

Nursing After A Cesarean

There is no reason why a Cesarean birth should keep you from nursing your baby –

even if challenging circumstances arise for you or your baby.

If your baby is early or having health problems,

providing breastmilk for your baby is the best thing you can do to help.

If you are having some health problems,

nursing or pumping can be delayed briefly until you are ready and able.

If you have a regional anesthesia (a spinal or epidural) during surgery, you should be able to view your baby shortly after your baby emerges. Feel free to ask to touch your baby before he/she is taken to the nursery for newborn exams.

Many women are ready to nurse - or have important skin-to-skin contact - while still in the recovery room. If your baby is stable, your partner may bring your baby to you. Don't worry if you need help to even hold your baby at this time. Your baby will love being close to you.

Lay your baby skin-to-skin on your chest near your breasts. Place one hand on your baby's bottom and the other on baby's shoulders. Let your baby nuzzle and lick. Given enough time, your baby may latch and suckle.

Research has shown that skin-to-skin contact keeps a baby just as warm as being in an incubator.

Once in your postpartum room, you may have someone help you position your baby in the clutch hold under one of your arms. Again, don't worry if you need assistance positioning and holding your baby. You have not only just had a baby, but you are recovering from major abdominal surgery.

This early contact will stimulate the release of oxytocin, which helps the uterus to contract back to non-pregnant size and stop bleeding. It is also the hormone that causes milk to let down. Suckling will also help release prolactin, which promotes milk supply. These hormones are also beneficial in creating a calm and relaxing feeling.

During the first 24 hours you will probably have an IV for patient controlled analgesia. This usually results in good pain control. But it also means that one hand will have tubing attached to it. Just take your time getting baby situated so that the tubing is not in the way. Every 2-3 hours, have someone (your nurse or partner) help you position baby to nurse. Many women find the clutch (under arm) position easiest in the first couple days before you are mobile and moving around easily. It is possible to nurse in the clutch position while semi-reclining in bed and most pressure is off your abdominal stitches. Other women prefer to nurse lying on their side.

Do not be afraid to take pain medication. You must be comfortable to even feel like nursing and to promote let down. You can taper your medications as your pain level decreases.

If your baby is unable to nurse, seek assistance to start pumping ASAP. Again, your nurse or a lactation consultant can help you the first time if you are tired and weak. Use a Medela Symphony to double pump every 3 hours for 10 minutes – working towards 8 x a day as soon as physically possible. Early pumping may produce just a small amount of colostrum. You can feed this to baby in a syringe. Stimulation of your breasts is important for long-term milk supply.

As soon as you can collect any amount and baby is able to take it, the nursery will give it to your baby. In the meantime, they will store it. If your baby is full term and will be going to breast fairly soon, you may want to finger feed your baby. This may help your baby transition to breast more easily.

When your baby does go to breast, please ask for help to obtain a good latch. A good latch will result in a good milk supply and good weight gain for your baby (see *Latching Well* information). It is important to be patient with both yourself and your baby.

As you recover from surgery, it is important that you rest frequently, eat a balanced diet, and drink plenty of fluids to aid in healing. Seek assistance from anyone in your support system to do laundry, cook meals, run errands, and help with other children. Your main job should be healing and feeding your new baby

Adapted from Milk works