

# 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**