

The impact of cesarean section on breastfeeding and mother-infant bonding.

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Abstract

Early initiation of breast feeding has great importance for both mothers and newborns. Cesarean deliveries may affect timing of breastfeeding initiation, establishment of milk supply and infant breastfeeding interest compared to vaginal deliveries. Cesarean delivery adversely affects the initiation of breast feeding. Cesarean delivery, unplanned pregnancy, and being primiparous, were associated with late initiation of breastfeeding. Women between the ages of 20-34 years of age had a reduced chance of late initiation of breastfeeding. Providing counselling regarding the strategy and importance of early initiation of breast feeding, could have crucial importance for the mother and her newborn.

Keywords: Epidemiology, Maternal medicine, Paediatrics, Cesarean section, Timely initiation of breastfeeding.

Introduction

A Caesarean section, commonly known as a C-section, is a surgical procedure performed to deliver a baby when a natural birth is not possible or poses a risk to the mother or baby. Although C-sections have become more common in recent years, there is growing concern about how the procedure may affect breastfeeding [1].

Breastfeeding is an important part of postpartum care and is recommended by health professionals worldwide. It offers many benefits to mother and baby, including better bonding, better immune system and optimal nutrition. However, C-section mothers can face several challenges while breastfeeding. One of the main challenges for mothers who have a C-section is delayed milk production. During natural childbirth, the baby's sucking reflex is stimulated, which triggers milk production in the mother's breast. However, during a C-section, the baby is often born before the mother's body has had time to fully produce milk. This delay in milk production can cause frustration and anxiety for the mother and result in the baby not getting enough milk [2].

Another challenge faced by C-section mothers is the effect of anesthesia on breastfeeding. Mothers are often given anesthesia during a C-section, and the drugs used can pass into breast milk and affect the baby. Mothers may want to wait a certain amount of time before breastfeeding to make sure the drug is cleared from their system. C-section moms also face challenges with position and movement. After surgery, mothers may experience pain and discomfort, making it difficult to find a comfortable nursing position. In addition, they may not be able to move freely, making it difficult to position both themselves and the baby for optimal breastfeeding [3].

Despite these challenges, C-section mothers are able to breastfeed successfully. Health professionals recommend that mothers start breastfeeding as soon as possible after giving birth, even if they are not yet producing milk. This can help stimulate milk production and ensure that your baby receives colostrum, a nutrient-rich substance produced in the breasts before milk production begins. Mothers who have had a C-section should also consider working with a lactation consultant. Lactation consultants can advise on the correct position and breastfeeding techniques and provide support and encouragement throughout the breastfeeding journey [4].

Although a caesarean section can cause breastfeeding problems, mothers who undergo this procedure can still breastfeed successfully. By starting breastfeeding as soon as possible, working with a lactation consultant and practicing patience and persistence, mothers can provide the many benefits of breastfeeding to their baby, regardless of the mode of delivery [5].

Conclusion

Compared to vaginal deliveries, C-sections are linked to higher breastfeeding challenges, a greater use of resources, and shorter nursing duration. A growing trend among women that needs more research is planned C-sections with no intention of nursing the baby. Pregnant women and families considering a planned C-section may receive support and counselling from health care providers in order to provide anticipatory advice regarding breastfeeding. This is because planned C-section delivery may be linked to lower intention to and initiates breastfeeding as well as early cessation of breastfeeding. In order to guarantee early success with nursing, it is also advised that additional supportive care be made available to

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lactating women who had emergency C-sections throughout the immediate to early postpartum period.

References

1. Zanardo V, Svegliado G, Cavallin F, et al. Elective cesarean delivery: Does it have a negative effect on breastfeeding? *Birth*. 2010;37(4):275-9.
2. Mathur GP, Pandey PK, Mathur SA, et al. Breastfeeding in babies delivered by cesarean section. *Indian pediatrics*. 1993;30(11):1285-90.
3. Islami Z, Fallah R, Golestan M, et al. Relationship between delivery type and successful breastfeeding. *Iran J Pediatr*. 2008;18(s1):47-52.
4. Patel RR, Liebling RE, Murphy DJ. Effect of operative delivery in the second stage of labor on breastfeeding success. *Birth*. 2003;30(4):255-60.
5. Kuyper E, Vitta B, Dewey K. Implications of cesarean delivery for breastfeeding outcomes and strategies to support breastfeeding. *Alive Thrive Tech Brief*. 2014;8:1-