

# Breastfeeding after a caesarean birth

***In Britain, nearly one in four births is a caesarean birth. Many of these caesareans are unexpected, so it is a good idea for the expectant mother to become informed and educated about the procedure before her baby arrives.***

An operative birth versus a vaginal birth can impact the breastfeeding experience in several ways. Mothers who have eagerly anticipated a vaginal birth may feel disappointed and inadequate because their expectations haven't been met, and they may even be afraid that because they "failed" at giving birth, they may also "fail" at breastfeeding. These concerns are unfounded; because there is no reason why breastfeeding can't be successful. Breastfeeding can help normalize the experience of an operative birth.

Initiation of breastfeeding is often delayed, because mothers who have had a caesarean birth often need some extra time to recover before they physically feel like holding and nursing their new baby. As soon as they are fully conscious and alert and able to hold the baby, they can begin breastfeeding. Mothers who have epidural rather than general anesthesia are generally able to hold the baby sooner and nurse him for a longer period of time initially.

Nursing as soon as possible after birth has advantages for mothers who have had caesareans just as it does for mothers who deliver vaginally. It promotes bonding, provides stimulation to bring the milk in sooner, releases the hormone oxytocin to help the uterus contract, provides the baby with the immunological advantages of colostrum, and takes advantage of the fact that the newborn's sucking urge is strongest in the first couple of hours after birth. There is an extra advantage for the caesarean mother: nursing during the brief period of time before the regional anesthetic wears off provides a time of pain-free, more comfortable nursing during the baby's first feedings at the breast.

Babies born via caesarean may be somewhat drowsy and lethargic, especially if the mother was exposed to anesthetics for a prolonged period of time during labour. This doesn't mean that breastfeeding won't be successful, but it can mean that the milk may take a little longer to come in than it would after a vaginal birth. The baby may need some extra encouragement and stimulation in order to stay alert during feedings, but this period of lethargy generally only lasts a short time.

Many mothers are worried that the medications prescribed for them after delivery will adversely affect their babies. Both the antibiotics and the medication used for pain relief are usually not a problem, and are routinely given to the mothers of newborns. Although these medications do pass into the milk in very small amounts, the volume of colostrum or milk produced during the first few days of nursing is small, so the amount ingested by the baby is minimal. Mothers should be encouraged to take the smallest amount of pain medication they need in order to stay as comfortable as possible in the post-operative period, but there is no reason to try to be a martyr and not take the medication at all. It will not harm the baby, and mothers who have had a surgical birth often need the extra rest they get when their pain is managed.

By the time the milk is fully in, they often find that they don't need as much medication as they did in the very beginning.

Mothers who have had surgical deliveries often find it difficult to find a comfortable position in which to nurse without putting pressure on their incision. If epidural anesthesia is used, they are usually awake during the birth and can nurse on the delivery table in the operating room. In this case, they will need help in positioning the baby because they will be nursing on their backs and one or both arms may be restrained due to the placement of the IVs.

The side lying position is often preferred during the first day or so after surgery. The mother should turn slowly on her side, and put a rolled up towel next to the incision in case the baby kicks. The baby should be placed on his side facing the body, chest-to-chest. He should always be directly facing the breast so that he doesn't have to turn his head to nurse. A rolled up towel placed behind the baby can help keep him from pulling off the breast as he relaxes during the feeding. Putting a pillow under the mother's knees can help reduce the strain on the stomach muscles and support the back. She can use the side rails to help her roll over when she is ready to offer the other breast.

The rugby ball, or clutch hold, can also be a more comfortable alternative to the traditional cradle hold. The baby should rest on a pillow and be held along the side. If the cradle hold is used, the baby can rest on a pillow that covers the tender incision. Many mothers find that the cradle hold is more comfortable after the first few days of recovery from surgery, but not in the very beginning.

It is just as important to make sure the baby is latched on correctly after a caesarean birth as it is after a vaginal birth. Making sure that the baby opens wide and latches on well behind the nipple and not just on the tip can help avoid nipple soreness and facilitate effective milk transfer.

The hospital stay will be longer after a caesarean than after a vaginal delivery. The mother should use this extra time to get help with finding a comfortable position to nurse, and get as much rest as possible. Once she returns home, she should establish a nursing station. Since she is recovering from surgery as well as adjusting to life with a new baby, it makes sense to take it easy, limit visitors, and take advantage of family members and friends who want to help.

There is no reason that mothers can't nurse their babies successfully and for as long as they want, even though they do have to overcome some additional challenges in the beginning after a caesarean birth.

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