

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.

剖腹產

在某些情況下，剖腹產對您和(或)寶寶來說，是最安全的選擇。產科醫生會為您解釋建議作剖腹產的原因，並告知您任何可能風險和副作用。不要不好意思提出疑問，這對於您做出明智的決定至關緊要。醫生會要求您在手術前簽署剖腹產同意書，到院生產時請隨身攜帶這份文件。

事先計劃好的剖腹產稱為選擇性剖腹產。

如果出現併發症，需要快速接生寶寶，您可能需要接受未經預期或緊急的剖腹產，即緊急剖腹產。關於緊急剖腹產的進一步信息，請上網

brochures.mater.org.au 參閱 Mater 編寫的『剖腹產—緊急剖腹』衛教手冊。

對孕婦來說，剖腹產的潛在風險包括：

- 失血量增加
- 傷口感染、破裂
- 腿部血栓（深度靜脈栓塞）
- 肺栓塞（血栓從腿部轉移至肺部，非常危險）
- 可能對手術部位附近的器官（包括膀胱）造成損傷
- 下次生產時需要剖腹產的可能性提高
- 由於剖腹產屬於大手術，術後恢復較慢

對胎兒來說，剖腹產的潛在風險包括：

- 呼吸困難 — 如果在妊娠三十九週後出生，這種風險會顯著降低
- 被手術刀劃傷（非常罕見）
- 如果需要使用產鉗，臉部或頭部會有瘀青

術前準備

預約手術時間前大約四十八小時，醫院會電話聯繫您，以確認住院時間 — 您必須在手術前**提早兩小時**，到 Mater 母嬰醫院五樓櫃台報到。

辦完住院手續後，助產士會為您做術前準備工作。

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.

助產士將會刮除您前面直到腹股溝的陰毛，這樣傷口敷料才能黏貼到皮膚上。手術前一週請勿自行刮除陰毛或蜜蠟脫毛，因為這有可能增加傷口感染的風險。

術前必須卸妝，拿掉髮夾和首飾(包括所有身體打洞部位的裝飾物品)。

無法拿下來的結婚戒指或首飾，在手術過程中要用膠布黏貼覆蓋。

為了預防身體在無法活動期間產生腿部血栓，您從術前一直到出院都需要穿著特製彈性襪。淋浴時或可脫下。

陪產人員

您如果接受脊椎麻醉，可以有一個人手術房內陪產。陪產人員必須穿著手術服，手術過程中坐在您身邊。然而，一旦手術過程出現併發症，工作人員可能會合理要求陪產人員離開手術室。如果您需要全身麻醉，陪產人員能陪同您到手術房，然後前往術後恢復室等待。

手術房內

到達手術房後，麻醉醫生將為您置入靜脈滴注(點滴)，也可能會讓您喝一小杯用以中和胃酸的檸檬酸鈉。麻醉醫生會要求您坐起來或向左側臥，然後開始脊椎麻醉。先在腰背部給予局部麻醉後下針，這種小劑量鴉片類(如嗎啡)局部麻醉劑會注入您的脊髓液，由於劑量輕微，不致於影響寶寶。

麻醉醫生也可能會插入脊椎硬膜外導管(一條細小塑膠管)。如果有需要，可以透過這條管子輸入額外的局部麻醉藥。這種麻醉方式稱為「合併硬膜內外麻醉(或CSE)」。這兩種麻醉方式都有效。

注入脊髓液的藥物在離開脊髓後直接作用於神經。這些神經會快速受到影響，讓您的下腹部變得麻木。因此，在手術過程中，您不會感覺到任何鋒利或劇痛感。同時，您的雙腿會變得非常沉重。這是正常現象。手術開始前，麻醉醫生會檢查麻醉藥劑是否正常生效。

有時候，麻醉藥會降低您的血壓，您可能會感到有點暈眩或不舒服。麻醉醫生會頻繁地為您測量血壓，並在這種情況發生時，透過點滴送藥因應。

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併硬膜內外麻醉，在手術過程中會一直保持清醒，但是不會感覺到疼痛。在您胸前會拉起一塊隔離布幕，所以看不到手術過程。即便如此，手術醫生會和您談話，告知手術進展。您可能會感到被拖拽、推拉，在羊水破裂時還可能有濕潤的感覺。

剖腹產手術通常需時約三十至四十分鐘。脊椎麻醉的優勢之一就是您在生產過程中保持清醒，所以能在第一時間看到寶寶。

脊椎/合併硬膜內外麻醉的常見副作用

- 低血壓。這會使您感到頭暈或不舒服，可以透過輸液、給藥予以控制
- 發癢。藥物能夠減輕這種症狀
- 頭痛。隨著合併硬膜內外麻醉的藥力減退，剛開始活動時您可能會感到頭痛

支持術後母乳哺育

剖腹產後與寶寶肌膚相親(skin-to-skin)極為重要。只要條件允許，在手術過程中照顧您的助產士可以在這個階段繼續協助您。

寶寶應該赤裸著身體與您肌膚接觸，只在後背蓋上加熱過的毯子，頭上戴頂小帽子。肌膚相親能幫助寶寶穩定體溫，刺激寶寶含乳吸奶的本能反應，同時增進母嬰之間的親密關係，為母乳哺育奠定堅實的基礎。寶寶出生後最初兩小時內，這種本能反應最為強烈，在此期間的肌膚接觸可以增強這些反應，使寶寶含乳吸奶的表現更好。這同時也能緩解部分產婦在剖腹產和脊椎麻醉後可能出現發抖的症狀。

剖腹產後，您可嘗試採用幾種哺乳姿勢，減少對傷口的壓迫。側臥哺乳可能會讓您更舒服。在恢復行動後，也可以坐在床上哺乳，或是坐在有靠背的椅子上哺乳，為了舒服起見，在腳下墊個凳子支撐。

關於母乳哺育的更多信息，請上網

brochures.mater.org.au 參閱 Mater 編寫的『母乳哺育及新生兒』衛教手冊。

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.

術後恢復

疼痛管理

麻醉醫生在脊椎麻醉時注入了鴉片類(強效)止痛劑，術後最長能持續二十四小時，降低您對其他止痛方式的需求。在這之後，大多數產婦只需要口服止痛藥控制疼痛。同時使用幾種藥物，可以減少您的用藥量，讓藥物副作用更少，還能達到理想止痛效果。

疼痛評估

0	10	5
完全無痛	中度疼痛	劇烈疼痛

手術後會要求您定時對疼痛程度打分，從 0 代表不痛，到 10 代表您能想到最難忍受的疼痛。這樣做的目的是為了落實疼痛管理，讓您在盡量不依靠他人的情況下，還能照顧自己和寶寶（即疼痛評估 4 分以下）。

止痛藥物

住院期間，如果能夠耐受paracetamol (Panadol®)和消炎藥(Nurofen®, Voltaren®)，我們會讓您規律地同時服用這兩種藥物。因為定時定量綜合使用這兩種藥物，能夠對輕度到中度的疼痛發揮良好止痛效果。

如果止痛效果不好，請在疼痛加劇前告訴助產士或醫生，因為疼痛一旦超出控制範圍，就會更難止痛。有時候疼痛或不適感無法徹底消除，但是能獲得緩解。

傷口護理

- 傷口敷料會貼在患部五到十天。助產士或產科醫生會告訴您在什麼時候、用什麼方式移除傷口敷料
- 傷口如果裝有引流管，會在手術結束後第一天或第二天移除
- 傷口如果有體液或血液滲出，要立即告知助產士或醫生
- 保持良好個人衛生，是預防感染的關鍵。
- 請勿使用吹風機吹乾傷口，這樣會延後傷口正常癒合的時程

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.

膀胱護理

如果使用導尿管，會根據您的恢復情況在術後第一天或第二天移除。如果出現排尿困難、排尿量少的症狀，或是意外尿失禁，請告訴助產士和物理治療師。

活動和鍛煉

臥床休息靜養的同時，慢慢地讓肌肉恢復功能也很重要。和緩但規律的伸展運動、上下床動作小心，還有在照顧自己和寶寶的同時，避免造成勞損或引起疼痛的活動，以上這些都能幫助您加速產後恢復。

手術後一開始您需要臥床靜養，在此期間必須定時做深呼吸和腿部運動。到了產後恢復初期，靠著臥床運動或下床走動，能降低胸腔感染和腿部血栓的風險。

臥床期間您可以：

- 每小時緩慢地深呼吸五到六次 — 吐氣時放鬆肩膀
- 腳踝上下彎曲，收緊大腿和臀部肌肉
- 和緩收緊骨盆底肌肉，停頓，然後放鬆
- 移動雙腿時，提前收緊骨盆底肌肉，期間保持正常呼吸 — 這樣能避免腹部肌肉勞損
- 雙腿屈膝，緩慢輕柔地左右搖擺骨盆和膝蓋（盡量每個小時做兩、三次）
- 定時變換休息的姿勢
- 如果坐在床上哺乳，確保床背豎直，在腰背部墊一個小枕頭或捲起來的毛巾。盡量坐直不要滑下來。
- 如果在床上側臥哺乳，確保頭頸部有枕頭支撐。身體不要彎曲，雙膝間墊個枕頭可能會比較舒服。

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：

手術後第一次下床，會有物理治療師或助產士協助您。

- 仰臥在床中間，雙腿屈膝。
- 身體向床邊側臥，動作不要太大（保持屈膝）
- 用上方的手臂撐起上半身，兩腿同時放下床
- 記住保持呼吸，彎曲的雙膝向前伸，然後坐起來。這整個動作要一氣呵成

如果您尚未排氣或腹部脹痛，可嘗試：

- 骨盆和雙膝左右搖擺
- 輕柔地按摩腹部幫助排氣：從腹部右下方開始，緩慢、輕柔地打圈，逐漸上移到腰部，越過肚臍，再從左側繼續往下打圈
- 站起來，身體前傾，靠著床尾，輕輕地以臀部畫圓
- 熱水淋浴
- 經常走動
- 採用「臀部屈曲」的姿勢坐在馬桶上放鬆

咳嗽時如何保護傷口

- 雙膝彎曲，雙手覆蓋傷口上，手指壓住恥骨，兩隻前臂緊貼腹部
- 咳嗽時，收緊骨盆底肌肉，抱緊雙臂

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

做好回家準備

您應該可以在手術後第三天到第五天出院回家。

Mater母嬰醫院的出院時間是早上10點前。

回家當天，您將能獨力照顧自己和寶寶，並且了解產後恢復的注意事項。您將以口服藥控制疼痛，傷口沒有感染跡象（即：無紅腫或滲透）。兒科醫生或新生兒科護士將在出院前為寶寶做身體檢查。產科醫生也會對您做手術後體檢。如果有任何關於自己或寶寶的問題，請在出院前向助產士或醫生提出。

儘管您應該已經能夠從事所有正常活動、照顧自己和寶寶，仍然要避免任何會引起明顯不適的事情。通常在兩週到六週之間，您就能逐步恢復到產前所有活動。傾聽您的身體，注意觀察自己的身體情況。

如果能夠輕鬆自如地駕馭車輛，您就可以重新開車了。這可能需要三到四週的時間 — 具體時間請諮詢醫生。

如果對產後恢復有任何疑問，請諮詢您的家庭醫生 (GP) 或產科醫生。