

C-Section Care Plan

Patient Information

Name:

Date of Birth:

Gestational Age:

Reason for C-section:

Preoperative Preferences

Anesthesia:

- Epidural
- Spinal

Support Personnel:

- Partner
- Support Person (Specify Name): _____

Environmental Preferences:

- Music (Specify Genre/Playlist)
- Preferred Lighting
- Additional Notes: _____

Intraoperative Preferences

Type of Incision:

- Low Transverse
- Classic

Uterine Incision:

- Low Transverse
- Low Vertical

Immediate Newborn Care:

- Immediate Skin-to-Skin Contact
- Delayed Cord Clamping
- Other (Specify): _____

Postoperative Preferences**Postoperative Procedures:**

- Dissolvable Stitches
- Staples
- Suture Preferences (Specify): _____

Pain Management:

- Pain Medication Preferences (Specify): _____
- Non-pharmacological Pain Relief (Specify): _____
- Others (specify): _____

Mobility

- Early Ambulation
- Assistance with Position Changes

Newborn Care

- Cleaning Before Skin-to-Skin
- Eye Ointment
- Vitamin K Injection
- Hepatitis B Vaccine

Postoperative Monitoring and Care**Vital Signs Monitoring**

- Blood Pressure
- Heart Rate

Incision Care

- Wound Inspection
- Dressing Changes

Follow-up Appointments

Postoperative Checkup Date:

Additional Notes

Patient Acknowledgment:

I, _____, have discussed and understand the contents of this C-section care plan. I acknowledge that unexpected situations may require adjustments to the plan, and I trust my healthcare team to prioritize the safety and well-being of both myself and my baby.

Patient Signature:

Date:

Healthcare Provider Notes