



“BREAST FEEDING PRACTICES IN POST CAESAREAN MOTHERS”

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ABSTRACT

Objective: To study the problems encountered by the caesarean mothers in the first week of breast feeding in post-operative period.

Study method: It's a prospective study of 569 mothers who had under gone caesarean section and were admitted in caesarean ward of District hospital Shivpuri.

Result: 99.48% mothers fed their baby exclusively on breast milk, (16% mother used expressed milk for breast feeding) only 0.52% mothers Opt for artificial feeding.

The most common cause of delayed initiation of breast feeding was discomfort in nursing in 34 %.

The most common causes of early Lactation failure was post operative morbidity (18.09%).

Conclusion: As our study found that a mother with caesarean delivery find it difficult to start breast feeding thus emotional, psychological support and extra help should be provided to these mothers for initiating and continuing breast feeding.

KEYWORDS : Breast Feeding, Delayed initiation, Early Lactation failure.

INTRODUCTION

After the arrival of a child in this world, breast feeding is the most natural way of providing food. The evidence available in literature has established beyond doubt the supremacy of human breast milk for optimal child growth and survival. Breastfeeding reduces the risk of acute infections such as diarrhea, pneumonia, ear infection, Homophiles influenza, meningitis and urinary tract infection ⁽¹⁾ It also protects against chronic conditions in the future such as type 1 diabetes, ulcerative colitis, and Crohn's disease.

Breastfeeding during infancy is associated with lower mean blood pressure and total serum cholesterol and with lower prevalence of type-2 diabetes, overweight and obesity during adolescence and adult life ⁽²⁾ Breastfeeding delays the return of woman's fertility and reduces the risks of post partum hemorrhage, premenopausal breast cancer and ovarian cancer ⁽³⁾. With cooperation from the informed and willing mother and the family, the task appears to be relatively simple in the case of normally delivered newborn. However, operative intervention in the birth process by means of caesarean section provides a challenging situation for the attending obstetrician and pediatrician for starting and continuing breast feeding for the newborn. This difficulty is due to pain, discomfort, sedation and psychological fright accompanied with operation in mothers undergoing caesarean delivery.

The quality of antenatal care particular breast care and relevant advice rendered during antenatal care also affects the success or failure of breast feeding in the mother.

The global criteria of Baby Friendly Hospital Initiative (BFHI) baby friendly hospital initiative ⁽⁴⁾ serve as the standard for measuring adherence to each of the ten steps for successful breast feeding.

AIMS & OBJECTIVES

This study was carried out at District Hospital Shivpuri. The objectives were as follows.

1. To study the problems encountered by the caesarean mothers in the first week of breast feeding in post-operative period.
2. To find out the causes of Early Lactation failure in post operative caesarean mothers.

STUDY METHOD:

It's a prospective study of 569 mothers who had under gone caesarean section operation and were admitted in caesarean ward of District hospital Shivpuri (Jan 2015 – 30 June 2015).

Detailed history was taken and thorough clinical examination of mother and baby was done. The mother was examined to see the presence of any postoperative discomfort and P.O. complication, breast problems and any other maternal illness.

The baby was examined to see the presence of any illness or any

congenital abnormality interfering with sucking.

Various malpractices e.g. prelacteal feeds, discarding colostrums, ritual like 'Mahurat', or 'Nahan' etc. were studied.

ANALYSIS:

The response for each question was carefully tabulated under separate heads. For each question, the number of responses were counted and calculated as percentage and presented in a tabular form.

All the data was analyzed using IBM SPSS Ver. 20 software. Cross tabulation and frequency distribution was used to prepare table. Data is expressed as numbers and percentage.

RESULTS: The age and parity distribution, booking status, antenatal status; Residence and Occupation of mothers were noted (Table 1). The age of the patient ranged between 20-49 years. The majority of patient 81.89% were between 20-29 of age. Their parity ranged between 0-10. 50.08% were Primigravidae, 52.02 mothers were booked, 62.56 % were from rural areas and (84.94%) were house wife. In our study Emergency Cesarean section was performed in 59.10% and elective Cesarean was performed in 40.09% of the cases. 96% Cesarean were done under Spinal Anesthesia.

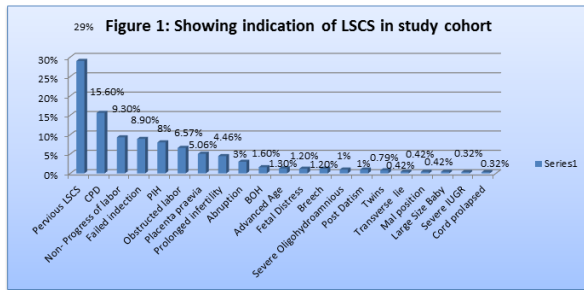
Among the mothers who received antenatal care 75% mothers get advice for breast feeding. Almost all mothers 99.48% fed their baby exclusively on breast milk, (16% mother used expressed milk for breast feeding), only 0.52% patients opt for artificial feeding. Among mothers who fed their babies 93.09% fed their babies on demand only 6.93% of mothers gave a schedule breast feeding.

Table 1: Demographic Analysis of patients who underwent C-section

Parameters	No. of cases	%	
Age Group	20-29 years	466	81.89
	30-39 years	97	17.04
	40-49 years	6	1.05
Parity	Primipara	285	50.08
	Multipara (G2-G4)	269	47.27
	Grand multipara (G5+)	15	2.63
Antenatal Status	Booked	296	52.02
	Unbooked	273	47.97
Residence	Urban	213	37.43
	Rural	356	62.56
Occupation	Housewife	489	85.94
	Working outside	80	14.05

Data is expressed as no of patients and percentage, CS, Caesarian section.

Figure 1 shows that the most common indication of caesarean section was previous LSCS.



Data is expressed as percentage, IUGR; Intrauterine growth retardation, CPD, Cephalo pelvic disproportion.

In our study only 37.63% mothers started breast feeding within 2 hour. Rest of the mothers initiated breast feeding after 4-6 hours.

Figure 2 shows the most common cause of delayed initiation of breast feeding was discomfort in nursing 34 %. (Due to post operative sedation, running drip pain, difficulty in turning, and Catheter)

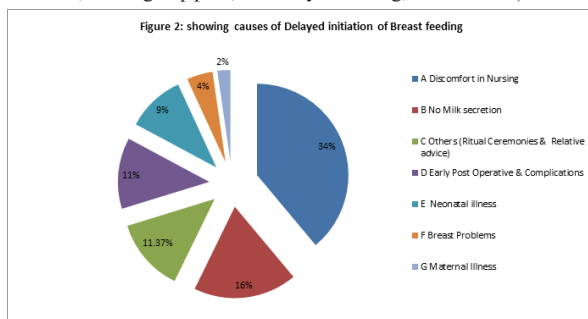


Table 2: Causes of Early Lactation failure

Table 2: Showing causes of early lactation failure

Parameters	Percentage
Post operative morbidity (post operative fever, Hemorrhage, operative injury, anesthetic complications, Atonic PPH, Paralytic Ileus, UTI, surgical site infection.	18.09%
Post operative discomfort (Post operative sedation, running drip, post operative pain, difficulty in turning, difficulty in sitting)	4.42%
Lack of sucking/ Refusal by baby due to illness, congenital abnormalities or admitted in SNCU	3.90%
Insufficient breast milk or no milk	3.51%
A P H / after P P H / Eclampsia	2.08%
Breast problems	1.95%
Non Specific Reasons, ritual ceremonies, Discarding colostrum	0.65%
Maternal illness	0.52%
Less Freedom	0.52%
Advice by Someone	0.26%
Mother feel top feeding is healthier	0.13%
Twins	0.13%
Total	36.16

In our study the Early Lactation failure was found in 36.16% of caesarean patients.

Table 2 shows the most common causes of Early Lactation failure, post operative morbidity (18.09%), post operative discomfort 4.42% and Neonatal causes (3.90%), Insufficient breast milk (3.51%), associated risk factor like; APH, PPH, Eclampsia, (2.08%), breast problems(1.95%), maternal illness(Medical disorders) (0.52%), less freedom (0.52%), advice by someone (0.26%),mother feel top feeding is healthier (0.13%), Twins (0.13%), non specific reason(rituals and other causes 0.65%.

Pyrexia and wound infection were the most common factor for morbidity found in mothers post operatively.

In our study 86% of the babies were placed in skin to skin contact (STS) with mother within 90 minutes after birth.

Helping mothers with proper attachment at the breast appears to be crucial for success. The relaxation attempt was successful in all mothers.

DISCUSSION:

In our study emergency caesarean section was performed in 59.10% of the cases. In our study women who had an emergency C-section were more likely to had an unsuccessful first breastfeeding attempt, Zanardo et al (5) (2010) found similar results, reporting that women who delivered via emergency C-Section were more likely not to have been able to breastfed their babies.

In our study only 37.63% started breast feeding within 2 hour. Rest of the mother initiated breast feeding after 4-6 hours and the most common cause for delayed initiation was Discomfort in nursing. Brown and Jordan (6) found similar findings. Women in their study who delivered via C-Section also had more problems with latching, positioning and more pain when compared to those women with vaginal birth.

In our study early lactation failure was found in 36.16% cases. The most common causes of Early Lactation failure were, post operative morbidity (18.09%), post operative discomfort 4.42% and Neonatal causes (3.90%), Insufficient breast milk (3.51%), associated risk factor like; APH, PPH, Eclampsia, (2.08%), breast problems(1.95%), maternal illness(Medical disorders) (0.52%), less freedom (0.52%), advice by someone (0.26%),mother feel top feeding is healthier (0.13%), Twins (0.13)%, non specific reason(rituals and other causes 0.65%.

According to R.K. Anand (7) mother may find in difficult to suck her baby due to I/V fluids, sedation or post anesthetic complications.

Separation of baby from the mother may be prolonged after Caesarean delivery is due to illness e.g. Asphyxia neonatarum, Hyaline membrane disease and others (Arora et al) (8)

A.K. Arora, (9) found that inaugural feeding, ceremonial ritual prior to commencing breast feeding discarding colostrums beliefs about restriction of breast feeding during illness of mother and baby all depended solely to wards causes of Lactation failure.

Winikoff Countryman and Brazelton (10) have all reported that ability to breast feed successfully is impaired by medication given during and after delivery.

In our study the rate of early skin to skin contact (STS) among healthy babies born by caesarean was 86% and was within 90 minutes of the birth. We concluded that STS contact was feasible after caesarean an could be provided for healthy mothers and infants immediately after caesarean birth.

The relaxation attempt was successful in most of the cases, which shows that psychological support and motivation is must for relaxation. Helsing (11) (1978) felt that motivation and instilling confidence in mothers that they can breast fed play a vital role in relaxation.

CONCLUSION

As our study found that a mother with caesarean delivery find it difficult to start breast feeding because of painful wound and traumatized psyche because delivery did not occurred naturally as planned. Thus emotional, psychological support and extra help should be provided to these mothers for initiating and continuing breast feeding.

Early diagnosis, adequate transport and medical facilities should be strengthen in rural areas so that the high risk patients can be referred in early stages and maternal and fetal outcome will be improved.

Ability to breast feed successfully is impaired by medication given during and after caesarean section. The anesthetist and Obstetrician therefore should be judicious while choosing anesthesia during operation and drugs so as to enable the lactating mother to feed her baby in post operative period.

We recommend that health care professionals should be aware that those women who have delivered via c-section may require more supportive care immediately post-delivery and in the early postpartum period.

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