sure your head and neck are supported on a pillow. Ensure that your body is not twisted; a pillow between your knees might feel more comfortable.

膀胱护理

如果使用导尿管，会根据您的恢复情况在术后第一天或第二天移除。如果出现排尿困难、排尿量少的症状，或是意外尿失禁，请告诉助产士和物理治疗师。

活动和锻炼

卧床休息静养的同时，慢慢地让肌肉恢复功能也很重要。和缓但规律的伸展运动、上下床动作小心，还有在照顾自己和宝宝的同时，避免造成劳损或引起疼痛的活动，以上这些都能帮助您加速产后恢复。

手术后一开始您需要卧床静养，在此期间必须定时做深呼吸和腿部运动。到了产后恢复初期，靠着卧床运动或下床走动，能降低胸腔感染和腿部血栓的风险。

卧床期间，您可以：

- 每小时缓慢地深呼吸五到六次— 吐气时放松肩膀
- 脚踝上下弯曲，收紧大腿和臀部肌肉
- 缓和收紧盆底肌肉，停顿，然后放松
- 移动双腿时，提前收紧骨盆底肌肉，期间保持正常呼吸— 这样能避免腹部肌肉劳损。
- 双膝向上弯曲，缓慢轻柔地摇动盆骨和膝盖（尽量每个小时做两到三次这样的锻炼）
- 定时变换休息的姿势
- 如果坐在床上哺乳，确保床头竖直，在腰背部垫一个小的枕头或卷起来的毛巾。尽量坐直不要滑下来。
- 如果在床上侧卧哺乳，确保头部和颈部有枕头支撑。身体不要弯曲，两膝间垫个枕头可能会比较舒服。

Getting in and out of bed:

Your physiotherapist or midwife will help you to get out of bed the first time.

- Lie on your back in the centre of the bed with both knees bent
- Roll over to your side without twisting too much (keep your knees bent)
- With your top arm well in front of you, push your upper body forward and up, and allow your legs to go down at the same time
- Remember to keep breathing, keep your knees well bent and come forward and up to a sitting position in one smooth action

If you have not passed wind, or have some wind pain, try:

- pelvic rocking and knee rolling
- gentle wind massage: start at the lower right side of your tummy, using a gentle slow circular motion as you slowly move up to waist level, move across the belly button and down the left side
- standing, lean forward onto the end of the bed and do some gentle hip circles
- warm showers
- frequent walks
- relax on the toilet in the "hips flexed" position.

How to protect your incision when you cough

- With your knees bent, place both hands over your wound, anchoring your fingers onto the pubic bone, and your forearms resting firmly across the abdomen.
- Draw in the pelvic floor and hold arms in firmly as you cough.

上下床：

手术后第一次下床，会有物理治疗师或助产士协助您。

- 仰卧在床中间，双腿屈膝
- 身体向床边侧卧，动作不要太大（保持屈膝）
- 用上方的手臂撑起上半身，两腿同时放下床
- 记住保持呼吸，弯曲的双膝向前伸，然后坐起来。这整个动作要一气呵成

如果您尚未排气或腹部胀痛，可尝试：

- 盆骨和双膝左右摇摆
- 轻柔地按摩腹部帮助排气：从腹部右下方开始，缓慢、轻柔地打圈，逐渐上移到腰部，越过肚脐，再从左侧继续往下打圈
- 站起来，身体前倾，靠着床尾，轻轻地以臀部画圆
- 热水淋浴
- 经常走动
- 采用「臀部屈曲」的姿势坐在马桶上放松

咳嗽时如何保护伤口

- 双膝弯曲，双手覆盖伤口上，手指压住耻骨，两只前臂紧贴腹部 。
- 咳嗽时，收紧盆底肌肉，抱紧双臂

Discharge

Planning for going home

You should expect to go home between the third and fifth day after your operation.

The discharge time from Mater Mothers' Hospitals is before 10 am.

On the day you go home you will be independently caring for yourself and your baby and understand how to assist your physical recovery. Your pain will be controlled with tablets and your wound will be free from signs of infection (i.e. no redness or drainage). Your baby will be checked by a paediatrician, or neonatal nurse, and you will have had a medical check since your surgery. Please discuss any concerns, regarding you or your baby, with your midwife or doctor prior to discharge.

While you should be able to perform all the normal activities to care for yourself and your baby, you should avoid doing anything which will cause you significant discomfort. Gradually, you will be able to return to your full range of activities—usually between two and six weeks. Listen to your own body.

Driving can be resumed when you can comfortably drive with full control of the vehicle. This may take three to four weeks—your doctor can advise you about this.

Please speak to your GP or obstetrician if you have any concerns about your recovery.

出院

做好回家准备

您应该在手术后第三天到第五天出院回家。

Mater妇产科医院出院时间是早上10点前。

回家当天，您将能独力照顾自己和宝宝，并且了解产后恢复的注意事项。您将以口服药控制疼痛，伤口没有感染迹象（即：无红肿或渗透）。儿科医生或新生儿科护士将在出院前为宝宝做身体检查。产科医生也会对您做手术后体检。如果有任何关于自己或宝宝的问题，请在出院前向助产士或医生提出。

尽管您应该已经能够从事所有正常活动、照顾自己和宝宝，仍然要避免任何会引起明显不适的事情。通常在两周到六周之间，您就能逐步恢复到产前所有活动。倾听您的身体，注意观察自己的身体情况。

如果能够轻松自如地驾驭车辆，您就可以重新开车了。这可能需要三到四周的时间— 具体时间请咨询医生。

如果对产后恢复有任何疑问，请咨询您的家庭医生(GP)或产科医生。