Preparing parents for breastfeeding after a caesarean: forewarned is forearmed

NCT breastfeeding counsellor Jessica Figueras examines the evidence on how a caesarean affects a mother’s breastfeeding experience.

Introduction
This article is intended to inform all practitioners and students about breastfeeding following a caesarean birth, so that they can help women who want to breastfeed to meet their own objectives. We use the common abbreviation for caesarean section (CS) throughout. The article summarises the current evidence on the breastfeeding experiences and outcomes related to emergency and elective CS, relevant policies and practices within maternity services, and considers how mothers might be enabled to have more positive breastfeeding experiences.

Any woman may have her baby by caesarean. In England, 10.7% of all births are unplanned caesareans, and 14.8% of births are caesareans planned during pregnancy. The rates are higher in the other UK countries. A study of first-time parents attending NCT antenatal classes showed that most wanted to find out about or prepare for a possible caesarean birth, though the vast majority wanted to avoid it. After birth, 31% said they had had a caesarean. This rate may be accounted for in part at least by maternal age; older nulliparous women have a higher rate of CS than younger women. Since almost all those who attended NCT courses were intending to breastfeed, it is important that NCT’s preparation for breastfeeding covers feeding after CS. Some information, such as the value of skin-to-skin contact, will be relevant for all parents.

It’s more difficult to establish breastfeeding following a caesarean
There is evidence that initiating and establishing early breastfeeding following a caesarean birth is more difficult, compared to a vaginal birth. However, not all studies have produced consistent or easily interpreted results. Some high-quality evidence comes from a meta-analysis drawing on 48 separate studies, with data about more than half a million women in 31 countries. The researchers tested the data to ensure it was not skewed by factors known to impact breastfeeding, such as prematurity. The study concluded that elective but not emergency caesarean section had ‘a significant adverse association with early breastfeeding’.

The 2010 Infant Feeding Survey (IFS) shows that babies born in the UK by caesarean are less likely to be exclusively breastfed once they are discharged from hospital (62%) compared with babies born vaginally without assistance (77%).

But caesarean birth is not a barrier, once breastfeeding is established. It seems that a caesarean poses the most challenges in the first few days after birth. If breastfeeding is initiated, the meta-analysis shows, the likelihood that a woman would still be breastfeeding at six months (whether exclusively or not) is unaffected by mode of delivery. For some women who have a caesarean, breastfeeding is especially important, as they have been unable to have their preferred birth.

NICE reflects this evidence in clinical guidance: ‘Women who have had a CS should be offered additional support to help them to start breastfeeding as soon as possible after the birth of their baby. This is because women who have had a CS are less likely to start breastfeeding in the first few hours after the birth, but, when breastfeeding is established, they are as likely to continue as women who have a vaginal birth.’

How and why does a caesarean birth affect breastfeeding initiation?
There is strong evidence that elective CS, carried out before labour begins, causes particular problems for breastfeeding, compared with a caesarean section after the onset of labour. Researchers suggest that the hormones, especially oxytocin, and sensations of labour play an important role in preparing a mother and her baby for breastfeeding.

Other ways in which caesarean birth, elective or emergency, can make it more difficult to establish breastfeeding include delayed skin-to-skin contact and time to first breastfeeding, the effect of drugs and medications, increased postnatal pain and discomfort, sleepiness and congested babies, stress and anxiety or a combination of many factors.

So women and their partners can be told that there are additional challenges, and additional support will be needed. NICE recommends skin-to-skin contact to improve breastfeeding outcomes generally, yet the IFS shows that following a CS, just 78% of UK mothers had skin-to-skin contact with their baby within 24 hours compared with 92% for vaginal births. Research suggests that early skin-to-skin contact after a CS may increase breastfeeding initiation, decrease time to the first breastfeed, reduce formula supplementation in hospital, increase bonding and maternal satisfaction, maintain the temperature of newborns, and reduce newborn stress and perceptions of postoperative pain.

In addition, a randomised study of breastfeeding mothers in hospital following CS looked at their experiences of a bedside cot compared to a standard hospital cot. Even though the bedside cot had no observable impact on the frequency of breastfeeding, the mothers said it made breastfeeding and caring for their babies easier. This information could be helpful for parents-to-be.

What does breastfeeding mean to women who have had a caesarean?
NCT practitioners know that women’s mode of birth and of feeding can have huge social and emotional meaning for them. For some, breastfeeding after a caesarean (or other kinds of unplanned or traumatic) birth is especially important for their wellbeing, or sense of being a good-enough mother, as they have been unable to have their preferred, or ideal, birth.

Beck and Watson carried out a qualitative study with women who felt they had experienced a traumatic birth, including some who had had a CS. In relation to breastfeeding they found two pathways, one where women were more motivated to breastfeed and experienced positive ‘healing’ through the process, and the other which involved compounding of difficulties with a traumatic birth being followed by painful feeding experiences, further violation, further physical pain, insufficient milk supply, intruding flashbacks, or disturbing detachment.
NCT practitioners need to be sensitive to women’s potential feelings of pain and loss, while avoiding adding pressure inadvertently through the messages they convey about birth and feeding.  

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In conclusion, we know that CS can make it more difficult to establish breastfeeding, especially an elective CS before labour, as the usual physiology is disrupted and the mind and body need time to adjust. Therefore all the things that usually convey about birth and feeding, especially an elective CS before labour, as encouragement.

Early and extensive skin-to-skin contact, frequent feeding, skilled support, lots of practical help with domestic chores, together with reassurance and sensitive encouragement.

**Preparation for breastfeeding after a caesarean**

Parents like to be given realistic expectations, so let them know that:

- There are additional challenges to establishing breastfeeding after a caesarean, including pain and discomfort.
- However, once breastfeeding is established, most women will be able to breastfeed for as long as they like.
- Early skin-to-skin contact, finding comfortable feeding positions and extra support are important.

Provide information that builds confidence, and avoids making parents feel anxious or set up to fail. In particular:

- Consider focusing less on biomedical factors beyond parents’ control, and more on the practical actions that they can take.
- Let parents know about DVDs including breastfeeding after a caesarean, and view images of newborn skin-to-skin showing a baby latching onto the breast while still in theatre.
- Talk positioning. Given the common experience of post-operative pain and discomfort, it will be helpful for women and their partners to anticipate ways of feeding comfortably, such as feeding lying down in order to keep pressure off the scar.
- Parents have sometimes asked for the baby to be wrapped in his mother’s clothes so he would recognise her smell; no post-operative sedatives in order to prevent a sleepy baby; extra support with early breastfeeding.
- Consider finding out about practices in local maternity units and encourage parents to ask for skin-to-skin contact as soon as the baby is born to keep baby warm, reduce stress, and enable bonding and early feeds.
- Share the NICE guidelines on caesarean section.

**References**

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