



Information on



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Informational Handout

Breastfeeding After C-Section Birth

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WHAT TO EXPECT?

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You may be wondering about your plan to breastfeed if you find out you will be having a C- section or if you unexpectedly have a cesarean birth. It is still a wonderful plan and a reasonable goal!

WHAT TO EXPECT

Breastfeeding after a C-section will just start out a little differently compared to breastfeeding after a vaginal birth. Your breasts still have colostrum ready, your body is producing the same breastfeeding hormones, and the separation of the placenta after birth and skin to skin contact with your baby are still triggers for milk production and milk letdown.

Some birth interventions, while necessary, can affect some of these processes. These include some labor medications, anesthesia, pain medications, lack of labor contractions in some cases, and delay of skin to skin contact and first breastfeeding. There is evidence that, after the colostrum phase, the “milk coming in” phase may take a day or so longer than it would have with a vaginal birth. Placing baby in the skin-to-skin position after birth, as soon as is practical, is important. Begin breastfeeding as soon as you and baby are stable, ideally within the first hour in the delivery room or, more commonly, in the recovery room.

With those early feedings, ask for help from staff to find a comfortable position. Ask staff or your helper to stay with you during feedings, as you may not feel alert enough to stay awake at first. Many mothers find the side-lying position to be comfortable, or the football hold (also called clutch or side hold).

Often baby can be placed across mother’s chest, while mother is lying back or slightly elevated at about a 45 degree angle, and avoiding your incision site.

You can expect to stay in the hospital a day or two longer than for a vaginal birth. Take advantage of this time to become more comfortable and confident in breastfeeding. Your doctor or midwife will come by each day, and so will baby’s pediatrician. Staff will come by often and don’t hesitate to ask for extra help whenever you need it. You will be monitoring baby’s diaper output each day and the staff will monitor baby’s weight. A baby typically loses several ounces between birth and discharge day.

PLAN AHEAD IF YOU CAN

If you know in advance you will be having a C-section birth, you can plan ahead. Have several frozen meals and snacks prepared ahead of time, and possibly the phone numbers to establishments that deliver nutritious meal options. Ask your partner, family, or close friends to be on alert – so they can be at the hospital to help you, and again once you go home. Your Corporate Lactation Services lactation consultant is typically planning to call you within 3 – 5 days of the due date given, so please let your lactation consultant know of any plans for the birth or changes in those plans.

THE FIRST 24 HOURS

Keep your baby in your room with you (rooming in) and feed your baby every time you see signs of stirring or any interest in sucking (feeding cues). Baby will give signs or cues such as licking or smacking lips, opening mouth, sticking tongue out, sucking on anything nearby, rooting on anyone holding him or her, hand to mouth, fussing and fretting. Crying is a late sign of hunger, and so it's best to respond early.

Expect to need extra help with your care and the care of your baby. Have your partner or other family or friend there to help. During the first 24 hours, you will likely be 'hooked up' to several pieces of equipment - expect to have an IV in place, a blood pressure cuff, an oxygen sensor on your finger, compression devices on your lower legs, sometimes some oxygen under your nose, and a urinary catheter the first day. This will limit your mobility so be prepared with your awake, alert helper nearby. Most of these tubes and devices are removed in about 24 hours.

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Many pain medications are compatible with breastfeeding - be sure to let your doctor know that you are breastfeeding - ask your doctor for non-narcotic options when you are able to take those instead. There are several choices and you and your nurse can decide what your pain level is and which medicine and dose is appropriate. Expect to use less pain medicine after the first day(s).

WHAT IF FEEDINGS DON'T GET STARTED RIGHT AWAY?

If you are unable to begin skin to skin holding and/or breastfeeding, ask for help with self-expressing your milk. Hand expression often yields more colostrum than mechanical pumping, and the colostrum can easily be given on a spoon to your newborn. In fact, hand expression after each breastfeeding right from the start, can speed the process of milk production. Using a pump is another option - however small drops of colostrum can be lost in the pump valves, and there is much more clean-up involved with each pump use.

A good video that shows hand expression can be found at:

<https://med.stanford.edu/newborns/professional-education/breastfeeding/hand-expressing-milk.html>



PREPARING TO GO HOME WITH BABY

Giving birth can be a very intense experience, and a C-section birth usually brings added anxiety. It can be hard for any mother to process all the information and instructions for caring for herself and her infant, and for making/keeping follow-up appointments. Keep a note pad, or running list on your cell phone, with all of your questions. Ask the doctors, nurses, and lactation consultants any questions each day. On day of discharge, ask any final questions. If you or staff feel that breastfeeding is taking a little more time to become established, get specific instructions on pumping, supplementing (if ordered), and extra appointments.

Keep all of your discharge instructions in a prominent location, often given to you in a folder. You may be taking baby to a different pediatrician who will need to look at the birth and hospital information. Be prepared to continue monitoring baby's feedings and diaper counts at home. Make a note on your calendar or in your phone of yours and baby's first appointment. Baby's first pediatrician office appointment is often in a day or two after discharge.

EARLY DAYS AT HOME

Even once you are home, don't try to do it all! It will be quite beneficial to have some help with household chores, meals, diaper changing, and doctor appointments. You will still be monitoring baby's feedings and diaper output each day until things settle in with breastfeeding. It will take you several weeks to recover from your surgery.

Typically, your lactation consultant will be calling you a few days after your expected date of delivery, when she expects you to be home from the hospital. Feel free to call her before this time with any questions or concerns. She will let you know when the next calls are coming, but you can reach out any time.

*Recovery from your surgery
will take several weeks - don't
try to do it all!*



Contact us!

My Lactation Consultant's name &
number are:

REFERENCES

- Lauwers, J., Swisher, A. Counseling the Nursing Mother: A Lactation Consultant's Guide, 6th ed. Burlington, MA: Jones & Bartlett Learning;2016.
- Wambach, K., Riordan, J. Breastfeeding and Human Lactation, 5th ed. Burlington, MA: Jones & Bartlett Learning;2016.
- Hale, T. Rowe, H. Medications and Mothers' Milk, 17th ed. Springer Publishing Co.; 2017.