Pre-surgery expectations checklist and preparation

Start with the purpose and plan

Pre-surgery preparation begins with understanding why the procedure is planned, what alternatives exist, and what the care team expects on the day of surgery. In birth care, this may involve a scheduled cesarean birth, a repeat cesarean, surgery related to placenta or fetal concerns, or another obstetric indication. Ask your clinician to explain the medical rationale in plain terms, including maternal benefits, fetal or newborn considerations, and what could change the plan if labor starts earlier than expected.

Review the consent form before the day of surgery whenever possible. Consent is not just a signature; it is a conversation about the procedure, anesthesia options, anticipated benefits, material risks, possible transfusion, infection prevention, pain control, and emergency contingencies. If you have a flexible birth preferences document, bring it and discuss which preferences can be supported in the operating room, such as a support person, skin-to-skin contact if clinically appropriate, delayed cord clamping, newborn care preferences, and informed consent during labor if plans change unexpectedly.

Use appointments to clarify medical details

Your preoperative visit is the right time to make the plan specific. Ask whether you need bloodwork, a physical examination, type and screen testing, medication adjustments, or additional fetal assessment before surgery. If you take anticoagulants, insulin, antihypertensives, antiseizure medicines, psychiatric medicines, aspirin, supplements, or herbal products, do not stop or change them without direct instructions. The safest plan is individualized, especially when pregnancy complications, prior surgery, anesthesia reactions, allergies, or bleeding disorders are part of your history.

It is also reasonable to ask who will be present in the operating room, what type of anesthesia is most likely, and what would prompt a change from regional anesthesia to general anesthesia. Discuss nausea prevention, itching, shivering, postoperative pain control, and breastfeeding compatibility of common medications. If you have anxiety, trauma history, sensory needs, or prior difficult birth experiences, tell the team early. Small accommodations, such as step-by-step explanations, reduced unnecessary conversation, music when allowed, or a designated person to narrate events, can make surgical birth feel less overwhelming.

Prepare your home before admission

Home preparation matters because the first days after surgery are physically demanding. Before admission, buy simple food, hydration options, personal care items, infant supplies, and any clinician-recommended postpartum products. Place frequently used items at waist height so you do not need to bend, twist, or climb repeatedly. Clear walkways, remove loose rugs or clutter, and create a resting area near a bathroom if possible. Good lighting at night can reduce fall risk during newborn feeds and bathroom trips.

Arrange help before you need it. A support person may need to drive you home, help track medications, lift laundry or groceries, prepare meals, and bring the baby to you for feeds while you protect your incision. If you have older children, pets, stairs, or limited local support, make a written plan for the first one to two weeks. This is not a sign of weakness. Surgical recovery plus newborn care is a high-demand period, and proactive support helps protect bonding, rest, nutrition, and wound healing.

Follow fasting, hygiene, and medication instructions

Your team should give clear instructions about when to stop eating and drinking. Many surgical instructions include fasting after midnight, but modern anesthesia guidance can vary by institution, procedure timing, and patient risk factors. Follow the exact plan you are given, including whether clear liquids are allowed and when they must stop. If you accidentally eat, drink, or take a medication outside the instructions, call the unit rather than hiding it; anesthesia safety depends on accurate information.

Shower as instructed, often the night before or morning of surgery. Use any antiseptic wash only if your team provides or recommends it, and avoid applying lotion, oils, powder, deodorant near the surgical area, or heavy products on the skin afterward unless permitted. Do not shave the surgical site unless specifically told to do so, because shaving can create small skin injuries that increase infection risk. Remove nail polish if instructed, and leave jewelry and valuables at home. If you wear glasses, contact lenses, dentures, hearing aids, or mobility aids, ask what can stay with you until surgery and how they will be labeled.

Pack for identification, safety, and comfort

A focused hospital bag reduces last-minute stress. Pack photo identification, insurance information, any required hospital paperwork, your medication list with doses, allergy information, and a summary of important medical conditions. Bring your prenatal records only if your facility has asked for them or if you are traveling outside your usual system. Include phone chargers, glasses, hearing aids with storage cases, comfortable loose clothing, non-slip footwear, toiletries, and a going-home outfit that does not press on the incision.

For the baby, bring the required car seat, a weather-appropriate going-home outfit, and any documents your hospital requests. For yourself, consider high-waisted underwear, a soft abdominal-friendly waistband, and nursing or chest-feeding supplies if you plan to use them. Avoid overpacking valuables. The goal is not to bring everything, but to bring what supports safety, communication, feeding, hygiene, and comfort. If your support person is staying, they may need snacks, layers, chargers, and their own essentials according to hospital policy.

Know what the day may feel like

On the day of surgery, expect a sequence of checks before the procedure begins. You may confirm your identity and procedure several times, review allergies, change into a gown, have vital signs taken, receive an intravenous line, and meet anesthesia, nursing, obstetric, and pediatric or neonatal team members. Fetal monitoring may be performed before surgery. The team may review consent, fasting status, medications, and whether anything has changed since your last visit.

In the operating room, the environment can feel bright, cool, and busy. Regional anesthesia may create pressure, movement, warmth, heaviness, or numbness without sharp pain. Many people feel pulling or tugging during cesarean birth; this can be normal, but you should report pain, nausea, shortness of breath, panic, or feeling unwell immediately. If a support person is allowed, clarify where they will sit and when they can enter. After birth, newborn assessment and skin-to-skin contact depend on maternal and baby stability, operating room policy, and clinical priorities. A calm plan helps, but flexibility is essential because safety comes first.

Plan for recovery before you leave

Recovery planning should begin before discharge. Ask how to care for the incision, when dressings can be removed, what bleeding is expected, which activities are restricted, and when to call for urgent advice. Clarify pain control instructions, including how to use prescribed or recommended medicines safely, how to avoid duplicate ingredients, and whether medicines are compatible with breastfeeding or pumping. Do not drive, lift, exercise, or resume sex until your clinician says it is safe.

Make sure you know your follow-up schedule, especially if you had high blood pressure, diabetes, infection risk, anemia, heavy bleeding, mood symptoms, or a baby admitted to neonatal care. Recovery is not only about the incision. It includes bowel function, urination, mobility, sleep deprivation, emotional processing, feeding support, and watching for . If you feel dismissed, confused, or frightened, contact your maternity team, primary clinician, or emergency services according to the severity of symptoms. You deserve clear information and responsive care.