



UW Medicine

剖腹产后的护理

您的护理计划

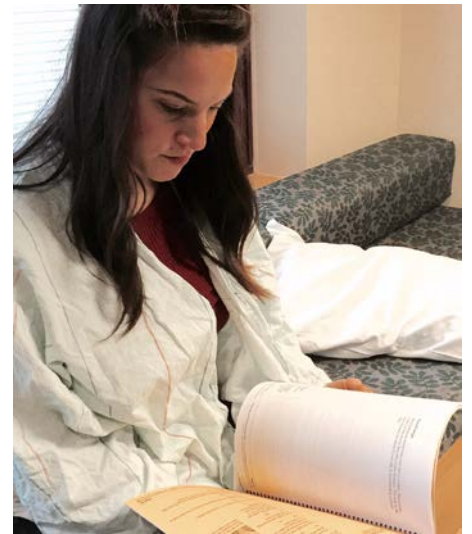
剖腹产后，您的身体会发生许多变化。本章为您解释我们将如何帮助您从手术后恢复。

剖腹产后的注意事项

您从恢复室出来后将被送入母婴室。

上下床

- 分娩后、您有摔倒的风险、为了您的安全、我们会帮助您下床直到我们确定您可以自己站起来。不要自己下床—即使有家人或朋友的帮助也不行—要等到您的护士说您可以安全下床。
- 在安全的情况下，我们会鼓励您起身走动。活动有助于您的康复。它还可以帮助预防僵硬、气痛、血栓、便秘和其他健康问题。
- 如您觉得坐着没问题、一天中的一部分时间可以坐在椅子上或躺椅上。
- 每天至少在走廊里走 3 次。当您散步时、您可以用婴儿床推着您的宝宝、或让一名家庭成员与您的宝宝呆在房间里。



在产后恢复期间、请抽出时间来阅读这本手册。

医疗设备

在您康复的第一天、您会使用这些医疗设备：

静脉导管(IV)

在您恢复期间、您手术时的静脉注射导管(IV)将留在您的手臂上。我们将使用静脉导管管给您的身体提供水、糖、盐和一些药物。

护士会观察静脉导管、确保您获得正确的输血量。如您能很好地喝水、并且由于其他原因不需要静脉注射、我们将在术后 **24** 小时停止输液并移除静脉导管。在您的手或手臂上的小管子可能会保留几个小时、直到我们确定您不需要更多的液体或药物。

导尿管

在手术过程中、会放置一根细长而灵活的导尿管（称为 **Foley**）将尿液从您的膀胱排出。大多数情况下、这根导尿管会一直留到产后第一天。当您使用导尿管时、就不需要起身去卫生间排尿。您的护士会纪录积尿袋中的尿量。

导尿管取出后、护士会告诉您如何将尿液收集到放在马桶里的容器中。我们会测量您的尿液、以确保您的肾脏和膀胱已从手术中完全苏醒。

间歇性压缩套（SCDs）

为您在小腿上套了 **间歇性压缩套（SCD）**。间歇性（SCD）。是可以自动充满空气然后放气的腿套。这样可以改善血液流动。间歇性压缩套（SCD）有助于降低您卧床期间、活动幅度不大时发生严重血块的风险。

您会使用间歇性压缩套、直到您可以经常起床和行走为止。大多数情况下、约在分娩后 **24** 小时。



间歇性压缩器有助于降低形成血栓的风险。

伤口抽气的装备

有些患者有一个特殊的装置、可以在伤口处增加轻度的持续抽吸。这种装置叫做伤口抽吸器。它是在手术室里盖在伤口上、在您回家之前移除。如您有一个伤口抽吸器、您的护士会向您解释它的工作原理。

您的护理计划

剖腹产后的常规护理

为了帮助您的康复、我们会尽可能地采取 "集群" 护理。这就是当我们检查您的时候、我们也会同时做许多护理工作。如此您在我们的护理之间可以得到更好的休息。

一般的护理包括：

- 询问您**疼痛**的程度、采取一些让您舒适的措施（例如改变位置和冰袋）来帮助您减缓疼痛。并为您提供可能需要的任何药物。请参阅第 5 章的“如何止痛”。
- 检测您的体征（血压、体温、心率和呼吸）。首先我们会每 30 分钟量一次、随后 2 小时内每小时一次、然后的 24 小时内每 4 小时检查一次。之后；我们将就每 8 小时检查一次直到您回家。
 - 如您有**特殊医护上的情况**、我们可能会更频繁地检查您的体征。
 - 如您脊髓硬膜外止痛、使用**长效止痛药**如吗啡(*Duramorph*)、我们会在头 24 小时内每小时检查您一次。
 - **如您有问题**；如发烧、高血压或额外出血等、我们就会**检查更频繁**。
- 检查切口上的**敷料**（胶贴）。我们将在手术后 1 至 2 天拆除伤口的敷料。
 - 拆除敷料后、护士会检查您的伤口、以确保其愈合良好。
 - 您的皮肤下会有几层缝合线。伤口上会有无菌切口胶布（**Steri-Strips** 薄薄的白色胶带）或小金属订书针。如果您有订书针、它们很可能在您回家之前就取出、以无菌切口胶布 **Steri-Strips** 替换。

- 按压腹部来检查**子宫**的顶部。子宫是肌肉组织、当它收缩时、会有坚硬的触感。它开始恢复到您怀孕前的大小。
- 检查**阴道出血**的情况。这种出血来自胎盘与子宫相连的部位。流量通常很多、是鲜红色。然后变为粉红色或棕色。在最初的几天里、您可能会看到小血块。
- 检查任何缝线、并检查**阴道和会阴区**是否有肿胀、瘀伤或痔疮。
- 用听诊器听腹部的**肠鸣音**。做手术会减缓肠道的蠕动。随着康复、肠道会变得活跃、也会排出气体。
- 检查腿部是否**肿胀**。产后有些肿胀是常见的。
- 剖腹产后第一天和第二天早上检查**血糖**。手术后的高血糖会导致健康问题。
- 检查您的**乳房和乳头**是否有疼痛感。
- 在我们取除导尿管后、会检查您是否能顺利**排尿**。
- 提醒您在床上时要**经常变换体位**。我们可以调整床铺、并添加枕头、使您舒适和有支撑。
- 问您对生孩子的**想法和感受**。

每小时的巡房

为了您的安全和舒适、护士或病人护理技术人员会在白天每隔一小时和晚上每隔两小时来查看您。这叫做"巡房"。他们会给您送水、确保您有需要的用品、并在需要时帮助您去卫生间。

如您在巡视之间有问题或需要、请使用您的呼叫灯。如果您不希望被打搅、能有较长时间的休息、则请与您的护士交谈。

管理您的疼痛

我们护理的一个重要部分就是教您如何控制术后的疼痛。剖腹产后常见的疼痛有子宫疼痛、伤口疼痛、有时还有痔疮的疼痛。

每个人感受疼痛的方式都不一样。我们将与您一起努力、帮助您尽可能地感到舒适。我们的目标是减轻疼痛、使您可以休息、轻松地活动、并享受了解您的新宝宝。

下床走动有助于您的身体康复并减轻您的整体疼痛。

子宫疼痛

以下这些症状可能会在产后持续 **5 到 7 天**：

- 触痛
- 痉挛、可能包括：
 - 如果您生了很多孩子、就会更痛
 - 出生后 **5 天**内母乳喂养时、疼痛会增加
 - 膀胱涨满时疼痛会增加、所以经常排空膀胱会有帮助

伤口疼痛

下列这些症状可能会在手术后持续 **1 至 2 周**：

- 疼痛、伤口不适感
- 移动时的拉扯感
- 伤口处有灼热感
- 伤口上方麻木（这个部位的感觉、可能需要一年的时间才能完全恢复）。

痔疮

痔疮是直肠内发炎的静脉。它们可能发生在怀孕晚期或分娩期间。

大多数在怀孕期间形成的痔疮在分娩后会消失。便秘会使痔疮恶化或延缓康复。我们会在您住院期间为您提供泻药以防止便秘。

如要了解更多信息、请参阅本手册中的 "便秘" 一章。

止痛药

在非常疼痛之前就服用止痛药、会达到最佳的效果。如按指示服药、“赶在疼痛的前面”、您需要的止痛药就会减少。

您的护士会多次询问您的疼痛情况。我们将帮助确保您的疼痛得到良好的控制。

脊髓或硬膜外麻醉法

如您在剖腹产时做了脊柱或硬膜外麻醉、您可能在使用麻醉药的同时还接受了一剂长效止痛药：硫酸吗啡注射剂（**Duramorph**）。通常是在产后 **18 到 24 小时**内、能很好地缓解疼痛。



下面是一个如何交替服用对乙酰氨基酚（泰诺）和布洛芬来额外缓解疼痛的例子：

时间	服用药物
12 a.m. 午夜 12 点	Tylenol: 1,000 mg 泰诺: 1000 毫克
3 a.m. 清晨 3 点	Ibuprofen: 600 mg 布洛芬: 600 毫克
6 a.m. 上午 6 点	Tylenol: 1,000 mg 泰诺: 1000 毫克
9 a.m.	Ibuprofen: 600 mg 布洛芬: 600 毫克
12 noon 中午 12 点	Tylenol: 1,000 mg 泰诺: 1000 毫克
3 p.m. 下午 3 点	Ibuprofen: 600 mg 布洛芬: 600 毫克
6 p.m. 下午 6 点	Tylenol: 1,000 mg 泰诺: 1000 毫克

如这种药物不能足够的帮助、请告诉我们。我们也许可以给您另一种止痛药。

止痛药

您的医疗服务提供者在产后可能会开出 3 种类型的止痛药。它们是：

- 止痛药、如对乙酰氨基酚（泰诺）、有助于缓解疼痛
- 抗炎药、如布洛芬（Advil、Motrin）、有助于缓解身体炎症反应引起的疼痛
- 阿片类（*Opioid*）止痛药、如羟考酮（oxycodone）或氢吗啡酮（Dilaudid）

止痛药及抗炎药是 "一线" 药物。就是我们首先使用它们来控制疼痛。在您剖腹产后的头 24 小时内、我们会在固定的时间给您服用这些药物。剖腹产后 24 小时、您将与护士决定何时服用。

如需要控制疼痛、您可以交替服用布洛芬和对乙酰氨基酚：

- 布洛芬：每 6 小时服用 600 毫克。24 小时内服用量不要超过 2400 毫克
- 对乙酰氨基酚（泰诺）：每 6 小时服用 1,000 毫克。在 24 小时内服用量不可超过 4000 毫克

如何交替服用这些药物、请参见左栏的表格。

阿片类药物（*Opioid*）

阿片类药物是较强的止痛剂、用于控制突破性疼痛。这是一种严重的疼痛、即使您已经在服用止痛药它也会发生。

我们只在需要时才开阿片类药物、而且是尽可能的小剂量。这是因为阿片类药物会让人上瘾。剂量越小、成瘾的风险越低。

如需要控制疼痛、我们会增加您阿片类药物的剂量。我们希望您能很好地控制疼痛、而不会让您太累或太困而无法享受您的宝宝。

大多数患者在剖腹产手术后服用阿片类药物约 1 周。医护人员会告诉您多久服用一次。

在离开医院时、我们会给您开一张阿片类药物的处方。当疼痛减轻时、请按以下方式开始逐渐减少药的剂量：

- 开始服用较小的剂量、如 2 片减为 1 片、或 1 片减为半片
- 开始减少服药次数、直到您不再需要为止

哺乳期使用阿片类药物是安全的。有极少量的阿片类药物可能会进入您的乳液。哺乳期短期内使用这些药物是安全的。

腿部肿胀

在产后的前 7 到 10 天、腿部有一些肿胀是很常见的。**但是**、如果出现以下情况、**请告诉护士**。

- 腿部肿胀加剧
- 小腿部位疼痛或发红

为了帮助减轻肿胀：

- 坐时将腿部抬高
- 不要穿紧身的鞋子或衣服、但支撑袜除外

食物和营养

医生会给开出剖腹产后需要遵循的饮食规则。询问您的护士、何时可以开始进食和喝水。可能在手术后的第一顿饭是小餐、会较适合。

如有糖尿病等病症、我们可能会要求您等到（肠道）排气后再喝水和进食。可以按照下列的建议来帮助排气：

- 坐在床边或椅子上
- 在房间或走廊里走动（推着宝宝得摇篮一起走、或请家人在房间里陪着宝宝）

在我们告诉您可以单独行走之前，记得叫护士来帮助您下床。

乳房的变化

- 分娩后、乳房会分泌 "早期奶" 称为 *初乳*。您不一定会注意到这种早期乳液的滴落。
- 通常乳房在最初的 2 到 4 天内是柔软的。此后、当您的乳液不断增加时、乳房可能会变得肿胀和有触痛感。

- 乳房可能会变得非常饱满和不舒服。这就是所谓的胀奶。它通常会持续 **2 到 3** 天。为了防止胀奶、请经常喂奶或泵奶（如您的宝宝还不能哺乳）。用温水浸泡过的毛巾敷在乳房上、可帮助减轻疼痛。
- 要了解更多信息、请阅读这手册 *婴儿护理和母乳喂养* 中有关母乳喂养的部分。

产后抑郁症和情绪障碍

产后情绪和心情的变化是很常见的。这些情绪是由荷尔蒙水平的变化引起的。如对恢复过程中的这一部分有任何疑问、请与护士和医生交谈。您和您的伴侣最好阅读本手册中的 "婴儿忧郁症及其他" 一章。

现在、请回到本手册的目录并勾选此题材的框框、以便让护士知道您已经阅读了本章。

您有疑问吗？

我们很重视您的提问。如您对剖腹产后的自我护理有任何疑问、请联系您的医疗提供者。

在您医疗提供者下班后、请联系产房。

如您有医疗上的紧急事故、请拨打 911

After Your Cesarean Birth

Your plan of care

After a Cesarean section, your body goes through many changes. This chapter explains how we will help you as you recover from surgery.

What to Expect

You will be admitted to the Mother Baby unit after you are released from the Recovery Room.

Getting Out of Bed

- After giving birth, you are at risk for falling. For your safety, **we will help you get out of bed until we are sure it is safe for you to stand up by yourself.** Do **not** get out of bed on your own – not even with help from family or friends – until your nurse says it is safe for you to do so.
- When it is safe, we will encourage you to get up and walk. Moving around helps you heal. It can also help prevent stiffness, gas pain, blood clots, constipation, and other health problems.
- If you feel OK sitting, sit in a chair or on the day bed for part of the day.
- Walk in the halls at least 3 times a day. While you walk, you may push your baby in the bassinet or a family member can stay in the room with your baby.



Take time to review this workbook while you are recovering from giving birth.

Medical Devices

You will have these medical devices on your first day of recovery:

Intravenous Line

The *intravenous* (IV) line from your surgery will stay in your arm while you are recovering. We will use the IV to give your body water, sugar, salt, and some medicines.

Your nurse will watch the IV and make sure you are getting the right amount of fluid. If you can drink fluids well and do not need the IV for other reasons, we will stop the fluids and remove the IV tubing after 24 hours. The tiny tube in your hand or arm may remain for several more hours until we are sure you do not need more fluids or medicine.

Urine Catheter

During surgery, a thin, flexible tube called a *Foley catheter* drains urine from your bladder. Most times, this catheter stays in place until the end of the first day after giving birth. While you have the catheter, you will not need to get up to the bathroom to pass urine. Your nurse will measure how much urine is in the catheter.

After the catheter is removed, your nurse will show you how to collect your urine in a container placed in the toilet. We measure your urine to make sure your kidneys and bladder have fully recovered from surgery.

Sequential Compression Devices

You will have *sequential compression devices* (SCDs) on your lower legs. SCDs are leg wraps that gently fill with air and then deflate. This improves blood flow. SCDs help lower your risk of getting a serious blood clot while you are in bed and not moving very much.

You will wear the SCDs until you can get up and walk often. Most times, this is about 24 hours after giving birth.



SCDs help lower the risk of getting blood clots.

Wound Vac

Some patients have a special device that adds gentle, ongoing suction to their incision. This device is called a *wound vac*. It will be put on in the operating room and removed before you go home. If you have a wound vac, your nurse will explain how it works.

Your Plan of Care

Usual Care After a Cesarean

To help your recovery, we will “cluster” your care as much as we can. This means that when we check on you, we will also do many care tasks. This helps you get better rest between our care visits.

As part of your plan of care, we will:

- Ask about your **pain**, help you with comfort measures such as position changes and cool packs, and give you medicines, if needed. (See “Managing Your Pain” on page 5.)
- Check your **vital signs** such as blood pressure, temperature, heart rate, and breathing. At first, we will check these signs every 15 minutes, then every hour for 2 hours, then every 4 hours for 24 hours. After that, we will check every 8 hours till you go home.
 - If you have **special medical conditions**, we may check your vital signs more often.
 - If you had a **long-acting pain medicine** such as morphine (*Duramorph*) in your epidural/spinal, we will check on you every hour for the first 24 hours.
 - **If you have problems** such as fever, high blood pressure, or extra bleeding, we will check on you more often.
- Check the **dressing** (bandage) over your incision. We will remove the dressing over your incision 1 to 2 days after surgery.
 - After we remove the dressing, your nurse will check your incision to make sure it is healing well.
 - Your skin will be held together with several layers of stitches under your skin. You will have Steri-Strips (thin pieces of white tape) or small metal staples across your incision. If you have staples, they will most likely be removed and replaced with Steri-Strips before you go home.

- Check your **uterus** by feeling your belly for the top of your uterus. Your uterus is a muscle and it will feel firm to the touch as it contracts. It is starting to return to the size it was before you became pregnant.
- Check for **vaginal bleeding**. This bleeding comes from the area where the placenta attached to your uterus. The flow is usually heavy and bright red. Then it changes to a pinkish or brown color. You may see small blood clots for the first few days.
- Check any stitches and check your **vaginal and perineal** area for swelling, bruises, or hemorrhoids.
- Use a stethoscope to listen for **bowel tones** in your belly. Having surgery slows your bowels. As you recover, your bowels will become active and you will pass gas.
- Check your legs for **swelling**. Some swelling is common after giving birth.
- Check your **blood sugar** in the morning of the first and second days after your Cesarean. High blood sugar after surgery can lead to health problems.
- Check your **breasts and nipples** for soreness.
- Check to make sure you are **urinating** without trouble after we remove your Foley catheter.
- Remind you to **change positions often** while you are in bed. We can adjust your bed and add pillows for comfort and support.
- Ask you about your **thoughts and feelings** about giving birth.

Hourly Rounding

For your safety and comfort, your nurse or patient care technician will check on you every hour during the day and every 2 hours at night. This is called “rounding.” They will bring you water, make sure you have the supplies you need, and help you to the bathroom as needed.

Use your call light if you have questions or need anything between rounds. If you want a longer period of rest without being awakened, please talk with your nurse.

Managing Your Pain

An important part of our care is teaching you how to manage your pain after surgery. Common types of pain after a Cesarean birth are uterine pain, pain in the incision, and sometimes hemorrhoid pain.

Each person feels pain in different ways. We will work with you to help you be as comfortable as possible. Our goal is to lessen your pain so that you can rest, move around easily, and enjoy getting to know your new baby.

Getting out of bed and walking will help your body heal and lessen your overall pain.

Uterine Pain

These symptoms may last for **5 to 7 days** after giving birth:

- Tenderness
- Cramping, which may:
 - Be more painful if you have had many births
 - Increase when you breastfeed for the first 5 days after birth
 - Increase when your bladder is full, so it will help to empty your bladder often

Incision Pain

These symptoms may last for **1 to 2 weeks** after your surgery:

- Soreness, discomfort at the incision
- A tugging and pulling feeling when you move
- A burning feeling at your incision
- Numbness above your incision (it can take up to 1 year for feeling to fully return to this area)

Hemorrhoids

Hemorrhoids are inflamed veins in the rectum. They can happen late in pregnancy or during labor.

Most hemorrhoids that form in pregnancy go away after the birth. Constipation can make them worse or slow your recovery. We will offer you a laxative to prevent constipation while you are in the hospital.

To learn more, see the chapter “Constipation” in this workbook.



Here is an example of how to alternate using both acetaminophen (Tylenol) and ibuprofen for extra pain relief:

Time	Medicine to Take
12 a.m.	Tylenol: 1,000 mg
3 a.m.	Ibuprofen: 600 mg
6 a.m.	Tylenol: 1,000 mg
9 a.m.	Ibuprofen: 600 mg
12 noon	Tylenol: 1,000 mg
3 p.m.	Ibuprofen: 600 mg
6 p.m.	Tylenol: 1,000 mg
9 p.m.	Ibuprofen: 600 mg

Pain Medicine

Pain medicine works best if you take it **before** you are in a lot of pain. You will need less pain medicine if you “stay ahead of your pain” by taking your medicines as directed.

Your nurses will ask you many times about your pain. We will help make sure your pain is well controlled.

Spinal or Epidural Anesthesia

If you had spinal or epidural anesthesia for your Cesarean birth, you may have received a dose of a long-acting pain medicine (Duramorph) along with the anesthesia medicine. This usually gives very good pain relief for the first 18 to 24 hours after birth.

If this medicine is not helping enough, please tell us. We may be able to give you another pain medicine.

Pain Pills

There are 3 types of pain pills that your provider may prescribe after birth. They are:

- *Analgesics* such as acetaminophen (Tylenol) that help ease pain
- *Anti-inflammatories* such as ibuprofen (Advil, Motrin) that help ease pain caused by the body’s inflammatory response
- *Opioid* pain medicine such as oxycodone or hydromorphone (Dilaudid)

Analgesics and anti-inflammatories are “first line” medicines. This means that we use them first to manage pain. They are given at set times during the first 24 hours after your Cesarean birth. After 24 hours, you will decide with your nurse when to take them.

If needed for pain control, you may alternate taking ibuprofen and acetaminophen:

- **Ibuprofen:** Take 600 mg every 6 hours. Do not take more than 2,400 mg in 24 hours.
- **Acetaminophen (Tylenol):** Take 1,000 mg every 6 hours. Do not take more than 4,000 mg in 24 hours.

See the table in the left-hand column for an example of how to alternate these medicines.

Opioids

Opioids are stronger pain relievers that are used to control *breakthrough pain*. This is severe pain that occurs even if you are already taking pain medicines.

We prescribe opioids only as needed, and in the smallest possible dose. This is because opioids can be addictive. Smaller doses lower the risk of addiction.

If needed to control your pain, we will increase your opioid dose. We want you to have good pain control without it making you too tired or sleepy to enjoy your baby.

Most patients take an opioid for about 1 week after Cesarean surgery. Your healthcare provider will tell you how often to take it.

When you leave the hospital, we will give you an opioid prescription. As your pain lessens, start to *taper* your dose at home. To do this:

- Start taking smaller doses, such as 1 pill instead of 2, or ½ a pill instead of 1
- Start taking your dose less often until you do not need it at all

It is safe to use opioids while you are breastfeeding. A very small amount may enter your breast milk. It is considered safe to use these medicines for a short time while you are breastfeeding.

Leg Swelling

Some leg swelling is common in the first 7 to 10 days after giving birth. **But, tell your nurse if:**

- Your leg swelling gets worse
- You have pain or redness in the lower part of your leg

To help lessen swelling:

- Sit with your legs propped up
- Do not wear tight-fitting shoes or clothing, other than support stockings

Food and Nutrition

Your doctor will write an order for the type of diet you will need to follow after your Cesarean birth. Ask your nurse when you can start to eat and drink. Most likely, you will feel best if your first meal after your surgery is a small one.

If you have a medical condition such as diabetes, we may ask you to wait until you are passing gas before you drink and eat. You can help the gas pass by:

- Sitting up on the side of your bed or in a chair
- Walking in your room or in the hall (push your baby in the bassinet or ask a family member to stay in the room with your baby)

Remember to call a nurse for help getting out of bed until we tell you it is OK for you to walk alone.

Breast Changes

- Right after birth, your breasts make a “first milk” called *colostrum*. You may or may not notice drops of this early milk.
- Your breasts are often soft for the first 2 to 4 days. After that, they may become swollen and tender while your milk is increasing.
- Your breasts may become very full and uncomfortable. This is called *engorgement*. It usually lasts from 2 to 3 days. To help prevent engorgement, feed or pump often (if your baby cannot nurse yet). Apply washcloths soaked in warm water to your breasts to help ease the pain.
- To learn more, please read the section on breastfeeding in the workbook *Baby Care and Breastfeeding*.

Postpartum Depression and Mood Disorders

Changes in your emotions and moods are common after giving birth. These moods are caused by changes in hormones levels. If you are at all concerned about this part of your recovery, please talk with your nurse and doctor. It is a good idea for both you and your partner to read the chapter “Baby Blues and More” in this workbook.

Questions?

Your questions are important. Call your healthcare provider if you have questions about taking care of yourself after a Cesarean birth.

When your provider’s office is closed, call the Labor & Delivery unit.

If you have a medical emergency, call 911.

Now, please go back to the Table of Contents of this workbook and check the box so your nurses will know you have read this chapter.